# Purpose

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The **WIEP-OC** is the process by which a school, identified as Persistently Dangerous (PD) or Potentially Persistently Dangerous (PPD) may request weighted SSEC incidents be removed from their SVI calculation because the student causing the incident:

1. has been diagnosed with a disability or other condition but is not classified to receive specialized instruction; and
2. the weighted SSEC incident(s) are attributable to the student’s disability or condition.

The WIEP-OC is used by schools designated as **PPD and PD schools only.**

**When is the WIEP-OC used?**

Each year, district leaders are notified by the New York State Education Department (NYSED) that a school within the district has been identified as PPD or PD. District leaders are given an opportunity to present evidence that conditions in the identified school do not threaten the safety of students.

The WIEP-OC process is one way for a school/district leader to provide evidence related to a student’s diagnosed disability or other condition, and the action the school has taken regarding school safety and behavioral interventions.

**What kinds of supporting evidence is required and when is the evidence due?**

NYSED will consider any WIEP-OC evidence presented **by the deadline** indicated in the PPD/PD notification to the district.

The WIEP-OC process requires that the school submit ***3 required types*** of documentation supporting the request for the exemption of each incident:

1. **Weighted Incident Reports**

Provide a copy of the detailed report created for each incident for which exemption is being sought.

1. **Behavioral, medical, or other type of formal evaluative documents** indicating a review of inappropriate student behavior related to reported weighted incidents.
	* The documents must be completed by a provider professionally qualified to make a diagnosis, such as a ***licensed social worker, psychologist, psychiatrist or medical doctor*.**
	* A statement of diagnosis describing problematic behavioral characteristics exhibited and signed by a professionally qualified provider is sufficient; an entire confidential evaluation report is not required.
	* If the underlying behavior(s) that resulted in the first weighted incident by the student has resulted in additional weighted incidents, only one formal diagnostic document and the behavioral support plan addressing the problematic behavior(s) must be submitted.
	* However, if additional behaviors not addressed by the student’s initial diagnostic document lead to additional incident(s), updated documentation must be submitted showing that the student evaluation and behavioral support plan have been revised to include the newer behaviors that resulted in additional weighted incidents.
2. **Targeted Behavior Action Plan (TBAP)**developed by a Behavioral Intervention Team (BIT)**[[1]](#footnote-1)**
* *Column 1:* Describe the behavior resulting in the weighted incident; include relevant details such as particular time(s) of the school day and/or setting (cafeteria, recess, gym, etc.) of the weighted incident; use a separate TBAP form for each weighted incident submitted for exemption;
* *Column 2:* Behavioral interventions, supports, and strategies implemented by school/district staff or community partnership provider; at least some of the interventions must result in measurable improvement;
* *Column 3:* Record of the frequency (such as hourly, daily, weekly, monthly) of measuring progress of the interventions;
* *Column 4:* Describe the progress or lack of progress of each intervention; and
* *Column 5:* Describe the next steps/strategies to be continued or put in place to improve progress.

**Targeted Behavioral Action Plan (TBAP)**

Complete one page for **each** **weighted** incident that is submitted for consideration of exemption.

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name** |  | **Date of Report** |  |
| **School Name** |  | **BEDS Code** |  |
| **Incident Date** |  | **SSEC Category** |  |
| **Name/Title of Person Completing Form** |  |
| **Provider(s) responsible for providing supports and/or interventions:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Column 1** | **Column 2** | **Column 3** | **Column 4** | **Column 5** |
| **Problem Behavior(s)****with a Description** | **Interventions** | **Frequency of Measuring****Progress of Interventions** | **Description of Progress** | **Next Steps** |
|  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |

 **School Administrator’s pertinent observations and comments supporting this exemption (if any):**

**Targeted Behavioral Action Plan (TBAP)**

Complete one page for **each** **weighted** incident that is submitted for consideration of exemption.

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name** | *John Doe* | **Date of Report** | *5/10/19* |
| **School Name** | *PS XXX Walter Dean Meyers MS*  | **BEDS Code** | *12345678910* |
| **Incident Date:** | *10/13/19* | **SSEC Category:** |  |
| **Name/Title of Person(s) Completing Form** | *Mary Doe, School Social Worker; Jane Smith, Classroom Teacher* |
| **Provider(s) responsible for providing supports and/or interventions:** | *School Counselor, School Based Support Team, Non-instructional monitors, Teacher*  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Column1** | **Column 2** | **Column 3** | **Column 4** | **Column 5** |
| **Problem Behavior(s) with a Description** | **Interventions** | **Frequency of measuring****progress of interventions** | **Description of Progress** | **Next Steps** |
| *Aggression and physical fighting with other students. Incidents usually occur outside the classroom in large group settings.*  | *Increased supervision***SAMPLE** | *Daily* | *Decrease in number of incidents (from 3 times a week to 2 times a week)* | *Maintain increased supervision (before school, lunch, or mid-day break, and dismissal)* |
| *Individual counseling* | *Once a week* | *Increase in outbursts of anger in various settings* | *Increase frequency of individual counseling from once a week to twice.* |
| *Immediate reinforcement of positive or appropriate behavior in the classroom and other group settings**- within 5-minute intervals* | *Weekly; teachers meet to discuss data once a week* | *Staff reports decrease in anger outburst in classroom* | *Develop a Behavior Support Plan that identifies most effective interventions, replacement skills and prevention strategies* |

 **School Administrator’s pertinent observations and comments supporting this exemption (if any)**

*Although John is not classified as a student with a disability, we have attached a statement of diagnosis of a conduct disorder. This diagnosis makes it difficult for John to control his impulsive behavior. John’s parent does not want him to take medication.*

**Checklist for Submission:**

Before submitting the WIEP documents to NYSED please ensure that all the required forms and supplemental documents are completed as instructed. Exemptions will not be granted if paperwork is incomplete or incorrect.

The ***three*** documents **required** for an exemption request to be considered include the following:

|  |  |
| --- | --- |
|  | **Weighted Incident Reports -** A copy of each incident report, reported in a weighted category, that is be considered for exemption |
|  | **Behavioral, medical, or other type of formal evaluative documents** indicating a review of inappropriate student behavior related to reported weighted incidents. |
|  | **Targeted Behavior Action Plan (BAP)** |

Please mail all documents by the ***date*** ***prescribed*** in the letter of notification from NYSED.

Questions regarding the submission of required documents for consideration of exemption approval may be directed to:

New York State Education Department

 Office of Student Support Services 318M EB

89 Washington Ave. Albany, NY 12234

 (518) 486-6090

 SSEC@nysed.gov

1. This refers to a team of school professionals responsible for reviewing individual student data and progress on a regular basis to develop appropriate supports and interventions. [↑](#footnote-ref-1)