

The Hope Center for Autism Prekindergarten -2^{nd} grade

the Hope Academy for Autism 3^{rd} grade -6^{th} grade

Parent Handbook 2020 2021 School Year

We are learning to adapt!



What's your superpower?

School Address: 2580 Willoughby Blvd. Stuart, FL 34994 772-334-3288 hcfa@hopecenterforautism.org www.HopeCenterforAutism.org Welcome to the 2020 2021 school year! This will be an interesting year to say the least. Our mascot – Hope the Chameleon will help us all learn to adjust to change and adapt to our new environments. You will be learning more about Hope in the future. The good news is that we have now officially moved into our new home. The building has many features that should assist in keeping our staff, students and families safe and healthy including ultraviolet germicidal sanitizing system installed in the air conditioner, larger spaces to socially distance our students, touch free dispensers and the many supports we are putting in place. Our return to school plan is found at then end of the parent handbook. Please be patient with us this year. Changes happen very quickly, and we are all doing our best to adjust to daily updates regarding health, safety and educational supports. We will keep you informed but do ask that if you have questions or concerns please contact us so that we can help. The easiest way to contact staff is via email. Each teacher and therapists' email can be found in the staff list. Many of us check email at all hours allowing our time in the classroom to be spent focusing on the needs of each of our students.

Finally, we will need your help this year to continue to raise funds to finish the renovations of the school. Due to COVID 19 many of our funding sources disappeared. We have been grateful for the cooperation of Leighton – McGinn and many members of our community who have worked to ensure we are ready to begin school regardless of the barriers we faced. More information is coming in the future!

I look forward to a promising year and watching each of our students grow and learn!

Sincerely,

Joanne Sweazey Executive Director

Daily Schedules

	Primary (PK-3rd Grade)	Intermediate (4th-6th Grade)
Arrival Begins at	7:00	7:30
Student day begins at	7:30	8:00
Direct Instruction	7:30-11:15	12:00-3:00
Learning Stations	12:30-2:00	8:00-11:15
Dismissal	2:00	3:00

Arrival and dismissal times are staggered to decrease crowding.

The purpose of The Hope Center for Autism Inc. is preparing our students to be college, career and community ready through the implementation of evidence-based interventions designed to support the learning needs of students with autism spectrum disorder. At Hope we believe all students can learn when provided with the supports needed to understand and effectively respond to the academic, communication and social expectations of our world.

Opening doors for individuals with autism spectrum disorder.

Introduction

This handbook is designed to give parents the necessary information regarding the policies and procedures of The Hope Center for Autism (HCFA) and The Hope Academy for Autism (THAA). Portions of this handbook are copied directly from our policies and procedures manual, while other portions are specific to this handbook. Please read this manual in its entirety, sign the School Enrollment form and return parent receipt forms to your child's teacher.

The Hope Center for Autism and The Hope Academy for Autism are charter schools are recognized by Florida Statute. Charter Schools are public schools designed to optimize parental choice. The Hope Center and Hope Academy are bound by various state and federal laws relating to public schools, including the Individual with Disabilities Education Act (IDEA). The Hope Center for Autism, Inc. is the governing board that oversees both the Hope Center for Autism and the Hope Academy for Autism. Meetings are held regularly at the school. Meeting dates for the 2020-2021 school year are posted on our website along with agendas and minutes. Meetings are open to the public.

The Hope Center welcomes you and your family to our school. We are committed to providing our students with an appropriate and effective educational program, designed to assist our students in reaching their full potential.

Our Staff

Our staff consists of highly trained and dedicated educators, paraprofessionals, and therapists. All teachers are certified by the State of Florida. All staff participate in ongoing professional development to provide the most recent and effective instructional approaches for your child.

Staff emails are the first letter of the first name, last name @hopecenterforautism.org. For example, Joanne Sweazey would be jsweazey@hopecenterforautism.org.

Staff List 2020 2021

Prekindergarten – Kindergarten

Teacher: Jodi Cooper Intern: Kori Byrd <u>Paraprofessionals</u> Atsuko Bayless Melissa Palazzo Genevieve Ramos

1st – 2nd Grade

Teacher: Diane Connelly <u>Paraprofessionals</u> Miyoko Favier Sarah Zeilinga Lindsey Hill

3rd Grade

Teacher: Alexis Matonti <u>Paraprofessionals</u> Abbey Bonea Gabriella Gerson Tiffany Thomas

4th-5th Grade

Teacher: Natalie Rzeznik <u>Paraprofessionals</u> Megan Butcher Ariel Pena Chris McMurrain

5th -6th Grade

Teacher: Katie Pitcher <u>Paraprofessionals</u> David Tiwari Patti Fries

Related Services

<u>Speech Language Pathology</u> Kim Spetz, Speech Language Department Chair Katarina Suarez, SLPa Melissa Jensen, SLPa Julie Stellman, SLP, pragmatics <u>Occupational Therapy</u> Julie Sweeney, OT Amy Drinkwater, OT <u>Behavior Analysis</u> Pam Christophori, BCBA Karly Osborne, BCaBA

Aftercare

Megan Butcher, Supervisor Laura Drake, Aftercare staff Brittney McHugh, Aftercare staff

Administration

Joanne Sweazey, Executive Director Barbara Velez, Administrative Assistant Lena Kasliner, Compliance Facilitator Beth Rautenstrauch, Parent Liaison Melanie Dunnuck, Finance Brannon Smith, Health and Safety Tiffany Watson, Instructional Coach, MCSD Michelle Gonzalez, School Psychologist Ruby Amsden, ESE Program Specialist

Core Philosophy

The mission of The Hope Center for Autism, Inc. is to open doors for individuals with autism. We prepare our students to be college, career and community ready through the implementation of evidence-based interventions designed to support the learning needs of students with autism spectrum disorder. At Hope we believe all students can learn when provided with the supports needed to understand and effectively respond to the academic, communication and social expectations of our world. Through carefully designed programming our students are able to acquire the skills they need to matriculate to a less restrictive setting. Regardless of school setting HCFA/THAA continues to support individuals with autism and their families to ensure they can continue to progress and succeed in less restrictive settings. We seek to fulfill our mission of opening doors by individualizing our approach for each student and family. Whether an open door means enrollment in the school or participation in a social skills group, we strive to meet the spectrum of needs presented by individuals with autism in our community.

Educational Program

The Hope Center for Autism, Inc. is dedicated to the academic and social success of each of our students. We use a multitiered system of supports to identify programming at tier one (all students), tier two (small groups of students working on the same skill) and tier three (individualized support). Students who receive tier 3 supports for math may receive tier one support for behavior. Students move throughout the tiers based upon their needs and performance. Student data is collected and analyzed weekly to determine if changes are needed to ensure student success. All instruction is supported by evidence-based methodology identified through the National Clearinghouse on autism evidence and practice. Staff receive ongoing professional development in all evidence-based procedures to ensure fidelity and student achievement. Families will be invited to learn more about the evidence-based procedures and progress monitoring approaches used throughout the year at parent training events. Evidence based procedures include:

- Antecedent based intervention Naturalistic interventions Self-management Cognitive behavior intervention Parent implemented interventions Social narratives Differential reinforcement Peer-mediated instruction and intervention Social skills training Discrete Trial training Picture Exchange Communication systems Structured play groups Exercise
- Pivotal response training Task analysis Extinction Prompting Technology aided instruction and intervention Functional behavior assessment Reinforcement Time delay Functional communication training Response interruption/redirection Video modeling Modeling Scripting Visual supports

The Florida Standards

In 2014, Florida adopted a more rigorous set of learning expectations in mathematics and language arts to call their own – The Florida Standards for Mathematics and English/Language Arts. The Florida Standards provide a consistent, clear understanding of what students are expected to learn. The standards are designed to be robust and relevant to the real world, reflecting the knowledge and skills that young people need for success in college and careers.

The Florida Access Points

The Florida Standards Access Points reflect the key concepts of the Florida Standards with reduced levels of complexity. They are written to ensure the core intent of the standards for students with significant cognitive disabilities, which apply to all students in the same grade level. The IEP team determines the need for Access Points annually.

Assessments

HCFA/THAA gather baseline data every August through assessments used in the Martin County School District and those that are specific to the needs of students with autism. The use of data tools also used within the school district ensures that we have accurate information about our student's progress in relation to the expectations of the less restrictive setting we are preparing them for. Parents will receive information on student assessments throughout the year. *Parents/guardians will have access to all assessment results.*

Goals and Objectives

IEP meetings will be held in accordance with State and Federal Laws. Each student's goals and objectives will be defined by that child's IEP. Parental input at IEP meetings is critical. The goals and objectives will be measurable, and data will be collected and graphed regularly. Each child will undergo an assessment when entering The Hope Center, and annually after that. Data will be collected, graphed, and analyzed regularly to ensure our approaches are beneficial to the student.

Initially, teaching is done in an environment that will lead to early success. Sometimes that may mean the removal of distractions. However, teaching will quickly be extended to ordinary environments. Not only is this more natural but it also promotes transferring learning to all settings.

The overall goal of The Hope Center is to provide an educational program that will give the students the skills and abilities necessary to matriculate into a less restrictive environment.

Students with Reading Deficiencies

The parent of any K-3 student who exhibits a substantial reading deficiency shall be immediately notified of the student's deficiency pursuant to s. 1008.25(5) and shall be consulted in the development of a plan, as described in s.1008.25(4)(b).

Progress Reports

Parents of public school students shall be apprised at regular intervals of the academic progress and other needed information regarding their child, in accordance with the provisions of s. <u>1003.02(1)(h)2. HCFA/THAA will send e notes at least once week that includes information</u> regarding your child's educational, social and behavioral progress.

Report Cards

Students and their parents have the right to receive student report cards on a regular basis that clearly depict and grade the student's academic performance in each class or course, the student's conduct, and the student's attendance.

Attendance

Compulsory school attendance.—The compulsory school attendance laws apply to all children between the ages of **6 and 16 years**, as provided in s. 1003.21(1) and (2)(a), and, in accordance with the provisions of s. 1003.21(1) and (2)

Regular school attendance. —Parents of students who have attained the age of 6 years by February 1 of any school year but who have not attained the age of 16 years must comply with the compulsory school attendance laws. Parents have the option to comply with the school attendance laws by attendance of the student in a public school; a parochial, religious, or denominational school; a private school; a home education program; or a private tutoring program, in accordance with the provisions of s. <u>1003.01</u>(13).

Absence for religious purposes. —A parent of a public-school student may request and be granted permission for absence of the student from school for religious instruction or religious holidays, in accordance with the provisions of s. 1003.21(2)(b)1.

Absence for treatment of autism spectrum disorder.—A parent of a public school student may request and be granted permission for absence of the student from school for an appointment scheduled to receive a therapy service provided by a licensed health care practitioner or behavior analyst certified pursuant to s. <u>393.17</u> for the treatment of autism spectrum disorder pursuant to ss. <u>1003.21(2)(b)2</u>. and 1003.24(4).

In order to be promoted, students enrolled in grades K-8 are required to attend ninety (90) percent of the instructional time in an annual session. There are no academic exemptions based on student attendance, and a student may not be exempt from academic performance requirements (such as final examinations) based on practices or policies designed to encourage student attendance. Any elementary school transfer student having been enrolled in The Hope Center for Autism for at least twenty-five (25) school days of a grading period must receive a grade for quarter grade reporting. Attendance records may not be used in whole, or in part, to provide an exemption from any academic performance requirements.

There are two kinds of absences- excused and unexcused. The two types are explained below. Examples of excused absences:

- Illness
- Serious illness or death in the family

- Emergency medical or dental attention
- Religious holidays

Examples of unexcused absences:

- Recreational activities
- Birthdays or other celebrations
- Vacations

If your child is going to be absent, please follow the procedure below:

- Call the office or email before 9:00am on the day of the absence.
- Send in or return the excuse note when your child returns to school. *If we do not receive a note within 2 weeks, then the absence will be marked as unexcused.*

The following steps may be followed regarding unexcused student absences:

- For any student with five (5) unexcused student absences per nine-week semester, a certified letter may be sent to the student's parent(s) informing them of the seriousness of the excessive unexcused absences.
- For any student with ten (10) unexcused absences per nine-week semester, a meeting may be requested with the parent(s) by the school director, regarding the excessive absences. The Director will inform the parents that further absences may result in the school withdrawing their student from The Hope Center.
- The Hope Center reserves the right to ask for a doctor's letter of illness to excuse any student who is absent two (2) or more days in succession.
- Absence for treatment of autism spectrum disorder.—A parent of a public school student may request and be granted permission for absence of the student from school for an appointment scheduled to receive a therapy service provided by a licensed health care practitioner or behavior analyst certified pursuant to s. <u>393.17</u> for the treatment of autism spectrum disorder pursuant to ss. <u>1003.21(2)(b)2</u>. and 1003.24(4).

Anytime a child is absent for 2 consecutive days without explanation a parent will be contacted to follow up and see if there is something we can do to help. The Hope Center staff understands how hard transitions can be for your child and want to support you and help find solutions. Please reach out to administration at any time that you would like additional support. Our goal is to meet the needs of the individual with autism, but that also includes meeting the needs of the family. We are here to help you!

Tardiness

The atomic clock located in the school hallway will determine the school start time. It is very important that your child come to school on time, so your child doesn't miss instruction and the class is not disrupted. Please remember that our students are easily distracted, and any disruption of the class routine can jeopardize the effectiveness of the lesson.

Children in Prekindergarten – 3^{rd} grade must be in the classroom ready to learn at 7:30 am. Students in $4^{th}-6^{th}$ grade must be in the classroom ready to learn at 8:00 am.

Recurring appointments should be scheduled for after school hours.

After 2 tardies a conference to discuss concerns will be scheduled to see how Hope can help you and your child arrive to school on time.

Early Pick-up

It is very important that each student attend school every day, all day. Students will not fully benefit from our program if they do not attend all day, each day. Please make every effort to schedule medical/dental appointments for after school hours.

If, in case of emergency, you must take your child from school before the end of the day, please follow the procedure below:

- Send an email to <u>hcfa@hopecenterforautism.org</u> stating that you will be early to pick your child up OR
- Send in written note with time of early pick up
- Use the front entrance to pick up or drop off outside of regular hours.
- Wait in the reception area for a teacher to bring your student to you.

We request that outside therapy be scheduled after school. If your child is at school for less than the full day, then we cannot be expected to meet the IEP goals set for your child or the Florida Standards required for promotion to the next grade level. We have a responsibility to the Martin County School District and the Florida Department of Education to meet the goals and objectives listed on the IEP and instruct students in the Florida Standards. We cannot meet these goals if students do not attend the required amount of time.

Pick Up Changes

If someone other than a parent or individual listed on the yellow card is to pick up a child from school, we must have an email sent to <u>hcfa@hopecenterforautism.org</u>. Under no circumstance will we release a child to anyone without an email and proper identification from the person who is picking up. All people able to pick up your child must be written on the yellow card. You can ask to complete a new yellow card at any time.

Children must be in school on time, ready to learn each day in order to benefit from our program. We have a long wait list. If you are unable to bring your child to school on time daily, we may have to ask you to leave. We do understand there are several factors that may prevent students' timely arrival and attendance, but we need to be aware of the situation and will be happy to help in any way we can. If your child is late or absent regularly, we will ask for a meeting to discuss how to help you manage school expectations



• Parents will drop off and pick up in the front of the school. A staff person will come to your car and get your child. Once the staff and child are on sidewalk, the exit driveway. *Please remain in your vehicle*

- Please keep conversation to a minimum. Our staff is responsible for safely bringing your child into our school and must focus on this responsibility. In addition, staff must work quickly to ensure that all students are brought in quickly and safely.
- If you have issues to discuss with staff, please call the office for an appointment.
- Staff will begin bringing students into the school at **7:10 a.m**. Please do not bring your child into the school earlier, as the staff has other responsibilities at this time.

THE USE OF MOBILE PHONES IS STRICTLY PROHIBITED DURING DROP-OFF AND PICK-UP.

Paraprofessionals and Registered Behavior Technicians have been instructed to direct all inquiries about student performance during the day to the child's teacher or therapist. The teacher/therapist/administration is responsible to report on a student's progress.

School Closings

To ensure the safety of our students and our staff, The Hope Center will follow the recommendations made by the Martin County Emergency Operations Center related to school closures for severe weather threats.

Required Materials and School Supplies

All supplies should be labeled with your child's name. Each student will be provided with a rolling cart to keep his/her individual supplies throughout the day and reduce any cross contamination.

Daily supplies:

- 1. Backpack
- 2. Take home note binder
- 3. Lunch/lunchbox
- 4. Change of Clothes
- 5. Change of footwear
- 6. Toileting Supplies- pull-ups, wipes, etc.

As Needed:

- 1. Primary Reinforcers
- 2. Toys, books, puzzles as reinforcement
- 3. School Supplies
- 4. Snacks

Dress Code

The Hope Center does not have a formal uniform for our students. We do however ask that students come to school dressed in clothes that are appropriate for an educational setting. Please dress your child appropriately for the weather, as students will be on the playground during the day.

- Caps and hats may be worn to school but must be taken off during the day while inside the building.
- Shoe Requirements: Only closed toe shoes are acceptable. Open toed shoes are a safety hazard. If your child has behavioral issues with taking off shoes, please send him/her to school in high top canvas shoes, laced all the way up and around the back. These shoes are much more difficult to take off and will greatly decrease the amount of time staff must spend on having your child put shoes on instead of working on IEP goals.
- Students who are toilet training must bring in extra sets of clothing in addition to diapers/pull-ups/wipes. The school can store extra sets of clothing in the student's bin. Soiled clothes will be sent home in a plastic bag.
- Please label all loose garments such as jackets, sweaters, lunch boxes, bags, etc. If items are not labeled, the teacher may label these items for you.

Notification of Involuntary Examinations

The Executive Director or designee shall immediately notify the parent of a student who is removed from school, school transportation, or a school-sponsored activity and taken to a receiving facility for an involuntary examination pursuant to s. 394.463. Parental notification may be delayed for no more than 24 hours after the students is removed if the Executive Director or his/her designee deems the delay to be in the student's best interest and if a report has been submitted to the central abuse hotline, based upon knowledge or suspicion of abuse, abandonment or neglect.

Lunches and Snacks

Students will bring bag lunches to school. Please adhere to the following procedures:

- Please label all lunch items. We cannot be responsible for lost items that are not labeled.
- Please provide cooling inside the lunch container for food safety (ice packs, etc.).
- Please send easy lunches that require little or no additional preparation.
- Do not send in lunch or special treats for the class without first speaking with the child's teacher. While it is a nice thought, many of our students are on special diets, and restricting them from sharing the food is not fair and may cause problems.
- Nothing requiring heating. We are not permitted to use a microwave due to health regulations.

Birthday Parties/Holiday Parties

Parents who wish to send in food for their child's birthday should call or email <u>hcfa@hopecenterforautism.org</u> to set up a day and time. All food items to be shared with a class need to be store bought to ensure every child's safety.

Parental Involvement

(See School Enrollment Agreement)

The Hope Center strongly encourages parental involvement. The Hope Center believes that parental involvement is critical to the success of the school and the successful performance of the students.

The Hope Center is not a traditional public school. If a family chooses The Hope Center, then this decision implies a family commitment to involvement and support for the school program.

Each parent will be requested to attend an orientation, parent meetings, and trainings to obtain an overview of the evidence-based practices used to help your child learn at school so that you can continue to help your child to generalize those same practices at home. Parent training will also provide an opportunity to meet other families who have children at Hope.

Each parent is required to provide four hours a month (or 40 hours annually) of volunteer support to the school as well as participation on the day of the annual golf tournament fundraiser. Volunteer hours will be recorded through the raptor system. A listing of volunteer opportunities will be developed as a guide for parents. Volunteer activities will be individualized and take into consideration skills, capabilities, and limitations.

Some parents may not be able to volunteer during the day, but there are other ways to participate. Material donations, in-kind services and financial contributions are always welcomed and help meet the parent commitment expectation.



Parent Volunteer Opportunities

Box top collection and reporting

Event participation – planning, gathering items, participation, clean up, marketing In person volunteering is discontinued until further notice due to COVID 19.

Parent Observation

Parent observations will NOT begin until COVID 19 concerns diminish for the safety of all of our students and staff.

The Hope Center encourages parental involvement in the education of their child. The Hope Center requires that classroom observation periods are scheduled in advance. Scheduling observation times in advance will allow the teachers to arrange the classroom in a way that will ensure that the observation will not cause a distraction to the students. In order to schedule an observation, you must submit a request in writing. In order to protect the privacy of our students and in compliance with state requirements, we do require a confidentiality form to be signed.

Because of the nature of our students, it is important to be as unobtrusive as possible. The following rules apply to classroom observation:

• No observations will be permitted during the first two (2) weeks of school. This is to give the teachers and students time to adjust to their new class.

- Parents may monitor the session through the window in the door or behind a divider. The windows will help to hide the parent from view, although not completely. This will help to reduce the possibility of distraction.
- Parents are required to maintain student confidentiality. You are there to observe your child, not the other children. A confidentiality form will be provided and must be signed prior to an observation.
- **Do not interact with the teachers or your child during the observation**. Interaction will affect the overall quality of the session and will distract both teacher and student. Please bring a notebook to write down any questions that you have so that you may discuss them with the teacher during a scheduled appointment.
- *Observations are limited to 30 minutes.* This will reduce the possibility of disruption during transitions.

We want observations to be a positive experience for all. Observations can be a valuable tool in the assessment of a child's progress and the method of the instruction.

Behavior Support Guidelines

The Hope Center is a Positive Behavior Support School. School-wide positive behavior interventions and support is a system that is developed by a school for improving student behavior. It is used with all students, across all environments in school (classroom, lunchroom, restroom, playground), and to help schools to create effective learning environments. School-wide positive behavior support at The Hope Center consists of:

1. Identifying school wide expectations

- Be Safe
- Communicate
- Try your best!

2. Teaching students the expectations and how they look across environments. For example: 'Try your best' in the classroom may be to complete your work, but 'try your best' on the playground may be to play a game with a friend.

3. Teaching students replacement behaviors for targeted problem behaviors. For example, a student who yells at the teacher may be given a replacement behavior of raising his/her hand to get the teacher's attention.

4. Reinforcing and rewarding positive behavior.

5. Collecting data to determine if school -wide supports need to be adjusted, if students need specific instruction on targeted skills, and to determine the function of behavior and effectiveness of interventions.

The Positive Behavior Support Model is implemented throughout the Martin County School District and is supported by the University of South Florida.

The Hope Center operates within the following assumptions:

- Problem behavior is purposeful: The behavior is not a random occurrence but is adaptive and has a function (not including biological based behavior). The function of this behavior is typically either to obtain a tangible or attention, to escape or avoid a task, an attempt to communicate, or has a sensory purpose.
- Assessments must be done to ascertain what function the behavior serves.
- Intervention for problem behavior must focus on education, not simply behavior reduction.

- Problem behavior typically serves many purposes and therefore requires many interventions.
- Interventions must include teaching the student replacement skills (behaviors).



Crisis Management Procedures *

The purpose of crisis management procedures is specifically to interrupt or control an otherwise dangerous situation. Crisis management procedures are not designed to teach new skills and are not considered "interventions" or long-term educational approaches that focus on teaching new skills. Crisis management procedures are strictly used to prevent a student from harming themselves or others. The first priority of The Hope Center is student safety.

The Hope Center will use the following five crisis management procedures:

- 1. Ignore: Ignoring is not the same as the intervention strategy of extinction. Ignoring is an occasional strategy used for instances of the problem behavior that are not dangerous, but which have the potential to become dangerous if they are treated inappropriately.
- 2. Introduce a cue for non-problem behavior.
- 3. Protect: Blocking attempts to hit or kick, blocking attempts of self-injurious behavior.
- 4. Remove: Removing a target of aggressive behavior, or removal of a stimulus.
- 5. Restrain: Momentarily physically controlling a student when that student is a danger to himself or others (see restraint policy).

The five crisis management procedures listed above are not used as interventions and have no long-lasting effect. These crisis management procedures are used to quickly stop dangerous behavior.

* Adapted from "Communication-Based Intervention for Problem Behavior: A user' guide for Producing Positive Change" by Edward G. Carr, Ph.D., Len Levin, M.A., Gene McConnachie, Ph.D., Duane C. Kemp, Ph.D., Christopher E. Smith, M.A.

Restraint Policy

The Hope Center staff will use physical restraint procedures as a last resort and only when a child is a danger to himself or others. Staff will use restraint procedures that are safe and therapeutic holds endorsed by The International Association of Non-Violent Crisis Intervention Certified Instructors (INACICI). The Children's Control Position will be the only restraint used. All staff will be certified in Non-Violent Crisis Intervention after receiving a minimum of eight hours of training. All staff that will be performing these duties will maintain current NCI certification through annual refresher trainings and exams.

If staff must physically restrain a child because that child is a danger to himself or others, the following procedure will be followed:

• Restraint Reporting Form will be completed by the end of the school day by the staff member implementing the restraint procedure

- Witness (paraprofessional, lead teacher, therapist), if applicable, will sign form
- Parent will be notified by phone or in person on the same day
- Parents will receive a copy of the Restraint Reporting Form
- Certified Behavior Analyst will receive a copy of the Restraint Reporting Form
- Original Restraint Reporting Form will be entered into student's file

The Hope Center will adhere to the Martin County Student Code of Conduct. THIS IS A ZERO TOLERANCE SCHOOL. This means that anyone in possession of alcohol, drugs, or weapons will be recommended for expulsion from The Martin County School District.



Staff/ students will complete a review of each student's day. Some students will have a form completed by the teacher and other students will work on self-monitoring during the day or completion of a daily planner. The take home notes are not a detailed accounting of the school day, but a general report on the activities and the behaviors of the student. If you have any questions about a particular take home, please write it on the note and the staff will respond the following day. Please do not take the daily notes out of the child's take-home folder. Staff will remove the take home notes monthly and store in the student's file. If you wish to retain copies of your child's take-home notes, please bring in a ream of copy paper to the school and we will copy the notes monthly and send them home. Otherwise, the notes will remain in your child's file and are available for viewing at any time.

Safety & Security

Your child's safety is our goal. For many years all schools within the Martin County School District have successfully used the Raptor ID system to check-in visitors and parents. We will now use the Raptor ID system at our schools.

Raptor is a visitor management system that scans a driver's license and/or state ID card and checks the information against the National Sex Offender data base. If no match is found, the system will print a visitor's sticker with a picture identifying them as an approved visitor. Raptor only scans the visitor's name, date of birth and photo for comparison purposes. No other personal identifying information is saved.

If the system raises a question about a visitor's background, the school administrator(s) will take the necessary steps to ensure the appropriateness of each individual's visit.

Upon your initial visit the process will take approximately 30 seconds; however, on return visits you will only be required to enter the first three letters of your last name and the system will recognize you.

All visitors will be required to have their photo identification when they visit the school. Visitors without photo identification will be asked to return with the proper information.

In addition, we will have an off-duty Martin County Sheriff's deputy on campus during the day. Deputies are taught about autism and our student's needs to ensure their presence is a positive experience for all involved. Many positives have come out of their presence at Hope including community awareness, a new understanding of the needs of people with autism by law

enforcement and a positive view of law enforcement by our students. Please welcome our deputies when you see them.

Fortify Florida

You are encouraged to download the Fortify Florida app for your phone and if you see something... say something!



Fortify Florida is a suspicious activity reporting tool that allows you to instantly relay information to appropriate law enforcement agencies and school officials.

Mandatory Reporting Requirements

As required by Florida Statute, any instructional personnel or administrative personnel having knowledge that a sexual battery has been committed by a student upon another student must report the offense to a law enforcement agency having jurisdiction over the school or over the place where the sexual battery occurred if not on the grounds of the school. (FS 1012.799)

Child Abuse and Neglect

The Hope Center will abide by Florida Statute 39.201 in regard to the mandatory reporting of suspected abuse or neglect. In part, the statute reads: "Any person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare, as defined in this chapter, shall report such knowledge or suspicion to the department in the manner prescribed in subsection (2)." The Hope Center will fully comply with all requirements set forth in FS 39.201.



Medication Administration Policy Well Child Policy

For the protection of all the students, please adhere to the following guidelines when determining if you should bring your child to The Hope Center.

A well child has:

NO fever over 100.4 degrees currently or in the past 24 hours

NO vomiting or diarrhea currently or in the past 24 hours

NO continuous green or yellow discharge from his/her nose

NO unexplained cough that has been consistent for 24 hours

NO skin infections (impetigo, ringworm)

NO eye infection

NO childhood diseases such as chicken pox, measles, etc.

If the child currently has any of the above symptoms, the teacher will not be able to accept him/her into The Hope Center.

If a child has diarrhea, vomiting, or has a skin/eye infection, the parents will be called immediately to come and pick up their child. If a child develops any of the other above symptoms during the school day, the teacher will notify the director and the child will be isolated for a period of 30 minutes. At that time the teacher will decide if the symptoms are still present. The parent will then be called to pick up the child if his/her condition does not seem to be improving.

If a child is sent home with any of the above symptoms, they must remain out of school for one full school day (i.e., if a student is sent home Monday, they may return to school on Wednesday). A student may return earlier if they are seen by a physician and receive a written clearance to return to school except in the case of vomiting; vomiting is exempt from a doctor's note. Due to the special medical needs of our children, there are special circumstances when a child may be starting a medication and certain side effects MAY occur, such as diarrhea. It is the parent's responsibility to notify the director in writing that there has been a change in medications at home so that the school will be prepared in case of an accident. When a medication is given by a physician with certain common side effects, it is asked that a note from the physician is also provided to the Director so that she will be aware of any changes and will be able to rule out an infectious symptom. Also, it is the responsibility of the parent to provide additional supplies to the school, such as extra pull-ups, wipes, and rubber pants to wear over pull ups or underwear to prevent leakage. For all the children's safety, if a child has diarrhea and it leaks on the furniture or floor, the parent will be asked to pick up the child. If encopresis, withholding bowel movements or constipation is an issue for your child please inform your child's teacher so we can address these specialized situations appropriately.

School-entry health examinations. —The parent of any child attending a public or private school shall be exempt from the requirement of a health examination upon written request stating objections on religious grounds in accordance with the provisions of s. 1003.22

Immunizations.—The parent of any child attending a public or private school shall be exempt from the school immunization requirements upon meeting any of the exemptions in accordance with the provisions of s. <u>1003.22(5)</u>.

Inhaler use. —Asthmatic students whose parent and physician provide their approval to the school principal may carry a metered dose inhaler on their person while in school. The school principal shall be provided a copy of the parent's and physician's approval.

Epinephrine use and supply. —

1. A student who has experienced or is at risk for life-threatening allergic reactions may carry an epinephrine auto-injector and self-administer epinephrine by auto-injector while in school, participating in school-sponsored activities, or in transit to or from school or school-sponsored activities if the school has been provided with parental and physician authorization. The State Board of Education, in cooperation with the Department of Health, shall adopt rules for such use of epinephrine auto-injectors that shall include provisions to protect the safety of all students from the misuse or abuse of auto-injectors. A school district, county health department, public-private partner, and their employees and volunteers shall be indemnified by the parent of a student authorized to carry an epinephrine auto-injector for any and all liability with respect to the student's use of an epinephrine auto-injector pursuant to this paragraph.

2. A public school may purchase a supply of epinephrine auto-injectors from a wholesale distributor as defined in s. <u>499.003</u> or may enter into an arrangement with a wholesale distributor or manufacturer as defined in s. <u>499.003</u> for the epinephrine auto-injectors at fair-market, free, or reduced prices for use in the event a student has an anaphylactic reaction. The epinephrine auto-injectors must be maintained in a secure location on the public school's premises. The participating school district shall adopt a protocol developed by a licensed physician for the administration by school personnel who are trained to recognize an anaphylactic reaction and to administer an epinephrine auto-injection. The supply of epinephrine auto-injectors may be provided to and used by a student authorized to self-administer epinephrine by auto-injector under subparagraph 1. or trained school personnel.

The school district and its employees, agents, and the physician who provides the standing protocol for school epinephrine auto-injectors are not liable for any injury arising from the use of an epinephrine auto-injector administered by trained school personnel who follow the adopted protocol and whose professional opinion is that the student is having an anaphylactic reaction:

a. Unless the trained school personnel's action is willful and wanton;

b. Notwithstanding that the parents or guardians of the student to whom the epinephrine is administered have not been provided notice or have not signed a statement acknowledging that the school district is not liable; and

c. Regardless of whether authorization has been given by the student's parents or guardians or by the student's physician, physician's assistant, or advanced registered nurse practitioner.

Notification of involuntary examinations.—The public school principal or the principal's designee shall immediately notify the parent of a student who is removed from school, school transportation, or a school-sponsored activity and taken to a receiving facility for an involuntary examination pursuant to s. <u>394.463</u>. The principal or the principal's designee may delay notification for no more than 24 hours after the student is removed if the principal or designee deems the delay to be in the student's best interest and if a report has been submitted to the central abuse hotline, pursuant to s. <u>39.201</u>, based upon knowledge or suspicion of abuse, abandonment, or neglect. Each district school board shall develop a policy and procedures for notification under this paragraph.

Sun-protective measures in school.—A student may possess and use a topical sunscreen product while on school property or at a school-sponsored event or activity without a physician's note or prescription if the product is regulated by the United States Food and Drug Administration for over-the-counter use to limit ultraviolet light-induced skin damage.

When medication must be administered to students at school, the goal is to provide safety for the student's health needs. The law makes no distinction between over the counter and prescription medication. Neither does it distinguish between short-term and long-term medication. *In all cases, written parental permission and physician instruction must be on file for protection of both students and staff.*

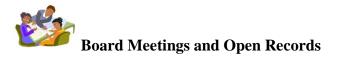
The Hope Center will abide by Florida Statutes 232.46 (administration of medication by school district personnel). The Hope Center must have written and signed permission from the parent or legal guardian to administer *any medication*- no exceptions will be made. The Hope Center staff will receive training by a registered nurse, licensed practical nurse, or a physician on safe medication administration.

Medication is defined as any prescription or over the counter medication including, but not limited to: vitamins and food supplements; eye, ear, or nose drops; inhalants; medicated ointment

or aspirins; and antacids dispensed to a student on a scheduled basis that must be accompanied by a Form # 135. Physician's instructions must include the name of the medication, the dosage, frequency, and method of administration. These instructions must be on a Form 135.

The form 135 and the information on the medicine bottle must match. Medication needs to be brought into school by a parent/guardian and will be counted and logged in while the parent waits. Medication sent in a backpack or with the child will result in a call for the parent/guardian to pick it up or complete the process of logging in medication correctly.

DO NOT SEND YOUR CHILD IN WITH A CUP/SIPPY CUP/BOTTLE OR ANY OTHER CONTAINER THAT HAS MEDICATION IN IT. This is a danger for your child and for the other children.



The Hope Center for Autism, Inc. will comply with the Florida Sunshine Law and the Florida Open Records Law. All board meetings will be open to the public, and notice of meetings will be made in advance to give reasonable time to attend. All records covered by the Florida Open Records Law are open to inspection by any person making a request, as stated in Section 119.01 of the Florida Statutes.

Notice of Board Meetings Policy:

The Board of Directors will give reasonable advance notice of all board meetings to ensure all parties have an opportunity to attend the meeting. The annual schedule of the board meetings will be included in the school calendar and sent home with all students at the beginning of each school year. The Board will post a notice of the scheduled public board meeting no later than one week prior to the meeting in a school location that is visible and on the school website under the board of directors' page. The Hope Center will comply with all applicable state laws, including exceptions.

Grievance Procedure

Most student and/or parent grievances can be resolved at the school level through informal conferences with teachers or other school personnel. If efforts to resolve the grievance with school staff fail, the parents may direct their grievance to the Director. The Director shall meet with the student and parents/guardians and attempt to resolve the grievance and shall respond to the family within fifteen (15) days of the meeting. As a charter school, The Hope Center operates independently of the Martin County School District. The Martin County School District will not settle disputes. If a parent feels that their concerns have not been addressed by the Director, then the parents/guardians may request that the grievance be heard by the school's Board of Directors. Parents must file the grievance within ten (10) days of receiving the Director's response. At its next regularly scheduled meeting the Board of Directors may include

the grievance on its agenda. The grievant is invited to attend the meeting and the Board of Directors may render a resolution as to the grievance.

The above described grievance procedures are only available to parents/guardians of currently enrolled.

Notification of Right under FERPA

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age ("eligible students") certain rights with respect to the student's education records. These rights are:

(1) The right to inspect and review the student's education records within 45 days of the day the School receives a request for access. Parents or eligible students should submit to the School principal (or principal's designee) a written request that identifies the record(s) they wish to inspect. The School official will decide for access and notify the parent or eligible student of the time and place where the records may be inspected.

(2) The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA. Parents or eligible students who wish to ask the School to amend a record should write the School principal (or principal's designee), clearly identify the part of the record they want changed and specify why it should be changed. If the School decides not to amend the record as requested by the parent or eligible student, the School will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

3) The right to privacy of personally identifiable information in the student's education records, except to the extent that FERPA authorizes disclosure without consent. One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the School as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the School Board; a person or company with whom the School has outsourced services or functions it would otherwise use its own employees to perform (such as an attorney, auditor, medical consultant, or therapist); a parent or student serving on an official committee, such as a disciplinary or grievance committee; or a parent, student, or other volunteer assisting another school official needs to review an education record in order to fulfill his or her professional responsibility. Upon request, the School discloses education records without consent to officials of another school district in which a student seeks or intends to enroll or is already enrolled if the disclosure is for purposes of the student's enrollment or transfer.

The name and address of the Office that administers FERPA and handles complaints under FERPA are:

Family Policy Compliance Office U.S. Department of Education 400 Maryland Avenue, SW Washington, DC 20202-8520



FERPA requires that the school, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, the school may disclose appropriately designated "directory information" without written consent, unless you have advised the school to the contrary in accordance with school procedures. The primary purpose of directory information is to allow the school to include this type of information from your child's education records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that take children's portraits, manufacture class rings or publish yearbooks.

If you do not want the School to disclose directory information from your child's education records without your prior written consent, you must <u>NOTIFY THE SCHOOL IN WRITING BY</u> <u>SEPTEMBER 30TH</u>.

The school has designated the following information as directory information:

- Student's and Parent's name and address
- Telephone listing
- Electronic mail address
- Photograph
- Date and place of birth
- Major field of study
- Dates of attendance
- Grade level
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Degrees, honors, and awards received
- The most recent educational agency or institution attended
- Student ID number, user ID, or other unique personal identifier used to communicate in

electronic systems that cannot be used to access education records without a PIN, password, etc. (A student's SSN, in whole or in part, cannot be used for this purpose.)

The Hope Center School Enrollment Agreement

This enrollment agreement is made and entered into by and between The Hope Center for Autism and ______ ("parent's name"). A primary objective of The Hope Center is to work closely with families in the education of their child with autism; and parental involvement with The Hope Center is critical to the operation of the school and to the success and performance of the students; and to accomplish this goal, parents are required to undertake certain steps and perform certain tasks ("Parental Requirements").

Therefore, the parties agree as follows:

- 1. Parental Requirements
 - a. <u>Training/Meetings</u>: Parent shall attend orientation, IEP/Evaluation meetings; parent trainings and social opportunities to the best of their ability.
 - b. <u>Homework</u>: Parent shall implement educational strategies and activities at home. If you need support to organize a homework procedure, please let your child's teacher know. There are many supports that may do homework a less frustrating experience for you and your child.
 - c. <u>Volunteer Hours</u>:
 - i. Parents are required to provide four (4) hours per month (or 40 hours annually) of needed services and/or resources on behalf of The Hope Center and participate the day of the annual golf tournament.
 - ii. Parent hours will be tracked electronically by The Hope Center.
 - iii. Failure to perform the requisite volunteer hours for three (3) consecutive months may result in denial of admission to The Hope Center for the following school year.
 - d. Failure to comply with the Parental Requirements may result in denial of admission to The Hope Center for the following school year.
- 2. Severability: If any provision of this Agreement or the application of any provision to any person or to any circumstances shall be determined to be invalid or unenforceable, then such determination shall not affect any other provision of this Agreement or the application of such provision to any other person or circumstance, all of which other provisions shall remain in full force and effect.
- 3. Governing Law: The laws of the State of Florida shall govern this Agreement.

The parties have executed and delivered this Agreement as of the day and year written below.

Parent/Guardian Name

Parent/Guardian Signature

Date

Child's Name

PARENT HANDBOOK RECEIPT

Please review the following specific policies to be sure you understand them before signing to show your consent to the following policies/procedures.

POLICY	PARENT INITIAL
Absences	
Tardiness	
Early Pick-up	
Drop-off and Pick-up Procedures	
Well Child Policy	
Parental Involvement	
Grievance Procedure	
FERPA Notice	

I, the parent/guardian, acknowledge receipt of this Parent Handbook and I agree that I/we and my son/daughter will abide by THE HOPE CENTER's rules, regulations, and operational policies. I understand this was a condition of his/her acceptance by this institution.

Parent/Guardian Name

Parent/Guardian Signature

Date

Child's Name

Progress on the standards/access points will be sent home in the form of a rubric at the completion of each unit of study.

Generic Rubric



Social Studies Kindergarten

SS.K.C.1.1: I	I can give examples of rules and tell why why they are important.
SS.K.C.1. In. a	I can tell or point to 2 classroom rules
SS.K.C.1.Su. a	I can follow all classrooms rules with visual or gestural prompts.
SS.K.C.1. Pa. a	I can follow one classroom rule with visual or gestural prompts.

We encourage the parents of each student to meet with the teacher to discuss any questions they have about the report card. All data is available to view upon request.



THE HOPE CENTER FOR AUTISM THE HOPE ACADEMY FOR AUTISM NEXT STEP BACK TO SCHOOL PLAN 2020-2021

Full time virtual instruction

Students will be provided synchronous instruction Sync five (5) days a week with their assigned teacher and using the same curriculum that would be used in person. Flexible in-person or teletherapy will be provided for continued speech, language, occupational or behavioral therapy. A clean room will be established in the front section of the school to provide 1:1 instruction; therapy and parent support or guidance. Parents will need to schedule with the therapist in advance. All student therapy minutes as identified in the Individual Education Plan (IEP) will be provided. Learning station activities will be provided for the student to complete that are related to instruction. All work in person or virtual will be submitted via Schoology to provide consistency for students.

Blended learning hybrid

The hybrid offering will consist of in person instruction in the brick & mortar setting for all core academics. Follow up assignments will be provided for completion at home with assistance of parent or guardian. All work in person or virtual will be submitted via Schoology to provide consistency for students. Speech, language, occupational or behavioral therapy provided live in classroom through push in model, via teletherapy outside of brick & mortar setting or schedule in clean room. Flexibility will be provided to meet individual learning needs of each student and family.

Traditional brick and mortar

The traditional brick and mortar offering will consist of instruction and therapy provided live-inperson in brick and mortar setting. Schoology will be used in classroom to submit work and engage in instruction if applicable to maintain consistency of routines in the event of another closure or illness. Students will each have their own mobile supply cart to access individual materials and maintain safety.

Instructional continuity & meeting the needs of students

Students will engage in classroom instruction either in person or through synchronous instruction led by your child's teacher using the same curriculum used in the classroom. Video may be used with confidentiality requirements in place so that the students who are at home are still able to participate in the same number of instructional hours whether in person or virtually attending school. Individual student needs beyond those presented will be addressed through the Individual Education Plan Team.

Therapy

Speech, Language, Occupational and Behavioral therapy are essential part of your child's progress. Students who are unable to attend in person will have the opportunity of engaging in therapy either in a clean room at school or virtually using a tele-therapy model. Therapy will be provided live in person, synchronous or asynchronous depending on each child's individual learning, health, and family needs.



You must be in school in order to learn. Attendance is essential to the progress of our students. Attendance will be taken daily whether a student is participating virtually or in person. We will continue our reinforcement for families who ensure their child arrives on time and daily. Every week that your child arrives on time and attends for 5 days will equal to one entry into a random drawing for gift cards to gas stations, stores, or restaurants.

We know how many challenges our families face in preparing their child for school each morning and arriving on time. At Hope we want to recognize your efforts. For families who are struggling with timely arrival or consistent attendance we provide a variety of supports to assist you. Parents are encouraged to seek support from our staff. If a student is tardy or absent for 3 days in a row whether in person or virtual a parent will be contacted to determine how we can help. Even if a note explaining the absence is sent in, we want to be sure we provide the support you need. Staff will contact you and help identify what the barriers are to regular attendance and what interventions may be helpful for you at home.

Supporting all students

Students at Hope will continue to benefit from specialized instruction based on the Florida Standards or Florida Access Points and supported by evidence-based practices for students with autism. During the first week of September, following adjustment to school, students will be assessed to determine current performance.

Vertical curriculum

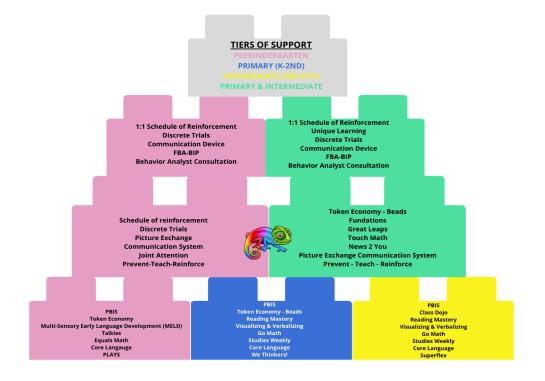
The sequence of instruction is established based on the specific learning needs of students with autism. Pragmatic language skills, executive function skills, and grade level expectations are aligned to build upon each other establishing a strong foundation for continued learning.

Expectations:

- Students with disabilities will receive the same access to educational services during the same time period as their typical peers.
- Student services and needs related to COVID will be addressed during IEP meetings to determine if additional supports are needed. A student who is not able to attend due to high risk potential will not be considered absent or have the change in site of instruction equate to a change in placement.

Tiers of support and continuous improvement

The Hope Center is grounded in the use of a continuous progress model to ensure that students are responding appropriately to interventions. Ongoing data collection and analysis guides instructional teams in determining the resources needed for each student to progress. Weekly progress monitoring meetings are held to review progress and make instructional decisions for student success. Students who do not respond positively after 4 weeks will change the instructional approach based on function of the challenge or additional data analysis. Data will be provided regularly to the Martin County School District. Individualized interventions will be implemented for acquisition of splinter skills. In home behavioral support for students with most significant needs may be provided on an individual basis. After school tutoring for students with most significant remediation needs will be provided three afternoons a week. Weekly progress monitoring meetings will review student's performance and determine if current approaches are effective or if changes are needed.



When should an Individual Education Plan (IEP) meeting be called?

- Student is absent for more than 10 days due to COVID.
- When a child with a disability is classified as needing home bound instruction because of a medical problem, as ordered by a physician, and is home for an extended period of time (generally more than 10 consecutive school days), an Individualized Education Program (IEP) meeting is necessary to change the child's placement and the contents of the child's IEP, if warranted.
- After providing an adjustment period of 2 weeks for student's assessment will begin to determine any additional services or compensatory services that may be needed to address regression.
- Behavioral data, communication, motor function and academics are all assessed to determine baseline for the school year.
- Students who have demonstrated regression of more than 6 months will be referred to the IEP team to develop an intervention plan that will assist the student in remediating lost skills and closing the achievement gap.
- Tutoring will be offered after or before school 3 days a week, 1 and 1/2 hours a day.
- Tier 2 and 3 interventions may be implemented at this time to support the student's learning needs.

Consistent format

Whether students are learning at school or at home consistency is key for generalization of skills. All assignments will be turned in through Schoology in school and at home. Students will practice accessing instruction via Schoology at school and home. Students will be prepared to be more independent in the event another school closure occurs.

Parent liaison

Parents who demonstrate a need for assistance, have difficulty bringing their child to school on time and on a regular basis or who request support will relate to our school's Parent Liaison who will assist with accessing needed supports. The Parent Liaison will also participate in Individual Education Plan meetings, parent teacher conferences or other meetings as needed and if funding is available.

Technology

Every student will be provided with a device based upon that child and family's individual needs. The Hope Center has purchased the equipment to assist families in navigating the technology provided. For assistance please email <u>it@hopecenterforautism.org</u>.

Materials

Each child will have 3 bins to keep their materials separated from those of their peers. 1 bin for sensory replacement tools. 1 bin for reinforcers. 1 bin for instructional materials. There will also be a 'to be cleaned' bin in each classroom to place items that need to be cleaned after the school day. Students participating in virtual or hybrid instructional models will be provided the same materials as those used in the brick and mortar setting.

Assessment

Assessment is an important part of instruction. Assessments are used to determine progress in learning individual skills and generalization of learned skills. Teachers use the information to plan for instruction for individual students and groups of students. Data is analyzed regularly to determine student progress and any changes or interventions that may be needed. Assessment will continue for the 2020-2021 school year. FLKRS testing must be in person for Kindergarten students. We will schedule times to ensure safety.

Addressing behavioral challenges

Zones of regulation, social skills instruction, token economies, functional behavior assessment and behavior intervention plans are all used to address the behavioral needs of our students. The staff at Hope understands that our students are going to begin the year with significant challenges adjusting to the school setting in August. Supports will be put in place to decrease the sensory stimulation that likely will be difficult for our students to process.

Social emotional learning

Use of masks, cleaning your materials and covering your mouth when you cough are all expected behaviors that our students would struggle with on a typical day. These skills will be the foundation for our initial social emotional instruction as we guide our students to re-learn how to engage with their peers effectively.

Hope will also teach students about adapting to change using our mascot who is a chameleon named Hope. Member of Next Step are creating a series of social stories about Hope and is adventures in navigating our new normal.

Playground

The playground is an essential part of learning at Hope. Our students need to learn how to navigate less structured and social environments. We will continue to allow playground use limiting the number of children allowed on the playground at a time and providing schedules for students identifying which equipment they can use to limit student to student contact

- Playground use will be limited to 2 students 1 adult (PK/K); 3 students 1 adult (1st-2nd-3rd); 4 students 1 adult(4th-6th)
- Students will have a visual schedule identifying what equipment they will play on and the sequence for playing.
- Staff will disinfect playground equipment after each student's use.
- Students who do not comply with expectations will have to sit on a bench or return to the classroom.

PLAYGROUND SCHEDULE			
1	SWINGS	Smin	
2	BONGOS	Smin	
3	CHIMES	Smin	
4	SEE SAW	Smin	
FINISHED	ABC	SSROOM	

Playground schedule example



Students will eat their lunch in the classroom with desks separated six (6) feet apart. Picnic tables will be set up under a shade structure on the North side of the school building for lunches to reduce the amount of time indoors.

Drills

Fire, weather, and lockdown drills are very important opportunities for our students to adjust to the changes, noises and anxiety that are associated with drills. Hope will continue to implement drills with adjustments as appropriate to prevent students from infecting each other. Students will engage in 10 fire and 2 tornado drills during the year. Lockdown drills will be "tabletop" exercises where the teachers give instructions and review expectations if the drill was real.

Aftercare

Aftercare provides families with childcare before and after the school day allowing them to work or engage in any activities needed. This service will continue for the 2020-2021 school year with accommodations to ensure safety. Private therapists will be able to work with their clients during aftercare in a private room that will be sanitized before and after the therapy session. As always, private therapists must sign the student out to them at the beginning of the therapy session and then back into aftercare prior to leaving.

The Hope Center for Autism will maintain strict adherence to prevention guidelines for the protection of the students and staff. The lack of hygiene outside of a pandemic frequently leads to illness among staff and students. To ensure contaminated areas do not lead to increased infection additional precautions will be taken including increasing the amount of support for cleaning at the school. A Next Step employee in training will work five hours a day, five days a week at HCFA cleaning and sanitizing areas of the school when students are present. The lead custodian for the school will add an additional for deep cleaning of the school. A staff member will be provided with a \$1500 supplement that will oversee all cleaning protocols at the school.

Environment supports

- Desks will all facing in the same direction with tape on the floor designating desk & chair locations.
- Plexiglass barriers or dividers will be used as needed to separate individuals throughout the day.
- One-way paths will be marked with arrows throughout the school.
- Signage will be placed throughout the school reminding students, staff, and visitors to socially distance.
- Established visually boundaries in classrooms including taped off squares around desks to identify where the student's personal area is.

Cleaning

- Student & classroom schedules will reflect disinfection expectations.
- Hand washing will occur every 30 minutes.
- Intermediate students will wipe down their own items desk/school tools.

- Visual directions will be provided along with instruction in how to clean the items.
- Staff will wipe down PK/Primary desks and chairs between transitions.
- Visual protocols will be taught, posted, and shared with families to promote generalization of cleaning protocols outside of school.
- Portable sanitizer bags will be available for disinfecting oral replacement tools, sensory items, or other classroom tools.
- High traffic school areas will be sanitized every 45 minutes.

Personal protective equipment

- All staff and students will always wear masks unless in areas that allow social distancing and are pre-established through visual supports as safe areas to remove masks.
- Each classroom will establish mask parameters that are visually depicted in each area and explained via video/social story.
 - When seated at your alone desk working NO MASK
 - When standing in the room you must wear a mask
 - o small group wear a mask
 - hallway wear a mask
- Students who have difficulty with a mask will be taught how to wear a mask through planned desensitization protocols established in Prevent Teach Reinforce Behavior Intervention Plan (PTR-BIP).

Teacher disinfection kit

- 32. Oz spray bottle
- 16 oz hand sanitizer
- 2 microfiber cloths switch out daily
 - Sanitary wipes
 - Boxes of gloves

Student sanitizing kit

- If they bring their own sanitizing kit then they can use it, but if the cleaning item says, "keep out of the safety of children".
- If the bring it with them, it stays in their rolling cart with their name on it.

Bathrooms

- Bathrooms will be sanitized after every use.
- Cleaning protocols will be hung in the bathroom.

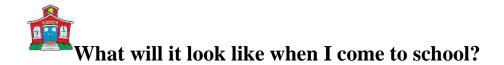
Hallways

- Traffic patterns will be established, taught, and visually depicted to reduce contamination.
- Transitions will be reduced as much as possible.

- Learning Stations
- The use of learning stations in separate rooms will facilitate increased social distancing.
- All activities in the learning station will be planned by teacher of record to support instruction.
- Students will bring their rolling cart to the learning station with their own instructional materials and supports.
- Therapy may be provided in the learning station rotations.

Disposal of Personal Protection Equipment

- Masks, gloves, gowns, etc. do not need to be disposed as biomedical waste.
 - These items can be disposed of as regular trash.



- All visitors will complete a visitor form
- Students boarding the bus will wear masks.
- Upon entering campus students will have their temperature checked/visual wellness check.
 - Temperature recordings are automatically imported into a data sheet for tracking purposes.
- Staff and visitors will complete a daily wellness check form.
- Everyone will wear a mask.

Wearing a mask

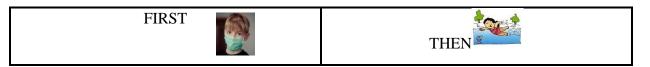
The mask with the valves on the side are NOT permitted.

How does wearing a mask affect a child with autism?

- Breathing nervous system regulator
- Tactile sense of touch
- Olfactory sense of smell
- Proprioception where body is in space
- Emotional Regulation
- Impulsivity

STRAGIES TO PROMOTE MASK WEARING

Using a First - Then board to encourage mask use



- Show your child the first then board.
- Have your child choose an activity or food or other reinforcer than he/she may be interested in and put a picture of that or write the word under then.
- Explain that first wear mask then goes swimming (or another reinforcer)
- Set a timer for 10 seconds or less depending on how much difficulty your child is having with the mask.
- Put the mask on your child or help him/her to put on the mask
- Let your child watch the timer countdown from 10 to 0.
- If you do not have a timer you can count on your fingers showing your child as you count.

- When time is up your child can take off the mask and receive the activity/item that was chosen and posted under THEN.
- You may want to use a timer to designate how long your child can engage in the reinforcing activity.
- Continue this protocol slowly increasing the amount of time your child wears the mask.



Health and safety

There will be two clinics at Hope. Clinic 1 will be for typical illnesses and clinic 2 will be for children who are demonstrating symptoms of COVID 19.

Symptoms in children include:

- Fever 100.4 or higher
- Runny nose
- Cough
- Fatigue
- Muscle aches
- Vomiting
- Diarrhea

Students sent home will not be able to return until they are 24 hours fever free and symptom free with no known contact with someone with COVID.

School Health processes

- Clinic protocol developed for COVID 19 symptoms
- Parent messaging for when their child may be sent home and what to expect: 24 hours fever free and symptom free and no known contact
- Exclusion form school attendance letter for symptomatic or positive children will be in Clinic 2(COVID)
- Contact tracing of student's process update Ellis Estevez and Health Department
 - Health assistant and backups
 - Contact trace from clinic documentation
 - Health department will have training on frontline for health assistants and backup
- If a student's temperature is taken and the student has a fever.
 - Make sure the student has their mask on

Social Distancing

- No more than 50 people in a room without 6 feet of social distancing
- Masks will always be worn that social distancing is not possible.

What happens if someone gets sick?

- If students or staff are in contact with someone who tests positive, they must selfquarantine for 14 days.
- If 2 or less staff or students in one classroom become ill the class would switch to remote learning for at least 14 days.
- If 12 or more cases for every 100 people in the school test positive the entire school will shut down and switch to remote learning for at least 14 days.
- In the case of a school wide outbreak the school would be shut down and the district will work with the health department to determine when it could reopen.

Person	Exposure to	Recommended Precautions for the Public
Individual who has had close contact (< 6 feet) ** for ≥15 minutes***	 Person with COVID-19 who has <u>symptoms</u> (in the period from 2 days before symptom onset until they meet criteria for <u>discontinuing</u> home isolation; can be laboratory-confirmed or a clinically compatible illness) Person who has tested positive for COVID-19 (laboratory confirmed) but has not had any <u>symptoms</u> (in the 2 days before the date of specimen collection until they meet criteria for <u>discontinuing home</u> isolation). Note: This is irrespective of whether the person with COVID-19 or the contact was wearing a mask or whether the contact was wearing respiratory personal protective equipment (PPE) 	 Always stay home until 14 days after last exposure and maintain social distance (at least 6 feet) from others Self-monitor for symptoms Check temperature twice a day Watch for fever*, cough, or shortness of breath, or other symptoms of COVID-19 Avoid contact with people at higher risk for severe illness from COVID-19 Follow CDC guidance if symptoms develop

When can I be at work and when do I have to stay home?

A fever is 100.4°F (38°C) or higher. Note that fever may be intermittent or may not be present in some people, such as those who are elderly, immunocompromised, or taking certain fever-reducing medications (e.g., nonsteroidal anti-inflammatory drugs [NSAIDS]).

Symptoms of COVID 19

Symptoms may appear **2-14 days after exposure to the virus.** People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

I think I had COVID 19 OR I know I had COVID 19 and I have symptoms. When can I return to school?

- At least 10 days since symptoms first appeared and
- At least 24 hours with no fever without fever-reducing medication and
- Symptoms have improved

Depending on your healthcare provider's advice and availability of testing, you might get tested to see if you still have COVID-19. If you are tested, you can be around others when you have no fever, respiratory symptoms have improved, and you receive two negative test results in a row, at least 24 hours apart.

I tested positive for COVID 19, but I had NO symptoms. When can I return to school?

• 10 days have passed since test

What if I have conditions that weakened my immune system?

- might need to stay home longer than 10 days. T
- You can be with others after you receive two negative test results in a row, at least 24 hours apart.
- If testing is not available in your area, your doctor should work with <u>an infectious disease</u> <u>expert at your local health department</u> to determine if you are likely to spread COVID-19 to others and need to stay home longer.

What if I have been around someone with COVID 19?

It is important to remember that anyone who has close contact with someone with COVID-19 should stay home for 14 days **after exposure** based on the time it takes to develop illness.

Daily home screening form

Please respect your fellow parents, their children and our staff and complete the daily home screening form prior to coming to school each day.

Section 1 – Symptoms

If your child has any of the following symptoms that indicates a possible illness that may decrease the student's ability to learn and puts them at risk for spreading illness to others. Please check your child for these symptoms.

- □ Temperature of 100.4 degrees Fahrenheit or higher.
- \Box Sore throat
- □ New uncontrolled cough that causes difficulty breathing (for students with chronic allergenic asthmatic cough, a change in their cough from baseline) Please provide a doctor's note if your child has a chronic condition causing a cough that is NOT a symptom of illness
- □ Diarrhea, vomiting, abdominal pain
- □ New onset of severe headache especially with fever

Section 2 – Close contact/potential exposure

- □ Had close contact (within 6 feet of an infected person for at least 15 minutes with or without a mask) with a person with confirmed COVID19
- □ Traveled to or lived in an area where the health department is reporting large numbers of COVID 19 cases as described in the community mitigation framework.
- □ Live in area of high community transmission as described in the Community mitigation framework

PHYSICIAN AUTHORIZATION FOR STUDENT MEDICATION

Part I: Must be completed by a Physician/qualified medical provider. Use one form per medication.

Student:	Birth date: Date		
Diagnosis:	ICD-9 Dx code:		
Medication (one per form):	Dose prescribed:		
Route: Oral Liquid OtherTime to be given_ <u>PRN ORDERS</u> : If you are ordering medication " <i>AS NEED</i> is to take (i.e. pain):	DED ", please specify under what conditions the child		
Inhaler/Nebulizer: Medication Name	Strength/Dose		
Amount/# of puffs Schedule (at what time) If you are ordering the Inhaler "as needed" please specify under what conditions: (check all that apply)			
If you are ordering the Inhaler "as needed" please spe	ecify under what conditions: (check all that apply)		
If you are ordering the Inhaler "as needed" please spe □ Shortness of Breath □ Coughing □ Wheezing The student has been trained and has my permission	ecify under what conditions: (check all that apply)		

Medication side effects:

PHYSICIAN AUTHORIZATION

The parent knows of this request and has agreed to provide the supplies needed for the above medication. Should the child manifest any of the above symptoms that may be caused by the medication, I understand that the parent will be contacted and the school health directives relating to emergency care will be followed.

Physician's Name (Print)	Physician's Signature	Date	
License Number	Telephone	Fax Number	
Part <u>2</u> : Must be signed by parent/guardian prior to administration.			

I understand that:

• Medication orders, including over-the-counter, are valid for this school year only and need to be renewed at the beginning of each school year.

Parent/Guardian Permission

- Medication, including over-the-counter, must be in original container and labeled to match physician's order for school use including field trips.
- I have the responsibility for supplying medication as needed.
- Medication orders become part of my child's permanent school health record.
- I give permission to the school nurse to share information with appropriate school staff relevant to the prescribed medication administration as he/she determines appropriate for my child's health and safety.
- I give permission to the school nurse to contact the above health care provider for information relevant to the prescribed mediation administration as he/she determines appropriate for my child's health and safety.
- I may retrieve the medication from the school at any time; however the medication will be destroyed if it is not picked up within one week following termination of the order or two days beyond the close of school.

I hereby give permission for my child (named above) to receive medication during school hours administered by the nurse or trained principal designee. I understand the School District and School Health Program under take no responsibility for the administration of the medication. This medication has been prescribed by a licensed physician. I hereby release the School District and its agent and employees as well as the School Health Program from any and all liability that may result from my child taking the medication.

Parent/Guardian Name (Print)	Signature	Date
Health Assistant (Print)	Signature	Date
School Nurse (Print)	Signature	Date

PHYSICIAN AUTHORIZATION FOR EPINEPHRINE INJECTION

Part I: Must be completed by a Physician/qualified medical provider. Use one form per medication.

Student:	Birth date:	Date
Diagnosis/Allergy		ICD-9 Dx code:
If a food allergy is listed, will a dietary substitution be nec EPINEPHRINE Instructions: The student has had a prior seve	•	
Epinephrine 0.15mg or Epinephrine 0.3mg Reperiod Reperi	eat injection in	minutes <u>or</u> □ Do not repeat
□The student has been properly trained on the use and a epinephrine and self-administer unless unable. <u>OR</u>		epinephrine and <u>will carry</u>
 Trained school staff should administer epinephrine EPINEPHRINE should be administered under the follo Immediately post exposure to the allergen <u>OR</u> Administer only if the following reactions occur: (check Shortness of Breath/Wheezing Hives/Rash Other	<u>all</u> that apply): □Anxiety	s: □Generalized Swelling/Edema
Medication side effects:		

PHYSICIAN AUTHORIZATION

The parent knows of this request and has agreed to provide the supplies needed for the above medication. Emergency Services (911) will be called if the student uses or is administered epinephrine so that the proper following treatment can be completed. Should the child manifest any of the above symptoms that may be caused by the medication, I understand that the parent will be contacted and the school health directives relating to emergency care will be followed.

Physician's Name (Print)	Physician's Signature	Date
License Number	Telephone	Fax Number

Part 2: Must be signed by parent/guardian prior to administration. Parent/Guardian Permission

I understand that:

- Medication orders are valid for this school year only and need to be renewed at the beginning of each school year.
- Medication must be in original container and labeled to match physician's order for school use including field trips.
- I have the responsibility for supplying medication as needed.
- Medication orders become part of my child's permanent school health record.
- I give permission to the school nurse to share information with appropriate school staff relevant to the prescribed medication administration as he/she determines appropriate for my child's health and safety.
- I give permission to the school nurse to contact the above health care provider for information relevant to the prescribed mediation
 administration as he/she determines appropriate for my child's health and safety.
- I may retrieve the medication from the school at any time; however the medication will be destroyed if it is not picked up within one week following termination of the order or the last day of the school year.

I hereby give my permission for my child to self-administer epinephrine during school hours if needed for an allergic reaction. A licensed physician has prescribed this medication and my child has been instructed on its use. I also understand that in the event that my child must self-administer epinephrine emergency services (911) will be called for follow-up treatment. If for any reason my child is unable to inject himself/herself with epinephrine or unable to make the decision himself/herself as to whether epinephrine is needed. I give permission to an adult school staff member who has been trained in emergency epinephrine injection to assist my child in the decision and/or administration of epinephrine.

I understand the School District and School Health Program under take no responsibility for the administration of the medication. I hereby release the School District and its agent and employees as well as the School Health Program from any and all liability that may result from my child taking the medication.

Parent/Guardian Name (Print)	Signature	Date
Health Assistant (Print)	Signature	Date
School Nurse (Print)	Signature	Date