

Roseau School

Independent School District #682

Paraprofessional Handbook

2025 - 2026



“Home of the RAMS”

Refer to Staff Handbooks for RES and RHS for more expectations of all staff

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Paraprofessional

Paraprofessional means a district employee who is primarily engaged in direct instruction with one or more pupils for instructional activities, physical or behavior management, or other purposes under the direction of a regular or special education teacher or related service provider. “Para” means “alongside.” The general public has an understanding of this term because of paralegals and paramedics. “Paraprofessional” means working alongside an educator. “Supervising Teacher” refers to directing the work of paraprofessionals; it does not refer to hiring, firing, or evaluating the paraprofessional although certified or licensed staff could have input.

Job Outcomes

- ★ Demonstrates awareness and acceptance of diversity within cultures, lifestyles and value systems of others.
- ★ Projects a positive, cooperative and respectful attitude with students, parents, employees and community members.
- ★ Helps promote safety and prevent accidents.
- ★ Provides the best opportunity for every individual student to reach their maximum potential.
- ★ Supports students and staff by providing services that support the educational activities and programs.
- ★ Provides a safe and effective learning environment.

Training & Supervision

[MN Statute 120B.363 subd. 2-3](#) and [MN Statute 125A.08\(c\)](#)

Paraprofessionals require training in emergency procedures, confidentiality, vulnerability, reporting obligations, discipline policies, roles and responsibilities, and building orientation.

Annual training may include understanding disabilities, the unique and individual needs of each student according to the students’ disability and how the disability affects the student's education and behavior, following lesson plans, and implementing follow-up instructional procedures and activities.

Each paraprofessional works under the ongoing supervision of a licensed teacher and, where appropriate and possible, the supervision of a school nurse.

Critical Skills/Expertise

Minimum Qualifications

Education:

- HS/GED Required
- 60+ Credits (or AA Degree) or passing of state approved paraprofessional assessment
- Position may require PCA/CFSS certification
- Position may require other training

Experience

- Previous related experience, such as working with children birth to 22, preferred.

Essential Requirements

WORKING CONDITIONS

- Normal classroom conditions
- Working with students with severe disabilities
- Toileting
- Participate in adapted PE activities
- Changing diapers Feeding
- Exposure to temperatures and varying weather
- Exposure to emotional outbursts
- Noise from students
- Occasional exposure to bodily fluids
- Exposure to airborne pathogens
- Working with students with special needs
- Physical injury from students

PHYSICAL INVOLVEMENT

- Frequently lift up to 20 pounds
- Frequently lift 50 pounds or more
- Extended periods of time on your feet
- Extended periods of time sitting
- Stooping
- Reaching
- Bending
- Walking
- Quick response to emergency situations
- Listen
- Talking
- Vision
- Participate in adapted PE activities

MENTAL INVOLVEMENT

- Multitasking Interruptions
- Working under time pressure/deadlines
- Maintaining confidentiality in handling information
- Working in a team environment
- Need for accuracy Intake work direction from multiple sources
- Conflict resolution
- Difficult interactions with others
- Assisting with decisions related to health care

SPECIAL KNOWLEDGE OR SKILLS

- Ability to follow written/verbal directions
- Ability to communicate effectively
- Ability to supervise students
- Ability to service as a positive advocate/role model for students
- Ability to maintain confidentiality
- Ability to inter-relate with others
- Ability to work in a team environment
- Intermediate reading/writing/math skills
- Intermediate computer skills
- Basic knowledge of classroom policies/procedures
- Basic keyboarding ability
- Basic internet knowledge

EQUIPMENT, MACHINES, TOOLS, ELECTRONIC DEVICES, SOFTWARE

- Operate a computer
- Operate a 2-way radio
- Operate a megaphone
- Printer/Scanner/Copier
- Calculator
- Laminator
- Educational software
- Internet software/programs
- Projection equipment
- Wheelchairs
- Stenders
- Communicative devices
- Lifts
- Power chairs
- Large motor/adaptive PE equipment
- Medical monitoring devices
- Glucometer

Code of Ethics

1. Maintain confidentiality, including respecting the legal and human rights of students and families.
 2. Follow Minnesota Laws and Roseau School Policies for health and safety of all students (found under the School District Board link on the school website).
 3. Follow the chain of command for administrative procedures.
 4. Demonstrate dependability, integrity, respect for student differences, including their diversity, and other standards of ethical conduct.
 5. Behave in a way that shows you know and have positive respect for the differences between roles and responsibilities of paraprofessionals, professionals, and other support staff.
 6. Behave in a way that shows you can separate personal issues from your responsibilities at work.
 7. Be committed to helping students reach their highest potential, including modeling positive behavior.
 8. Be able to complete academic skills (including written and verbal communication) and be aware of your knowledge of the skills being taught.
 9. Be willing to participate in on-going staff development, self-evaluation, and to improve based on feedback
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Confidentiality, FERPA, and Boundaries at Work

Confidentiality ([20 U.S.C. §1232g](#); [34 CFR Part 99](#)) is one of the most critical and important aspects of your job as a paraprofessional. Family Educational Rights and Privacy Act (FERPA) ([20 U.S.C. §1232g](#); [34 CFR Part 99](#)), is the federal law that helps protect a child's privacy at school. It gives parents the right to see their child's educational records and makes sure that the school keeps this information private. Schools must get parent permission before they share a child's records with others, except in certain situations, like for safety reasons. It is your legal responsibility to observe both the rights of students with disabilities and parents in regard to data privacy. Like teachers and administrators, paraprofessionals have access to personal information about children and their families. Both the child and the family have the right to have the information kept confidential, and made available only to personnel in school or another agency who require it to ensure that the rights, health, safety, and physical well-being of the child are safeguarded. Confidentiality must be maintained and protected, and the rights of students to due process, dignity, privacy, and respect must be promoted. **Paraprofessionals will only share this information with those who have a legitimate educational need to know.**

Do Not Share

<ul style="list-style-type: none">→ Any student specific information (general ed or special ed) within any environment→ The results of formal/informal tests/assessments→ Academic/behavior performance levels and progress	<ul style="list-style-type: none">→ Program goals and objectives→ Family circumstances, financial status, and other personal information→ Social and behavior actions in the classrooms and other educational settings
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- Information regarding a student should only be discussed with personnel who work with the student in some legitimate educational capacity requiring them to need to know.

- Information in the IEP can be shared with the teacher(s) working with the student in order to improve instructional effectiveness. Information should not be shared with other students or parents.
- Do not discuss information regarding a student in a public place.
- Do not make personal files on students.

Boundaries at Work

Professional boundaries mean that school staff, like teachers and paraprofessionals, keep a clear and respectful relationship with other staff, students, and student families. This ensures that everyone feels safe, respected, and comfortable.

Do not share any information about a student with teachers, paraprofessionals, or other staff unless they have a “Need to Know.” Most often it is appropriate to communicate with the student’s case manager or building administrator, or special education director. Do not speak of students with staff who do not work directly with that student.

All communication related to a student must go through a licensed teacher or administrator. Please direct the parent to speak to the case manager or an administrator. By following this expectation, you help prevent miscommunication and maintain trust and credibility. Report parent concerns directly to the case manager, teacher, or administrator. Do not share parental concerns with staff who do not need to know.

Do not obtain student phone numbers or engage in any personal relationships with students. Do not make contact with students through social media and other applications. Do not take pictures of students with your personal device. Do not post pictures of students on social media, via text messages, or other applications. Do not message/text with parents, community members, staff, etc regarding student information. Unless a student has a behavior plan or emergency plan that requires a legitimate reason to call or text, you should not cross this boundary.

Following boundaries helps maintain a positive, trusting, and professional environment where everyone knows their roles and responsibilities.

Consequences of Violating FERPA/Confidentiality/Boundary Requirements

Sharing information about a student’s special education status, academic performance, behavior, or any other personal details by or with unauthorized individuals is a violation of FERPA. **This can result in legal penalties such as fines or lawsuits against the school and the individual violating FERPA, as well as lead to unemployment.** Unemployment for these reasons can also impact future career opportunities.

Additional, unintended consequences include loss of trust and credibility by the family, emotional or physical harm against students, a disruption in special education services, and boundary crossing. Further, the impact on the educational environment can cause a toxic atmosphere where students and staff/peers feel unsafe or distrustful. **This can lead to breakdowns in collaboration and teamwork.**

Roles, Responsibilities, and Expectations

1. **Use your initiative.** Once the routine is established, be ready to move to the next activity, help prepare materials, support a particular student or anticipate special needs of the teacher. Try to avoid being given directions any more than absolutely necessary. Beyond planning sessions, teachers don't have much time to direct both students and paraprofessionals.

2. **Be involved and active.** Look for ways to actively participate in all learning activities. Sitting on the fringes while individual students struggle can create uncomfortable teacher/paraprofessional relationships. Clerical duties should take second priority to direct student support.
3. **Be conscientious of the model or example you are demonstrating.** Paraprofessionals must say and do the things that students are expected to say and do. When a skill is modeled, it should be modeled correctly the first time. If one is unsure of the proper skill demonstration, be sure to get the directions and practice before an activity is presented.
4. **Use positive encouragement with students.** Avoid letting how you may feel about a particular student or situation dictate your attitude. Genuine understanding of students and their unique needs will go a long way towards helping paraprofessionals interact, positively, under difficult circumstances and emotionally charged situations.
5. **Support school rules and goals.** Be sure to be an extension of the teacher in philosophy, classroom management and student behavioral expectations at any grade level.
6. **Be observant of students in aspects of their school day.** Find time to initiate discussions with the teacher if problematic behavior is observed. Ask for appropriate strategies for dealing with situations before they reoccur.
7. **Be aware of curricular content.** Know what curriculum areas are anticipated to be covered next. Be resourceful in helping to locate out of classroom supportive materials.
8. **Accept paraprofessional responsibilities.** In the absence of a teacher, paraprofessionals need to make decisions about classroom management, positive reinforcement, and academic support.

Communication Practices

Establish effective communication practices with your supervising teacher and all school personnel.

- Maintain professional behavior
- Develop a positive relationship with your supervising teacher(s) and administrator(s)
- Recognize your supervising teacher as your supervisor and team leader
- Take concerns to your supervising teacher and problem solve (whether student or teaching related)
 - *If there is still an unresolved concern*, request to meet with your supervising teacher and relevant administrator and/or follow your grievance procedures.
- Use active listening (e.g., look at the speaker)
- Be aware of non-verbal cues (e.g., facial expressions, gestures, etc.)

Use Person First language.

- Speak of the person first, then the disability
- Emphasize abilities, not limitations
- Do not label people as part of a disability group. Say, “people with disabilities,” rather than “the disabled.”
- Don’t give excessive praise or attention or patronizing to children with disabilities.
- Choice and building independence are important! ***Verbally or nonverbally*, let students speak for themselves as much as possible.**
- Be clear on expectations and directions.
- Be aware of each child’s special interests and talents
- Create an atmosphere of trust, cooperation, respect, and loyalty

- **Minimize verbal chatter and conversation** (especially with nearby adults). Less is more when working with ALL of our students. They typically respond best to fewer verbals. Some may require visual cues when they become escalated.

Confidentiality & Communication

- **Do not use student names when you are asked about your job.**
- **No matter who asks you a question about a student, if you are unsure whether you should answer, DON'T.**

You can do this gently and politely. Remember, **only staff that have a need to know should be given information about a student.**

- Do not share information regarding specific students and programs in the
 - lunchroom,
 - staff lounge,
 - office areas,
 - out in the community,
 - or any other setting.
- When you must conference or discuss student data, do so in a *private setting* (e.g., resource room, administrative office, etc.)
- Inform staff or community members of student rights to privacy and confidentiality. If questions continue, direct them to district administration.
- When a parent of a child you provide services for asks questions about their child, direct them to the supervising teacher. Inform the supervising teacher of the question(s) being asked.

Scenarios and Possible Responses When Asked Questions by Someone Who Does Not Need to Know	
Possible Question	Possible Response
"Who's that funny looking kid that flaps his hands all the time?"	"Student information is confidential to everyone but his parents and teachers."
"I heard you're working at the school... Is that third-grade teacher as mean as everyone says?"	"I'm an employee at the school now, I can't talk about my colleagues that way." OR "Employees aren't allowed to talk about one another outside of school."
"What's wrong with Suzanne?"	"Student information is protected by law. I'd be breaking the law if I spoke about any student outside of school."
"I heard Jason is doing better with that new special education teacher."	"Jason's progress is confidential. It is not okay for me to discuss it."
"Is Tanya in the special reading class?"	"Placement of students is a confidential matter. We're not allowed to speak about student placement outside of school."

Teacher vs. Paraprofessional Roles

At times there can be confusion between what your job role is compared to a teacher. The following helps clarify roles and responsibilities between a supervising teacher and paraprofessionals.

Task	Teacher	Paraprofessional
Classroom Organization	<ul style="list-style-type: none"> Plans weekly/daily schedule Plans lessons/activities for entire class and individual children Plans room arrangement and learning centers 	<ul style="list-style-type: none"> Implements plan as specified by the teacher
Assessment	<ul style="list-style-type: none"> Develops tests and assessments Administers test 	<ul style="list-style-type: none"> May accommodate by reading tests to students Does not provide answers or correct a student's mistake on tests Follow accommodations and modifications as listed on a child's IEP
Setting Objectives	<ul style="list-style-type: none"> Determines appropriate objectives for class and for individual children 	<ul style="list-style-type: none"> Implements lessons to meet child's instructional objectives
Teaching	<ul style="list-style-type: none"> Teaches lessons for the entire class, small groups, and individual students 	<ul style="list-style-type: none"> Assists and monitors small groups and individuals with designated lessons.
Working with Parents	<ul style="list-style-type: none"> Meets with parents Initiates conferences concerning child progress 	<ul style="list-style-type: none"> May attend, when asked and appropriate
Individual Education Planning	<ul style="list-style-type: none"> Develops and implements IEP Revises instructional programs Designs instructional materials Attends in-service meetings and professional development trainings 	<ul style="list-style-type: none"> Carries out plans for child Monitors student progress in instruction programs and relates findings to supervising teacher Constructs materials designed by supervising teacher May attend professional development trainings
Personal Care Assistance (PCA) Duties	<ul style="list-style-type: none"> Directs (and assists) with activities meeting the physical needs of students such as feeding, toileting, dressing and catheterization 	<ul style="list-style-type: none"> Assists with the physical needs of students such as feeding, toileting, dressing and catheterization Completes daily Medical Assistance Log
Behavior Management	<ul style="list-style-type: none"> Plans behavior management strategies for entire class and/or develops IEP specific plans 	<ul style="list-style-type: none"> Implements behavioral management strategies using the same emphasis and techniques as classroom teacher and/or those specified in a child's Behavior Intervention Plan (BIP), Behavior Support Plan (BSP), or Positive Behavior Support Plan (PBSP) BIP/BSP/PBSP specific: monitors and reinforces student performance during behavioral interventions by observation, data collection, compilation and record keeping
Data Collection	<ul style="list-style-type: none"> Develops data tracking method and tool(s), tracks data, and directs, trains, and reinforces data collection by paraprofessional(s) 	<ul style="list-style-type: none"> Completes required data tracking, including home-school notes, progress on IEP goals, and other as determined and directed by supervising teacher

Attendance

- **Be ready to work promptly at the start of your day.** If your start time is 8:00 am, be in your designated school setting, ready to start at 8:00 am.
- **Be mindful of your scheduled breaks throughout the day.** Return promptly and ready to work at the end of the 15 minute or 30 minute break.
- **Have a substitute schedule prepared at the beginning of the school year and update prior to leaves of absence.**
- **Attend work consistently.** Students rely on your support and service. For many students, you are the reason they come to school!

Cell Phone / Electronic Device Use

Because we expect personal devices to have limited use by students, the same expectations are for staff. Do not use your cell phone during your work time with students. Unless there are special circumstances based on your position as a paraprofessional, **your cell phone should be put away and out of sight except for your 15 minute break and 30 minute lunch break.**

Talk with your immediate supervising teacher or Special Education Director about unique circumstances regarding cell phone use when you are working with students. For example, some communication may be necessary during transportation times or when preventing a student who is at risk for harming themselves or others.

First Aid

First aid is immediate and temporary care in case of an accident or sudden illness before the services of a physical can be secured. Soap only is used for first-aid injuries.

General First Aid Guidelines

1. Keep the injured person lying down.
2. DO NOT move the injured person, suspect head and neck trauma.
3. Look for serious bleeding.
4. Look for breathing difficulty.
5. Keep the person warm, cover them with a blanket.
6. Be supportive
7. Instruct someone to CALL 911.
8. Keep the crowd away; have others help.
9. DO NOT give liquids to an unconscious person.

Any adult on school staff has the responsibility to notify the School Nurse of an injury to any student, staff, or visitor on school grounds.

When giving first aid remember no treatments or medications can be given without signed permission of a physician or parent. When the injured or ill person is placed in the care of the family or emergency medical response team, the school's responsibility is fulfilled.

Emergency Procedures for Serious Accidents

1. Do a primary survey of the scene and person.
2. Check airway, breathing, and circulation--ABC's.
3. Check for bleeding, and start first aid.
4. Send for assistance. DO NOT leave the injured person unattended.
5. Determine the need for immediate medical attention.
6. Instruct someone to CALL 911.
7. Notify the principal and school nurse at the appropriate time.
8. Complete the incident/injury report.
9. No injured person is to be sent home without prior approval or supervision of parent/emergency contact.

Follow Local, State, and Center for Disease and Control Prevention ([CDC](#)) guidance

Third Party / Medical Assistance Billing

Third party reimbursement allows schools to seek reimbursement for IEP health-related services from public and private health insurers. Federal and state law require all public Minnesota schools to request payment for IEP health-related services. **It is required that any and all paraprofessionals who are designated to provide 1:1 services that are identified on a child's IEP to document daily the required services**, per student IEPs. Unless directed otherwise, paraprofessionals should use the [IEP Services Personal Care Assistance Activities Checklist \(DHS-4122C\)](#).

Time Study / Time Logs

Periodically you may be asked to complete a time study or time logs. A personal care assistant time study is a report that documents the average daily time per day it takes to perform each daily task based on a 10 day time study.

PCA time studies are

- Created based on the services identified in the child's IEP or IFSP and the child's current plan of care
- Performed by a trained PCA who has or will work with the child throughout the school day
- Conducted over a 10-day period. Document each task or behavior episode, and the start and end times for each task or behavior episode

Time studies include information such as

- Task information
- Number of children in the group if more than one child is receiving the same task at the same time (shared care)
- Average daily time for each the task

After the 10-day study is complete, schools must calculate the average daily time for each task, and the total daily time for all PCA services.

Scope of PCA Services and Activities

Assist - Provide hands-on assistance with activity of daily living (ADL)

Cue - Remind or stand by and direct the completion of an ADL

Observe and Intervene or Redirect - Identify and de-escalate episodes of behavior

Monitor - Perform delegated health related procedures and tasks

Activities of Daily Living (ADL) include: eating, toileting, grooming, dressing, bathing, transferring, mobility, and positioning. More specific information can be found on the DHS [IEP Personal Care Assistance \(PCA\) Services](#) website.

Required PCA Certification Training can be found [here](#). A copy of completion needs to be turned into the Special Education Director no later than September 15th each calendar year.

Documenting and Reporting of PCA specific services related to a student IEP is required and critical for Third Party/ Medical Assistance Billing.

Reporting an Employee Injury

As soon as possible, report to your building principal. When your principal is unavailable, go to the Special Education Director. They must be with you when you report an injury and have the information necessary to do so.

Mandated Reporting

[Minnesota Statute 626.557](#) requires any person employed by a school or within the field of education is a mandated reporter and must report allegations of maltreatment. **"Maltreatment"** means any of the following acts or omissions: egregious harm; neglect; physical abuse; sexual abuse; substantial child endangerment; threatened injury; mental injury; and/or maltreatment of a child in a facility.

If you have reason to suspect a student has been abused or neglected in a public or charter school, you should report the incident to the Minnesota Department of Education, Student Maltreatment Program. The name of the reporter is confidential and may be disclosed by Court Order only. All reporters have immunity from civil or criminal liability when acting in good faith. Mandated reporters also have immunity from retaliation by their employers for making a report.

Verbal reports must be made immediately (no longer than 24 hours). A written report must be submitted within 72 hours (weekends and holidays are excluded).

Contact Information When Making a Mandated Report

[Child Protective Services](#) at (218) 463-2411 investigates reports that occur within the home, family childcare, family foster care, and juvenile correctional facility settings. When relevant, the local tribal agency also needs to be contacted.

[Roseau County Sheriff's Department](#) at (218) 463-1421 investigates reports in which a violation of a criminal statute is alleged.

[Minnesota Department of Human Services, Licensing Division](#) at 651-431-6600 investigates any incidents of alleged maltreatment occurring in licensed facilities, including group homes, child care centers, residential programs, and juvenile correctional facilities.

[Minnesota Department of Education \(MDE\)](#) 651-582-8546, or by fax, 651-634-2277 investigates reports that occur in public schools. This includes any incident that involves an alleged perpetrator that is employed by a public preschool, elementary school, middle school, secondary school, or charter school when the child is a student in the school.

If the child is in immediate danger or abandoned, dial 911 for emergency help.

- ➔ If unsure whether or not to report, talk with an administrator and/or call the relevant agency and give the scenario details. The relevant agency can decide if it is something to report.

[MN Child Maltreatment Guide](#) - Reference for more information and FAQ regarding Mandated Reporting.

Crisis Management

Restrictive Procedures

[MN Statute 125A.0941](#) and [MN Statute 125A.0942](#)

“Restrictive procedures” means the use of physical holding or seclusion of children with disabilities in an emergency in Minnesota schools. Restrictive procedures ***must not be used to punish or otherwise discipline*** a child.

Restrictive procedures may be used only in response to behavior that constitutes an emergency, even if written into a child’s IEP or BIP. **“Emergency”** means a situation where immediate intervention is needed to protect a child or other individual from physical injury. Emergency ***does not mean*** circumstances such as: a child who does not respond to a task or request and instead places his or her head on a desk or hides under a desk or table; a child who does not respond to a staff person’s request ***unless failing to respond would result in physical injury*** to the child or other individual; or an emergency incident has already occurred and no threat of physical injury currently exists.

Physical Holding

[MN Statute 125A.0941](#)

“Physical holding” means physical intervention intended to hold a child immobile or limit a child’s movement, where body contact is the only source of physical restraint, and where immobilization is used to effectively gain control of a child in order to protect a child or other individual from physical injury.

Seclusion

[MN Statute 125A.0941](#)

“Seclusion” means confining a child alone in a room from which egress is barred. Egress may be barred by an adult locking or closing the door in the room or preventing the child from leaving the room. **Removing a child from an activity to a location where the child cannot participate in or observe the activity is not seclusion.**

Prohibited Use of Restrictive Procedures

[MN Statute 125A.0942](#)

Roseau School staff **will never use** the following prohibited procedures on a child:

- Engaging in conduct prohibited under [section 121A.58](#) (corporal punishment);
- Requiring a child to assume and maintain a specified physical position, activity, or posture that induces physical pain;
- Totally or partially restricting a child’s senses as punishment;
- Presenting an intense sound, light, or other sensory stimuli using smell, taste, substance, or spray as punishment;
- Denying or restricting a child’s access to equipment and devices such as walkers, wheelchairs, hearing aids, and communication boards that facilitate the child’s functioning, except when temporarily removing the equipment or device is needed to prevent injury to the child or others or serious damage to the equipment or device, in which case the equipment or device shall be returned to the child as soon as possible;
- Interacting with a child in a manner that constitutes sexual abuse, neglect, or physical abuse under [section 626.556](#) (reporting of maltreatment of minors);
- Withholding regularly scheduled meals or water;
- Denying access to bathroom facilities; and
- Physical holding that restricts or impairs a child’s ability to breathe, restricts or impairs a child’s ability to communicate distress, places pressure or weight on a child’s head, throat, neck, chest, lungs, sternum, diaphragm, back, or abdomen, or results in straddling a child’s torso.

Monitoring and Reviewing the Use of Restrictive Procedures

[MN Statute 125A.0942](#)

Each time physical holding or seclusion is used, the staff person who implements or oversees the physical holding or seclusion documents, as soon as possible after the incident concludes, the following information:

- A description of the incident that led to the physical holding or seclusion;
- Why a less restrictive measure failed or was determined by staff to be inappropriate or impractical;
- The time the physical holding or seclusion began and the time the child was released; and
- A brief record of the child's behavioral and physical status.

Post Use Debriefing Process Following the Use of Restrictive Procedures

[MN Statute 125A.0942](#)

Each time physical holding or seclusion is used, the **staff person who implemented or oversaw the physical holding or seclusion** shall conduct a post-use debriefing with the Special Education Director **within three days** after the incident concludes.

The post-use debriefing will review the following requirements to ensure the physical holding or seclusion was used appropriately:

1. Whether the physical holding or seclusion was used in an emergency.
2. Whether the physical holding or seclusion was the least intrusive intervention that effectively responds to the emergency.
3. Whether physical holding or seclusion was used to discipline a non-compliant child.
4. Whether the physical holding or seclusion ended when the threat of harm ended and the staff determined that the child could safely return to the classroom or activity.
5. Whether the staff directly observed the child while physical holding or seclusion was being used.
6. Whether the documentation was completed correctly.
7. Whether the parents were properly notified.
8. Whether an IEP team meeting needs to be scheduled.
9. Whether the appropriate staff used physical holding or seclusion.
10. Whether the staff that used physical holding or seclusion was appropriately trained.

If it is determined that the use of physical holding or seclusion was not used properly, practice of Crisis Prevention Institution (CPI) de-escalation techniques and other relevant training pertinent to the situation will take place.

Crisis Prevention Institution (CPI)

[CPI Website](#)

Roseau School utilizes CPI training as the method to reduce the escalation of behavior and reduce the use of restrictive procedures.

CPI training programs provide strategies and techniques for all levels of educational professionals, from district administrators through classroom staff. These strategies and techniques focus on the *Care, Welfare, Safety, and Security* of all students and staff with evidenced based de-escalation and crisis prevention approaches.

Outcomes of CPI training include learning to:

- Prevent escalating behaviors
- Intervene and de-escalate risk behaviors
- Reduce or eliminate use of restraint

Other Prevention(s) Used at Roseau School

POSITIVE BEHAVIORAL INTERVENTIONS AND SUPPORTS

Positive Behavioral Interventions and Supports (PBIS) is a framework or approach for helping schools select and organize evidence-based behavioral interventions into an integrated continuum that enhances academic and social behavior outcomes for all students. [Minnesota Statute 122A.627](#). PBIS is NOT a packaged curriculum, intervention or manual.

PBIS is a prevention-oriented way for schools to:

- Organize evidence-based practices
- Improve use of evidence-based practices
- Maximize academic and social behavior outcomes for students
- PBIS supports the success of ALL students.
- PBIS is based on principles of applied behavior analysis and the prevention approach, along with the values of positive behavior support.

PBIS Outcomes

- Are less reactive, aversive, dangerous, and exclusionary
- Are more engaging, responsive, preventive, and productive
- Address classroom management and discipline issues (e.g., attendance, antisocial behavior)
- Improve supports for students who required specialized assistance (e.g., emotional and behavioral disorders, mental health)
- Most importantly, maximize academic engagement and achievement for all students

The underlying theme is to teach behavioral expectations in the same way as we teach academic subjects.

Accommodations, Modifications, and Behavioral and Instructional Strategies

Accommodations

[MN Statute 125A.55](#)

A school or district must provide a student who is an "individual with a disability" under Section 504 of the Rehabilitation Act of 1973, United States Code, title 29, section 794, or under the Americans with Disabilities Act, Public Law 101-336, with reasonable accommodations or modifications in programs.

[Minnesota Manual of Accommodations](#) - reference for additional information

Modifications

[MN Statute 125A.55](#)

Modifications are a type of adaptation. Adaptations are defined "as any adjustment or modification in the curriculum, instruction, environment, or materials in order to enhance the participation of a member of the classroom community" (Udvari-Solner, 1992, p. 3). Many students, with or without disabilities, benefit from adaptations in order to accomplish tasks more efficiently and to participate fully in classroom activities.

It is not uncommon for paraprofessionals to help in the development of adaptations for individuals and classrooms of students. This is a very important and valued support.

When considering how to develop and use modifications:

- Focus on what the student CAN do.
- Use the least obtrusive support first.
- Use age-appropriate materials, goals and activities when planning.
- Maximize active student participation.
- Facilitate positive and valued interactions with peers.
- Promote independence. Have the child complete tasks without as much physical or verbal prompting as possible.

A Process for Creating Modifications

Based upon the subject and activity occurring in the classroom consider the following questions to assist in creating modifications for a student(s).

1. Can the student do the same activity, in the same way, at the same level as peers?

If not... 2. Can the student do the same activity but with modified expectations?

If not... 3. Can the student do the same activity but with modified expectations and materials?

If not... 4. Can the student do a similar activity but with modified expectations?

If not... 5. Can the student do a similar activity but with modified materials?

If not... 6. Can the student do a different parallel activity?

If not... 7. Can the student do a different activity in a different section of the room?

(Project Dakota Outreach)

Behavior Management

When working with students it is important to discuss with each teacher the behavior expectations and interventions which they have established and to define your role in carrying out that plan.

Proactive Management Strategies

Strategy	Example
Avoid the void	Plan an abundance of activities, each session. When a natural void occurs, give students a specific behavior skill to engage in (e.g., “I need to locate our word list. You may talk quietly.”)
Establish clear expectations for desired behavior	Establish and post no more than 5 rules for group instruction. Rules should be positively stated with the most important listed first. Follow School-wide PBIS Rules & Expectations.
Use non-verbal cues	Smile, nod, make eye contact with students, give a “thumbs up” sign.
Use proximity	Move closer to a student who is off-task.
Show respect/regard for all students	Say “thank you” when a student complies with a request OR from STAR curriculum language, “Walking. Good,” with lower verbal or non-verbal students. Use a calm voice and manner, even when a student becomes agitated.
Use students’ names in examples during instruction	“If Gary had eight packs of baseball cards and there were 20 cards in each pack, how many cards would Gary have?”
Provide praise to students as a group	“You are doing an excellent job of practicing spelling words in pairs!”
Provide praise to individual students	“Johnny, that is an excellent topic sentence.”
Provide non-contingent acknowledgement to all students	“That’s a great, new hair-do.” “I enjoyed talking with you.”
State your expectations before each activity	“We’ll be reviewing fractions. After I give you a problem, you will work it out on your paper. When I give the signal you will compare your answer to your partner’s.”
Restate the task or the rule for the group	“We’re answering the first question on page 12.” “Thank you for finding your seats before the bell rings.”

Proactive Management Strategies continued...

In spite of our prevention strategies, sometimes misbehaviors will occur that call for adult response. The following procedures are provided as possible examples. Remember that specific intervention strategies need to be discussed ahead of time with the teacher. It is desirable to have such a plan in place before a behavior problem occurs.

Supporting Teachers During Whole-Class Instruction	When Providing Small-Group Instructions
<p>When a behavior challenge begins to emerge, assist in a non-instructive manner that allows the lesson momentum to continue.</p> <p>Some possible options include:</p> <ol style="list-style-type: none">1. Stand near the student(s) exhibiting inappropriate behavior. Maintain your attention on the teacher.2. Touch the student's back or tap quietly on their desk, then step away, while maintaining your attention on the teacher.3. Communicate to the student using nonverbal procedures, such as eye contact, a nod, or a gesture.4. If necessary, give a quiet, private redirective to the student. Tell the student the exact behavior that you desire. End the directive with "Thank you," and move your attention away from the student.	<p>When monitoring students apart from the teacher--in a small group in the back of the classroom or in another room-- the following management strategies may be helpful.</p> <p>When a behavioral challenge begins to emerge, ignore the behavior if:</p> <ul style="list-style-type: none">→ you can teach→ the student can learn→ the behavior is unlikely to escalate <p>If it is a behavior you cannot ignore, use this five step behavior plan, unless the student has an IEP specific Behavior Intervention Plan (BIP) or Positive Behavior Support Plan (PBSP).</p> <ol style="list-style-type: none">1. Use nonverbal communication (eye contact, proximity, touch).2. Give a redirective to the group.3. Praise students who are making appropriate choices.4. If necessary, give a quiet, private redirective to individual students. State the exact behavior that you desire. End the directive with "Thank you," and move your attention away from the student.5. If the off-task behavior continues, give a choice, such as: "If you read the book, you can take a break. If you do not read the book, you cannot take a break." <p>OR</p> <p>"You can either read your book or complete your math worksheet."</p>

Instructional Strategies

The teacher has the contractual responsibility for designing instruction for students. Paraprofessionals are often called upon to help carry out and monitor the instruction. It is also the responsibility of the teacher to introduce and model instructional programs to paraprofessionals.

Some examples of instructional strategies include:

Provide additional input to students which parallels the teacher's/paraprofessional's input		An effective procedure for teaching students a list of words
I DO IT	Provide additional modeling (demonstration) for the student, using wording similar to that used by the teacher	<ol style="list-style-type: none"> 1. "This word is _____" (I do) 2. "Say it with me, _____" (We do) 3. "What word? _____" (You do) 4. <i>If the student mispronounces a word</i>, say: "This word is _____. What word? _____" 5. Return to the top of the list. Point to each word and say "What word? _____" repeat until the word list is read accurately.
WE DO IT	Prompt or guide students in completing additional items. Fade the assistance as students demonstrate competency.	An effective procedure for teaching spelling words:
YOU DO IT	Observe students completing items independently.	<ol style="list-style-type: none"> 1. Point to the first word. "This word is _____. What word? _____" 2. "_____ is spelled _____. Spell _____" 3. Cover up the word. "Write _____" 4. Uncover the word. "Check your word." 5. Repeat for remaining words. <p>If a student spells the word incorrectly, have the student cross out the word and copy it correctly.</p>
Promote the use of learning strategies selected by the teacher to assist the student		
Effective strategy for answering written questions		Effective strategy for studying or memorizing information (RCRC)
<ol style="list-style-type: none"> 1. Read the question carefully 2. Change the question into part of the answer and write it down 3. Locate the part of the chapter/story which talks about that topic (use headings and subheadings) 4. Read the section until you find the answer 5. Complete your answer 	R = Read	Read a little bit of material. Read it more than once.
	C = Cover	Cover the material with your hand.
	R = Recite	Tell yourself what you have read. Say the topic and important details in your own words.
	C = Check	Lift your hand and check. If you forget something that is important, begin again.

Instructional Strategies Continued...

Effective strategy for proofreading		Effective Strategy for reading with comprehension on each page	
<div><div><div>1. Check to be sure each sentence makes SENSE.</div><div>2. Check the CAPITALS.</div><div>3. Check the PUNCTUATION.</div><div>4. Check the SPELLING.</div></div><div>If you do not know how to spell the word<ul style="list-style-type: none">→ look in the assignment→ look in the textbook→ look in the glossary→ if you can't find the correct spelling, underline the word</div></div>		<div>Develop 1 - 3 questions for each page or book. To enhance the comprehension of future stories, focus the questions on the following:<ul style="list-style-type: none">● Where does the story take place (setting)?● Who is the main character?● What is the character's problem (or goal)?● How did the character try to resolve their problem (or meet the goal)?● What happened in the end?● How did the character feel?● How did you feel?</div> <div>When the student(s) finish reading the page, ask the developed questions.</div>	
Helping students read material above their independent reading level			
<ul style="list-style-type: none">● Read selection to students.● Read orally to students, pausing before elected words; students fill in the next word chorally.● Have students read chorally with you.		<ul style="list-style-type: none">● Have students read a paragraph to a partner.● Have students read a paragraph with their partner.● Have students read a paragraph silently, looking for a specific piece of information which you have asked them to find	
Parts of a Lesson			
OPENING			
Attention	Gain student's attention		
Review	Review necessary pre-skills		
Goal	State the goal of the lesson. "Today we are going to..."		
BODY			
Model	I do it: Demonstrate each step in the strategy. Proceed step by step. Tell students what you are doing and thinking.		
Prompt	We do it: Guide students in performing the strategy. have students perform each step after you. Prompt by asking a question or giving a directive. Continue until proficiency is demonstrated.		
Check	You do it: Have students perform the strategy independently. Carefully monitor their performance and give them feedback.		

CLOSE	
Review	Have students review the critical lesson content
Preview	State the content of the next lesson.
Independent	Seatwork or homework.

Working with English Language Learners

Paraprofessionals may play a critical role in helping students with different first languages feel welcomed and valued in the school setting. The paraprofessional's attitude and actions also model the kind of cross-cultural understanding and acceptance which we want all students to demonstrate.

Basic Interpersonal Communication Skills (BICS) and Cognitive Academic Language Proficiency (CALP) refer to the length of time required by immigrant children to develop conversational skills in the target language and grade appropriate academic proficiency in that language. Understanding the difference between social language and academic language acquisition is an important concept for working with non-native students

Basic Interpersonal Communication Skills (BICS)	Cognitive Academic Language Proficiency (CALP)
Social Language	Academic Language
<p>The linguistic skills needed in everyday, social face-to-face interactions.</p> <p>For instance, the language used in the playground, on the phone, or to interact socially with other people is part of BICS. The language used in these social interactions is context embedded. That is, it is meaningful, cognitively undemanding, and non-specialized.</p> <p>It takes the learner from six months to two years to develop BICS.</p>	<p>The proficiency in academic language or language used in the classroom in the various content areas.</p> <p>Academic language is characterized by being abstract, context reduced, and specialized. In addition to acquiring the language, learners need to develop skills such as comparing, classifying, synthesizing, evaluating, and inferring when developing academic competence.</p> <p>It takes learners at least five years to develop CALP. Children with no prior instruction or no support in native language development may take at least seven years to develop CALP (Collier and Thomas, 1995)</p>

English Language Learners participate in screening and determination for eligibility for ELL services and support. If students are eligible for ELL services, they will partake in ACCESS or Alternative ACCESS (if IEP eligible) in lieu of Minnesota Comprehensive Assessments (MCAs). If a student is not eligible for ELL services and/or achieves an exit score on the ACCESS assessment, they will partake in regular state testing.

Additional strategies for understanding and supporting ELL students are on the following page.

Overview of four stages of second language development which occur as students gain English proficiency.

Strategy	Appropriate Instructional Activities	Students May Respond By
Stage 1: PRE PRODUCTION Student communicates primarily with gestures and actions	<ul style="list-style-type: none"> Lessons focused on listening comprehension Lessons build receptive vocabulary Meaning of words taught by: <ul style="list-style-type: none"> use of visual aids and gestures slow speech, emphasizing key words not forcing oral production writing key words on the board and asking students to copy as they are presented 	<ul style="list-style-type: none"> Performing an act Pointing to an item or a picture Writing the letter corresponding to a picture Gesturing or nodding Saying yes or no Saying the names of other students
Stage 2: EARLY PRODUCTION Students speak using one or two words	<ul style="list-style-type: none"> Lessons expand receptive vocabulary Activities include <ul style="list-style-type: none"> pictures charades role-playing open-ended sentences interview with guidelines written out 	<ul style="list-style-type: none"> Yes/no answers One-word answers from either/or questions One-word answers from general questions Lists of words Two words and short phrases
Stage 3: SPEECH EMERGENCE Students speak in commands, longer phrases, and complete sentences	<ul style="list-style-type: none"> Lessons continue to expand receptive vocabulary Activities are designed to promote higher levels of language use Activities include <ul style="list-style-type: none"> preference ranking games group discussion readings descriptions of visuals writing composition 	<ul style="list-style-type: none"> Three words and short phrases Longer phrases Complete sentences Dialogue Extended narrative
Stage 4: INTERMEDIATE FLUENCY	<ul style="list-style-type: none"> Activities are designed to promote higher levels of language use in content areas Reading and writing activities are incorporated into lessons 	<ul style="list-style-type: none"> Participation in oral and written activities with some errors

Special Education Disability Categories

Regardless of which specific responsibilities you have as a paraprofessional, you will likely interact with a child who has an Individualized Education Plan (IEP). For a child to be eligible for an IEP, they must meet one of thirteen disability categories. Students who have an IEP may also receive additional related service support such as occupational therapy (OT) and developmental adaptive physical education (DAPE).

Autism Spectrum Disorder (ASD)

[MN Statute 3525.1325](#)

"Autism spectrum disorders (ASD)" means a range of pervasive developmental disorders, with onset in childhood, that adversely affect a pupil's functioning and result in the need for special education instruction and related services. ASD is a disability category characterized by an uneven developmental profile and a pattern of qualitative impairments in several areas of development, including social interaction, communication, or the presence of restricted, repetitive, and stereotyped patterns of behavior, interests, and activities. These core features may present themselves in a wide variety of combinations that range from mild to severe, and the number of behavioral indicators present may vary. ASD may include Autistic Disorder, Childhood Autism, Atypical Autism, Pervasive Developmental Disorder Not Otherwise Specified, Asperger's Disorder, or other related pervasive developmental disorders.

Blind-Visually Impaired

[MN Statute 3525.1345](#)

"Visually impaired" means a medically verified visual impairment accompanied by limitations in sight that interfere with acquiring information or interaction with the environment to the extent that special education instruction and related services may be needed.

Deaf Blind (DB)

[MN Statute 3525.1327](#)

"Deaf-blind" means medically verified visual loss coupled with medically verified hearing loss that, together, interfere with acquiring information or interacting in the environment. Both conditions need to be present simultaneously, and the pupil must meet the criteria for both visually impaired and deaf and hard of hearing to be eligible for special education and services under this category.

Deaf and Hard of Hearing (DHH)

[MN Statute 3525.1331](#)

"Deaf and hard of hearing" means a diminished sensitivity to sound, or hearing loss, that is expressed in terms of standard audiological measures. Hearing loss has the potential to affect educational, communicative, or social functioning that may result in the need for special education instruction and related services.

Developmental Cognitive Disability (DCD)

[MN Statute 3525.1333](#)

"Developmental cognitive disability (DCD)" means a condition resulting in significantly below average intellectual functioning and concurrent deficits in adaptive behavior that adversely affects educational performance and requires special education and related services. DCD does not include conditions primarily due to a sensory or physical impairment, traumatic brain injury, autism spectrum disorders, severe multiple impairments, cultural influences, or inconsistent educational programming.

Depending on the severity of their cognitive impairment, a student under the DCD category may be placed in one of the two DCD categories:

1. mild-moderate range (DCD-MM)
2. severe-profound range (DCD-SP)

Developmental Delay

[MN Statute 3525.1350](#) and [MN Statute 3525.1351](#)

“Developmental Delay” is when a child from birth to six has a delay in two or more of the following areas:

- cognitive development;
- physical development, including vision and hearing;
- communication development;
- social or emotional development;
- and adaptive development **OR**
- the child has a diagnosed physical or mental condition or disorder that has a high probability of resulting in developmental delay regardless of whether the child has a demonstrated need or delay

Alternatively, children ages three through six may be eligible for Part B services under one of the 13 categories.

Emotional or Behavioral Disorder (EBD)

[MN Statute 3525.1327](#)

"Emotional or behavioral disorders" means an established pattern of one or more of the following emotional or behavioral responses:

- withdrawal or anxiety, depression, problems with mood, or feelings of self-worth;
- disordered thought processes with unusual behavior patterns and atypical communication styles;
- or aggression, hyperactivity, or impulsivity.

The established pattern of emotional or behavioral responses must adversely affect educational or developmental performance, including

- intrapersonal,
- academic,
- vocational,
- or social skills;

Be significantly different from

- appropriate age,
- cultural,
- or ethnic norms; and

Be more than a temporary, expected response to stressful events in the environment. Short term experiences, such as a family divorce, death to a close family member, or moving to a new school does not necessarily mean a child's behavior is long-term.

Other Health Disability (OHD)

[MN Statute 3525.1335](#)

"Other health disability" means having limited strength, endurance, vitality, or alertness, including a heightened or diminished alertness to environmental stimuli, with respect to the educational environment that is due to a broad range of medically diagnosed chronic or acute health conditions that adversely affect a pupil's educational performance. The decision that a specific health condition qualifies under the Other Health Disability category is determined by the impact of the condition on the child's academic functioning rather than the diagnosed condition alone.

Physically Impaired (PI)

[MN Statute 3525.1337](#)

"Physically impaired" means a medically diagnosed chronic, physical impairment, either congenital or acquired, that may adversely affect physical or academic functioning and result in the need for special education and related services.

At least one of the the following three must be impacted:

- need for special education instruction and service is supported by a lack of functional level in organizational or independent work skills
- need for special education instruction and service is supported by an inability to manage or complete motoric portions of classroom tasks within time constraints
- physical impairment interferes with educational performance as measured by a nationally normed assessment

Severely Multiply Impaired (SMI)

[MN Statute 3525.1339](#)

"Severely multiply impaired" means a pupil who has severe learning and developmental problems resulting from two or more disability conditions determined by an evaluation.

To be eligible, the child must meet criteria in two or more of the following disability categories:

- deaf or hard of hearing,
- physically impaired,
- developmental cognitive disability: severe-profound range,
- visually impaired,
- emotional or behavioral disorders, or
- autism spectrum disorders.

Specific Learning Disability (SLD)

[MN Statute 3525.1341](#)

"Specific learning disability" means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

Basic psychological processes include

- acquisition,
- organization,
- storage,
- retrieval,
- manipulation,
- or expression of information

Ultimately, the child does not learn, at an adequate rate for their age or to meet state-approved grade-level standards, when provided with the usual developmental opportunities and instruction from a regular school environment.

Speech or Language Impairment (SP/L or SLI)

[MN Statute 3525.1343](#)

There are four types of Speech and Language Impairments

- **Fluency disorder**
 - means the intrusion or repetition of sounds, syllables, and words; prolongations of sounds; avoidance of words; silent blocks; or inappropriate inhalation, exhalation, or phonation patterns.

These patterns may also be accompanied by facial and body movements associated with the effort to speak.

- **Voice disorder**

- means the absence of voice or presence of abnormal quality, pitch, resonance, loudness, or duration. Voice patterns that can be attributed only to dialectical, cultural, or ethnic differences or to the influence of a foreign language must not be identified as a disorder.

- **Articulation disorder**

- means the absence of or incorrect production of speech sounds or phonological processes that are developmentally appropriate. For the purposes of this subpart, phonological process means a regularly occurring simplification or deviation in an individual's speech as compared to the adult standard, usually one that simplifies the adult phonological pattern.

- **Language disorder**

- a breakdown in communication as characterized by problems in expressing needs, ideas, or information that may be accompanied by problems in understanding.

Traumatic Brain Injury

[MN Statute 3525.1348](#)

"Traumatic brain injury" means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that may adversely affect a pupil's educational performance and may result in the need for special education and related services. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as: cognition, speech/language, memory, attention, reasoning, abstract thinking, judgment, problem-solving, sensory, perceptual and motor abilities, psychosocial behavior, physical functions, and information processing. The term does not apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma.

Contact Information

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