

# STUDENT / PARENT HANDBOOK

*Preparing students to step forward with confidence and a vision of lifetime success*



## SD School for the Blind and Visually Impaired

This handbook has been designed to inform parents of their rights and the guidelines concerning their child's education.

If you have any questions regarding the information found in this handbook, please contact the Superintendent at the SDSBVI at 605-626-2580 or 1-888-275-3814.

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## INTRODUCTION

The South Dakota School for the Blind and Visually Impaired located in Aberdeen, South Dakota, offers a variety of programs and services designed to serve the educational needs of visually impaired, blind, and deaf/blind children in the state. Some of these services are provided on the campus and others are provided through our Outreach Vision Consultant Program.

South Dakota began its commitment to providing educational services to the blind in 1895 and the South Dakota School for the Blind and Visually Impaired has been continually improving and adapting its program ever since, to meet the needs of this diverse population. Changes in technology, educational philosophy, and eye conditions themselves have necessitated many changes.

The South Dakota School for the Blind and Visually Impaired provides an academic program for students kindergarten through high school. In addition to the subjects normally taught in public schools, special emphasis is given to adapting teaching materials and methodologies to meet the unique needs of the visually impaired. Specialized coursework in independent travel, Braille, activities of daily living, low vision utilization, and use of specialized equipment is included. A completely individualized program is developed for each student to meet his/her needs. Parents, our vision specialists, and local school district representatives are all involved in planning the student's IEP.

Specialized programs are used to meet special needs. An early learning classroom can provide "readiness" activities for visually impaired preschoolers. A functional living curriculum meets the needs of a growing population of students who are visually impaired who have one or more additional disabilities which prevent them from functioning on grade level. The deaf/blind multihandicapped serves children who have multiple handicaps in addition to their vision loss and need a multisensory program.

Faculty and staff at the South Dakota School for the Blind and Visually Impaired are dedicated to creating an environment in which students can learn the skills necessary for an independent and successful adult life. Our teachers are trained in vision in addition to their academic certification. This means that the SDSBVI can offer a team of educators who understand the impact of vision loss on the student's learning and who work together to help the student meet the challenges.

Two additional programs provide service to students who are visually impaired who are being served in the public school system. A comprehensive Multidisciplinary Assessment Program has been developed which evaluates the student's abilities and current skills. After completing the evaluations, the team analyzes the data and develops a team report with specific educational recommendations. The team meets with the parents and representatives from the local district to share the information.

An Outreach Vision Consultant Program provides ongoing contact for parents and public school teachers. The Outreach Vision Consultant provides consultation and support for the visually impaired student as well as his/her parents and teachers. This puts those students in local districts in touch with the considerable resources (both personnel and materials) of the South Dakota School for the Blind and Visually Impaired. An Outreach Transition Specialist assists students, parents, and schools in planning the move from high school to independent living.

Under State law the South Dakota School for the Blind and Visually Impaired was established as an educational resource for the blind, visually impaired, and deaf/blind. We take that responsibility very seriously and strive to meet the needs of this diverse population in new and creative ways. We encourage you to visit the School when you are in Aberdeen. We would be happy to give you a tour and talk with you about our services.

## ROLE AND MISSION

The role and mission of the South Dakota School for the Blind and Visually Impaired is to provide statewide services to meet the educational needs of children with sensory impairments from birth through twenty-one in South Dakota by serving in a dual leadership and resource role in the statewide efforts to serve these students. This mission will be carried out through cooperative efforts with all appropriate state agencies, educational cooperatives, local education agencies and colleges and universities. It is recognized that the mission of the South Dakota School for the Blind and Visually Impaired is a significant part of the continuum of services in the statewide delivery system for children in need of special education or special education and related services.

The South Dakota School for the Blind and Visually Impaired understands this responsibility to include:

Direct educational programs and services to students who are blind and visually impaired including the multihandicapped and deaf-blind, in Aberdeen and at other designated locations, with appropriate emphasis on the "disability specific skills" of Braille, orientation and mobility, technology, daily living, leisure, community interaction and work experience;

Residential services for those students whose needs are better served in such an environment;

Educational evaluations and interpretation of results for parents and public school teachers and recommendations for appropriate educational programming and placement;

Consultative services for local school districts, cooperatives and parents to assist them in developing child identification procedures and an appropriate education program;

Supplementary services, including summer programming to reinforce educational growth, provide for special skills training and assist students in understanding their vision loss and their own abilities;

Development of the school in Aberdeen as a resource center for information about vision loss, educational materials, methods and equipment to serve educators, parents and the public;

Parental and family involvement in all aspects of the child's educational program with a full explanation of parental rights and responsibilities as well as an understanding of vision loss;

Cooperative efforts with the Division of Education in the identification of students who are visually impaired and the delivery of appropriate educational programs and services as a part of the continuum of services;

Cooperative efforts with the colleges and universities in personnel preparation and staff development in the field of vision loss through internships, seminars, research projects and other professional development activities;

Cooperative efforts with the Office of Services to the Blind and Visually Impaired in the development and implementation of transition plans and vocational readiness;

Cooperative efforts with the South Dakota State Library in the provision of curriculum and support materials for students, teachers and parents; and

Cooperative efforts with blind consumers through the S.D. Association of the Blind and the National Federation of the Blind of South Dakota to increase public knowledge and acceptance of blindness and to support quality programs and services.

## PHILOSOPHY

The role of the South Dakota School for the Blind and Visually Impaired is to participate in the development of well-rounded citizens. Our responsibility is to provide the specialized training necessary for the achievement of personal independence for students throughout the state who are blind or visually impaired.

## OBJECTIVES

1. Ensure that all resident children, who are blind or visually impaired, have access to appropriate education programs and services.
2. Ensure the quality of educational programs and services for children who are blind or visually impaired.
3. Maximize the delivery of services statewide through outreach programs designed to meet the identified needs of students, parents, and local school districts.
4. Create a quality teaching and learning environment on campus that promotes student growth through education and related experiences, both in the classroom and within the community.
5. Develop the SDSBVI as a center of excellence, modeling successful practices and programs for students with vision loss.
6. Execute responsible and accountable management of allocated resources.
7. Foster collaborative relationships with the Department of Education and Cultural Affairs, local school districts, state universities as well as other agencies, service providers and consumer groups.
8. Foster collaborative partnerships with parents/guardians in the education of children who are blind or visually impaired.
9. Increase public understanding of vision loss and appreciation for quality educational programs for children.
10. Seek competitive compensation for all classifications of employees at the SDSBVI.
11. Provide and maintain appropriate facilities, equipment, and other resources for the SDSBVI.

It is our belief that there are no special or unique dispositions to be cultivated within children who are blind, deaf/blind, or visually handicapped that are not common to all children. Curriculum modifications such as instruction in orientation and mobility or tactile and auditory reading systems, while unique to a blind or visually handicapped child, are merely specialized methods of obtaining the goals believed necessary for all children.

We believe it imperative to begin working with the family as early as possible to optimize the educational potential of the home environment.



## EDUCATIONAL GOALS

1. To individualize instruction in order that the student may develop, at his/her own rate, utilizing the tactile, visual and auditory medium best suited to his/her needs.
2. To provide for individual personal interaction among students and staff.
3. To provide a warm, understanding and supportive on-campus dormitory system.
4. To help mobilize educational and social service forces in support of the child who has a handicap, particularly those who are visually impaired.
5. To encourage the inclusion of contemporary methods of education within the school program.
6. To strive for continuous improvement of instructional program.
7. To supplement the on-campus classroom and extracurricular opportunities through cooperative programming with local public day schools.
8. To optimize the use of visual, auditory and haptic avenues of communication for students in the school.
9. To acquaint the student with the specialized equipment available to him/her.
10. To develop a command of the fundamental processes of language, reading, writing, and numbers, as well as to develop social literacy and an understanding of the natural laws and conditions of our world.
11. To assist students in the development and achievement of post school plans.
12. To prepare students for gainful employment.
13. To encourage independent living habits.
14. To develop the independent travel ability of each student to its fullest potential.
15. To prepare students for life in a sighted world.
16. To develop an appreciation of the fine arts.
17. To optimize the physical development and ability of each student.
18. To stimulate worthy and creative use of leisure time.
19. To help develop a positive self-concept on the part of each student.
20. To help foster within the general public the concept that persons who are blind, deaf/blind or visually handicapped are capable, independent individuals with normal desires and aspirations.
21. To help educate employers regarding the capabilities of persons who are blind, deaf/blind or visually handicapped.

## EDUCATIONAL PROGRAMMING

Teachers and Student Services Director are responsible for educational testing and for developing programming based on this testing. The teacher administering the testing is responsible for discussing test results with the parents. The parents will be involved in the development of the Individual Education Plan (IEP) and in planning for summer programming. Parent input is not only valuable but is vital in planning for the child's program. An emphasis will be placed on providing a program that is educationally, vocationally, and socially appropriate for the child.

Each child's program will be focused toward integration into the community and other classrooms as deemed appropriate by the Placement Committee. Support services available on an as needed basis are: Speech/Language, Occupational Therapy, Physical Therapy, Hearing Screening, Orientation and Mobility, foster/respite care services and parent/family support services. Services not provided by the SDSBVI, but available in the Aberdeen community can be contracted by the local school district.

## RESIDENTIAL PROGRAM POLICIES (updated August 2016)

If residential accommodations are to be considered for a child enrolled at the SDSBVI, it will be done as a part of the IEP process. Because the dormitories are considered a more restrictive environment, the IEP team needs to consider the benefits and any potential detriment to the student.

Generally, residential placement is appropriate when the family lives at a distance that makes a daily commute unfeasible OR the child would benefit from goals that can best be accomplished in a residential setting. This applies especially to the areas of the Expanded Core Curriculum, such as activities of daily living, community experiences, or social/recreational skills.

The IEP team may consider part-time residential placement to work on specific goals. If this is the case, a schedule for the child's program will be developed in consultation with the Dormitories Supervisor. This is necessary to allow the SDSBVI to have the appropriate staff scheduled at all times. Goals will be added to the IEP and progress reported to the IEP team.

NOTE: Should a parent desire to expand the residential experience beyond what is established in the IEP, they must contact their local school district to make a written request to the SDSBVI Superintendent who will consult with residential supervisor. Changes will only be made through the IEP process as an addendum to the IEP.

The Residential Program is not to be considered a daycare provider, but is an integral part of the student's educational program. Students who receive before school or after school services in the dorms must be dropped off and picked up at the arranged time. Our staff and students depend upon parents to be on time, so as not to affect programs for other students.

Exception to this policy: The Superintendent, after consultation with the Dormitories Supervisor, *may* allow a student to stay for 1-2 days in the Residential Program during a family emergency (serious illness or death in the family) if we can staff appropriately.

**When a child is receiving services in the Residential Program, all questions about schedules, progress on goals, and any other needs should be directed to the Dormitories Supervisor.**

## INDIVIDUAL EDUCATION PROGRAMS (IEP)

Pursuant to SDCL § 13-37-1.3, the school district has a non-delegable duty to provide a free appropriate public education for each resident child. Although the preferred placement for all children is in the school that they would ordinarily attend if they were not disabled, for some children, the least restrictive environment may involve an alternative placement in a special school. Placement in a special school does not transfer the school district's responsibility for FAPE to the special school providing an alternative placement. Rather, it necessitates a close cooperation between the school district and the special school to assure that the school district can provide necessary educational or related services that are ordinarily unavailable through the special school.

The parties agree that the Individualized Educational Plan team provides the proper setting to assign responsibility for providing educational and related services that the IEP team has determined to be necessary to provide FAPE to a child. To facilitate necessary discussions, the SDSBVI will assume responsibility for scheduling IEP team meetings, for providing parental notices, for assigning necessary special school staff or contractors to participate in the IEP process, for distributing information to parents and IEP team members, for creating records of IEP team proceedings and for otherwise providing support to the school district insofar as concerns operations of the IEP team meetings convened at the SDSBVI.

The school district will retain responsibility for providing a free appropriate public education to each child it has placed at the special school. The school district will co-chair IEP teams convened at the SDSBVI, and the school district will provide related services identified by the IEP team as necessary for a child's free appropriate public education but not otherwise available at the SDSBVI. This could include such locally contracted services such as mental health counseling, occupational or physical therapy, etc. for which the LEA will assume fiscal responsibility.

The SDSBVI superintendent/designee will be responsible to ensure that the proper procedures are followed in the development, review, and revision of each IEP.

The joint IEP team will ensure that all appropriate special education issues are addressed and documented on the IEP. The district's Comprehensive Plan along with the IEP Technical Assistance Guide, available from Special Education Programs, will be used as references in the development, review, and revision of each IEP.

All decisions of the IEP team will be made jointly by the parents, school district, and SDSBVI personnel through the IEP process and specified on the child's IEP. The IEP will be in effect before special education and related services are provided to a child and will be implemented as soon as possible following an IEP meeting.

The SDSBVI will ensure that the parent receives a copy of the completed IEP and that the IEP is made available to all service providers.

The Individual Education Plan is developed annually for each student. The IEP details the strengths and needs of the child, the goals established for the year, any special adaptations to be made, related services to be provided, and other details of the child's special education program.

IEPs will be written annually (within 365 days of the previous plan) by the IEP team. For students enrolled on campus, Case Teachers and Case Managers play an important role in the development and implementation of the IEP for each student assigned to them.

## **A. TEAM MEMBERS**

The following individuals serve as members of the IEP team:

1. Student (required age 16 and older/as appropriate under age 16)
2. Parents/Guardians
3. LEA Representative (co-chair)
4. Superintendent (co-chair)
5. Case Teacher
6. Case Manager (if student is in residential program)
7. Evaluator(s)

8. Others who may be involved:
  - A. Student Services Director
  - B. Transition Specialist (age 16 and up)
  - C. Faculty and Staff with instructional responsibilities
  - D. Speech Pathologist
  - E. Occupational Therapist
  - F. Physical Therapist
  - G. Registered Nurse
  - H. Outreach Vision Consultant
  - I. Outside Consultants
  - J. Others as requested by parents or LEA

A member of the IEP team is not required to attend an IEP team meeting, in whole or in part, if the parent of a student with a disability and the school district agree in writing that the attendance of the member is not necessary because the member's area of the curriculum or related services is not being modified or discussed in the meeting.

A member of the IEP team may be excused from attending, in whole or in part, an IEP team meeting that involves a modification to or discussion of the member's area of the curriculum or related services, if:

- (1) The parent and school district consent in writing to the excusal; and
- (2) The member submits, in writing to the parent and the IEP team, input into the development of the IEP before the meeting.

## **B. STUDENT PARTICIPATION**

Student participation in the development of the IEP is strongly encouraged whenever appropriate. For students age 16 and older, participation in the IEP/ITP (Individual Transition Plan) is expected. It is important that students be fully prepared prior to the meeting. It is the responsibility of the Case Teacher to assist with this preparation. The Student Services Director may serve as a resource in working with the student.

## **C. ELEMENTS TO BE INCLUDED IN EACH SDSBVI IEP**

The SDSBVI has adopted a format for the IEP which is very similar to the state IEP form. All sections of the IEP must be completed during the meeting. Upon adjournment, the parents, LEA and SDSBVI all receive copies of the new IEP. The following information must be included:

1. A statement of the student's present levels of academic achievement and functional performance, including how the student's disability affects the student's involvement and progress in the general curriculum (i.e., the same curriculum as for nondisabled students).
  - For preschool student, as appropriate, how the disability affects the student's participation in appropriate activities.
  - Eye condition and implications of vision loss on the child's education and recommended educational modifications.
2. A statement of measurable annual goals, including academic and functional goals, designed to:
  - (a) Meet the student's needs that result from the student's disability to enable the student to be involved in and progress in the general education curriculum; and

- (b) Meet each of the student's other educational needs that result from the student's disability;
  - For students with disabilities who take alternate assessments aligned to alternate achievement standards, each student's IEP shall provide a description of benchmarks or short-term objectives.
- 3. A statement of the special education and related services and supplementary aids and services, based on peer-reviewed research to the extent practicable, to be provided to the student, or on behalf of the student, and a statement of the program modifications or supports for school personnel that will be provided to enable the student:
  - (a) To advance appropriately toward attaining the annual goals;
  - (b) To be involved and make progress in the general education curriculum in accordance with this section and to participate in extracurricular and other nonacademic activities; and
  - (c) To be educated and participate with other students with disabilities and nondisabled students in the activities described in this section.
- 4. An explanation of the extent, if any, to which the student will not participate with nondisabled students in the regular class and in activities described in this section.
- 5. A statement of any individual appropriate accommodations that are necessary to measure the academic achievement and functional performance of the student on state and district-wide assessments consistent with § 24:05:14.14. If the IEP team determines that the student shall take an alternate assessment instead of a particular regular state or district-wide assessment of student achievement, a statement of why:
  - (a) The student cannot participate in the regular assessment; and
  - (b) The particular alternate assessment selected is appropriate for the student.
- 6. The projected date for the beginning of the services and modification described in this section and the anticipated frequency, location, and duration of those services and modifications.
- 7. A description of how the student's progress toward the annual goals described in this section will be measured and when periodic reports on the progress the student is making toward meeting the annual goals (such as through the use of quarterly or other periodic reports, concurrent with the issuance of report cards) will be provided.
- 8. Beginning not later than the first IEP to be in effect when the student turns 16, or younger if determined appropriate by the IEP team, and updated annually thereafter, the IEP shall include:
  - (a) Appropriate measurable postsecondary goals based upon age-appropriate transition assessments related to training, education, employment, and, if appropriate, independent living skills; and
  - (b) The transition services (including courses of study) needed to assist the student in reaching those goals.
- 9. Beginning not later than one year before a student reaches the age of majority under state law, the student's individualized education program must include a statement that the student has been informed of his or her rights under Part B of the Individuals with Disabilities Education Act, if any, that will transfer to the student on reaching the age of majority consistent with § 24:05:30.16.01.
- 10. Lists of individuals participating in the development of the IEP and identification of persons responsible for its implementation.
- 11. Determination of need for Extended School Year (ESY) and specific services to be provided.

#### **D. TIMETABLE**

The exact dates for the IEPs will fluctuate each year. A current IEP must be on file at the beginning of the school year. IEPs must not extend beyond 364 days in duration. Each student must have a comprehensive evaluation completed every three years or more frequently when requested by a parent or teachers. Comprehensive evaluations must be completed within twenty-five (25) school days (upon receipt of consent for evaluation) and an IEP developed within thirty (30) calendar days from the end of the 25 school days evaluation timeline.

## **E. PROCESS**

1. Scheduling of IEPs will be done by the Educational Secretary who will contact parents and LEA to set up a mutually agreeable date and time, determine who will be present, and decide whether the meeting will be held person-to-person or by teleconference. A Contact Report will be maintained as an official record of legal notification. All arrangements made by telephone will be followed with a Parental Prior Notice Form to parents, LEA, SDSBVI staff, and others as identified. As the meeting arrangements are finalized, SDSBVI staff will be notified and also receive a copy of the Parental Prior Notice Form.
2. Scheduling of IEPs in years when there is an evaluation will be done by the Liaison for Services. The same procedure (#1 above) will apply.
3. In preparation for the IEP meeting, Case Teachers will schedule and conduct a prestaffing to do the following:
  - a. Review the child's progress since the last IEP meeting and current strengths and needs.
  - b. Review all evaluation data.
  - c. Discuss placement options and generate ideas for a program which would address the child's individual needs.
  - d. Discuss potential for related service needs and options for implementation.
  - e. Identify components which should be considered for the Individual Education Plan (IEP) and Individual Transition Plan (ITP) [for students 16 and older], including the specific goals of participation in other programs.
  - f. Determine which SDSBVI staff should attend the IEP meeting. Prestaffings should be held at least 5 days prior to the IEP so that parents can be notified as to who will be in attendance.
  - g. It is the responsibility of each teacher, case manager, and therapist to share relevant information with the Case Teacher.
4. Information brought to the IEP meeting should be in rough draft form for discussion by the team.
5. IEP meetings will be co-chaired by the SDSBVI Superintendent or designee and the school district representative who are jointly responsible for completion of the IEP document and are authorized to commit to expenditures.
6. There is a single format for all IEPs. The IEP must reflect the skill areas impacted by the disability (as opposed to assigned classes). Therefore, the goals which are identified by the team will be implemented across domains. It is significant that the IEP reflect those special adaptations which address the student's vision loss and compensatory skills.
7. The IEP meeting may take place in person or by teleconference, but all provision of prior notice, participation, and content must be met.
8. All areas on the IEP form must be completed or marked as not applicable/not required.
9. Copies of the completed IEP will be provided to the parent and LEA with one copy retained for the student's cumulative file at the SDSBVI. Additional copies of the IEP will be made upon the request of parent or LEA for other individuals or agencies who will be working with the child. Copies will be provided to the service providers who work with the student.

## **F. CHANGES IN THE IEP**

Any changes in the IEP, including changes in short-term objectives or related services, must be made by the IEP team. The Superintendent must notify the parents and LEA of the proposed changes and initiate an IEP meeting. An Addendum must be written and attached to the original IEP. This process may take place in person or by teleconference, but all provision of prior notice must be met.

## **G. TRANSFER**

If an eligible student transfers to a new public agency in the same State, and enrolls in a new school within the same school year, the new public agency (in consultation with the parents) must provide a free appropriate public education (FAPE) to the child (including services comparable to those described in the child's IEP from the previous public agency), until the new public agency either:

- Adopts the child's IEP from the previous public agency; or
- Develops, adopts, and implements a new IEP that meets the applicable requirements.

## **H. LEAST RESTRICTIVE ENVIRONMENT**

Students who have a visual impairment which impacts their education are eligible for services from the SDSBVI. These educational programs and services may be offered in a variety of ways to ensure that the child receives an appropriate education in the least restrictive environment. In all cases the programming and services to be provided are specified in the IEP.

Special education programs and services necessary to meet individual needs will be coordinated with the regular education program whenever appropriate. Removal from a regular classroom will occur only when the nature and severity of the child's needs is such that education in regular classes with the use of supplementary aids cannot be satisfactorily achieved. Provisions will be made for appropriate classroom settings or alternative settings necessary to implement the IEP. Out-of-district placement will be utilized only when necessary to implement the IEP and will be as close to home as possible.

Placement in the least restrictive environment will not produce a harmful effect on the child or reduce the quality of services the child needs.

Parents will have an opportunity to evaluate the continuum of educational options for their child.

The following factors in determining placements will be used by the SDSBVI.

- a) Each child's educational placement must be individually determined at least annually and must be based on the child's individual education program;
- b) Provisions are made for appropriate classroom or alternative settings necessary to implement a child's individual education program;
- c) The child's visual impairments impact their educational achievement;
- d) Except where a child's individual education plan requires some other arrangement, the child shall be educated in the school which that child would normally attend if not disabled. Other placement shall be as close as possible to the child's home;
- e) Placement in the least restrictive environment will not produce a harmful effect on the child or reduce the quality of services which that child needs; and
- f) A child with a disability is not removed from education in age appropriate regular classrooms solely because of needed modifications in the general curriculum.

**INDIVIDUAL EDUCATION PROGRAM FACT SHEET** - A product of The ERIC Clearinghouse for Handicapped and Gifted Children 1920 Association Drive, Reston, Virginia 22091

What is an Individualized Education Program? - Every handicapped child receiving special education must be provided with an Individualized Education Program (IEP) that specifies what education and related services will actually be provided. The mandate to provide an IEP for every child requires that those responsible for the education examine each child as an individual. This is the key to assure that each handicapped child is receiving a free and appropriate education. The concept of an individually written program for each handicapped child is not new. It is, in fact, what competent educators have been doing for years. What is new is the fact that it is required by federal law, it must be written and the child's parents must agree to the program.

What are the components of an Individualized Education Program - According to Public Law 94-142, an IEP must:

1. Be written.
2. Describe the child's present levels of educational performance.
3. State annual goals.
4. State short-term instructional objectives.
5. Describe specific educational services to be provided.
6. Determine the extent of the child's ability to participate in regular educational programs.
7. Determine the educational placement which is least restrictive for the child.
8. Determine the starting date of the child's program.
8. Anticipate the duration of the services.
10. Select appropriate objective criteria and evaluation procedures to determine whether instructional objectives are being achieved.
11. Determine the schedule for evaluating progress, at least annually.
12. Describe accommodations/program modifications and frequency to be used in general/special education and state mandated testing, including supplemental aids/services or supports for school personnel that will be provided to the student.
13. Address inclusion in state mandated testing.

Who determines what will be included in an Individualized Education Program? - Federal and State law requires that a representative of the education agency that has the authority to deliver the agreed upon services, the teacher, the parent or guardian and, whenever appropriate, the child meet to develop the IEP. An IEP is basically an agreement between (a) a consumer (who is a student) and his or her parents or guardians and (b) the supplier (which is the local, intermediate, or state education agency). In developing an IEP, the supplier and consumer should explore together the needs of the child, ways those needs can be met and which educational needs have the highest priority. Thus, an appropriate education is individually designed for each handicapped child by providing special education and related services required to meet those needs.

The following questions and answers are based on material from "A Primer on Individualized Education Programs for Handicapped Children," (Torres, 1977).

What information would be helpful in writing an Individualized Education Program? - Since each program is written for a particular child, it is important to have appropriate assessment data available that indicate the child's present level(s) of performance. Areas of assessment would include intellectual and social development and physical capabilities such as the use of legs, arms, eyes, ears, and speech.



The child's age, grade, and degree of learning to date must be considered when setting goals. Equally important are the child's strengths and weaknesses. These would include such things as general health factors, special talents, best mode of learning and sensory and perceptual functioning. Information can come from tests given by psychologists, educational diagnosticians, teachers or others who have worked with the child or it can come from teacher or parent observations.

How can priorities be determined? - By looking at the child's present level of functioning, parents and teachers can begin to see critical areas needing attention. These areas can be pinpointed by having parents, teachers, and the child, if possible, state what they think is most important. These become the high priority learning items. Other areas where weaknesses exist can then be identified.

As the IEP is developed, placement needs become apparent. There must be some correspondence between the number and level of the annual goals set and the amount of time available for instruction. Planners need to consider whether goals can be met within the regular program with consultation for the teacher, with a few hours a week of supplementary instruction or with more hours of direct instruction by a specialist.

How are annual goals and short-term objectives determined? - Annual goals can only be the group's best estimate of what the child will be able to do within one year. If goals are accomplished sooner than anticipated, additional goals will be set. There must be a relationship between the annual goals set and the child's present level of performance. The support needed to achieve the annual goals must be documented and the person(s) responsible for such support should be listed.

While the annual goals for each child are established by the planners, themselves, the short-term objectives can be obtained from a variety of published sources. A curriculum guide can often be the best tool to use when pinpointing behaviors and sequencing short-term objectives.

### INDIVIDUAL TRANSITION PLAN (ITP)

The Federal Government has recently begun placing greater emphasis on preparing students for employment following completion of their formal education. To ensure that progressive programming occurs it is now required that an "Individual Transition Plan" (ITP) be completed for all students who are 16 years of age and older. This plan outlines work experiences which the child will be exposed to and correlates these with his or her school based education program. The IEP and ITP will be outlined during the prestaffing so that both plans may be presented during the formal IEP/ITP Meeting with the parents and school district.

### LEARNING TO BE EQUIPPED FOR ADULTHOOD PROGRAM (L.E.A.P.)

The Learning to be Equipped for Adulthood Program (L.E.A.P.) provides students an opportunity to develop skills from a secondary educational setting into a postsecondary environment. The program utilizes the nine areas of the Expanded Core Curriculum (ECC) for students with visual impairments, with a focus on real-life practice and application. Students should apply for L.E.A.P. by January 31<sup>st</sup> of their senior/final academic year.

The criteria for student acceptance into L.E.A.P. are:

- be 18-21 years of age
- have an visual impairment
- have an unsigned diploma
- be willing to participate in all aspects of the program.

Other important areas addressed in the L.E.A.P are:

- Postsecondary Education
- Apartment Living
- Competitive Employment

We encourage you to check out these websites and contact our Transition Specialist with any questions.

- FamilyConnect: for parents of children with visual impairments  
[www.familyconnect.org](http://www.familyconnect.org)
- Service to the Blind and Visually Impaired (SBVI): for students 16 and older who want to work or pursue postsecondary education  
<http://dhs.sd.gov/sbvi/>
- Transition Services Liaison Project of South Dakota: for parents of students ages 14-21  
[www.tslp.org](http://www.tslp.org)
- South Dakota Rehabilitation Center for the Blind: for students wishing to participate in Transition Week and Transition Employment programs  
<http://dhs.sd.gov/sbvi/sdrc.aspx>

## CONFIDENTIALITY POLICY

The Confidentiality Policy of the South Dakota School for the Blind and Visually Impaired guarantees:

1. The complete privacy of school records of every enrolled student or former enrolled students' records from unwarranted inspection or communication to unauthorized individuals or agencies.
2. Upon request, the right of parents/legal guardians and students to read or to have read, explained and interpreted to them in their primary language all portions of the record.
3. All parents, including non-custodial, have access to a child's record, unless barred by the court.
4. Annually, parents/legal guardians will receive the Student/Parent Handbook outlining parental rights under the Family Education Rights and Privacy Act (FERPA) and the Individuals with Disabilities Education Act (IDEA).
5. Copies of SDSBVI policies on confidentiality, retention, and destruction of records are available in the main office during regular business hours.
6. The SDSBVI will not release records to any individual or agency without prior written consent of the parent/legal guardian or eligible student. Consent from either parent is sufficient, unless a court order specifies both parents must sign. Parents/legal guardians and adult students have the right to revoke consent in writing at any time.

7. The Student Services Director is responsible for copying any documents, securing the appropriate releases, and maintaining a log of any such actions.
8. SDSBVI may release information without parental consent in the following circumstances
  - a. The SDSBVI may disclose personally identifiable information from the educational records of a student if the disclosure is to other school officials, including teachers, within the educational institution or local educational agency who have been determined by the agency or institution to have legitimate educational interests or to the officials of another school or school system in which the student seeks or intends to enroll; subject to the requirements set forth in "b." of this section.
  - b. The SDSBVI shall make reasonable attempt to notify the parent/legal guardian or eligible student except when disclosure is initiated by the parent/legal guardian or eligible student. It is SDSBVI policy to forward educational records upon request to a school in which a student seeks enrollment.

The SDSBVI upon receiving personally identifiable information from another educational agency or institution may make further disclosure of the information on behalf of the agency without prior written consent if the conditions in "a." and "b." of this section are met and if the SDSBVI informs the party to whom disclosure is made of these requirements.

If a parent/legal guardian refuses consent for the release of information to a third party, the party may proceed with the due process hearing procedures.

- c. The SDSBVI may legally submit any designated portion of a student's record when authorized by judicial subpoena issued by the probate or other duly constituted court without consent, but with prior notification given to parents/legal guardians and eligible students of the data transmitted.
9. When disclosure of records is made to a third party, it is on the condition that the records not be further disclosed without written parental consent.
10. It is the responsibility of the Superintendent to ensure the confidentiality of records at the SDSBVI and to provide appropriate training or instruction to persons collecting or maintaining personally identifiable data.

Confidentiality is the shared responsibility of every staff member. Every student's rights to privacy must be protected at all times. Those individuals who have access to the files in the central office are listed on the file cabinet. They are: Administrative Assistant, Business Manager, Case Managers, Dorm Supervisor, Educational Secretary, Instructional Assistants, Instructors, Liaison for Services, Low Vision Specialist, Nurses, O&M Specialists, Student Services Director, Superintendent, Technology Specialist, and Transition Specialist.

Student files kept in the dormitories are available to the Residential Supervisor, Dormitory Staff, Student Services Director, Risk Manager, and Superintendent. Student files kept in the Student Services Director's Office and in the Infirmary are not available to other staff other than the Superintendent. Requests for information should be made to the Student Services Director.

**EMPLOYEE ACCESS** - Current confidentiality regulations limit access to student files to specific personnel who have a legitimate educational interest in the individual child. Records may be reviewed by authorized individuals between 8:00 am and 4:30 pm, Monday through Friday and at other times and days as circumstances permit. Access by authorized SDSBVI employees is not recorded on the Records Access Monitor. If a student file is to be removed from the staff work area, a record consisting of the name of student, date, and name of person using file must be entered on the form provided.

**PARENT/STUDENT ACCESS** - Parents/legal guardians or eligible students have the right to inspect and review any educational records collected and maintained by the SDSBVI. Access by parents/legal guardian is not recorded on the Records Access Monitor. The school shall comply with a written request without unnecessary delay and within forty-five (45) calendar days after a request is received. Parents/legal guardians or eligible students requesting records for use at an Individualized Educational Planning Committee meeting, a hearing, or a hearing appeal shall be given immediate access to the requested records.

**ACCESS RESTRICTIONS** - Parents/legal guardians and eligible students may not inspect the records of other students. If an educational record contains information for more than one child, the parents/legal guardians and eligible students may inspect or be informed of only the information pertaining to their child/self.

Professional workers undertaking educational research may be provided access to educational records without written consent when personally identifiable information has been deleted.

Parents/legal guardians and eligible students have a right to know who has seen their child's educational records; the Records Access Monitor kept with each file must be signed by all individuals who have requested or obtained access to records. This record will show who accessed the file, when, and the purpose. Those who may view the educational file without prior parental consent include representatives of Federal or State Educational Agencies, Testing Organizations (if anonymous), accrediting organizations, parents/legal guardian of a dependent student (even if the student has reached the age of majority), or others to protect the health and safety of the student or others in an emergency.

## EDUCATIONAL RECORDS

Student educational records are maintained and filed in the Staff Work Area.

When parents, legal guardians, or eligible students, because of a visual impairment, cannot personally read the materials in the student record, a responsible adult may assist the requesting party to review the record in the presence of the administrator or administrator's representative.

Parent, legal guardians, or eligible students may have copies of the record, or portions of the record, duplicated at their own expense.

The student's records may include:

1. Name, date of birth, sex, and racial or ethnic group
2. Name, address, and telephone number of parents
3. District of residence
4. Date of referral
5. Type of disability(s)
6. Services being provided
7. Curricular records and reports -- both academic and social
8. Academic assessment data
9. Health information and reports
10. Social history
11. Individual Educational Planning Committee Reports and Individual Educational Plans
12. Conduct and behavior evaluations
13. Communications

**COMPLAINT** -- The parent or guardian has the right to file a complaint with the U.S. Department of Education concerning alleged failures by the agency or institution to comply with the requirements of the Family Rights and Privacy Act and this section.

**AMENDMENT** - Parents, legal guardians or adult students retain the right to request that the educational records or portions thereof, be amended. Such requests may be made if the information is felt to be inaccurate, misleading or otherwise violates the privacy or the rights of the students. School officials shall decide within forty-five (45) calendar days to amend the records as requested. If the request to amend the records is denied, the requesting party shall be advised of their right to a hearing.

**HEARING PROCESS AND RIGHTS** - Parents, legal guardians or adult students retain the right to challenge included record materials by a hearing process. The hearing process is as follows:

1. The school shall provide a hearing at the written request of parents, legal guardians, or eligible students to challenge records on grounds of their being inaccurate, misleading, or otherwise in violation of the privacy or other right of the students.
2. The hearing shall be held within thirty (30) days after the request has been made.
3. Parents, legal guardians, or eligible students shall be given five (5) days advance notice of the date, place, and time of the hearing.
4. The hearing shall be conducted by a person chosen by the school (it can be a school official) who does not have direct interest in the hearing's outcome.
5. The parents, legal guardians, or eligible students shall be afforded a full and fair opportunity to present evidence related to the issues being challenged.
6. The parents, legal guardians, or eligible students may be assisted or represented by individuals of their own choice, including an attorney, at their own expense.
7. The hearing official shall make a decision based solely upon evidence presented at the hearing and include a summary of the evidence and the reasons for that decision.
8. The institutional decision must be issued within thirty (30) days following the conclusion of the hearing.
9. If the hearing's decision is to amend the record as requested, the school shall amend the information accordingly and inform the parents, legal guardians, or eligible students of the change.

10. If the decision of the hearing is to deny the requested amendment, the parents, legal guardians, or eligible students shall be informed of their right to place a statement in the record commenting on the decision or indicating any reason for disagreement with the decision of the school.
11. The statement or explanation of the parent, legal guardians, or eligible student shall be maintained by the school for as long as the record is maintained.
12. If the contested portion of the record is ever disclosed by the school to any party, the statement must also be disclosed.

**SUBPOENA** - If a subpoena is issued by a court of competent jurisdiction, the School is obligated to release materials after proper notification of parents or legal guardians.

**LIMITATIONS** - The working notes, professional observations, speculations and anecdotal experiences of teachers, administrators, case managers and student services director are private and the protected domain of the maker's work files and may not be shared with others. Once these working files are shared, they are no longer considered private files.

**DESTRUCTION** - Parents, legal guardians or eligible students have a right to destroy records or portions thereof when the child graduates or leaves school. IEPs must be retained by the SDSBVI for five years. Parents will be notified before files are purged or destroyed. "Destruction" means either physical destruction of information or the removal of all personal identifiers from the record. Destruction of records will be in accordance with approved Records Retention and Destruction Schedule.

**STUDENT DIRECTORY INFORMATION** -- By law this information may be disclosed for informational purposes. If a student (over the age of 21) or custodial parent chooses not to allow disclosure of directory information, the SDSBVI must be notified in writing.

The SDSBVI will maintain indefinitely a record of:

- student's name
- contact information
- parents' name and contact information
- date and place of birth
- enrollment status
- dates of participation
- degrees or honors received

**FEES** - A minimal fee will be charged for each copy of records provided to parents, legal guardians or eligible students if the fee to be charged does not prevent the requesting party from obtaining desired records. The School will not charge a fee to search for or retrieve information.

**STUDENT RIGHTS.** - All parental rights in this section are extended to the child upon reaching the age of eighteen, unless the child has been declared incompetent by the courts. If the parents or legal guardians of an adult student deem this student mentally or emotionally incompetent to be responsible for the proper handling and disposition of his/her school record, these parents or guardians and not the school, must assume sole responsibility for having this incompetence legally established.

## NON-DISCRIMINATION (TITLE IX) POLICY (August 2016)

The South Dakota Board of Regents and the South Dakota School for the Blind and Visually Impaired do not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following individuals have been designated to handle questions, complaints, or reports regarding the non-discrimination policies

Janel Ludwig, Title IX Coordinator  
605 14<sup>th</sup> Ave SE  
Aberdeen, SD 57401  
Phone: 605-626-2580 or 605-626-3189  
Fax: 605-626-2607  
Email: [janel.ludwig@sdsbvi.northern.edu](mailto:janel.ludwig@sdsbvi.northern.edu)

Janel Ludwig, Student Counselor/Student Services Director  
605 14<sup>th</sup> Ave SE  
Aberdeen, SD 57401  
Phone: 605-626-2580 or 605-626-3189  
Fax: 605-626-2607  
Email: [janel.ludwig@sdsbvi.northern.edu](mailto:janel.ludwig@sdsbvi.northern.edu)

Dan Trefz, Deputy Title IX Coordinator  
605 14<sup>th</sup> Ave SE  
Aberdeen, SD 57401  
Phone: 605-626-2580 or 605-626-7829  
Fax: 605-626-2607  
Email: [daniel.trefz@sdsbvi.northern.edu](mailto:daniel.trefz@sdsbvi.northern.edu)

Jodi Carlsgaard, Superintendent  
605 14<sup>th</sup> Ave SE  
Aberdeen, SD 57401  
Phone: 605-626-2580 or 605-626-7829  
Fax: 605-626-2607  
Email: [daniel.trefz@sdsbvi.northern.edu](mailto:daniel.trefz@sdsbvi.northern.edu)

HHS/Office for Civil Rights (Rocky Mountain Region)  
1961 Stout Street – Room 08148  
Denver, CO 80294  
Customer Response Center: 800- 368-1019  
[Fax: 202-619-3818](tel:202-619-3818)  
[Email: ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

## GRIEVANCE PROCEDURE (revised September 2015)

The school recognizes the need for students and/or parents to have appropriate ways to resolve disagreements about policies, actions by staff members, students, or volunteers, and any possible discrimination. The following process should be used when concerns arise.

1. The student and/or parents should make all attempts to resolve any conflict or disagreement in an informal manner. They can talk to his/her teacher or case manager to try to change a policy or action.
2. If the situation is not satisfactorily resolved, the grievance can be taken informally to the Superintendent, Dorm Supervisor, or Student Services Director.
3. Dissatisfaction with the Step 2 decision can result in a formal written complaint to the Superintendent. The student and/or parents shall receive a written response within ten (10) working days of the receipt of the appeal.
4. If the people involved think an incident involves discrimination or sexual harassment, the Title IX Coordinator should be contacted.

5. If a resolution is not achieved, the student and/or parents shall formally file a grievance with the Superintendent. The Superintendent shall respond in writing within ten (10) working days.
6. If there is not satisfaction with the Step 5 decision, a formal written complaint can be made to the Executive Director of the South Dakota Board of Regents. The Executive Director of the Board will respond in writing as quickly as possible. Action of the Board will be final for administrative procedure.

### PROTECTION OF PUPIL RIGHTS AMENDMENT (PPRA)

The Protection of Pupil Rights Amendment (PPRA) requires SDSBVI to notify parents and obtain consent or allow parents to opt out of participating in certain surveys or other data collection.

PPRA affords parents and students who are 18 or emancipated minors (“eligible students”) certain rights regarding our conduct of surveys, collection, and use of information for marketing purposes, and certain physical exams. These include the right to:

- *Consent* before students are required to submit to a survey that concerns one or more of the following protected areas (“protected information survey”) if the survey is funded in whole or in part by a program of the U.S. Department of Education (ED)
  1. Political affiliations or beliefs of the student or student’s parents;
  2. Mental or psychological problems of the student or student’s family;
  3. Sex behavior or attitudes;
  4. Illegal, anti-social, self-incriminating, or demeaning behavior;
  5. Critical appraisals of others with whom respondents have close family relationships;
  6. Legally recognized privileged relationships, such as with lawyers, doctors or ministers;
  7. Religious practices, affiliations, or beliefs of the student or parents; or
  8. Income, other than as required by law to determine program eligibility.
- *Receive notice and an opportunity to opt a student out of:*
  1. Any other protected information survey, regardless of funding;
  2. Any non-emergency, invasive physical exam or screening required as a condition of attendance, administered by the school or its agent, and not necessary to protect the immediate health and safety of a student, except for hearing, vision, or scoliosis screenings, or any physical exam or screening permitted or required under State law; and
  3. Activities involving collection, disclosure, or use of personal information obtained from students for marketing or to sell or otherwise distribute the information to others.
- *Inspect*, upon request and before administration or use;
  1. Protected information surveys of students;
  2. Instruments used to collect personal information from students or any of the above marketing, sales, or other distribution purposes; and
  3. Instructional material used as part of the educational curriculum.



**SDSBVI has developed and adopted** policies regarding these rights, as well as arrangements to protect student privacy in the administration of protected surveys and the collection, disclosure, or use of personal information for marketing, sales, or other distribution purposes. **SDSBVI will directly notify parents and eligible students of these policies at least annually at the start of each school year** and after any substantive changes. SDSBVI will also directly notify parents and eligible students, such as through U.S. Mail or e-mail, at least annually at the start of each school year of the specific or approximate dates of the following activities and provide an opportunity to opt a student out of participating in:

- Collection, disclosure, or use of personal information for marketing, sales, or other distribution.
- Administration of any protected information survey not funded in whole or in part of ED.
- Any non-emergency, invasive physical examination or screening as described above.

## SCHOOL ENROLLMENT

Students are required to have a complete and updated immunization record on file with the school nurse prior to initial admittance and these records must be updated annually to reflect any changes. **Students who do not have this information on file will not be enrolled until these records are complete.**

Each returning student must have a completed summer update filed and signed release forms on file prior to returning to school in the fall. Materials need to be completed and returned to SDSBVI by August 15 each year. This will allow the nurses and staff to better prepare for your child's needs.

## RELEASE FORMS

In order to protect students, parents and the SDSBVI, several release forms must be completed and signed by parents each school year. Included in these papers is a form to obtain parental consent to release information about their child through the media. In addition to giving approval for the release of identifying information, parents also may note any limitations they wish to be followed. If the materials have not been received by the school prior to Registration Day, parents are required to fill out and sign all release forms before they depart.

Consent means that the parent has been fully informed of all information relative to the activity for which consent is sought, in his or her native language or other mode of communication; the parents understand and agree in writing to the carrying out of the activity for which consent is sought, and the consent describes that activity and lists any records which will be released and to whom; and the granting of consent by parents is voluntary and may be revoked in writing at any time.

## COUNSELING SERVICES

Educational testing, assistance in behavioral programming and emotional counseling services for students and parents are available from the Student Services Director. Whether for crisis intervention or ongoing weekly sessions, services are available to assist in the development of coping skills needed to deal with emotional, social and behavior problems concerning school, home/family, and peers.

Staff that notice or are aware of some of the various "danger signs" that may indicate a need for help in adjusting to the situation, should refer students to the Student Services Director as soon as possible.

Some common danger signs are:

- Sudden radical changes in mood or behavior
- Withdrawing from interaction with others, not responding as usual
- Open rebellion, verbal abuse, defiance, acting out
- Unusual emotional swings
- Suspected involvement with drugs or dangerous substance
- Bed wetting (Enuresis)
- Depression
- Ongoing or recurring hostility and aggressiveness toward peers or adults, making dangerous threats, intimidating others
- Demanding inappropriate or unusual amounts of attention
- Many physical complaints suspected to be psychosomatic
- Disorientation - not in contact with reality

## DORMITORY ROOMS

Students may be housed in the dormitory which meets the student's needs and provides for interaction and socialization with appropriate peers. Parents and staff will make this decision together and the student will be placed in either Spicer Hall (girls' dorm) or Herseth Hall (boys' dorm).

Each room is provided with furniture (beds, drawer space, desk, chairs, bookshelves, blinds, linens, closet space). Students are encouraged to bring personal items such as bedspreads, quilts, pillows, pictures, posters, etc. to decorate their room to their own taste. Tape may be used sparingly on the walls and inside the door for hanging pictures or posters. If assistance is needed, contact the Case Manager who will forward the request to the maintenance department.

The students' rights to privacy are to be respected at all times. Anyone, staff and students, must be given permission prior to entering a room and/or examining personal items. Exceptions include fire drills, suspected illegal activity, or when a child is in danger.

## VISITATION GUIDELINES

Please call ahead of time for permission to visit the campus during school hours. Participation with class or activities, by graduates with diplomas, is not allowed. Visitation with staff (education program) is preferred after 3:00 PM with advance notice.

Parents, relatives, and friends are welcome in the dormitories, but there are a few guidelines to protect students' privacy. Please make arrangements with staff on duty. No visitors of the opposite gender, other than parents, should go past the "exit" signs in the dorm. Visiting hours are posted by each dorm.

A guestroom is available on a first-come basis for family members. There will be a three (3) day limit for visitation in the dorms based on available rooms. There will be no charge for the stay. Please let the SDSBVI know one (1) week in advance of your arrival time.

It is dorm policy when students have visitors in their room, the door is to remain open. Doors will also be open when the students go to bed for the evening.

## **DORMITORY VISITING HOURS**

Monday -- Friday: 3:00 PM – 5:00 PM and 6:30 PM – 9:00 PM  
Saturday: 12:00 PM – 5:00 PM and 6:00 PM – 10:00 PM  
Sunday: 12:00 PM – 5:00 PM and 6:00 PM – 9:00 PM

## **VISITORS AND MEAL TICKETS**

The SDSBVI Student Council has made it possible for students here for an evaluation to eat free of charge. Parents, siblings (age 5 and above), and guests of the student must pay for each meal eaten.

Meals eaten at the SDSBVI must be paid for in advance at a cost of \$3.00 for each full meal or salad bar. Meal tickets are available in the Business Office/Human Resource Office at a cost of \$30.00 for 10 punches or \$15.00 for 5 punches. Single meal tickets of \$3.00 are also available.

## **INDEPENDENT LIVING EXPERIENCES**

Being independent is a goal for most of us. As students we look forward to the day when we will be able to live on our own, make our own decisions, and govern our own lives.

Independence is not something that happens overnight. It is a process of developing the necessary skills to meet the daily challenges. It begins early, with a child's first attempts to do things for himself/herself. If a parent is responsive to the child's first, often inefficient, efforts to feed or dress himself/herself a basis is established for further independence. As children grow older they can be involved in planning and preparing meals, selecting and caring for their clothes, cleaning their own rooms and assisting with other household tasks. They should also be given opportunities to manage their own money and make decisions for themselves. Blind and visually impaired children also need to have the same opportunities.

Sighted children have the advantage of watching others do these daily tasks and of imitating what they've seen. For visually impaired children it is necessary to give even greater emphasis to these skills, provide many opportunities for practice, and encourage the child's efforts at gaining independence.

The Daily Living Skills Program and the Apartment Living Program at the SDSBVI are designed to meet the visually impaired student's needs for mastery of the necessary skills for independent living. As a regular part of the curriculum, students will receive individualized instruction and hands-on experience in personal grooming, dressing, care of clothing, eating, etiquette, cleaning, and meal preparation. These skills will be taught by the Daily Living Skills Instructor, classroom teachers, dormitory personnel and reinforced by all faculty and staff at the school. As their skills develop the students are given increased responsibility for these areas as they move toward independence.

Older students have a unique opportunity to test their skills in the Apartment Living Program. This program is also part of the required curriculum at the SDSBVI. Individual apartments are located in the boys' and girls' dormitories and students are scheduled to live in the apartment with staff supervision. Students living in the apartments are responsible for such things as meal planning and preparation, maintenance of the apartment, clothing care, and their own schedules. Regular meetings with the Dorm Supervisor will provide feedback for the student and assistance in those areas which may still need improvement. The goal of the Apartment Living Program is to provide a "Lab" for students to perfect their skills so that upon leaving school they will be successful at independent living in an apartment, dormitory or other adult environment.

## **APARTMENT LIVING PROGRAM – INDEPENDENT LIVING EXPERIENCES**

Living in the apartment, students will work on identified objectives. Before beginning in the Apartment Living Program, the student will be given a complete review of all areas which will be graded and the standards which will be used. He/she will also be informed of all the rights and responsibilities which are part of the program and will be asked to sign a lease for the apartment. Once a student takes up residence in the apartment, he/she is expected to fulfill the terms of the lease.

During the school year, selected SDSBVI students will be provided the opportunity for experience in independent living. This experience will be designed to meet the needs of the individual student. The student will live in the apartment in either Herseth Hall or Spicer Hall, and will be responsible for his/her own meals, laundry, housekeeping, etc. based on his/her abilities. This will allow the student to gain firsthand knowledge of the skills they will need in maintaining their own homes after leaving SDSBVI.

## **GUIDELINES FOR APARTMENT LIVING**

There are the basic guidelines which may be amended as the need arises. Students whose abilities and maturity levels prohibit full-time residence in the apartment will have programs specifically designed to meet their needs.

### **GENERAL RULES**

1. Students living in the apartment will move in with everything needed for their stay, as they are not to return to their dorm room until the end of the evaluation period.
2. Dormitory rules in regard to lighted candles, smoking, drug, or alcohol use on campus DO apply to the apartment student.
3. The student will set his/her own bedtime and rising time, be responsible for allowing time to study, and must see that he/she is to school and work on time.
4. The student living in the apartment may stay out until 10:00 PM on school nights and as late as 12:00 Midnight on Friday and Saturday nights, with parental permission. The student must inform the Case Manager on duty when he/she will be back so that provisions can be made to let them back into the building.
5. Whenever leaving the apartment, the student will close the door. Treat the apartment as if it is your home.
6. SDSBVI staff will not provide transportation to the apartment student unless it is for grocery shopping, a school function, or in the case of an unusual circumstance.
7. The Dorm Supervisor will set up designated observation periods to determine the student's progress, strengths, and weaknesses.

### **INDEPENDENT LIVING SKILLS**

1. The student will schedule use of the laundry facilities in the dorm.
2. Apartment living students will eat their lunch meals in the school dining room.
3. There will be simulated bill paying experiences and a lease will be signed.
4. Students will prepare a shopping list in accordance with their budget and will be accompanied by the dorm staff to purchase grocery items needed to prepare their weekly meals. They will receive a \$40 weekly allotment.
5. The apartment student may have guests for meals providing they inform the Dorm Supervisor of their plans one day in advance; one meal "out" per week is allowed.

## **VISITATION**

1. There will be no visiting in the apartment by dorm students before school hours. The same goes for the apartment student in the dorm.
2. The apartment student may “visit” in the dorm until 10:00 PM Sunday thru Thursday and until 11:00 PM Friday and Saturday.
3. Outside visitors and SDSBVI students must be out of the apartment by 9:00 PM Sunday thru Thursday and 10:00 PM on Friday and Saturday.
4. The apartment student may have an overnight visitor providing they inform the Dorm Supervisor one day in advance of their intention to have an overnight guest.
5. Male/female visitors will be permitted in the Herseth and Spicer apartments; the door must be left open. The bedroom and bathroom areas are off-limits to guests.

## **HOMEGOINGS**

The school requires homegoings on set dates for all students. The school will provide transportation to and from the bus depot and airport. Young children traveling by bus or plane for the first few times should have a name tag. The children may go home any or all weekends as determined by the IEP. All students must go home for Thanksgiving, Christmas, Easter and other mandatory homegoings. The dates for these holidays are included in the school calendar.

Case Managers are to help get luggage ready to go by departure time on the day a child leaves.

Before each school holiday Case Managers will contact parents so that we will know when and by what means the students will be traveling home. This is important so that Case Managers will be able to schedule transportation between the school and bus depot/airport.

Case Managers should keep track of how frequently a child goes home. If he/she has not been home at least once a month, check with the Dorm Supervisor.

All bus and airline tickets from parents should be turned in to the Dorm Supervisor no later than Wednesday evening.

Any student leaving campus with another person other than parents needs to have written parental permission. This permission slip is filled out by the parents and kept on file in the student's permanent file and in the case manager file. Students visiting other students must have a letter of permission from the parent whose child is visiting and a letter of invitation from the home being visited. These letters should be presented or sent to the Dorm Supervisor.

Parents are encouraged to return their children to the dormitory by 6:00 p.m. on the evening preceding the first day of classes after a weekend or vacation. Parents are encouraged to allow their children to remain in classes until the end of the school day. Students are responsible for making up any classroom work that may have been missed, as decided by each teacher. Parents who need assistance in making travel plans for their child should contact the Dorm Supervisor or the administration.

## STUDENT FUNDS / ACCOUNTS (September 2016)

It is our responsibility to safeguard student assets and maintain appropriate records. The following procedures will benefit both students and staff by ensuring we properly account for and manage student funds. It is important to note the school will not assume responsibility for cash given directly to students by parents/guardians.

- Students and parents need to make deposits with the Business Office during regular business hours to their accounts. A receipt will be given upon receipt of any deposit.
- If a deposit is received during non-business hours, dorm staff will note the proper account the cash is to be receipted to and will issue a receipt to the parent/student.
- If a student's account runs into the negative, the parent will be notified. Money should be deposited to bring the student's account positive within 10 business days.
- A monthly statement will be sent out to each student's parents/guardians detailing deposits and expenditures for that month.
- When a student's time at the school has concluded, their student account will be balanced and a check sent via mail to their parent/guardian for the remainder of their funds.

## CLOTHING

**DRESS CODE** (revised May 2012) - Students are expected to dress with standards that support and enhance a safe learning environment. Profanity and suggestive themes or sayings referring to alcohol, drugs, sex, death, suicide, or violence will not be permitted on attire.

There should be no bare stomachs, excessive display of cleavage, and underclothing should not be visible. Pants should be worn at the waist, with skirt and shorts at mid-thigh level or longer. Clothing that is ripped or torn should not be worn and shoelaces should be tied or inside the shoe.

The SDSBVI has the responsibility to monitor the dress code policy for the safety of its students and is the final authority on what is appropriate or acceptable dress for the school setting. This includes both the educational and residential programs.

Students not meeting the expected dress code requirements will be expected to change clothes before leaving the dorm. Failure to do so will be addressed through the Levels System.

**MARKING CLOTHING** - Each item of clothing that a student brings to school should be marked with their first and last name before coming to school. The best type of name tag is one that is sewn on the garment. Marking pens will work on some items but may be washed off after being in the laundry a number of times. Case Managers will mark anything that is not marked on the student's arrival at school.

**MENDING AND REPAIRING OF CLOTHING** - Parents are responsible for repairing their child's clothing. Houseparents will check the clothing often and send home clothing needing to be repaired. Case Managers are to inform the Dorm Supervisor of students who are in need of clothing. Each dormitory has on hand a supply of usable clothing that has been donated by the community.

**NOTE:** Parents will be informed when a student is in need of clothing or toiletry items.

## PHYSICALS AND SHOTS

Athletic physicals are required for all students participating in sports and are the responsibility of the parents. Appropriate forms for SPURS, Special Olympics, SDHSAA, etc. are sent to parents during the summer and need to be signed by the doctor and returned to the school. All new students are required to have a physical and a TB test prior to the beginning of school. All new students are required to be up to date on all booster shots and should have had both measles vaccines.

It is recommended that all students have regular dental and medical checkups during the summer. Students who are taking medication should check with the nurse. Parents should visit with the nurse on duty to discuss their child's health concerns. Please bring any records from doctor appointments made over the summer. Parents of all students are expected to keep the school informed on current medical information.

## IMMUNIZATION REQUIREMENTS FOR SCHOOL ATTENDANCE

South Dakota State Law (SDCL 13-28-7.1) Tests and immunizations for communicable diseases required for admission to school or early childhood program--Exceptions--Rules. Any pupil entering school or an early childhood program in this state, shall, prior to admission, be required to present to the appropriate school authorities certification from a licensed physician that the child has received or is in the process of receiving adequate immunization against poliomyelitis, diphtheria, pertussis, rubeola, rubella, mumps, tetanus, and varicella, according to recommendations provided by the Department of Health. The Department of Health may modify or delete any of the required immunizations. As an alternative to the requirement for a physician's certification, the pupil may present:

- (1) Certification from a licensed physician stating the physical condition of the child would be such that immunization would endanger the child's life or health; or
- (2) A written statement signed by one parent or guardian that the child is an adherent to a religious doctrine whose teachings are opposed to such immunization; or
- (3) A written statement signed by one parent or guardian requesting that the local health department give the immunization because the parents or guardians lack the means to pay for such immunization.

The Department of Health may promulgate reasonable rules, in accordance with chapter 1-26, to require compliance and documentation of adequate immunization, to define appropriate certification, and to specify standard procedure.

**Source:** SL 1971, ch 141; SL 1972, ch 97; SL 1978, ch 114; SL 1992, ch 129; SL 2000, ch 83, § 1; SL 2005, ch 101, § 1.

This law applies to all children entering a South Dakota school district for the first time. This would include children in early intervention programs, preschool, as well as kindergarten through twelfth grade.

1. Four or more doses of **diphtheria, pertussis and tetanus containing vaccine**, with at least one dose administered on or after age 4. Children 7 years and older needing the primary series only need three doses. The first dose of the primary series should be Tdap and the second and third doses should be Td, with at least 6 months between dose two and three. Children receiving six doses before age 4 do not require any additional doses for school requirements. The maximum a child should receive is six doses. If a child 7 years and older has an incomplete DTaP primary series, please contact the Department of Health Immunization Program (1-800-592-1861) for assistance.
2. Four or more doses of **poliovirus vaccine**, at least one dose on or after age 4. (Although not the recommended schedule - If a child has three doses of polio with the third dose administered on or after the age of 4 and at least 6 months after the second dose, no other doses are required.)
3. Two doses of a **measles, mumps, and rubella vaccine (MMR) or submit serological evidence of immunity**. Minimum age for the first dose is 12 months. Administer the second dose routinely at age 4 through 6 years. The second dose may be administered prior to age 4 provided at least 28 days have elapsed since the first dose.
4. Two doses of **varicella vaccine**. The minimum age for the first dose of varicella (chickenpox) vaccine is 12 months. History of disease is acceptable with parent/guardian signature. Administer the second dose routinely at age 4 through 6 years. The second dose may be administered prior to age 4 provided the minimum interval between the two doses is 3 months.

**NOTE: Beginning with the 2016-2017 school year, there are also new vaccination requirements for 6<sup>th</sup> grade students in South Dakota.**

#### **Requirements for 6th Grade Entry**

5. One dose of **Tdap** is required for 6th grade entry **IF** the child is 11 years old. If the child is 10 years old when entering 6th grade they **45** days after their 11th birthday to receive the Tdap vaccination. If a child has a contraindication to Tdap, Td is acceptable. If a child receives a Tdap at age 7 or older, the dose does not need to be repeated. If a child 7 years and older has an incomplete DTaP primary series, please contact the Department of Health for assistance.
6. One dose of **meningococcal vaccine** is required for 6th grade entry **IF** the child is 11 years old. If the child is 10 years old when entering 6th grade they **45** days after their 11th birthday to receive the meningococcal vaccine. If a child receives a dose at age 10 or after, the dose does not need to be repeated.

**NOTE: Haemophilus Influenzae B, Hepatitis A, Hepatitis B, and Pneumococcal vaccines are recommended** but not required.

Refer to the South Dakota Department of Health recommendations:  
<https://doh.sd.gov/family/childhood/immunization/school.aspx>

Legal alternatives to minimum immunization requirements are defined and the means for appropriate certification is provided for on the face of this document. There are no other exemptions.



## INSTRUCTIONS TO SCHOOL ADMINISTRATOR

1. Do not admit any pupil who has not submitted acceptable evidence of having received or of being in the process of receiving the minimum immunization requirements defined above.
2. Children transferring (at any grade level) to your school during the school term and who have not previously completed the required immunizations must be informed of the necessary requirements. They may then be given up to 45 days to show compliance. Advise parents that failure to obtain the required immunizations is basis for excluding their child from attending school until immunizations are completed.
3. Submit the first copy of the completed CERTIFICATE OF IMMUNIZATION for all kindergarten enrollees to the State Health Department before October 15 of each school year and within 45 days following enrollment of transfer pupils. The second copy should be given to the pupil's parents.
4. The third copy must be retained in the pupil's permanent school record. If the pupil transfers to another school, this immunization record, or a copy thereof, shall be forwarded to the new school. This record should also be available for inspection by authorized representatives of the State Department of Health.

***For additional information about the vaccines listed below, please visit the National Immunization Program Home Page at <http://www.cdc.gov> or call the National Immunization Hotline at 800- 232-2522.***

## RECOMMENDED CHILDHOOD IMMUNIZATION SCHEDULES

### Recommended Immunization Schedules for Persons Aged 0 Through 18 Years UNITED STATES, 2016

This schedule includes recommendations in effect as of January 1, 2016. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (<http://www.vaers.hhs.gov>) or by telephone (800-822-7967).

The Recommended Immunization Schedules for  
Persons Aged 0 Through 18 Years are approved by the

**Advisory Committee on Immunization Practices**  
(<http://www.cdc.gov/vaccines/acip>)

**American Academy of Pediatrics**  
(<http://www.aap.org>)

**American Academy of Family Physicians**  
(<http://www.aafp.org>)

**American College of Obstetricians and Gynecologists**  
(<http://www.acog.org>)



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

**Figure 1. Recommended immunization schedule for persons aged 0 through 18 years – United States, 2016.**

(FOR THOSE WHO FALL BEHIND OR START LATE, SEE THE CATCH-UP SCHEDULE [FIGURE 2]).

These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are shaded.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16–18 yrs	
Hepatitis B <sup>1</sup> (HepB)	1 <sup>st</sup> dose	2 <sup>nd</sup> dose			3 <sup>rd</sup> dose												
Rotavirus <sup>2</sup> (RV) RV1 (2-dose series); RV5 (3-dose series)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See footnote 2												
Diphtheria, tetanus, & acellular pertussis <sup>3</sup> (DTaP; <7 yrs)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose			4 <sup>th</sup> dose				5 <sup>th</sup> dose					
<i>Haemophilus influenzae</i> type b <sup>4</sup> (Hib)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See footnote 4		3 <sup>rd</sup> or 4 <sup>th</sup> dose, See footnote 4										
Pneumococcal conjugate <sup>5</sup> (PCV13)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose		4 <sup>th</sup> dose										
Inactivated poliovirus <sup>6</sup> (IPV; <18 yrs)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose							4 <sup>th</sup> dose					
Influenza <sup>7</sup> (IIV; LAIV)					Annual vaccination (IIV only) 1 or 2 doses						Annual vaccination (LAIV or IIV) 1 or 2 doses		Annual vaccination (LAIV or IIV) 1 dose only				
Measles, mumps, rubella <sup>8</sup> (MMR)					See footnote 8		1 <sup>st</sup> dose					2 <sup>nd</sup> dose					
Varicella <sup>9</sup> (VAR)							1 <sup>st</sup> dose					2 <sup>nd</sup> dose					
Hepatitis A <sup>10</sup> (HepA)							2-dose series, See footnote 10										
Meningococcal <sup>11</sup> (Hib-MenCY ≥ 6 weeks; MenACWY-D ≥9 mos; MenACWY-CRM ≥ 2 mos)			See footnote 11											1 <sup>st</sup> dose		Booster	
Tetanus, diphtheria, & acellular pertussis <sup>12</sup> (Tdap; ≥7 yrs)														(Tdap)			
Human papillomavirus <sup>13</sup> (2vHPV: females only; 4vHPV, 9vHPV: males and females)														(3-dose series)			
Meningococcal B <sup>11</sup>													See footnote 11				
Pneumococcal polysaccharide <sup>5</sup> (PPSV23)											See footnote 5						

Range of recommended ages for all children
  Range of recommended ages for catch-up immunization
  Range of recommended ages for certain high-risk groups
  Range of recommended ages for non-high-risk groups that may receive vaccine, subject to individual clinical decision making
  No recommendation

This schedule includes recommendations in effect as of January 1, 2016. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (<http://www.vaers.hhs.gov>) or by telephone (800-822-7967). Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for vaccination, is available from CDC online (<http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm>) or by telephone (800-CDC-INFO [800-232-4636]).

This schedule is approved by the Advisory Committee on Immunization Practices (<http://www.cdc.gov/vaccines/acip>), the American Academy of Pediatrics (<http://www.aap.org>), the American Academy of Family Physicians (<http://www.aafp.org>), and the American College of Obstetricians and Gynecologists (<http://www.acog.org>).

**NOTE: The above recommendations must be read along with the footnotes of this schedule.**

FIGURE 2. Catch-up immunization schedule for persons aged 4 months through 18 years who start late or who are more than 1 month behind —United States, 2016.

The figure below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. Always use this table in conjunction with Figure 1 and the footnotes that follow.

Children age 4 months through 6 years					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B <sup>1</sup>	Birth	4 weeks	8 weeks and at least 16 weeks after first dose. Minimum age for the final dose is 24 weeks.		
Rotavirus <sup>2</sup>	6 weeks	4 weeks	4 weeks <sup>2</sup>		
Diphtheria, tetanus, and acellular pertussis <sup>3</sup>	6 weeks	4 weeks	4 weeks	6 months	6 months <sup>3</sup>
<i>Haemophilus influenzae</i> type b <sup>4</sup>	6 weeks	4 weeks if first dose was administered before the 1 <sup>st</sup> birthday. 8 weeks (as final dose) if first dose was administered at age 12 through 14 months. No further doses needed if first dose was administered at age 15 months or older.	4 weeks <sup>4</sup> if current age is younger than 12 months and first dose was administered at younger than age 7 months, and at least 1 previous dose was PRP-T (ActHib, Pentacel) or unknown. 8 weeks and age 12 through 59 months (as final dose) <sup>4</sup> • if current age is younger than 12 months and first dose was administered at age 7 through 11 months (wait until at least 12 months old); OR • if current age is 12 through 59 months and first dose was administered before the 1 <sup>st</sup> birthday, and second dose administered at younger than 15 months; OR • if both doses were PRP-OMP (PedvaxHIB; Comvax) and were administered before the 1 <sup>st</sup> birthday (wait until at least 12 months old). No further doses needed if previous dose was administered at age 15 months or older.	8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before the 1 <sup>st</sup> birthday.	
Pneumococcal <sup>5</sup>	6 weeks	4 weeks if first dose administered before the 1 <sup>st</sup> birthday. 8 weeks (as final dose for healthy children) if first dose was administered at the 1 <sup>st</sup> birthday or after. No further doses needed for healthy children if first dose administered at age 24 months or older.	4 weeks if current age is younger than 12 months and previous dose given at <7 months old. 8 weeks (as final dose for healthy children) if previous dose given between 7-11 months (wait until at least 12 months old); OR if current age is 12 months or older and at least 1 dose was given before age 12 months. No further doses needed for healthy children if previous dose administered at age 24 months or older.	8 weeks (as final dose) This dose only necessary for children aged 12 through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age.	
Inactivated poliovirus <sup>6</sup>	6 weeks	4 weeks <sup>6</sup>	4 weeks <sup>6</sup>	6 months <sup>6</sup> (minimum age 4 years for final dose).	
Measles, mumps, rubella <sup>8</sup>	12 months	4 weeks			
Varicella <sup>9</sup>	12 months	3 months			
Hepatitis A <sup>10</sup>	12 months	6 months			
Meningococcal <sup>11</sup> (Hib-MenCY ≥ 6 weeks; MenACWY-D ≥ 9 mos; MenACWY-CRM ≥ 2 mos)	6 weeks	8 weeks <sup>11</sup>	See footnote 11	See footnote 11	
Children and adolescents age 7 through 18 years					
Meningococcal <sup>11</sup> (Hib-MenCY ≥ 6 weeks; MenACWY-D ≥ 9 mos; MenACWY-CRM ≥ 2 mos)	Not Applicable (N/A)	8 weeks <sup>11</sup>			
Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis <sup>12</sup>	7 years <sup>12</sup>	4 weeks	4 weeks if first dose of DTaP/DT was administered before the 1 <sup>st</sup> birthday. 6 months (as final dose) if first dose of DTaP/DT or Tdap/Td was administered at or after the 1 <sup>st</sup> birthday.	6 months if first dose of DTaP/DT was administered before the 1 <sup>st</sup> birthday.	
Human papillomavirus <sup>13</sup>	9 years	Routine dosing intervals are recommended. <sup>13</sup>			
Hepatitis A <sup>10</sup>	N/A	6 months			
Hepatitis B <sup>1</sup>	N/A	4 weeks	8 weeks and at least 16 weeks after first dose.		
Inactivated poliovirus <sup>6</sup>	N/A	4 weeks	4 weeks <sup>6</sup>	6 months <sup>6</sup>	
Measles, mumps, rubella <sup>8</sup>	N/A	4 weeks			
Varicella <sup>9</sup>	N/A	3 months if younger than age 13 years. 4 weeks if age 13 years or older.			

**NOTE: The above recommendations must be read along with the footnotes of this schedule.**

## Footnotes — Recommended immunization schedule for persons aged 0 through 18 years—United States, 2016

For further guidance on the use of the vaccines mentioned below, see: <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>.

For vaccine recommendations for persons 19 years of age and older, see the Adult Immunization Schedule.

### Additional information

- For contraindications and precautions to use of a vaccine and for additional information regarding that vaccine, vaccination providers should consult the relevant ACIP statement available online at <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>.
- For purposes of calculating intervals between doses, 4 weeks = 28 days. Intervals of 4 months or greater are determined by calendar months.
- Vaccine doses administered 4 days or less before the minimum interval are considered valid. Doses of any vaccine administered  $\geq 5$  days earlier than the minimum interval or minimum age should not be counted as valid doses and should be repeated as age-appropriate. The repeat dose should be spaced after the invalid dose by the recommended minimum interval. For further details, see *MMWR, General Recommendations on Immunization and Reports* / Vol. 60 / No. 2; Table 1. *Recommended and minimum ages and intervals between vaccine doses* available online at <http://www.cdc.gov/mmwr/pdf/rr/rr6002.pdf>.
- Information on travel vaccine requirements and recommendations is available at <http://www.wnc.cdc.gov/travel/destinations/list>.
- For vaccination of persons with primary and secondary immunodeficiencies, see Table 13, "Vaccination of persons with primary and secondary immunodeficiencies," in *General Recommendations on Immunization (ACIP)*, available at <http://www.cdc.gov/mmwr/pdf/rr/rr6002.pdf>; and American Academy of Pediatrics. "Immunization in Special Clinical Circumstances," in Kimberlin DW, Brady MT, Jackson MA, Long SS eds. *Red Book 2015 report of the Committee on Infectious Diseases*. 30th ed. Elk Grove Village, IL: American Academy of Pediatrics.

### 1. Hepatitis B (HepB) vaccine. (Minimum age: birth)

#### Routine vaccination:

##### At birth:

- Administer monovalent HepB vaccine to all newborns before hospital discharge.
- For infants born to hepatitis B surface antigen (HBsAg)-positive mothers, administer HepB vaccine and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth. These infants should be tested for HBsAg and antibody to HBsAg (anti-HBs) at age 9 through 18 months (preferably at the next well-child visit) or 1 to 2 months after completion of the HepB series if the series was delayed; CDC recently recommended testing occur at age 9 through 12 months; see <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6439a6.htm>.
- If mother's HBsAg status is unknown, within 12 hours of birth administer HepB vaccine regardless of birth weight. For infants weighing less than 2,000 grams, administer HBIG in addition to HepB vaccine within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if mother is HBsAg-positive, also administer HBIG for infants weighing 2,000 grams or more as soon as possible, but no later than age 7 days.

#### Doses following the birth dose:

- The second dose should be administered at age 1 or 2 months. Monovalent HepB vaccine should be used for doses administered before age 6 weeks.
- Infants who did not receive a birth dose should receive 3 doses of a HepB-containing vaccine on a schedule of 0, 1 to 2 months, and 6 months starting as soon as feasible. See Figure 2.
- Administer the second dose 1 to 2 months after the first dose (minimum interval of 4 weeks), administer the third dose at least 8 weeks after the second dose AND at least 16 weeks after the first dose. The final (third or fourth) dose in the HepB vaccine series should be administered **no earlier than age 24 weeks**.
- Administration of a total of 4 doses of HepB vaccine is permitted when a combination vaccine containing HepB is administered after the birth dose.

#### Catch-up vaccination:

- Unvaccinated persons should complete a 3-dose series.
- A 2-dose series (doses separated by at least 4 months) of adult formulation Recombivax HB is licensed for use in children aged 11 through 15 years.
- For other catch-up guidance, see Figure 2.

### 2. Rotavirus (RV) vaccines. (Minimum age: 6 weeks for both RV1 [Rotarix] and RV5 [RotaTeq])

#### Routine vaccination:

Administer a series of RV vaccine to all infants as follows:

1. If Rotarix is used, administer a 2-dose series at 2 and 4 months of age.
2. If RotaTeq is used, administer a 3-dose series at ages 2, 4, and 6 months.
3. If any dose in the series was RotaTeq or vaccine product is unknown for any dose in the series, a total of 3 doses of RV vaccine should be administered.

#### Catch-up vaccination:

- The maximum age for the first dose in the series is 14 weeks, 6 days; vaccination should not be initiated for infants aged 15 weeks, 0 days or older.
- The maximum age for the final dose in the series is 8 months, 0 days.
- For other catch-up guidance, see Figure 2.

### 3. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks.

Exception: DTaP-IPV [Kinrix, Quadracel]: 4 years)

#### Routine vaccination:

- Administer a 5-dose series of DTaP vaccine at ages 2, 4, 6, 15 through 18 months, and 4 through 6 years. The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.
- Inadvertent administration of 4th DTaP dose early: If the fourth dose of DTaP was administered at least 4 months, but less than 6 months, after the third dose of DTaP, it need not be repeated.

### 3. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine (cont'd)

#### Catch-up vaccination:

- The fifth dose of DTaP vaccine is not necessary if the fourth dose was administered at age 4 years or older.
- For other catch-up guidance, see Figure 2.

### 4. *Haemophilus influenzae* type b (Hib) conjugate vaccine. (Minimum age: 6 weeks for PRP-T [AC-Thib, DTaP-IPV/Hib (Pentacel) and Hib-MenCY (MenHibrix)], PRP-OMP [PedvaxHib or COMVAX], 12 months for PRP-T (Hiberix)])

#### Routine vaccination:

- Administer a 2- or 3-dose Hib vaccine primary series and a booster dose (dose 3 or 4 depending on vaccine used in primary series) at age 12 through 15 months to complete a full Hib vaccine series.
- The primary series with ActHib, MenHibrix, or Pentacel consists of 3 doses and should be administered at 2, 4, and 6 months of age. The primary series with PedvaxHib or COMVAX consists of 2 doses and should be administered at 2 and 4 months of age; a dose at age 6 months is not indicated.
- One booster dose (dose 3 or 4 depending on vaccine used in primary series) of any Hib vaccine should be administered at age 12 through 15 months. An exception is Hiberix vaccine. Hiberix should only be used for the booster (final) dose in children aged 12 months through 4 years who have received at least 1 prior dose of Hib-containing vaccine.
- For recommendations on the use of MenHibrix in patients at increased risk for meningococcal disease, please refer to the meningococcal vaccine footnotes and also to *MMWR* February 28, 2014 / 63(RR01);1-13, available at <http://www.cdc.gov/mmwr/PDF/rr/rr6301.pdf>.

#### Catch-up vaccination:

- If dose 1 was administered at ages 12 through 14 months, administer a second (final) dose at least 8 weeks after dose 1, regardless of Hib vaccine used in the primary series.
- If both doses were PRP-OMP (PedvaxHib or COMVAX), and were administered before the first birthday, the third (and final) dose should be administered at age 12 through 59 months and at least 8 weeks after the second dose.
- If the first dose was administered at age 7 through 11 months, administer the second dose at least 4 weeks later and a third (and final) dose at age 12 through 15 months or 8 weeks after second dose, whichever is later.
- If first dose is administered before the first birthday and second dose administered at younger than 15 months, a third (and final) dose should be administered 8 weeks later.
- For unvaccinated children aged 15 months or older, administer only 1 dose.
- For other catch-up guidance, see Figure 2. For catch-up guidance related to MenHibrix, please see the meningococcal vaccine footnotes and also *MMWR* February 28, 2014 / 63(RR01);1-13, available at <http://www.cdc.gov/mmwr/PDF/rr/rr6301.pdf>.

#### Vaccination of persons with high-risk conditions:

- Children aged 12 through 59 months who are at increased risk for Hib disease, including chemotherapy recipients and those with anatomic or functional asplenia (including sickle cell disease), human immunodeficiency virus (HIV) infection, immunoglobulin deficiency, or early component complement deficiency, who have received either no doses or only 1 dose of Hib vaccine before 12 months of age, should receive 2 additional doses of Hib vaccine 8 weeks apart; children who received 2 or more doses of Hib vaccine before 12 months of age should receive 1 additional dose.
- For patients younger than 5 years of age undergoing chemotherapy or radiation treatment who received a Hib vaccine dose(s) within 14 days of starting therapy or during therapy, repeat the dose(s) at least 3 months following therapy completion.
- Recipients of hematopoietic stem cell transplant (HSCT) should be revaccinated with a 3-dose regimen of Hib vaccine starting 6 to 12 months after successful transplant, regardless of vaccination history; doses should be administered at least 4 weeks apart.
- A single dose of any Hib-containing vaccine should be administered to unimmunized\* children and adolescents 15 months of age and older undergoing an elective splenectomy; if possible, vaccine should be administered at least 14 days before procedure.

For further guidance on the use of the vaccines mentioned below, see: <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>.

4. ***Haemophilus influenzae* type b (Hib) conjugate vaccine (cont'd)**
  - Hib vaccine is not routinely recommended for patients 5 years or older. However, 1 dose of Hib vaccine should be administered to unimmunized\* persons aged 5 years or older who have anatomic or functional asplenia (including sickle cell disease) and unvaccinated persons 5 through 18 years of age with HIV infection.
  - \* Patients who have not received a primary series and booster dose or at least 1 dose of Hib vaccine after 14 months of age are considered unimmunized.
5. **Pneumococcal vaccines. (Minimum age: 6 weeks for PCV13, 2 years for PPSV23)**

**Routine vaccination with PCV13:**

  - Administer a 4-dose series of PCV13 vaccine at ages 2, 4, and 6 months and at age 12 through 15 months.
  - For children aged 14 through 59 months who have received an age-appropriate series of 7-valent PCV (PCV7), administer a single supplemental dose of 13-valent PCV (PCV13).

**Catch-up vaccination with PCV13:**

  - Administer 1 dose of PCV13 to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.
  - For other catch-up guidance, see Figure 2.

**Vaccination of persons with high-risk conditions with PCV13 and PPSV23:**

  - All recommended PCV13 doses should be administered prior to PPSV23 vaccination if possible.
  - For children 2 through 5 years of age with any of the following conditions: chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure); chronic lung disease (including asthma if treated with high-dose oral corticosteroid therapy); diabetes mellitus; cerebrospinal fluid leak; cochlear implant; sickle cell disease and other hemoglobinopathies; anatomic or functional asplenia; HIV infection; chronic renal failure; nephrotic syndrome; diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, and Hodgkin disease; solid organ transplantation; or congenital immunodeficiency:
    1. Administer 1 dose of PCV13 if any incomplete schedule of 3 doses of PCV (PCV7 and/or PCV13) were received previously.
    2. Administer 2 doses of PCV13 at least 8 weeks apart if unvaccinated or any incomplete schedule of fewer than 3 doses of PCV (PCV7 and/or PCV13) were received previously.
    3. Administer 1 supplemental dose of PCV13 if 4 doses of PCV7 or other age-appropriate complete PCV7 series was received previously.
    4. The minimum interval between doses of PCV (PCV7 or PCV13) is 8 weeks.
    5. For children with no history of PPSV23 vaccination, administer PPSV23 at least 8 weeks after the most recent dose of PCV13.
  - For children aged 6 through 18 years who have cerebrospinal fluid leak; cochlear implant; sickle cell disease and other hemoglobinopathies; anatomic or functional asplenia; congenital or acquired immunodeficiencies; HIV infection; chronic renal failure; nephrotic syndrome; diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, and Hodgkin disease; generalized malignancy; solid organ transplantation; or multiple myeloma:
    1. If neither PCV13 nor PPSV23 has been received previously, administer 1 dose of PCV13 now and 1 dose of PPSV23 at least 8 weeks later.
    2. If PCV13 has been received previously but PPSV23 has not, administer 1 dose of PPSV23 at least 8 weeks after the most recent dose of PCV13.
    3. If PPSV23 has been received but PCV13 has not, administer 1 dose of PCV13 at least 8 weeks after the most recent dose of PPSV23.
  - For children aged 6 through 18 years with chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure), chronic lung disease (including asthma if treated with high-dose oral corticosteroid therapy), diabetes mellitus, alcoholism, or chronic liver disease, who have not received PPSV23, administer 1 dose of PPSV23. If PCV13 has been received previously, then PPSV23 should be administered at least 8 weeks after any prior PCV13 dose.
  - A single revaccination with PPSV23 should be administered 5 years after the first dose to children with sickle cell disease or other hemoglobinopathies; anatomic or functional asplenia; congenital or acquired immunodeficiencies; HIV infection; chronic renal failure; nephrotic syndrome; diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, and Hodgkin disease; generalized malignancy; solid organ transplantation; or multiple myeloma.
6. **Inactivated poliovirus vaccine (IPV). (Minimum age: 6 weeks)**

**Routine vaccination:**

  - Administer a 4-dose series of IPV at ages 2, 4, 6 through 18 months, and 4 through 6 years. The final dose in the series should be administered on or after the fourth birthday and at least 6 months after the previous dose.

**Catch-up vaccination:**

  - In the first 6 months of life, minimum age and minimum intervals are only recommended if the person is at risk of imminent exposure to circulating poliovirus (i.e., travel to a polio-endemic region or during an outbreak).
  - If 4 or more doses are administered before age 4 years, an additional dose should be administered at age 4 through 6 years and at least 6 months after the previous dose.
  - A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.
6. **Inactivated poliovirus vaccine (IPV). (Minimum age: 6 weeks) (cont'd)**
  - If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age. If only OPV were administered, and all doses were given prior to 4 years of age, one dose of IPV should be given at 4 years or older, at least 4 weeks after the last OPV dose.
  - IPV is not routinely recommended for U.S. residents aged 18 years or older.
  - For other catch-up guidance, see Figure 2.
7. **Influenza vaccines. (Minimum age: 6 months for inactivated influenza vaccine [IIV], 2 years for live, attenuated influenza vaccine [LAIV])**

**Routine vaccination:**

  - Administer influenza vaccine annually to all children beginning at age 6 months. For most healthy, nonpregnant persons aged 2 through 49 years, either LAIV or IIV may be used. However, LAIV should NOT be administered to some persons, including 1) persons who have experienced severe allergic reactions to LAIV, any of its components, or to a previous dose of any other influenza vaccine; 2) children 2 through 17 years receiving aspirin or aspirin-containing products; 3) persons who are allergic to eggs; 4) pregnant women; 5) immunosuppressed persons; 6) children 2 through 4 years of age with asthma or who had wheezing in the past 12 months; or 7) persons who have taken influenza antiviral medications in the previous 48 hours. For all other contraindications and precautions to use of LAIV, see *MMWR* August 7, 2015 / 64(30):818-25 available at <http://www.cdc.gov/mmwr/pdf/wk/mm6430.pdf>.

**For children aged 6 months through 8 years:**

  - For the 2015-16 season, administer 2 doses (separated by at least 4 weeks) to children who are receiving influenza vaccine for the first time. Some children in this age group who have been vaccinated previously will also need 2 doses. For additional guidance, follow dosing guidelines in the 2015-16 ACIP influenza vaccine recommendations, *MMWR* August 7, 2015 / 64(30):818-25, available at <http://www.cdc.gov/mmwr/pdf/wk/mm6430.pdf>.
  - For the 2016-17 season, follow dosing guidelines in the 2016 ACIP influenza vaccine recommendations.

**For persons aged 9 years and older:**

  - Administer 1 dose.
8. **Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months for routine vaccination)**

**Routine vaccination:**

  - Administer a 2-dose series of MMR vaccine at ages 12 through 15 months and 4 through 6 years. The second dose may be administered before age 4 years, provided at least 4 weeks have elapsed since the first dose.
  - Administer 1 dose of MMR vaccine to infants aged 6 through 11 months before departure from the United States for international travel. These children should be revaccinated with 2 doses of MMR vaccine, the first at age 12 through 15 months (12 months if the child remains in an area where disease risk is high), and the second dose at least 4 weeks later.
  - Administer 2 doses of MMR vaccine to children aged 12 months and older before departure from the United States for international travel. The first dose should be administered on or after age 12 months and the second dose at least 4 weeks later.

**Catch-up vaccination:**

  - Ensure that all school-aged children and adolescents have had 2 doses of MMR vaccine; the minimum interval between the 2 doses is 4 weeks.
9. **Varicella (VAR) vaccine. (Minimum age: 12 months)**

**Routine vaccination:**

  - Administer a 2-dose series of VAR vaccine at ages 12 through 15 months and 4 through 6 years. The second dose may be administered before age 4 years, provided at least 3 months have elapsed since the first dose. If the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.

**Catch-up vaccination:**

  - Ensure that all persons aged 7 through 18 years without evidence of immunity (see *MMWR* 2007 / 56 [No. RR-4], available at <http://www.cdc.gov/mmwr/pdf/rr/rr5604.pdf>) have 2 doses of varicella vaccine. For children aged 7 through 12 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons aged 13 years and older, the minimum interval between doses is 4 weeks.
10. **Hepatitis A (HepA) vaccine. (Minimum age: 12 months)**

**Routine vaccination:**

  - Initiate the 2-dose HepA vaccine series at 12 through 23 months; separate the 2 doses by 6 to 18 months.
  - Children who have received 1 dose of HepA vaccine before age 24 months should receive a second dose 6 to 18 months after the first dose.
  - For any person aged 2 years and older who has not already received the HepA vaccine series, 2 doses of HepA vaccine separated by 6 to 18 months may be administered if immunity against hepatitis A virus infection is desired.

**Catch-up vaccination:**

  - The minimum interval between the 2 doses is 6 months.



For further guidance on the use of the vaccines mentioned below, see: <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>.

#### 10. Hepatitis A (HepA) vaccine (cont'd)

##### Special populations:

- Administer 2 doses of HepA vaccine at least 6 months apart to previously unvaccinated persons who live in areas where vaccination programs target older children, or who are at increased risk for infection. This includes persons traveling to or working in countries that have high or intermediate endemicity of infection; men having sex with men; users of injection and non-injection illicit drugs; persons who work with HAV-infected primates or with HAV in a research laboratory; persons with clotting-factor disorders; persons with chronic liver disease; and persons who anticipate close personal contact (e.g., household or regular babysitting) with an international adoptee during the first 60 days after arrival in the United States from a country with high or intermediate endemicity. The first dose should be administered as soon as the adoption is planned, ideally 2 or more weeks before the arrival of the adoptee.

#### 11. Meningococcal vaccines. (Minimum age: 6 weeks for Hib-MenCY [MenHibrix], 9 months for MenACWY-D [Menactra], 2 months for MenACWY-CRM [Menveo], 10 years for serogroup B meningococcal [MenB] vaccines: MenB-4C [Bexsero] and MenB-FHbp [Trumenba])

##### Routine vaccination:

- Administer a single dose of Menactra or Menveo vaccine at age 11 through 12 years, with a booster dose at age 16 years.
- Adolescents aged 11 through 18 years with human immunodeficiency virus (HIV) infection should receive a 2-dose primary series of Menactra or Menveo with at least 8 weeks between doses.
- For children aged 2 months through 18 years with high-risk conditions, see below.

##### Catch-up vaccination:

- Administer Menactra or Menveo vaccine at age 13 through 18 years if not previously vaccinated.
- If the first dose is administered at age 13 through 15 years, a booster dose should be administered at age 16 through 18 years with a minimum interval of at least 8 weeks between doses.
- If the first dose is administered at age 16 years or older, a booster dose is not needed.
- For other catch-up guidance, see Figure 2.

##### Clinical discretion:

- Young adults aged 16 through 23 years (preferred age range is 16 through 18 years) may be vaccinated with either a 2-dose series of Bexsero or a 3-dose series of Trumenba vaccine to provide short-term protection against most strains of serogroup B meningococcal disease. The two MenB vaccines are not interchangeable; the same vaccine product must be used for all doses.

##### Vaccination of persons with high-risk conditions and other persons at increased risk of disease:

##### Children with anatomic or functional asplenia (including sickle cell disease):

##### Meningococcal conjugate ACWY vaccines:

##### 1. Menveo

- Children who initiate vaccination at 8 weeks: Administer doses at 2, 4, 6, and 12 months of age.
- Unvaccinated children who initiate vaccination at 7 through 23 months: Administer 2 doses, with the second dose at least 12 weeks after the first dose AND after the first birthday.
- Children 24 months and older who have not received a complete series: Administer 2 primary doses at least 8 weeks apart.

##### 2. MenHibrix

- Children who initiate vaccination at 6 weeks: Administer doses at 2, 4, 6, and 12 through 15 months of age.
- If the first dose of MenHibrix is given at or after 12 months of age, a total of 2 doses should be given at least 8 weeks apart to ensure protection against serogroups C and Y meningococcal disease.

##### 3. Menactra

- Children 24 months and older who have not received a complete series: Administer 2 primary doses at least 8 weeks apart. If Menactra is administered to a child with asplenia (including sickle cell disease), do not administer Menactra until 2 years of age and at least 4 weeks after the completion of all PCV13 doses.

##### Meningococcal B vaccines:

##### 1. Bexsero or Trumenba

- Persons 10 years or older who have not received a complete series: Administer a 2-dose series of Bexsero, at least 1 month apart. Or a 3-dose series of Trumenba, with the second dose at least 2 months after the first and the third dose at least 6 months after the first. The two MenB vaccines are not interchangeable; the same vaccine product must be used for all doses.

##### Children with persistent complement component deficiency (includes persons with inherited or chronic deficiencies in C3, C5-9, properdin, factor D, factor H, or taking eculizumab [Soliris®]):

##### Meningococcal conjugate ACWY vaccines:

##### 1. Menveo

- Children who initiate vaccination at 8 weeks: Administer doses at 2, 4, 6, and 12 months of age.
- Unvaccinated children who initiate vaccination at 7 through 23 months: Administer 2 doses, with the second dose at least 12 weeks after the first dose AND after the first birthday.
- Children 24 months and older who have not received a complete series: Administer 2 primary doses at least 8 weeks apart.

##### 2. MenHibrix

- Children who initiate vaccination 6 weeks: Administer doses at 2, 4, 6, and 12 through 15 months of age.
- If the first dose of MenHibrix is given at or after 12 months of age, a total of 2 doses should be given at least 8 weeks apart to ensure protection against serogroups C and Y meningococcal disease.

#### 11. Meningococcal vaccines (cont'd)

##### 3. Menactra

- Children 9 through 23 months: Administer 2 primary doses at least 12 weeks apart.
- Children 24 months and older who have not received a complete series: Administer 2 primary doses at least 8 weeks apart.

##### Meningococcal B vaccines:

##### 1. Bexsero or Trumenba

- Persons 10 years or older who have not received a complete series: Administer a 2-dose series of Bexsero, at least 1 month apart. Or a 3-dose series of Trumenba, with the second dose at least 2 months after the first and the third dose at least 6 months after the first. The two MenB vaccines are not interchangeable; the same vaccine product must be used for all doses.

##### For children who travel to or reside in countries in which meningococcal disease is hyperendemic or epidemic, including countries in the African meningitis belt or the Hajj

- Administer an age-appropriate formulation and series of Menactra or Menveo for protection against serogroups A and W meningococcal disease. Prior receipt of MenHibrix is not sufficient for children traveling to the meningitis belt or the Hajj because it does not contain serogroups A or W.

##### For children at risk during a community outbreak attributable to a vaccine serogroup

- Administer or complete an age- and formulation-appropriate series of MenHibrix, Menactra, or Menveo, Bexsero or Trumenba.

For booster doses among persons with high-risk conditions, refer to *MMWR* 2013 / 62 (RR02):1-22, available at <http://www.cdc.gov/mmwr/pdf/rr/r6202a1.htm>.

For other catch-up recommendations for these persons, and complete information on use of meningococcal vaccines, including guidance related to vaccination of persons at increased risk of infection, see *MMWR* March 22, 2013 / 62 (RR02):1-22, and *MMWR* October 23, 2015 / 64 (41): 1171-1176 available at <http://www.cdc.gov/mmwr/pdf/rr/r6202.pdf>, and <http://www.cdc.gov/mmwr/pdf/wk/mm6441.pdf>.

#### 12. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine. (Minimum age: 10 years for both Boostrix and Adacel)

##### Routine vaccination:

- Administer 1 dose of Tdap vaccine to all adolescents aged 11 through 12 years.
- Tdap may be administered regardless of the interval since the last tetanus and diphtheria toxoid-containing vaccine.
- Administer 1 dose of Tdap vaccine to pregnant adolescents during each pregnancy (preferred during 27 through 36 weeks gestation) regardless of time since prior Td or Tdap vaccination.

##### Catch-up vaccination:

- Persons aged 7 years and older who are not fully immunized with DTaP vaccine should receive Tdap vaccine as 1 (preferably the first) dose in the catch-up series; if additional doses are needed, use Td vaccine. For children 7 through 10 years who receive a dose of Tdap as part of the catch-up series, an adolescent Tdap vaccine dose at age 11 through 12 years should NOT be administered. Td should be administered instead 10 years after the Tdap dose.
- Persons aged 11 through 18 years who have not received Tdap vaccine should receive a dose followed by tetanus and diphtheria toxoids (Td) booster doses every 10 years thereafter.
- Inadvertent doses of DTaP vaccine:
  - If administered inadvertently to a child aged 7 through 10 years may count as part of the catch-up series. This dose may count as the adolescent Tdap dose, or the child can later receive a Tdap booster dose at age 11 through 12 years.
  - If administered inadvertently to an adolescent aged 11 through 18 years, the dose should be counted as the adolescent Tdap booster.
- For other catch-up guidance, see Figure 2.

#### 13. Human papillomavirus (HPV) vaccines. (Minimum age: 9 years for 2vHPV [Cervarix], 4vHPV [Gardasil] and 9vHPV [Gardasil 9])

##### Routine vaccination:

- Administer a 3-dose series of HPV vaccine on a schedule of 0, 1-2, and 6 months to all adolescents aged 11 through 12 years. 9vHPV, 4vHPV or 2vHPV may be used for females, and only 9vHPV or 4vHPV may be used for males.
- The vaccine series may be started at age 9 years.
- Administer the second dose 1 to 2 months after the first dose (minimum interval of 4 weeks); administer the third dose 16 weeks after the second dose (minimum interval of 12 weeks) and 24 weeks after the first dose.
- Administer HPV vaccine beginning at age 9 years to children and youth with any history of sexual abuse or assault who have not initiated or completed the 3-dose series.

##### Catch-up vaccination:

- Administer the vaccine series to females (2vHPV or 4vHPV or 9vHPV) and males (4vHPV or 9vHPV) at age 13 through 18 years if not previously vaccinated.
- Use recommended routine dosing intervals (see Routine vaccination above) for vaccine series catch-up.

CS260933-A

## NURSING MEDICATION/DEPARTMENT GUIDELINES (revised May 2012)

School Nurses and other trained staff take care of routine health care needs, treat minor illnesses and injuries, and also administer medications. Students needing the services of a physician will be taken to a local doctor's office or the hospital for emergencies. When a child becomes too ill to attend classes or is infected with a contagious disease, parents may be asked to take the child home.

All prescription medications brought to the school MUST be in a regulation pharmacy container with a regulation up-to-date label. Any medications that are brought to the school in other containers and without a current and accurate label will not be accepted or given by any school personnel. This will be strictly enforced.

All dosage changes must be accompanied by a written physician's order, a new prescription bottle with a new label or a phone call from the physician's office. Parents may also supply a new label from the pharmacy to apply to the existing bottle. Handwritten changes on the bottle by the parent will NOT be accepted.

Medications are given either by the nurse on duty or other trained staff members under the supervision of the nurses. After school hours, medications should be given to students in the dormitory offices. Some students will learn to administer their own medications with training and supervision.

It is most efficient to have medications at home, as well as at school, so they will not have to be sent back and forth. Parents who have children on continuing medications are asked to send refills on a regular basis.

Any special procedures, such as nebulizer treatments, special dental procedures, glucometer checks, etc. need to have a written doctor's order.

The nurse's office keeps a supply of liquid/tablet ibuprofen and Tylenol on hand at all times. We also have assorted cough syrups and decongestants. If parents have something special they want given, it will need to be supplied and instructions provided. We will not exceed dosages recommended by the label.

Phone calls to the school regarding a student's health, wellness related to an illness, etc. need to be first referred to the nursing staff for parental follow up or contact before making arrangements with other staff members. It is the nursing staff's responsibility to contact the classroom teacher/case teacher, case manager, and other team members as appropriate. This will provide our staff accurate and timely communication from a single source.

**APPOINTMENTS:** Dental appointments, routine physicals, and special testing such as allergy or orthopedic appointments are the responsibility of the parents. The nursing department will take care of all acute illness appointments as needed.

**PHARMACY, FAST CARE, OFFICES, BILLING/INSURANCE:** Kessler's Pharmacy in Aberdeen is used. If the child has refills for medication, please make sure Kessler's and the Nursing Department have all the accurate, updated billing/insurance information. This includes the front and back information from all insurance cards. To protect privacy, credit card information/numbers need to be given directly to the pharmacy personnel by the parent.

Financial responsibility for medical services obtained in the community, medications, doctor appointments, hospital, etc. need to be taken care of by parents. Bills should be sent directly to your home address, as they cannot be covered by the school. No medication can be charged to SDSBVI.

**PAPERWORK:** (Special Olympics, SDHSAA, SPURS, and General Information Forms): Please return these completed forms when your child comes the first day of school. Your child cannot compete in any off campus events until these forms are completed and returned. All insurance information is also needed off campus.

If you have any questions, please contact the nurse's office at 605-626-2279.

### ATTENDANCE POLICY

Students are expected to attend school every day when school is in session. Absences from school are acceptable only when a student is ill or when a family emergency exists. A family emergency exists when there is a death, serious illness, or other extenuating circumstances in the student's immediate family.

If a student is not in class by 8:10 AM, they will not participate in any dorm or off-campus activities on that day.

To ensure regular school attendance, accurate attendance records will be kept by the Administrative Assistant. Parents of day students are encouraged to call the school (626-2580) the morning of the first day of the absence. Parents of residential students not returning from home visitation are requested to give notification or contact the student's Case Manager prior to 10:00 p.m. on the day the student is to return to school.

If truancy is suspected, the LEA will be contacted.

### SCHOOL CLOSING

The SDSBVI normally will not close for bad weather if students are here. If local travel is restricted, day students will not be expected to come to school. When Aberdeen Public School is closed, busing is not available.

### MAKE-UP WORK, GUIDELINES FOR

Students are expected to make up missed work if they are absent due to illness. The time allowed for completion for such work shall be computed by multiplying the number of days missed times two (2). Each teacher should explain the importance of make-up work so that students know they must do the work.

If a student will be absent from class because of planned activities, class assignments must be completed in advance. Verification by teachers that work has been completed will be noted on the form provided. Students who have not completed assignments will not be allowed to participate in the activity.



## GRADUATION REQUIREMENTS FOR HIGH SCHOOL

**24:43:11:01. Number of required credits for graduation from high school -- Personal learning plan required.** Required units of credit for high school graduation must be earned in grades 9 through 12, and students must earn a minimum of 22 units of credit.

Local school boards or governing bodies may set requirements of credit beyond the minimum. Transfer students unable to meet graduation requirements set by a local school board or governing body because of time and scheduling constraints, but not due to course failure, may graduate on the basis of meeting state minimum requirements for graduation.

The local school board or governing body may waive one or more graduation requirements for senior students who transfer from another state, who have met the standards in that state, and who are unable to meet the graduation requirements set by the state board because of time and scheduling constraints but not due to course failure.

A student must earn a high school diploma as outlined in § 24:43:11:02 in which coursework aligns with the student's personal learning plan. All students in grades 9 through 12 must have a personal learning plan. The personal learning plan must document a minimum of 22 units of credit.

Effective July 1, 2020, any advanced endorsement earned must be listed on the high school transcript.

After January 1, 2026, the department shall review the required credits for high school graduation.

**Source:** SL 1975, ch 16, § 1; 3 SDR 23, effective September 29, 1976; 5 SDR 110, effective July 5, 1979; 9 SDR 154, effective July 1, 1983; 10 SDR 111, effective April 24, 1984; 11 SDR 96, 11 SDR 112, effective July 1, 1985; 16 SDR 214, effective June 12, 1990; repealed, SL 1995, ch 86, § 2, effective July 1, 1995; readopted, 22 SDR 12, effective August 9, 1995; 23 SDR 31, effective September 8, 1996; 27 SDR 75, effective February 6, 2001; transferred from § 24:03:06:05, 31 SDR 178, adopted May 4, 2005, effective July 1, 2005; 36 SDR 96, effective December 8, 2009; 45 SDR 35, effective September 19, 2018.

**General Authority:** SDCL 13-1-12.1, 13-3-47, 13-33-19.

**Law Implemented:** SDCL 13-3-1.4, 13-3-48, 13-33-1.

**24:43:11:02. General requirements for high school graduation.** The units of credit required for high school graduation must include the following:

- (1) Four units or more of language arts that must include the following:
  - (a) One unit of writing;
  - (b) One-half unit of speech or debate; and
  - (c) One unit of literature that must include one-half unit of American literature;
- (2) Three units or more of social studies that must include the following:
  - (a) One unit of U.S. history; and
  - (b) One-half unit of U.S. government;
- (3) Three units or more of mathematics that must include one unit of algebra I;
- (4) Three units or more of science that must include one unit of biology;

(5) One unit or more in any combination of the following:

- (a) Approved career and technical education courses;
- (b) A capstone experience; and
- (c) World languages;

- (6) One-half unit of personal finance or economics;
- (7) One unit of fine arts;
- (8) One-half unit of physical education;
- (9) One-half unit of health or health integration; and
- (10) Five and one-half units of electives.

A state-approved advanced computer science course may be substituted for one unit of science, but may not be substituted for biology.

Within the coursework outlined above, a student may earn one or more advanced endorsement, but is not required to do so. A student may earn one or more of the following advanced endorsements: advanced, advanced career, and advanced honors. Substitutions for laboratory science, using a state-approved computer science course, do not apply to the advanced and advanced honors endorsements.

Students may be granted up to one credit in fine arts for participation in extracurricular activities. A maximum of one-fourth credit may be granted for each extracurricular activity each school year. In order to grant credit, a district must document the alignment of the activity with fine arts content standards as approved by the South Dakota Board of Education.

Academic core content credit may be earned by completing an approved career and technical education course. Approval to offer credit must be obtained through an application process with the Department of Education. The application must include:

- (1) Course syllabus;
- (2) Standards based curriculum;
- (3) Teacher certification;
- (4) Assessment of standards by methods including end-of-course exams, authentic assessment, project-based learning or rubrics.

**Source:** 10 SDR 111, effective April 24, 1984; 11 SDR 96, 11 SDR 112, effective July 1, 1985; 16 SDR 214, effective June 12, 1990; 23 SDR 31, effective September 8, 1996; 27 SDR 75, adopted January 17, 2001; 29 SDR 140, adopted April 1, 2003; 31 SDR 129, adopted March 2, 2005, effective July 1, 2009; transferred from § 24:03:06:06.01, 31 SDR 178, adopted May 4, 2005, effective July 1, 2005; 33 SDR 55, adopted September 11, 2006, effective September 1, 2007; 33 SDR 55, adopted September 11, 2006, effective September 1, 2009; 36 SDR 96, effective December 8, 2009; 45 SDR 35, effective September 19, 2018.

**General Authority:** SDCL 13-1-12.1, 13-3-47.

**Law Implemented:** SDCL 13-3-1.4, 13-33-1, 13-33-19.

**24:43:11:02.01. Specific units of credit required for high school graduation advanced endorsement.**

The units of credit required for the high school graduation advanced endorsement must include the following 22 units:

- (1) Four units or more of language arts that must include:

- (a) One unit of writing;
  - (b) One-half unit of speech or debate; and
  - (c) One unit of literature that must include one-half unit of American literature;
- (2) Three units or more of social studies that must include the following:
- (a) One unit of U.S. history; and
  - (b) One-half unit of U.S. government;
- (3) Three units or more of mathematics that must include the following:
- (a) One unit of algebra I;
  - (b) One unit of geometry; and
  - (c) One unit of algebra II;
- (4) Three units or more of science that must include the following:
- (a) One unit of biology; and
  - (b) Two units of laboratory sciences;
- (5) One unit or more in any combination of the following:
- (a) Approved career and technical education courses;
  - (b) A capstone experience; and
  - (c) World languages;
- (6) One-half unit of personal finance or economics;
- (7) One unit of fine arts;
- (8) One-half unit of physical education;
- (9) One-half unit of health or health integration; and
- (10) Five and one-half units of electives.

**Source:** 45 SDR 35, effective September 19, 2018.

**General Authority:** SDCL 13-1-12.1, 13-3-47.

**Law Implemented:** SDCL 13-3-1.4, 13-33-1, 13-33-19.

**24:43:11:02.02. Specific units of credit required for high school graduation advanced career endorsement.** The units of credit required for the high school graduation advanced career endorsement must include the following 22 units:

- (1) Four units or more of language arts that must include:
- (a) One unit of writing;
  - (b) One-half unit of speech or debate; and
  - (c) One unit of literature that must include one-half unit of American literature;
- (2) Three units or more of social studies that must include the following:
- (a) One unit of U.S. history; and
  - (b) One-half unit of U.S. government;

- (3) Three units or more of mathematics that must include one unit of algebra I;
- (4) Three units or more of science that must include one unit of biology;
- (5) Two units or more in any combination of the following:

- (a) Approved career and technical education courses from the same career cluster; or
- (b) Capstone experience courses;

(6) Attainment of an industry-recognized credential or National Career Readiness Certificate of Silver or higher;

- (7) One-half unit of personal finance or economics;
- (8) One unit of fine arts;
- (9) One-half unit of physical education;
- (10) One-half unit of health or health integration; and
- (11) Four and one-half units of electives.

**Source:** 45 SDR 35, effective September 19, 2018.

**General Authority:** SDCL 13-1-12.1, 13-3-47.

**Law Implemented:** SDCL 13-3-1.4, 13-33-1, 13-33-19.

**24:43:11:02.03. Specific units of credit required for high school graduation advanced honors endorsement.** The units of credit required for the high school graduation advanced honors endorsement must include the following 22 units:

(1) Four units or more of language arts coursework that include a minimum of the following:

- (a) One and one-half units of writing;
- (b) One and one-half units of literature that must include one-half unit of American literature;
- (c) One-half unit of speech or debate; and
- (d) One-half unit of language arts elective;

(2) Three units or more of social studies coursework that include a minimum of the following:

- (a) One unit of U.S. history;
- (b) One-half unit of U.S. government;
- (c) One-half unit of geography;
- (d) One-half unit of world history; and
- (e) One-half unit of a social studies elective;

(3) Four units or more of mathematics coursework that include a minimum of the following:

- (a) One unit of algebra I;
- (b) One unit of geometry;
- (c) One unit of algebra II; and
- (d) One unit of an advanced mathematics course;

(4) Four units or more of science, including three units of laboratory science coursework that include a minimum of the following:

- (a) One unit of biology;
- (b) One unit of any physical science;
- (c) One unit of chemistry or physics; and

(d) One unit of a science elective;

(5) Two units or more of either of the following or a combination of the two:

(a) Approved career and technical education courses; and

(b) Modern or classical language, including American Sign Language, in which the units must be in the same language;

(6) One-half unit of personal finance or economics;

(7) One unit of fine arts;

(8) One-half unit of physical education;

(9) One-half unit of health or health integration; and

(10) Two and one-half units of electives.

All high school coursework must be completed with a "C" or higher.

**Source:** 45 SDR 35, effective September 19, 2018.

**General Authority:** SDCL 13-1-12.1, 13-3-47.

**Law Implemented:** SDCL 13-3-1.4, 13-33-1, 13-33-19.

A student is eligible for graduation from the SDSBVI when they have completed the required credits OR when their Individual Educational Program specifically indicates graduation from school and termination of services as a specific goal. Completion of an approved secondary special education program signifies that the student no longer requires special education services.

Progress reports must be provided to the placement committee indicating the progress the student has made toward the goals established on the Individual Educational Plan. The referrals made to other agencies must be documented. The student's transcript must include a complete and specific educational history of the student.

Parents must be informed through the IEP process at least one year in advance of the intent to graduate and terminate services. This will include discussion of how the student will meet graduation requirements. The IEP must be signed by parents/guardian and the student (if the student is 18 years or older).

A single diploma is issued at the SDSBVI. All diplomas will contain the following statement: "This diploma recognizes that the student has completed an approved program. Content of the program completed may be determined only with reference to the student's transcript."

Students at the SDSBVI may be eligible for educational services through age twenty-one in other settings when the Individual Transition Plan (ITP) specifies additional training/education after completing a program at the SDSBVI. In such cases the SDSBVI will issue an unsigned diploma at graduation exercises, recognizing the completion of the SDSBVI portion of the educational program. The responsibility for carrying out the remainder of the ITP is the responsibility of the local school district. The SDSBVI will provide signed diplomas at age twenty-one or upon completion of the ITP.

<b>Credit Type</b>	<b>09</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>Total</b>
Electives	0	.5	1	4	5.5
English / Language Arts (4) <ul style="list-style-type: none"> <li>• Writing (1)</li> <li>• Speech/Debate (.5)</li> <li>• Literature (1) required</li> </ul> American Literature .5	1	1	1	1	4
Fine Arts (1)	0	1	0	0	1
Health (.5)	0.5		0	0	.5
Mathematics (3) <ul style="list-style-type: none"> <li>• Algebra I (1)</li> </ul>	1	1	1	0	3
Personal Finance (.5)					.5
Physical Education (.5)	0.5		0	0	.5
Required Offerings (1) <ul style="list-style-type: none"> <li>• Career/Technical</li> <li>• Capstone</li> <li>• World Languages</li> </ul>	0	0	1	0	1
Science (3) <ul style="list-style-type: none"> <li>• Biology (1)</li> </ul>	1	1	1	0	3
Social Studies (3) <ul style="list-style-type: none"> <li>• U.S. History (1)</li> <li>• U.S. Government (.5)</li> </ul>	1	1	1	0	3
<b>Total</b>					<b>22</b>

**ELECTIVES:** More PE and Health, Civics, Transition Class, Project Skills, Braille, O&M, ADL, Technology, Chorus, Career Connect

## COURSE DESCRIPTIONS

### **BUSINESS**

**Course Title: Assistive Technology****Credit: 1.0****Grade: 9, 10, 11, 12****Prerequisites: None**

**Course Description:** Touch-typing and Keyboard commands are taught in conjunction with beginning word processing. An introduction to iPad and iPhone will be provided. Magnification, synthetic speech, or a combination of the two will be taught and used to accommodate the individual needs of the students.

**Course Title: Computer Applications****Credit: 1.0****Grade: 9, 10, 11, 12****Prerequisites: None, however touch-typing knowledge is desirable**

**Course Description:** Computer Applications is designed to teach the current versions of Windows, Word, and PowerPoint programs with an introduction to Excel. General information on Internet use is also provided. Magnification, synthetic speech, or a combination of the two will be taught and used to accommodate the individual needs of the students.

**Course Title: Personal Finance****Credit: 1.0****Grade: 9, 10, 11, 12****Prerequisites: None**

**Course Description:** The Personal Finance course is designed to give students the information needed to develop wise consumer spending and saving practices as well as good financial management skills needed as they enter adulthood. Students will be exposed to a variety of financial topics such as: saving and investing money, budgeting, credit and debt, comparison shopping, investing and retirement, insurance, taxes, interest earned and paid, obtaining loans, car ownership and other transportation options, obtaining housing, paying for home expenses, making wise financial choices, and consumer rights and responsibilities. This course fulfills the Economics requirement for graduation.

**Course Title: Personal & Business Law****Credit: 1.0****Grade: 10, 11, 12****Prerequisites: Personal Finance**

**Course Description:** Students will study contract law, consumer law, personal property, real property, renting or owning a home, credit and debt, bankruptcy, employment agreements and laws. The family law section will include marriage and divorce, insurance and estate planning.

## FAMILY & CONSUMER SCIENCE

### ***Course Title: Kitchen Based Survival Cooking***

**Credit:** .25

**Grade:** 9, 10, 11, 12

**Prerequisites:** None, and will not be available if the student has completed Family Style Cooking course

**Description:** The student will learn how to use a microwave and double-side contact grill to prepare convenience foods. The student will learn how to set a table, clean a table and countertop, wash and dry dishes, and store and use leftovers. The student will learn to perform tasks safely.

### ***Course Title: Intro to Foods***

**Credit:** .5 per semester

**Grade:** 9, 10, 11, 12

**Prerequisites:** None

**Course Description:** The Intro to Foods course is designed to give students an overall exposure to a variety of food concepts and cooking methods. Topics such as nutrition, health, wellness, menu planning, shopping, home management, kitchen safety, safe food handling and storage, and consumer skills will be covered. Students will also learn to read and follow various types of recipes and prepare many food items from snacks to full meals. Some units of study will include learning about and preparing fruits and vegetables, grains, dairy, eggs, meats, beverages, desserts, baked products, soups and stews, and foods from around the world.

### ***Course Title: Family Style Cooking***

**Credit:** 1.0

**Grade:** 9, 10, 11, 12

**Prerequisites:** None, however Kitchen Based Survival Cooking is desirable

**Course Description:** The student must successfully complete a series of independent hands-on cooking tasks. In addition this includes meal planning, shopping, and work skills.



## LANGUAGE ARTS

### **Course Title: Language Arts I**

**Credit: 1.0**

**Grade: 9**

**Prerequisites: None**

**Course Description:** This required course will include a study of literature, grammar, vocabulary, spelling, and writing. Students will explore a variety of literary genres including novels, short stories, poetry, and drama. Basic grammar, usage, and mechanics will be reviewed. Students will work to improve their reading strategies and expand their vocabulary. Writing assignments will be incorporated into the literary and grammar units as students learn to improve their writing skills.

### **Course Title: Language Arts II**

**Credit: 1.0**

**Grade: 10**

**Prerequisites: Language Arts I**

**Course Description:** This required course will develop communication skills including reading, writing, listening, and speaking. The course will include a review of basic grammar, usage, and mechanics which will also be used in the writing process. Students will study a variety of literary genres including novels, short stories, poetry, and drama. Fundamentals of speech communication will be covered during one semester. The focus will be on understanding the key components of a speech and learning public and interpersonal speech techniques.

### **Course Title: Language Arts III**

**Credit: 1.0**

**Grade: 11**

**Prerequisites: Language Arts I & II**

**Course Description:** This required course includes the study of American literature combined with the study of vocabulary, grammar, usage, mechanics, and writing. Novels, short stories, poetry, and drama written by a wide range of American authors of both fiction and nonfiction will be included. Vocabulary, grammar, and usage will be reviewed weekly. Composition will be integrated with literature all year to increase the understanding of the English language and to improve the writing skills of the students.

### **Course Title: Language Arts IV**

**Credit: 1.0**

**Grade: 12**

**Prerequisites: Language Arts I, II & III**

**Course Description:** This required course will focus on an overview of British and World Literature combined with the study of vocabulary, grammar, usage, and writing. A variety of British and World authors of both fiction and nonfiction will be covered. Vocabulary, grammar, and usage will be reviewed weekly. Composition will be integrated with the literature throughout the year, and grammar and usage will be assessed in all of these assignments.

# MATHEMATICS

**Course Title: Basic Math****Credit: 1.0****Grade: 9, 10, 11, 12****Prerequisites: Teacher recommendation**

**Course Description:** Placement in this course is determined by an individual's education team. Students taking this course are provided a review from previous mathematic leveled courses. The course offers instruction in basic math operations, fractions, percent, geometry, and algebra. Basic Math is often used as a transition class taken before enrolling in higher education courses.

**Course Title: Consumer Math****Credit: 1.0****Grade: 11, 12****Prerequisites: Teacher recommendation**

**Course Description:** Placement in this course is determined by an individual's education team. Practices in this course involve personal finances, jobs and home life. The course intends to provide students with necessary tools to be successful after graduation.

**Course Title: Pre-Algebra****Credit: 1.0****Grade: 9, 10, 11, 12****Prerequisites: Teacher recommendation**

**Course Description:** Pre-Algebra offers a review of material that was covered in seventh and eighth grade level courses. Materials covered include operations of integers, fractions, decimals, geometry and an introduction to statistics and probability. This course offers the fundamental skills needed to transition into Algebra I and higher mathematics courses.

**Course Title: Algebra I****Credit: 1.0****Grade: 10, 11, 12****Prerequisites: 8<sup>th</sup> Grade Math/Pre-Algebra and teacher recommendation**

**Course Description:** Algebra I is taken after the successful completion of pre-algebra. Students are provided with the fundamental processes of Algebra. The course offers instruction in categories that include numbers and quantities, algebra, functions, an introduction to statistics and probability, and geometry.

**Course Title: Geometry****Credit: 1.0****Grade: 10, 11, 12****Prerequisites: Algebra I and teacher recommendation**

**Course Description:** This course is taken after the successful completion of Algebra I. Students will study all properties of different shapes, as well as lines, circles, and polygons. This course also exposes students to deductive proof.

**Course Title: Algebra II****Credit: 1.0****Grade: 11, 12****Prerequisites: Algebra I and Geometry**

**Course Description:** Algebra II is offered after the successful completion of Geometry, Algebra I or both. This course expands on previously learned skills acquired in Algebra I. Students will explore the concepts of number sentences, relations, and linear and polynomial functions.

## SCIENCE

### **Course Title: Biology**

**Credit: 1.0**

**Grade: 9, 10, 11, 12**

**Prerequisites: None**

**Course Description:** Biology is the study of living things. Some of the topics covered are the structure of DNA and heredity, cells and cell division, single-cell to multicellular organisms—both plant and animal and classification, human body systems, and ecosystems. Instruction is provided in a variety of formats and includes some interactive activities, hands-on experimentation, and dissection—both virtual and real.

### **Course Title: Chemistry**

**Credit: 1.0**

**Grade: 10, 11, 12**

**Prerequisites: Algebra I**

**Course Description:** Chemistry is the study of matter and how it changes. Topics covered in this course are the periodic table and its patterns, formulas and naming compounds, chemical quantities, chemical reactions and rates, stoichiometry, acids and bases, and bonding. Students are exposed to basic laboratory equipment and perform simple experiments using basic household materials.

### **Course Title: Physics**

**Credit: 1.0**

**Grade: 10, 11, 12**

**Prerequisites: Algebra I**

**Course Description:** Physics is a laboratory science which emphasizes the science of matter and energy. Physicists study matter and energy in three realms: the everyday world, the atomic world, and the universe of stars and space. Mechanics, needed to interpret most phenomena, is the first concept presented. This includes such topics as measurement, motion, vectors, forces, and momentum. Then each form of energy (heat, light, electric) and the basic structure of matter are intertwined. As these relationships are developed, the laws governing them are demonstrated and emphasized. There are many practical applications in the study of heat, sound, light, and electricity and magnetism that are brought out.

## SOCIAL STUDIES

### **Course Title: World Geography**

**Credit: .5**

**Grade: 9**

**Prerequisites: None**

**Course Description:** World Geography explores the people, cultures, and physical features of the United States as well as the other countries around the world. The five themes of geography are emphasized throughout the course. This class fulfills the geography credit for high school graduation.

### **Course Title: World History**

**Credit: .5 per semester**

**Grade: 10**

**Prerequisites: None**

**Course Description:** The World History course explores the people, places, and history from the beginning of the first civilizations of pre-history to present-day times. Emphasis will be placed upon topics such as the Ancient Middle East, Ancient Greece, Roman Empire, Middle Ages, Renaissance, Reformation, Industrial Revolution, and World Wars I and II. This is a required course for graduation.

**Course Title: United States History****Credit: 1.0****Grade: 11****Prerequisites: None**

**Course Description:** This course emphasizes the history of our nation beginning with the Reconstruction period at the end of the Civil War during the 1860s through present day, modern times. Students will explore how people and events throughout history have shaped our country today. This course fulfills the high school graduation requirement for U.S. History.

**Course Title: United States Government****Credit: .5 per semester****Grade: 12****Prerequisites: None**

**Course Description:** Students in this course will explore the principals of democracy and how that lead to the creation of our nation's government. The course will focus on learning about each branch of the government and the day to day operations of the many departments of the government. Students will also explore local and state governmental structure and operations. This is a required course in the social studies sequence.

**Course Title: Civics****Credit: .5 per semester****Grade: 9, 10****Prerequisites: None**

**Course Description:** Civics is an introductory course designed to give students an overview of our governmental system at the local, state, and national level. The curriculum enhances student understanding of the Constitution and Bill of Rights. Emphasis is placed upon learning about citizenship skills and becoming an active participant in civic matters, including the voting process. This is an elective social studies course.

**Course Title: Psychology****Credit: .5 per semester****Grade: 11, 12****Prerequisites: None**

**Course Description:** This is an introductory course in Psychology designed to give students an overview of the study of human behavior. Topics will include scientific research, lifespan development, theories of personality, psychological testing, psychological disorders, treatment methods, and the impact of society on behavior. Famous names in the field of psychology will be discussed. This course is a social studies elective.

**Course Title: Sociology****Credit: .5 per semester****Grade: 11, 12****Prerequisites: None**

**Course Description:** Sociology is a social studies elective course that is a study of the collective behavior and interactions between different groups of people and cultures throughout the world. Patterns of behavior that have emerged as societies have developed will be explored. Students will explore people in the field of sociology that have been instrumental in shaping our understanding of people and societies. Some topics of the course include: research methods, socialization process, cultures, social structures, groups, family, gender and age, ethnicity, education, religion, political change, and social change.

## REPORT CARD PROCEDURE

1. Academic grades or evaluations will be determined by the faculty member who is responsible for conducting the class in question.
2. Grades or evaluations regarding self-help skills/dormitory living will be determined by the staff responsible for carrying out that portion of the IEP.
3. Evaluations for Therapies will be the responsibility of the therapist assigned to a particular child (Speech, OT, PT).
4. Students will receive grades four (4) times throughout the school year.

## **GRADING SYSTEM**

<b>A+</b>	100 %
<b>A</b>	95 - 99 %
<b>A-</b>	93 - 94 %
<b>B+</b>	91 - 92 %
<b>B</b>	86 - 90 %
<b>B-</b>	84 - 85 %
<b>C+</b>	82 - 83 %
<b>C</b>	77 - 81 %
<b>C-</b>	75 - 76 %
<b>D+</b>	73 - 74 %
<b>D</b>	69 - 72 %
<b>D-</b>	67 - 68 %
<b>F</b>	66 or below

<b>E</b>	Excellent
<b>CP</b>	Continued Progress
<b>S</b>	Satisfactory
<b>I</b>	Improvement Seen
<b>N</b>	Need for Improvement
<b>NA</b>	Not Applicable

**IEP MARKINGS** – IEPs are marked according to the guidelines on the individual goals. This is done on a quarterly basis.

## PROMOTION POLICY

Students who are taking academic coursework at grade level will be required to achieve passing grades of "D-" or above in all required subjects to be eligible for promotion to the next grade. Students on an IEP will work toward mastery of established goals and objectives. Mastery will be determined by the IEP team on an individual basis.

## DUAL ENROLLMENT PROGRAM

The purpose the Dual Enrollment Program is to provide an opportunity for SDSBVI students to take classes in the Aberdeen Public School, A-TECH, and parochial schools. On the secondary level, this program is designed to allow students to take one or more classes off-campus each year from Grade 9 (Freshman) through Grade 12 (Senior).

Dual enrollment will be established as a part of the IEP. The local school district bears the responsibility for tuition and any related transportation costs.

Area students may also be considered for part-time dual enrollment at the SDSBVI and for this there is no tuition charge.

**RATIONALE** - Participation in the Dual Enrollment Program gives the student increasing opportunities to:

1. Maintain and reinforce learned skills
2. Allow for transfer of reliance on others to self
3. Allow for increased opportunity to participate in community activity
4. Provide an opportunity to experience success or failure in a setting other than the SDSBVI
5. Provide for the maximum opportunity for learning of skills available in both educational settings
6. Reinforce the belief that visual impairment is not a deficit in capacity or a deterrent to living happily and productively in the community

**GUIDELINES** - Students capable and interested in taking classes in the Aberdeen public or parochial schools concurrently with classes at the SDSBVI are encouraged to do so.

Eligibility for participation in the Dual Enrollment Program remains at the discretion of the staff and administration of the SDSBVI with the consensus of the parents, LEA, and cooperating school on a student by student basis. The LEA must approve payment of tuition and transportation charges, when applicable, before a student would be allowed to participate.

Students are strongly encouraged to walk to and from public school, weather, and time permitting. With approval beforehand by the LEA transportation is provided for students by Hub City Transit bus, Ride Line, or cab when weather, time, and personal conditions deem it necessary.

Students are expected to be full participants and complete all homework, tests, and assignments. Students are encouraged to participate in cooperating school functions, sports, and social activities. The student should make every effort to arrange his own transportation. By special arrangement the SDSBVI will assist where possible. Students absent from public school due to the SDSBVI being closed or for other reasons are expected to see their public school classroom teachers and make arrangements to get assignments in advance. Absence due to illness will be treated according to public/parochial school policy.

Students should become familiar with cooperating school readmit procedures so as to comply with those requirements. Any student requiring discipline or who fails to maintain grades and performance effort at the cooperating school may be subject to removal from the Dual Enrollment Program. The student's SDSBVI Case Teacher will monitor student progress through regular contact with the public/parochial school teacher.

Students attending the cooperating school as their major educational setting and taking selected classes at the SDSBVI are considered a part of the Dual Enrollment Program. They may receive full service and support by way of materials, home, and school contacts from SDSBVI personnel in any manner that would be helpful and productive in securing an appropriate education.

Success in the Dual Enrollment Program is no less nor more than the rationales for the program itself. Success will depend upon what each student believes for himself/herself. No student will be forced to remain in the program if a negative attitude develops.

## DINING ROOM GUIDELINES (revised February 2016)

- Each child will be offered servings from the three basic food groups.
- There will be choices available within the food groups (i.e. raw or cooked vegetables). If the person helping the student gets his/her plate knows the preference, please tell the kitchen staff. Also, the adults should try not to “bias” the kid’s choices based on their personal likes/dislikes.
- The students should be encouraged to try (at least three bites) of each item on the plate.
- In order to receive a sweet dessert (cake, cookies, bars, pudding, ice cream) the student needs to eat  $\frac{3}{4}$  of what’s on the plate. Fresh fruit and vegetables can be provided any time; even if the main course wasn’t finished.
- No “seconds” on milk or sweet desserts will be provided.
- Liquid intake should be monitored to make sure the student is not going to drink so much that s/he will not “have room” for the meal.
- The evening snack guidelines are the same as those for dessert. If supper isn’t eaten, the student will still be offered an evening snack of fruits or vegetables.
- Access to both the candy/snack and pop machines is available to the students after school until 4:00 PM and from 7:00 – 9:00 PM. On weekends, the hours run from 1:00 p.m. – 4:00 p.m. and 7:00 p.m. — 9:00 p.m.
- Whole or skim milk will be on the table for those students identified in eating programs; otherwise, all milk is 1 percent low fat and chocolate milk is “no fat” with no more than two servings per meal per student.
- Bread is available upon request.
- No pop is allowed in the dining room.
- Students should be encouraged to drink water with each meal and frequently throughout the day, particularly in warm weather or when exercising.
- Shoes, flip flops, or sandals must be worn in the Dining Room. Going barefoot or wearing socks is not allowed in the Dining Room.

## FEEDING PROGRAMS

All SDSBVI students will have a feeding skills evaluation completed at the time of their placement. This evaluation will be done by the Dormitories Supervisor when the student is an independent eater and who is using no adaptive equipment. When there are chewing/swallowing concerns or issues related to positioning or adaptive equipment, the evaluation will be conducted by the Speech/Language Pathologist with consultation from the Dormitories Supervisor and the Occupational Therapist as needed. Any modifications to diet textures, adaptive equipment, assistance, and set-up at meals will be determined as a result of the evaluation.

All permanent and temporary dorm staff, teaching staff and instructional assistants will be trained on general dining skills related to visual impairment at the time of hire. All permanent and temporary dorm staff, teaching staff and instructional assistants will be trained on specific feeding procedures for individual students who need them by the Speech/Language Pathologist on an ongoing basis. No staff will assist in feeding students without training. The Director of Human Resources has the list of employees who have gone through the training.

The feeding procedures for students who require assistance and adaptive equipment will be posted in the dining room. Any concerns related to feeding procedures will be referred to the Dormitories Supervisor or Speech/Language Pathologist for reevaluation. Any concerns related to nutrition and hydration or weight will be referred to nursing.

Any recommended changes in either feeding procedure and adaptive equipment or hydration and nutritional intake make by parents or health professionals should be reported to the Nurses and the Speech Language Pathologist and documented in writing.

### WELLNESS POLICY (revised March 2017)

In accordance with the recommendations of the USDA “MyPlate” Program, the South Dakota School for the Blind and Visually Impaired, Aberdeen, SD has developed this wellness policy to address nutrition and physical activity for our students.

The increasing rates of overweight and obesity among our youth threatens to jeopardize the future health and productivity of our children. This is especially true for children/students who are blind and visually impaired, who, due to their visual challenges are by nature less active and more sedentary.

### **NUTRITION STANDARDS**

Students at the South Dakota School for the Blind and Visually Impaired receive three meals per day, Sunday through Saturday. All meals meet the Federally-mandated guidelines (Child and Adult Nutrition Standards) for nutritional content and serving size, including after school and evening snacks.

- All white milk served is 1 percent low fat milk, chocolate milk is “no fat”, with no more than one serving per meal per student.
- Cottage cheese is 1% and sour cream is low fat.
- Breakfast cereal choices have been condensed to only 4 choices:
  - Sugared cereal choices have been reduced to only one choice.
- A specific policy has been developed for serving “seconds” or additional servings for any/all meals. Additional helpings of entrees are limited to half of the original portion for one additional serving.
- Sugar access has been changed from dispensers to packaged materials, with low calorie or sugar substitutes used.

### **NUTRITION EDUCATION**

Students at the SDSBVI grades K-12 receive weekly health/nutritional instruction.

- For some students this instruction is integrated into the breakfast program, ADL program or apartment program, where students learn skills in meal planning and preparation and older students also work with budgeting and shopping.
- For academic students, nutrition is included in the health curriculum.

### **OTHER SCHOOL-BASED ACTIVITIES**

- Each student has an established baseline of data regarding BMI (body mass index) for further reference and monitoring of student fitness.
- The Student Council Candy Cart was eliminated and replaced with a private vending machine, which contains a variety of the recommended items.
- On-campus pop machine content has been revised to meet federal school guidelines regarding machine access and content.
- Access to the pop machine is available to the students after school until 4:00 PM and the snack machine is available from 7:00 – 9:00 PM. On weekends, access is limited to between 1:00 – 4:00 PM for the pop machine and from 7:00 – 9:00 PM for the snack machine.

### **PHYSICAL ACTIVITY**

Students at the SDSBVI receive regular physical activity, through regularly scheduled physical education classes, adaptive PE classes as identified on the IEP, regular outdoor recess activity (K-6), and planned residential activities, including one hour twice a week at Open Gym and personal fitness activities.



Students at the SDSBVI also:

- participate annually in the American Heart Association's "Move for Heart" program.
- participate in outings for ice skating (Holum Expo Center), roller skating (SkateAway); and classes/activities with the Aberdeen Parks and Recreation Department.
- participate in either Special Olympics (bowling, swimming, track/field) or athletic activities adapted to/for their visual impairment (swimming, goalball, track/field).
- participate in SPURS therapeutic horseback riding

## **BEHAVIOR INTERVENTION POLICY**

The SDSBVI's Behavior Intervention Policy is based on the educational principles required to help children become civically responsible and socially competent. Positive behavioral techniques will be utilized as much as possible, with the emphasis being on natural and logical consequences that are aimed at developing personal responsibility.

If maladaptive or harmful behaviors do not decrease through the use of positive intervention techniques, the use of more restrictive methods may become necessary. At all times, however, the student's personal rights will be protected, as outlined in the American School Counselors Association (ASCA) Standards and South Dakota Codified Laws #27B-8-50 through #27B-8-55.

**I. GENERAL GUIDELINES** - When staff members attempt to manage maladaptive behaviors, they will:

- A. Utilize techniques outlined in the Non-violent Crisis Intervention training to provide the best care, welfare, safety, and security for the students and staff members.
- B. Use techniques which represent the least restrictive but most effective alternatives.
- C. Assure the protection of the rights of the student(s) involved.
- D. Include proactive rather than reactive reinforcement techniques.
- E. Under **no** circumstances, use corporal punishment, i.e. striking or spanking a child.
- F. Avoid name- calling, yelling, or swearing at students.
- G. Discontinue any behavior intervention program if the child is ill or has sustained a physical injury.
- H. Not deny a child a meal.

**II. CONDITIONS FOR USE OF BEHAVIOR INTERVENTION TECHNIQUES** - Behavior management techniques will be used when a child's behaviors affect his/her ability to deal with daily life. Therefore, when restrictive programming is implemented, there must be documentation to show:

- A. There was danger to the child or others. **or**
- B. The behavior was interfering with the child's learning. **or**
- C. Immediate action was necessary to avoid a crisis situation.

**III. BEHAVIOR INTERVENTION TECHNIQUES** - All staff members who deal directly with students will be trained in Non-Violent Crisis Intervention. Note: The Director of Human Resources has the list of trained staff; supervisors are responsible for monitoring their department.

- A. Communication - Use both verbal intervention and para-verbal communication techniques
- B. Analysis of function of child's behavior - Utilize documentation and observations to determine the purpose of student's actions
  - 1. Case teachers & case manager complete Functional Analysis Screening
  - 2. Baseline done to identify Antecedent-Behavior-Consequences to identify behavior reinforcers:
    - a. maintained by social positive reinforcement (attention)
    - b. maintained by social negative reinforcement (escape)
    - c. maintained by automatic positive reinforcement (sensory stimulation)
    - d. maintained by automatic negative reinforcement (pain attenuation)

**IV. RESTRICTIVE TECHNIQUES** - These methods may not be utilized without prior approval and continued monitoring by the External Behavior Management Team.

**A. PHARMACOLOGICAL THERAPY**

- 1. Parents/guardians can request information about using medication to deal with behavior issues and appointments with mental health professionals may be scheduled.
- 2. The Nurse and Student Services Director work together in scheduling appointments and all follow-up procedures.
- 3. The Nurse will inform the student's educational team of any unusual medication side effects of which to be aware. Staff members are encouraged to report any unusual behaviors or physiological changes to either the Nurse or Student Services Director.

**B. RESTRAINT GUIDELINES**

- 1. Physical restraint procedures are used so as not to cause physical injury to the child and to minimize physical and psychological discomfort.
- 2. Only the minimum amount of restraint necessary to control behavior is used and only until the child is calm.
- 3. Staff will use only the restraint and transport techniques for which they have been specifically trained.
- 4. Only employees who are certified through the Crisis Prevention Institute (NVC) can use physical restraint.

**V. POSTVENTION**

Postvention provides the opportunity to review the behavior event that just occurred. The purpose is to establish facts, look for behavior triggers and patterns, and identify methods to increase acceptable behavior.

After the Behavior Report form is completed, the staff person directly involved is encouraged to complete the Personal Crisis Interview Review form. This form objectively addresses how the behavior event was dealt with, based on the Nonviolent Crisis Intervention components.

The day after the behavior event, the involved staff person will meet with his/her supervisor and the Student Services Director to discuss the incident. The Personal Crisis Interview Form and the Behavior Report forms are the foundation for discussion.

Also, after everyone involved in the event is calm, and if the student is able, it is recommended that the staff person and student have a discussion about what happened. Some possible suggestions so this situation doesn't rise again should also be developed.

## **VI. BEHAVIOR MANAGEMENT TEAMS**

### **A. EXTERNAL BEHAVIOR MANAGEMENT TEAM**

1. Members
  - a. Dormitory Supervisor
  - b. Superintendent
  - c. Student Services Director
  - d. SD Board of Regents Attorney (Ex officio)
  - e. Mental Health/Social Services Consultant
  - f. Special Education Consultant
2. Committee meets every other month or as circumstances warrant.
3. Agenda and Minutes are developed by the Student Services Director.
4. Review all documentation and behavior intervention programs that have been implemented
5. Suggest any modifications for present programs.

### **B. INTERNAL BEHAVIORAL TEAMS**

1. Each child will have an individual committee that meets when behavior problems are being exhibited. The Case Manager and/or Case Teacher should notify his/her supervisor, who will then determine if action is necessary. If so, the Dormitories Supervisor or Superintendent schedules a behavioral staffing.
2. Members
  - a. Case Teacher
  - b. Case Manager
  - c. Superintendent
  - d. Dormitories Supervisor
  - e. Student Services Director
  - f. Nurse
  - g. Any additional people who work directly with the student(s) and may have pertinent information.
3. The first Internal Team Meeting
  - a. At first meeting all information is reviewed, including observed behaviors, personal strengths, weaknesses and motivators are discussed.
  - b. Target behaviors are identified.
  - c. A time frame is established for the collection of basal information about target behaviors.
  - d. Another meeting is then scheduled for the end of the basal period to review data.
4. The second Internal Team Meeting
  - a. Based on documentation, specific behavior management procedures are devised.
  - b. The behavior intervention program is written and disseminated.
  - c. A time frame for periodic review and possible program alterations is developed.

**VII. LEVELS SYSTEM/RESIDENTIAL PROGRAM** (revised August 2014) - This is an individualized program which allows privileges to be earned through responsible behavior. The Levels System encourages a child to earn the level of freedom that s/he can successfully manage and is designed to be a concrete, unbiased part of the dormitory structure.

- A. Individual participation will be determined and outlined by the following people: Dormitories Supervisor, Student Services Director, student, and Case Manager. Individual responsibilities will be determined and explained to the student at the beginning of the year. The student's team will then meet at least once every month to review progress and possibly make program revisions.
- B. The program starts at the beginning of each school year and each student's progress will be reviewed at semester time. The team will then determine if the student can be dismissed from the program.
- C. Each student will begin on Level IV. The student's team will determine whether s/he will be allowed all of the privileges of Level IV. The decision will be based on individual strengths, needs, age, maturity, and independence.
- D. Students will remain on each level for a minimum of 10 days. Only days the student is actually at school can be counted in the 10-day time period, including the weekends. The student may request to move up a level after a successful 10-day period.
- E. The student must be given a specific verbal warning that the behavior(s) engaged in are not acceptable. On a second occurrence, a written reminder may be given.
- F. **It is advisable to think through and discuss a situation with the student prior to writing a reminder. Be sure you have all of the information and understand the situation from the student's viewpoint, as well as the adult's.**
- G. The student is allowed to receive one written reminder within a 10-day period. A second written reminder indicates the inability of the student to meet the requirements of that level and so s/he is demoted to the next lower level. If two written reminders are given within 10 days, the student is demoted for 10 days.
- H. If a student fails on Level I (gets 2 written reminders), s/he will be restricted to his/her room for up to 5 hours or perform community service work of 1 hour each day for 5 days. The Dormitory Supervisor will determine the type and length of discipline, with input from others on the student's team. If the offense occurs during the weekend, the student will lose all privileges and must be within view of the dorm staff during all activities. The student may be referred for individual counseling as well.
- I. Instant Demotion: A student may be demoted to Level I or Level II for committing any of the following misbehaviors, but only after consulting with the Dormitories Supervisor and/or Student Services Director. If neither of these people can be reached, the student will be restricted from all scheduled activities until contact can be made.
  - 1. physical injury to self or others
  - 2. verbally or physically threatening behavior
  - 3. use of drugs, alcohol, inhalants, and tobacco
  - 4. intimate sexual contact with another student
  - 5. destruction of school property
  - 6. taking other's possessions without their permission
- J. Students who achieve Level III or IV can abide by the rules of the apartment during their independent living experience. Those on Level I or II will be held to the restriction of those levels, including community service and room restrictions.

- K. Staff are expected to write reminders during the shift in which the incident occurred. This will encourage discipline rather than punishment. Copies of the reminder will be given to the student, his/her Case Manager, Case Teacher, Dormitories Supervisor, Student Services Director, and Superintendent.
- L. Students are able to petition up any time they have not received two written reminders in a 10-day period. Students, with the assistance of the Case Manager, need to monitor the time frame for getting the petitions signed. The form allowing the move to be made to a higher level should be signed by the Case Manager, but if this person is not scheduled to work, then the Dormitories Supervisor can sign it. If the decision is made that the student is not ready to move up, the Case Manager needs to notify both the Dormitories Supervisor and the Student Services Director, in writing, why this decision was made.
- M. If a student feels s/he has not been treated fairly, a Grievance Committee meeting will be arranged within 3 days of receiving the discipline. In addition to the student, person who wrote the reminder, and any witnesses of the incident, two of the following people will be included in the Grievance Committee: the Case Manager, Student Services Director, Dormitory Supervisor, and/or Superintendent. It is the student's responsibility to arrange the meeting with the committee members, with assistance from the Dormitory Supervisor. The committee will determine if the discipline was appropriate and act accordingly.

**VIII. PRIVILEGES AND RESPONSIBILITIES OF LEVELS** - All students are expected to meet the following responsibilities, as determined by student, Case manager, Dormitory Supervisor, and Student Services Director, to the best of their personal ability. In addition to the following, individual responsibilities will be added as the student attains more privileges:

- A. Consistently bring all necessary materials to school and then back to dorm.
- B. Independently dress and groom themselves, to the best of their abilities.
- C. Keep room orderly, neat, and clean.
- D. Demonstrate respectful behavior towards self and others.
- E. Be on time for school.
- F. Comply with school and dorm rules.

**LEVEL IV – PRIVILEGES** (August 2014)

- A. Student sets own study time. If a time other than the normal study time is chosen, the student is expected to stay away from the other students whom are in study hall. The student can leave campus with permission from the Case Manager/Houseparent on duty.
- B. Students must be in their own room with lights out by 11:00 p.m. Sunday through Thursday, unless otherwise determined by parent/guardian. On weekends 1:00 a.m. will be the time to be in bed, unless special permission is given by the Dormitories Supervisor to stay up later.
- C. Off-campus privileges as permitted by parents, O & M Specialists, and team members. Any unusual circumstances need to be approved, in advance, by the Dormitories Supervisor. Students need to list activity/destination, time leaving and returning. If the team determines the student is responsible enough, the student's activity plan may allow for some unsupervised time to be spent in the dorm.

### LEVEL III - PRIVILEGES

- A. Study Hall between 5:45 p.m. and 6:30 p.m. "Entertainment equipment" may be on but should not be loud enough to be heard outside of student's dorm room.
- B. Off-campus privileges on Friday, Saturday, and Sunday, as visiting hours and orientation and mobility passes permit.
- C. Students must be in their rooms by 10:30 p.m., with a bedtime of 11:00 p.m. Sunday through Thursday. On weekends 1:00 a.m. will be bedtime, unless special permission is given by the Dormitories Supervisor to stay up later.

### LEVEL II - PRIVILEGES

- A. Student's door may be closed during 6:00 p.m. study hall but no "entertainment equipment" may be on.
- B. Student may go off-campus on Saturday and Sunday and participate in group off-campus activities.
- C. Students must be in their dorm rooms by 10:00 p.m. with a bedtime of 10:30 p.m. Sunday through Thursday. On weekends 11:00 p.m. will be the time to go to bed, unless special permission is given by the Dormitories Supervisor to stay up later.

### LEVEL I - PRIVILEGES

- A. During study hall, the bedroom door must remain open and no "entertainment equipment" may be on.
- B. Students may participate in the activities approved by the committee.
- C. Student may spend unstructured time in individual dorm area or on campus grounds.
- D. Bedtime is 9:00 p.m. on Sunday through Thursday and 10:00 p.m. on weekends.

### BEHAVIOR AND CONDUCT (August 2014)

Individual behavior programs will be developed by Case Managers, Teachers, Student Services Director, Superintendent, and Dorm Supervisor. Students earn privileges through responsible behavior. Students may be restricted in the amount of noneducational activities they may participate in if they do not demonstrate appropriate behavior.

As students show themselves to be responsible, they are given more freedom in taking on responsibilities that are of interest to them or in an area where they need work. Each student's program is individually designed by a committee consisting of Case Teacher, Case Manager, Student Services Director, Dorm Supervisor, Student, and Parent/Guardian (if available.)

Parents are encouraged to be involved in their child's program by keeping in contact by phone, letters, and personal contact with the SDSBVI.

Students are expected to conduct themselves in a manner which is a credit to themselves as well as to their families and school. Student misconduct will be evaluated and an appropriate course of action (including possible notification of law enforcement personnel) determined on an individual basis by the SDSBVI.

Most misbehavior will be responded to with a warning, or as outlined in individual programs. The following behaviors merit strict discipline and an “instant demotion” if on the Levels System:

- a. Purposeful injury to self or others
- b. Purposeful destruction of property
- c. Use of drugs, alcohol, inhalants (without medical prescription), or tobacco
- d. Intimate sexual activity
- e. Stealing

**SMOKING, CHEWING TOBACCO AND INHALANTS** - No smoking or chewing tobacco or use of inhalants is allowed on campus by students. If tobacco products are found in the dorm, dorm room, or on the person, of a student who is under the age of 18, they will be confiscated. Any chemical misuse for the purposes of intoxication is against the law and such products will be confiscated and may lead to legal intervention.

**ALCOHOL AND CONTROLLED SUBSTANCES** - Alcohol and other controlled substances are not allowed on the SDSBVI campus. By Executive Order all state agencies are established drug-free workplaces and prohibit the unlawful manufacture, distribution, dispensation, possession, or use of any controlled substance.

The South Dakota Board of Regents strictly prohibits the unlawful possession, use, or distribution of alcohol, marijuana, or controlled substances by its students or employees while on property controlled by the Board of Regents or while participating in any capacity in activities or employments sponsored by it. All state laws related to controlled substances apply. Compliance with these standards of conduct is mandatory.

Any student who violates the provisions of State law and Regental policy will be subject to disciplinary action. The parent or guardian will be notified of a first offense, a conference will be held and disciplinary action(s) taken. For any subsequent offense, the provision of Student Due Process as detailed in the Administrative Rules of South Dakota Chapters 24:07:01, 24:07:02 and 24:07:03 will apply.

The South Dakota School for the Blind and Visually Impaired will also maintain age-appropriate drug and alcohol education and prevention programs for students in all grades. These drug and alcohol programs will address the legal, social and health consequences of drug and alcohol use, provide information about effective techniques for resisting peer pressure to use illicit drugs or alcohol and convey to students that the unlawful use and possession of illicit drugs and alcohol is wrong and harmful.

If parents or students desire information about alcohol and controlled substances or treatment options, please contact the Student Services Director.

**BEDTIME GUIDELINES (for those not on the Levels System)** - In addition to the Levels System, bedtimes are determined by the student’s success with their individual behavior program and health conditions. It is the SDSBVI policy that all bedroom doors must be open any time there is guest and also at bedtime. The following is a guideline that the staff agrees is appropriate for various ages of children, but which may vary for each student.

Primary Pupils (Grade 3 and Younger):	Sunday through Thursday:	8:30 pm
	Friday and Saturday:	9:00 pm
Intermediate Pupils (Grades 4-6):	Sunday through Thursday:	9:30 pm
	Friday and Saturday:	10:30 pm
Advanced Students (Grades 7-12):	Sunday through Thursday:	11:00 pm
	Friday and Saturday:	12:00 am

Special permission may be granted by houseparents for students to stay up later on weekends, but no later than 2:00 am.

### **DETENTION, EDUCATIONAL PROGRAM** (revised August 2016)

The purpose is to assist students in developing their personal academic responsibility and behaviors while in the SDSBVI instructional program.

Classroom instructors, related service providers, instructional assistants, and other SDSBVI staff who work with the students during their classroom/academic program day (8:00 AM – 3:00 PM) will be responsible for the implementation and follow-up with this program.

#### How Does A Student Get A Detention

Students who have been deemed to be cognitively aware, for all or part of the program guidelines, will be held to these standards. (The SDSBVI Behavior Report Form (pink) does not need to be completed for these standards.)

- \* Be on time for all classes
- \* Be at scheduled class/activity area
  - on time for all class/area transitions
  - at proper area/location for class/activity as scheduled
  - satisfactorily address/complete all class/activity tasks
- \* Follow all classroom rules/guidelines as established by the teacher, supervising staff and/or Superintendent.
- \* Have assigned homework, study tasks, and group work completed when due and with them in class/work setting required.
- \* Work with staff and other students in a polite, respectful manner.
  - No put downs
  - No inappropriate language or gestures
  - No threats of/or actual physical contact
- \* Appropriate clothes/dress for the school setting
  - No caps, unless indicated by vision reports
  - No items with suggestive or inappropriate wording/graphics

If such clothes or dress are in evidence, the student will be asked and expected to make the appropriate changes as requested.

Classroom instructors, related service providers, instructional assistants, superintendent,, and counselor, shall have the authority for assignment of detention for any student, at any time, in any observed area/setting during the instructional day at SDSBVI.



Classroom instructors, related service providers, instructional assistants, and other SDSBVI staff members are expected to use the following process in addressing situations in which detention may be assigned.

- \* Verbal Warning to the student
- \* Assignment of after School Detention Time
  - All Referrals - 30 minutes
  - If there is more than one referral in the same day - 60 minutes

When students repeat several detention referrals in the same nine week period, there will also be time scheduled for follow-up discussion:

- 2<sup>nd</sup> referral – with superintendent
- 3<sup>rd</sup> referral – with counselor
- 4<sup>th</sup> referral – internal behavior team meeting to develop formal behavior plan

All referrals will be on a cumulative basis, beginning anew with each 9 weeks.

Any “incidents” outside of the timeframe noted above will be the responsibility of the Superintendent, Student Services Director, Dorm Supervisor, Case Teacher and/or Case Manager.

#### Detention Guidelines

- \* Detention will be held Monday through Friday
- \* Detention will be held with the teacher giving the detention unless other arrangements are made by the Superintendent.
- \* Students assigned to detention will be subject to the guidelines below:
  1. The 30 minute timeframe will not begin until the student has arrived.
  2. The student(s) will begin detention on the day in which it is assigned unless they have an off-campus job. If so, they have one day “grace period” to notify the supervisor. The detention will then be served the next day.
  3. If the student(s) is/are absent from detention for ANY reason other than illness, previous doctor appointment, or emergency, their assigned detention time will be DOUBLED.
  4. The student(s) will bring their work to the detention assignment. Once at the detention site, they will NOT go to their locker, a classroom, library, dorm, or other area to get work.
  5. If the student(s) does/do not have work with them in detention, work will be assigned, such as reading, writing, Braille, dictionary skills, questions, or other work as assigned by supervisor and/or superintendent.
  6. The student(s) will not talk during the detention assignment without previous permission from the supervisor.
  7. The student(s) will not work together on assignments or group projects.
  8. The student(s) will not have gum, candy, pop, food, or individual music/headphones.
  9. The student(s) will not leave the detention area for drinks or bathroom breaks. These should be addressed PRIOR to the session.

**If the student(s) work or behavior during the detention work time is deemed to be inappropriate by the supervisor or superintendent, additional detention time may be assigned.**

- \* If assigned detention, students who have on or off campus work obligations will be responsible for contacting their employer/job supervisor to inform them of their lateness of arrival to work, and making the appropriate arrangements for arrival at and completion of work in the job setting.
- \* When a student is assigned detention, the staff member making the assignment will be responsible for notifying the student and superintendent. Additional contact with the student's case teacher and case manager is also recommended.
- \* If the detention is a result of student behavior (other than the stated standards listed under "How Does A Student Get A Detention"), a SDSBVI Behavior Report Form (pink) needs to be completed by the individual making the referral.
- \* When a student is assigned detention, s/he will be limited to the evening activities that can be participated in. Group activities or prior commitments (such as goalball, forensics, swim team, etc.) can be attended. The student can also be outside but must stay on the campus grounds.

### BULLYING DISCIPLINE PLAN (revised September 2015)

Bullying is the repeated and intentionally harmful behavior between students that is based on the abuse of power and control. Bullying of students for any reason will not be tolerated, including on the basis of sex, race, color, creed, religion, national origin, ancestry, citizenship, gender, gender identity, transgender, sexual orientation, age, disability, genetic information or veteran status, or any other status that may become protected under law against discrimination or on any other grounds.

<b>Behavior</b>	<b>1<sup>st</sup> Incident</b>	<b>2<sup>nd</sup> Incident</b>	<b>3<sup>rd</sup> Incident</b>	<b>Additional Incidents</b>
Verbal, Social & Cyber Bullying	Consequence Group I	Consequence Group I or II	Consequence Group II or III	Develop Individual plan
Physical Bullying	Consequence Group I	Consequence Group II	Consequence Group III	Develop Individual plan
Threats of Violence & Ongoing Harassment	Consequence Group II	Consequence Group III	Consequence Group III or Develop Individual Plan	Develop Individual plan
Unwanted Sexual Comments, Gestures, or Contact	Consequence Group I	Consequence Group I or II	Consequence Group III or Develop Individual Plan	Develop Individual plan
Dating Violence or Stalking	Consequence Group III and Develop Individual Plan			

If the law has been broken, the school may inform the police.

### **Consequence Group I**

- Visit with the Counselor
- Visit with the Superintendent
- Written promise not to repeat
- Spoken or written apology (offender's idea)
- Telephone call to parent from student
- Loss of activities
- Demotion one level in residential program
- Loss of computer/cell phone usage
- Detention

### **Consequence Group II**

- Spend time with a staff member
- Repair or replace damaged property
- Telephone call to parent from counselor
- Letter to parent
- Student/parent conference call
- Detention
- Demotion two levels in residential program

### **Consequence Group III**

- Repair or replace damaged property
- School/community service
- Skills training
- Positive Behavior Intervention Plan developed
- Suspension
- Demote three levels in residential program
- Detention
- Civil authorities will be contacted

### **SUSPENSION / EXPULSION (AR24:05:25:01)**

**Policy Statement** – The suspension of students from the SDSBVI includes the general due process procedures used for all students. No student will be suspended from school for more than ten (10) days for a violation of a rule, regulation, or policy without a proper hearing as defined in Article 24:07. In all cases when suspension is contemplated, the parents and LEA will be notified.

It is the policy of the SDSBVI that no student will be expelled. If it appears necessary to discontinue services on the SDSBVI campus, the local school district will be notified so that a placement committee can be convened to evaluate the student's needs and determine the best way to provide for a free appropriate public education.

SDSBVI Procedures – If a short-term suspension from a class, classes, or school is anticipated because of a student's violation of a rule, regulation, or policy, the Superintendent shall give oral or written notice to the student as soon as possible following the alleged violation, stating the basis for the suspension. The student will be given an opportunity to answer the charges. In all cases of short-term suspension, the parents will be contacted by telephone, in person, or through written notice. In no cases will a student be suspended from school without prior notification of parents and provisions made for travel home or to an alternate site. The student may not be suspended for more than ten (10) days.

In cases where the safety or well-being of the student or others is jeopardized, the SDSBVI may elect to contact civil authorities, medical or mental health professionals for immediate intervention.

## MAIL

The Case Managers pick up the mail daily from the staff lounge and the mail is given to the students at lunch time or after school. Parents are encouraged to write as often as possible so that their child can keep up with what is going on at home. Students are encouraged to write home often so that parents keep up with what is happening while he/she is away from home.

## CELL PHONE / iPad POLICY (STUDENTS) (revised September 2016)

All students whom have a cell phone or iPad are encouraged to read and sign the SDSBVI Cell Phone/iPad Policy. The contract points include:

- Students can have phones during the school day, but must be kept in the student's backpacks.
- The phones must be turned off and vibrate cannot be used except between 12:30 PM and 1:00 PM in the dormitory.
- No texting or talking in the halls. The only exception is if the phone is being used as a medication reminder or when requested for the teacher for classroom instruction.
- Other than lining up transportation, phones cannot be used while at work.
- Phones cannot be used during meal times and activities.
- Telephone and iPad privileges will be based on the Levels System. The alarm clock and a quiet music playlist, on a timer, can be set at bedtime. The equipment can be used, again, at 7:00 AM.
- The phones can be taken for out-of-town outings; the rules set by the adults in charge are to be followed. SDSBVI staff will not be responsible for the student's equipment.
- Student agrees to not argue with the adult in charge when told to turn off or turn in phone.
- The consequence for not following these contract guidelines is the loss of the phone for one week.

## INTERNET AND E-MAIL TERMS AND CONDITIONS

The Internet and E-Mail access is available at the South Dakota School for the Blind and Visually Impaired. The Internet provides connections to millions of computers around the world and a wealth of excellent and useful information for learning. Electronic mail (E-mail) provides a quick and convenient method of communication within our building and with any other computer user (including parents and family).

Although there are many excellent resources on the Internet, there is also material inappropriate for children, inappropriate in an educational setting, and inappropriate in the workplace. E-Mail messages can also be used inappropriately.

The policies define what is appropriate, what is unacceptable, and the consequences for misuse. Staff members are expected to serve as role models for students. It is the intent of the SDSBVI to immediately implement the following policies regarding use of the Internet and E-Mail.

1. Prior to use of the Internet students will be required to receive training in both use of the Internet and appropriate etiquette (Netiquette) by classroom teacher.
2. Students and parent/guardian will be required to sign a contract "Acceptable Use Policy for the Technology Resources Agreement Form" confirming their understanding and compliance with these policies.
3. Students will have a specific research topic approved by a teacher or appropriate staff member.
4. Independent use of the Internet by students requires prior parental permission and full compliance with school use policies.
5. Any materials from the Internet must be saved on a student flashdrive, rather than on the classroom, lab, or library computer.
6. Unauthorized downloading of information or programs is not allowed.
7. Students may not visit sites with unsuitable materials containing vulgarities, obscenities, or other inappropriate materials. Unacceptable use also includes visiting inappropriate sites, sharing inappropriate or threatening messages on E-mail, violation of copyright laws, or use of the school computers for commercial activity. Product advertisement and political lobbying are also prohibited.
8. Acceptable use includes research on approved topics and communication/collaboration with others.
9. The use of the Internet and E-Mail at the SDSBVI is a privilege, not a right. Inappropriate use will result in suspension of privileges and other disciplinary action.
10. Security on any system is a high priority. Any student who tampers with the system, knowingly introduces a virus, or vandalizes computer hardware or software will result in the immediate suspension of privileges and disciplinary action.

## **APPROPRIATE USE POLICY**

### E-Mail:

1. Be courteous and respectful in your messages to others. Never put anything into an E-mail message that you wouldn't say face-to-face.
2. Use appropriate language. Swearing, vulgarity, and obscenity are strictly forbidden.
3. If you are the unintentional recipient of inappropriate materials, alert a staff member and/or delete them. Do not pass them on.
4. E-mail is not guaranteed to be private communication; it is subject to discovery. People who operate the system do have access to all mail. Messages relating to illegal activities will be reported to authorities.

### Internet:

(This applies to all devices and equipment, including, but not limited to computers, iPads, iPods and cell phones.)

1. Internet sites containing inappropriate materials are “off limits.” You are responsible for the sites you choose to visit.
2. The Internet may not be used for illegal activity.
3. Do not reveal your home address or telephone numbers or that of other students or staff.
4. Do not post personal messages on bulletin boards or list serves. Send personal messages directly to the person you wish to contact.
5. Do not download any programs from the Internet without specific permission from the Technology Specialist. Because we are on a networked system and we have assistive technology on many machines, an inappropriate “download” may cause problems for other users.
6. Do not open files from unknown sources.

### CHURCH PREFERENCE

Parents are requested to let us know if they want us to provide information regarding local churches. If the parent or guardian wishes to have their child attend service, the School must have a signed permission by the parent or guardian to ride in personal vehicles and attend services.

### ENTERTAINMENT EQUIPMENT

Students are encouraged to have items such as radios, televisions, stereos, etc. in their rooms. These must be turned off at the bedtime of that student. The only exception will be by permission of the Dormitories Supervisor. Use of these items may be restricted during study time and after the younger students’ bedtime. Cable TV hookups will not be provided by SDSBVI, but parents can make hookup and financial arrangements through the local cable TV office.

Some DVS (Descriptive Video) movies are available in the school library for checkout. All videos brought from home, rented, or purchased must be “checked in” with dormitory staff before viewing. SDSBVI video will enforce movie ratings for age-appropriate content. No violent or sexual themes will be allowed.

### ANIMALS

Animals will be permitted at SDSBVI only with prior approval of the Superintendent. Service animals are allowed as outlined in SDSBVI Service Animal Policy.

### **DAY STUDENTS**

Students are allowed to have service animals on campus and in harness if they can meet several requirements. The student must:

- Have a certified service animal and proof of training from a recognized school.
- Provide a certificate of health and an annual report of immunizations.
- Have a report from their trainer or school indicating what the student is able to do with the service animal.
- Be able to travel independently on campus with the service animal.
- Insure that the service animal utilizes the relieving area provided and to properly dispose of waste.

- Be responsible for purchase of food.
- Be responsible for feeding and watering the service animal.
- Prepare and implement an effective plan of action when students or others approach to pet or feed the service animal.
- Remove the service animal upon request from an area where a health or safety concern exists for another student.
- Be responsible for any damage caused by the service animal on school property or vehicles.
- Receive instruction from an orientation and mobility specialist to orient the student to campus if necessary, including the relieving and exercise areas.
- Work with the SDSBVI to facilitate education for students and staff about the appropriate way to approach a service animal.
- Understand that concerns with the service animal or student/service animal working relationship will be referred to the service animal school.

## **RESIDENCE STUDENTS**

Residential students are allowed to have service animals on campus if they can meet the requirements above and the following:

- Insure that the service animal utilizes the exercise area provided for off harness exercise. This designated area is the only outside area where the service animal can be off the harness.
- Be responsible for the service animal and its needs on school trips.
- Some students in the residential program may have severe health issues. If such a student lives in a residence hall, a service animal may not be allowed to live in that residence.

## **ADDITIONAL ITEMS**

- New students admitted with a service animal will be evaluated at intake to determine if the student is independent in handling and care of the service animal.
- Service animal immunization records, the health certificate, and report from the trainer or school must be on file before the admission date.

## **BICYCLES / SKATEBOARDS**

Students must always wear a helmet when riding a bicycle or using a skateboard. Parental permission must be given before a skateboard can be used without additional protective equipment (pads).

A limited number of bicycles are provided by the SDSBVI for use by the students. The permission of the staff member on duty must be sought before the student may use these bicycles. The staff will have the responsibility for determining appropriate times and weather conditions for bike riding. Students using school-owned bicycles will be responsible for damage resulting from abuse or neglect. Older students may ride bicycles off-campus after demonstrating knowledge of safety skills and rules on public streets. Parental consent will also be required before the student may ride off-campus.

Since this school serves students with a wide variety of visual problems some students can be safe bikers and others cannot. Parents must give written permission for their child to ride a bike while under the supervision of the SDSBVI staff before a student will be allowed to ride. Staff members may deny a student permission to ride if they feel that the student is a danger to himself or others or if the student is not responsible with his bike.

The School has a few bikes for students who do not own one of their own. Before a student may ride a bike, they must first bring the bike to the Case Manager on duty for a visual inspection that the bike is in good running order. After finishing riding, the student must once again bring the bike to the staff person for inspection. If repairs are needed, the student and staff person will take the bike to the garage for repair. Our maintenance staff is available to help with minor bike repairs since accidents and breakdowns are reasonably common. Students will be required to pay for intentional damage.

Students 12 years and older are encouraged to bring their own bikes to school and to use a lock to keep them safe. Proper and safe storage will be provided for students' bikes. All bicycles are to be licensed by the city of Aberdeen. In order to get your bicycle license, you need the following information: Size (24", 26", etc.), boy's or girl's bike, serial number, color, etc. This must be done by students and parents before bringing the bicycle to school.

## MOTOR VEHICLES

Students are not permitted in private cars without special written permission from parents. Parental permission will be obtained in advance either in writing or if by phone verified by an SDSBVI staff member. Seatbelts must always be worn.

## ATHLETICS/EXTRACURRICULAR/SPECIAL EVENTS PARTICIPATION POLICY

Students at SDSBVI who choose to participate in athletics and/or other extracurricular activities, special events, do so with the following understanding:

- Participation is a privilege, not a right
- Participation is subject to compliance with established standards

Those established standards are:

1. The possession or use of tobacco, alcohol, or other drugs, is prohibited
2. Threats of, or actual physical violence towards another student, staff person, chaperone, or designated supervisor is prohibited
3. The student's participation with an athletic event/season or special school activity is subject to the guidelines and expectations as developed by the coach and/or advisor for that sport/event/activity. The individual standards for an event/season or special activity will be reviewed with all interested participants prior to the beginning of that season, event. If a student wishes to participate in an activity, it is expected that they will do so at the beginning of the season or activity. Once they have committed to an activity, they will be expected to fulfill that commitment. Participants will be expected to be at all scheduled practices, meetings, related events as requested by the coach/supervisor. The coach/supervisor reserves the right to dismiss a participant who does not regularly attend all expected meetings, practices, and preparation. The student and their parent/guardian will each sign a pledge sheet which will outline the expected standards and conduct for the activity, prior to their beginning of the activity.



4. The student shall maintain a minimum of a 1.6 (C-) GPA (grade point average) for participation, and for those events which require that school be missed, all classwork assigned by the instructors will be completed or accounted for in advance, unless otherwise stipulated by the instructor and/or superintendent. These standards shall be in effect during the established school calendar year and will apply to:
- any on/off campus school activities
  - any on/off campus school activity which is supervised by a school staff member or approved supervisor
  - any independent group or student activity, on/off campus, which is not supervised, but has school approval, permission, or support

Should a student be in violation of these established standards the penalty shall be:

**1<sup>st</sup> Offense:** The student shall miss the next event for that season or event. If the season/event/activity has concluded, the penalty shall carry over to the next season/event/activity

**2<sup>nd</sup> Offense:** The student shall miss the next two events for that season or event. If the season/event/activity has concluded, the penalty shall carry over to the next season/event/activity

**3<sup>rd</sup> Offense:** The student shall be dismissed from all remaining events for the balance of the school year.

The seasons/events/activities covered by this policy shall include, but not necessarily be limited to the following:

- Track Season
- Swimming
- Forensics
- Goalball
- Special Olympics
- Ski Trip
- Special Off Campus Outings
- Student Council
- SPURS
- Music/Chorus

## PUPIL TRANSPORTATION POLICY

Transportation between the SDSBVI and the student's hometown is the responsibility of the local school district. The number of round trips per year is discussed during the IEP meeting. In the event that the student will be using commercial bus or airline, the SDSBVI, with prior authorization, will buy the necessary tickets and bill the local district.

Transportation for students attending classes in the Aberdeen public or parochial schools or working in the community will be discussed and documented through the IEP process. Students who are employed off-campus will be expected to pay a portion of their work-related transportation expenses from their earnings. Students who have an O&M pass will be encouraged to walk when the weather, distance, and schedule permits. Alternatives include the use of a cab, Ride Line, Aberdeen Shuttle, or school bus.

## LAUNDRY RULES

As determined by their IEP team, students will do their laundry according to a schedule developed by the Dormitory Supervisor. Bedding will be changed weekly.

## LIBRARY

The purpose of the Library Media Center at the SDSBVI is to support the curriculum and the staff by providing the necessary materials, services, equipment, an attractive facility, and qualified library staff. The library staff supports the goals of self-confidence and independence articulated in the school's philosophy statement. Clientele of the Library Media Center includes not only the students enrolled at the SDSBVI, but also outreach students and people working with them throughout the state. It is our policy to cooperate with other libraries and agencies in the state and region and to acquire and loan materials in whatever formats are usable by students and staff.

## STUDY TIME

Study time is regularly scheduled during the week. Teachers will notify each other and dorm staff of academic concerns. Supervised study time may be required for students based on academic performance, behavioral programs, and the Level System.

## OFF-CAMPUS ACTIVITIES, GUIDELINES FOR STUDENTS ATTENDING

Parental permission (either in writing or on the telephone with two witnesses) must be obtained before a child can attend any activity not sponsored by SDSBVI. Any requests must be discussed with Dormitories Supervisor or Student Services Director prior to contact being made with parents.

Involvement in activities must follow established SDSBVI safety policies, including:

- Students must always wear seatbelts in vehicles.
- Students need to come back to school immediately following the activity, unless prior arrangements have been made with staff.
- If the student travels with a cane, s/he must always use it when off-campus.

## OFF-CAMPUS LEAVE

Before leaving for a weekend visit, the student must first have parent's permission. This should come in the form of a letter or email to the Dormitories Supervisor and should be received prior to the date of departure. The child must be signed out of the dormitory by the parent when possible and signed back in upon returning. Students should not leave before the end of a class day without securing permission in advance from the Superintendent.

The Case Manager on duty at the time that a student wishes to leave campus must use their own discretion if situations arise in which leave privileges should be suspended. If possible, the Case Manager should consult the Dormitories Supervisor and always see that a report is made to the administration.

All students must fill out the Dorm Checkout Form provided by their own dormitory before leaving the SDSBVI campus. The following information must be provided:

1. Student's name
2. Date and time the student will be leaving campus
3. Date and time that the student will return
4. Destination
5. Means of transportation

Students will verbally inform dorm staff when they have returned and sign back in on the Dorm Checkout Form.

### OFF-CAMPUS WORK

Preparation for employment is a part of every student's transition IEP. Work experiences provide an opportunity to learn new skills and build a résumé. The Transition Specialist and, if appropriate, Job Coach, will work with the student and SDSBVI faculty to seek work experiences for students.

Students who wish to be considered for off-campus work or who are currently working off-campus must keep their class assignments current and be passing in all classes. The opportunity to work for wages provides a chance for the student to develop traits of dependability and good work habits as well as a chance for an outside income. It is an opportunity to gain independence but also carries certain responsibilities.

### COLD WEATHER TRAVEL FOR STUDENTS

Severe Winter Weather - When actual or wind chill temperatures are below zero, students may request transportation to and from movies, sporting events, plays, shopping, etc.

### CANES

Each student receiving orientation and mobility training from a SDSBVI Orientation and Mobility Specialist, and who needs a cane for independent travel, will be issued a standard long cane by the South Dakota School for the Blind and Visually Impaired. No instruction may be provided by the South Dakota School for the Blind and Visually Impaired unless called for in the child's current IEP.

If a student loses or damages the first cane, he or she must bear the cost to repair or replace it. A student must also bear the cost if he or she desires a second cane.

In accordance with a student's IEP/O & M training and skills, students will be expected to have with them and use their canes. If a student chooses not to do so, they will not be involved with the off-campus activity.

## OFF-CAMPUS INDEPENDENT TRAVEL (May 2016)

The **Orientation and Mobility Pass Program** was initiated to provide students who have undergone formal orientation and mobility training the opportunity to use their travel skills for off-campus travel privileges. The program also provides staff with information and rules regarding students' travel abilities.

Before approval, the Orientation and Mobility Specialist will provide the student with information relative to the desired route. A pass is earned after the student successfully completes the route during O&M lessons. One student might gain the ability of safely traveling a route in a couple of lessons. It might take another student many lessons to learn the same route. Examples of passes in the residential district are: NSU bookstore and South "C". In the business district, Kessler's, and Red Roster could be examples.

The written pass is kept in the dorm offices. Additional copies are given to the student, parents, dorm supervisor, and student services director. Pass approval is based upon the student's performance during a specifically controlled travel experience. It does not guarantee the student will demonstrate the same travel skills when not under supervision.

Four signatures are needed on the travel pass before a student is permitted to travel: case teacher, case manager, superintendent, and certified Orientation and Mobility Specialist. Any one of the above may revoke travel privileges and should do so when he/she is aware of any problems which might endanger the student such as but not limited to: not stopping and checking for traffic before crossing the street, crossing in front of oncoming cars, or not using a cane if the student needs one. Notification of the revocation should be given to the O&M Specialist in writing and should state the reason(s) for revocation. All the student's travel privileges will be taken away for a period of one (1) week. After that time, the privileges will be re-instated. If a student's travel privileges are revoked for a third time, he/she will need to earn the privileges back one at a time through mobility lessons.

A student can also earn generic type passes. The two types of generic passes include a "Residential Travel Pass" and a "Business Travel Pass". The former permits unrestricted travel in a residential district from Melgaard Road to 10<sup>th</sup> Avenue SE/SW and for S Dakota Street to S 3<sup>rd</sup> Street. The latter permits unrestricted travel in the business district between S 1<sup>st</sup> Street and S Dakota Street and north to Railroad Avenue. This includes downtown and adjacent areas that are controlled by traffic lights.

If a student has a generic pass and wants to travel to a new place in that area (residential or business) then it isn't necessary to question his/her ability to travel in that district. If a student doesn't have a generic pass and wants to travel to a new place, then please check with the Orientation and Mobility Specialist before allowing the student to travel independently to that location.

There are four (4) categories of students to consider:

1. Students who have been given parental permission to travel off campus do not need passes for travel.
2. Students who have "tested out" of the O&M program or assessment do not need passes for off-campus travel. Students in this group may be placed back in category three (3) four (4) if there are reports by staff and observations by the Orientation and Mobility Specialist of unsafe travel that endangers the student.
3. Students who are currently enrolled in O&M must have passes for independent travel.
4. Students on "waiting list" for O&M services must first be scheduled in an O&M class before earning travel passes. (O&M class can serve as an incentive to gain travel passes.)

## EQUIPMENT AND SCHOOL FACILITIES, CARE OF

A student must agree to respect the rights of fellow students and adults and to act as a responsible person in the use and care of his/her room, rooms of others and the other facilities on campus. Students are responsible for the proper use and care of furniture and other equipment in the dormitories as well as on campus and will be held responsible for damage caused by abuse.

## EDUCATIONAL SUPPLIES, CARE OF

Books and other educational supplies or library items, which are the property of the SDSBVI shall be checked out to each student and are the responsibility of that student.

## SUPPLIES

Postage stamps and envelopes may be purchased at the office.

## LATEX FREE ENVIRONMENT

Due to the increasing number of people being diagnosed with a latex allergy, the SDSBVI has adopted a policy designating the school will be a latex free environment. In accordance to this policy, no latex balloons or gloves will be allowed into the building. Foil balloons will be allowed.

## CHILD ABUSE, REPORTING

Because of their regular contact with school age children, school employees are in an excellent position to identify abused or neglected children.

To comply with the law (SDCL 26-8A-2, 26-8A-6 and 26-8A-8), it is the policy of the South Dakota School for the Blind and Visually Impaired that any school employee who suspects that a child under 18 years of age has been neglected or abused (including physical, sexual, or emotional abuse) by any person, including parent or other person (other than by accidental means), MUST make a written report to the Student Services Director, Superintendent, or designee. The contacted person shall then immediately file a report with the Department of Social Services between 8:00 a.m. and 5:00 p.m. (telephone 626-2388) or the city police after hours (telephone 626-7000 or 911).

If the suspected abuse involves a student over the age of 18 but one who is a "disabled adult" (suffers from a condition of mental retardation or other physical dysfunctioning to the extent that the person is unable to protect himself or provide his own care), the same procedure is followed except the contacted person will notify the Sheriff's Department (SDCL 22-22-7.2, 22-46-1).

The person making the report to DSS or local law enforcement agency shall inform the school employee who initiated the action within 24 hours that the report has been made. The employees shall make the report directly to the proper authorities if the Student Services Director or Superintendent fails to do so.

The report shall contain the following information: name, address, date and place of birth, and age of child; name and address of parent or caretaker; nature and extent of injuries or description of neglect; any other information that might help establish the cause of injuries or condition.

School employees, including administrators, shall not contact the child's family or other persons to determine the cause of the suspected abuse or neglect. It is not the responsibility of the school employees to prove that the child has been abused or neglected or to determine whether the child is in need of protection; only to report his/her suspicions of abuse or neglect.

Any personal interview or physical inspection of the child should be conducted in a considerate, professional manner. A school administrator or nurse needs to be present during this time.

## COMMUNICABLE DISEASE

**STUDENT POLICY** - The SDSBVI recognizes the need and the right of all children to receive a free and appropriate education. The SDSBVI also recognizes its responsibility to provide a healthy environment for its students and school employees.

A student who is a carrier of or has a chronic communicable disease may attend school in the residential classroom setting when it is determined the placement is more appropriate than a less restrictive one. If the SDSBVI is determined not to be an appropriate placement, the student will be removed from school and a staffing with the Local Education Authority and the school will be held.

The determination of placement in a classroom in a residential setting will be based on the following prioritized factors:

1. risk of disease transmission to others
2. health risk to the particular student
3. reasonable adjustments in routine which can be made to reduce the health risk to the student and others
4. educational benefits or detriments of a less restrictive rather than a more restrictive environment

Pending determination of appropriate placement, a student with a chronic communicable disease may be temporarily excused from regular programming. The exclusion of an infected student from classroom, dormitory, or school activities shall be determined on a case-by-case basis by the superintendent/designee.

In situations where the decision requires additional knowledge and expertise, the superintendent/designee will refer the case to a Health Advisory Committee for assistance in determining a course of action.

The Health Advisory Committee may be composed of:

1. representative from the State Health Department
2. student's physician
3. student's parents or guardians
4. student services director
5. school nurse
6. superintendent/designee
7. student's teacher and other appropriate personnel

For students with AIDS, the State Department of Health Advisory Committee will determine a course of action.

In making the determination, the Health Advisory Committee shall consider:

1. type of contagious disease
2. behavior of the student
3. developmental level of the student
4. medical condition of the student
5. expected types of interaction with others in the school or dormitory setting

Factors or conditions for exclusion from school attendance include, but are not limited to:

1. physical aggression with a documented history of biting or harming others
2. child is not toilet trained or is incontinent
3. child drools
4. presence of open draining sores in which the drainage cannot be contained properly
5. possibility of inoculation of potentially infected body fluids into the blood stream: through sexual activity which involves the exchange of bodily fluids, intravenous drug use, or other circumstances

If there is reasonable cause to think a student is infected, an appropriate medical evaluation of the student may be required.

If an infected student is not permitted to attend classes or participate in school activities, the LEA will be responsible to provide arrange an appropriate educational program.

Information regarding a student who may be infected will not be revealed. If the student is permitted to remain in the school or dormitory setting, appropriate information will be provided only to staff with a need to know.

## **STUDENT GUIDELINES**

### DISEASE

Acquired Immune Deficiency Syndrome (AIDS)

Chicken Pox

Cytomegalovirus (CMV)  
Salivary Gland Viruses

Fifth Disease  
(Erythema Infectiosum)

Giardiasis  
(Intestinal Protozoan Infection)

Herpes Simplex

Impetigo

### EXCLUSION RULES

Determination will be made by the Health Advisory Committee as outlined in the Communicable Disease Policy.

The student may attend school after all pox are dry and scabbed.

The student may attend school and must take precautions when coming in contact with individuals with immunosuppression as anticancer or organ transplants as well as anyone with suspected or known pregnancy. Good handwashing should eliminate risk of infection or transfer.

The student may attend school with physician's written permission.

The student may attend school. Good handwashing should eliminate risk of infection or transfer.

The student may attend school during an active case. Good handwashing should eliminate risk of infection of transfer.

The student may attend school if treatment is verified and covered or dry.

## DISEASE

Infectious Hepatitis

Mono  
(Infectious Mononucleosis,  
Glandular Fever)

Pediculosis  
(lice, "crabs")

Pink Eye  
(Conjunctivitis)

Ring Worm  
(Scalp, body, athlete's foot)

Vaccine Preventable Diseases  
(Measles, Mumps, Rubella and  
Pertussis)

Scabies  
(7 year itch or mites)

Staphylococcal

Streptococcal Infections  
(Scarlet Fever, Scarletina,  
Strep Throat)

Tuberculosis

Enteric Infections  
(Salmonella, Shigella)  
Intestinal bacterial infection

## EXCLUSION RULES

The student may attend school with physician's written permission and if the student has the ability to take appropriate personal hygiene precautions.

The student may attend school with physician's permission. The student may need adjusted school days and activities.

The student may attend school after treatment. After repeated infestation of the same student, the student may be excluded until all nits are removed.

The student may attend school after the affected eye is no longer inflamed or under medical management.

The student may attend school if the area is under treatment and covered. Restrict known cases of athlete's foot from pools and showers until under treatment.

The student will be excluded until presenting certification from a licensed physician that the student has been immunized or is in the process of receiving adequate immunization.

The student may attend school after completing the course of treatment

The student may attend school upon presentation of a physician's written statement that s/he is not communicable.

The student may attend school 24 hours after initiating oral antibiotic therapy, and is clinically well.

The student may attend school upon presentation of a physician's written statement that s/he is not communicable.

The student may attend school once diarrhea has subsided. Good handwashing should eliminate risk of infection or transfer.

All communicable and chronic diseases should be reported to the nurse on duty.

\* FOR COMPLETE DETAILS ON SDSBVI'S POLICY AND PROCEDURES REGARDING COMMUNICABLE DISEASE AND AIDS, SEE "MEDICAL PROCEDURES FOR SDSBVI STUDENTS" IN THE SDSBVI HANDBOOK.



## HEADLICE GUIDELINES

The attached Fact Sheets from the Centers for Disease Control and Prevention are the guidelines that SDSBVI will follow if a medically diagnosed case of head lice is found.

The only exception is that, due to the fact that we are a residential school, we will not “temporarily exclude the infested child from the child care setting until 24 hours after treatment”, as recommended. Since this is not possible, we need to use a “minimal personal contact” philosophy.

If you think a child may have head lice, make a referral to the nurse on duty. The referral should also be documented on the weekly “Infirmary Referral” form and given to Student Services Director.

The child will be taken to the Infirmary and examined. If it is at night, the nurse on-call should be notified and the child will be checked when the nurse returns to the school. Until that time, try to follow these guidelines “just in case”.

Remember – this condition is transmitted only by (1) person-to-person contact, (2) or by “fomites”, including sharing infested items and by lying on infested areas.

- Above all, we need to respect the child’s right to privacy and feelings. If there is a situation with a child that you work with, you will be notified by the Nurse on duty. The people to be told include: Superintendent, Student Services Director, classroom teacher and instructional aide, related service providers, and Dorm Supervisor (who will notify the dorm staff).
- This information is confidential, so students and other staff members should not be directly told, and there should be no discussions in the presence of students.
- In order to leave a sense of dignity for the child, s/he will not go to school during a treatment but will stay in the Infirmary. Since these types of things are usually addressed at home, it would be best if the treatments can be given in the dorm where there is more privacy.
- After the treatment has been done, the child will return to school.
- For the next 24 hours,
  - The child should not be held or hugged.
  - The kids should not wrestle or play closely with each other.
  - Activities should be provided for the student to do in his/her bedroom and time alone should be encouraged.
  - The child should not sit on stuffed furniture, unless it has a plastic/leather cover.
  - Hair washing should be done only as instructed by the Nurse.
  - If the child’s classroom has carpeting, it should be vacuumed along with the dorm area. (Refer to the “Treat the Household Section).
  - The child’s mattress and pillow should have a plastic cover.
  - Above all else, remember this situation is not the child’s fault and it is not a crisis situation! When it seems children are the least deserving of affection is when they need it the most!

## **F**act Sheet

### **Head Lice Infestation (Pediculosis)**

#### **What are head lice?**

Also called *Pediculus humanus capitis* (peh-DICK-you-lus HUE-man-us CAP-ih-TUS), head lice are parasitic insects found on the heads of people. Having head lice is very common; as many as 6-12 million people worldwide get head lice each year.

#### **Who is at risk for getting head lice?**

Anyone who comes in close contact with someone who already has head lice, contaminated clothing, and other belongings. Preschool and elementary-age children, 3-10, and their families are infested most often. Girls get head lice more often than boys, women more than men. In the United States, African-Americans rarely get head lice.

#### **What do head lice look like?**

There are three forms of lice: the nit, the nymph, and the adult.

**Nit:** Nits are head lice eggs. They are hard to see and are often confused for dandruff or hair spray droplets. Nits are found firmly attached to the hair shaft. They are oval and usually yellow to white. Nits take about 1 week to hatch.

**Nymph:** the nit hatches into a baby louse called a nymph. It looks like an adult head louse, but is smaller. Nymphs mature into adults about 7 days after hatching. To live, the nymph must feed on blood.

**Adult:** The adult louse is about the size of a sesame seed, has 6 legs, and is tan to grayish-white. In persons with dark hair, the adult louse will look darker. Females lay nits; they are usually larger than males. Adult lice can live up to 30 days on a person's head. To live, adult lice need to feed on blood. If the louse falls off a person, it dies within 2 days.

#### **Where are head lice most commonly found?**

On the scalp behind the ears and near the neckline at the back of the neck. Head lice hold on to hair with hook-like claws found at the end of each of their six legs. Head lice are rarely found on the body, eyelashes, or eyebrows.

#### **What are the signs and symptoms of head lice infestation?**

Tickling feeling of something moving in the hair

Itching, caused by an allergic reaction to the bites

Irritability

Sores on the head caused by scratching. These sores can sometimes become infected.

#### **How did my child get head lice?**

By contact with an already infested person. Contact is common during play at school and at home (slumber parties, sports activities, at camp, on a playground).

By wearing infested clothing, such as hats, scarves, coats, sports uniforms, or hair ribbons.

By using infested combs, brushes, or towels.

By lying on a bed, couch, pillow, carpet, or stuffed animal that has recently been in contact with an infested person.

## How is head lice infestation diagnosed?

By looking closely through the hair and scalp for nits, nymphs, or adults. Finding a nymph or adult may be difficult; there are usually few of them and they can move quickly from searching fingers. If crawling lice are not seen, finding nits within a 1/4 inch of the scalp confirms that a person is infested and should be treated. If you only find nits more than 1/4 inch from the scalp, the infestation is probably an old one and does not need to be treated. If you are not sure if a person has head lice, the diagnosis should be made by a health care provider, school nurse, or a professional from the local health department or agricultural extension service.

*This fact sheet is for information only and is not meant to be used for self-diagnosis or as a substitute for consultation with a health care provider. If you have any questions about the disease described above or think that you may have a parasitic infection, consult a health care provider.*

## **F**act Sheet

### ***Treating Head Lice***

**I have heard that head lice medications do not work, or that head lice are resistant to medication. Is this true?**

A recent study done by Harvard University did show that SOME, but NOT ALL (or even most) head lice are resistant to common prescription and over-the-counter medications (OTC). There is no information on how widespread resistance may be in the United States. Resistance (medication not working) is more likely in people who have been treated many times for head lice. There are many reasons why medications may seem not to work. Below are some of those reasons:

**Misdiagnosis of a head lice infestation.** A person has head lice if they have crawling bugs on their head or many lice eggs (also called nits) within a quarter inch (approximately the width of your pinky finger) of the scalp. Nits found on the hair shaft further than 1/4 inch from the scalp have already hatched out. Treatment is not recommended for people who only have nits further than one-quarter inch away from the scalp.

**Not following treatment instructions fully.** See instructions below for how to treat a head lice infestation. Using medication alone is not likely to cure a head lice infestation.

**Medication not working at all (resistance).** If head lice medication does not kill any crawling bugs, then resistance is likely. If the medication kills some of the bugs, then resistance to medication is probably not the reason for treatment failure (see item #2 and #4).

**Medication kills crawling bugs, but is not able to penetrate the nits.** It is very difficult for head lice medication to penetrate the nit shell. Medication may effectively kill crawling bugs, but may not treat the nits. This is why follow-up treatment is recommended. See instructions below for a detailed summary.

**New infection.** You can get infested more than once with head lice. Teach family members how to prevent re-infection.

### **How can I treat a head lice infestation?**

By treating the infested person, any other infested family members, and by cleaning clothing and bedding.

### **Step 1: Treat the infested person/any infested family members**

Requires using an OTC or prescription medication. Follow these treatment steps:

Before applying treatment, remove all clothing from the waist up.

Apply lice medicine, also called pediculicide (peh-DICK-you-luh-side), according to label instructions. If your child has extra long hair, you may need to use a second bottle.

**WARNING:** Do not use a creme rinse or combination shampoo/conditioner before using lice medicine. Do not re-wash hair for 1-2 days after treatment.

Have the infested person put on clean clothing after treatment.

If some live lice are still found 8-12 hours after treatment, but are moving more slowly than before, do not retreat. Comb dead and remaining live lice out of the hair. The medicine sometimes takes longer to kill the lice.

If no dead lice are found 8-12 hours after treatment and lice seem as active as before, the medicine may not be working. See your health care provider for a different medication and follow their treatment instructions.

A nit comb should be used to remove nits and lice from the hair shaft. Many flea combs made for cats and dogs are also effective. Finer-toothed nit combs, available through Wal-Med\* and the National Pediculosis Association\*, may also be helpful.

After treatment, check hair every 2-3 days and use a nit comb to remove any nits or lice you see.

Retreat in 7-10 days.

Check all treated persons for 2-3 weeks after you think that all lice and nits are gone.

### **Step 2: Treat the household**

To kill lice and nits, machine wash all washable clothing and bed linens that the infested person touched during the 2 days before treatment. Use the hot water cycle (130o F) to wash clothes.

Dry laundry using the hot cycle for at least 20 minutes

Dry clean clothing that is not washable, (coats, hats, scarves, etc.) OR

Store all clothing, stuffed animals, comforters, etc., that cannot be washed or dry cleaned into a plastic bag and seal for 2 weeks.

Soak combs and brushes for 1 hour in rubbing alcohol, Lysol\*, or wash with soap and hot (130o F) water.

Vacuum the floor and furniture. Do not use fumigant sprays; they can be toxic if inhaled.

### **My child has head lice. I don't. Should I treat myself to prevent being infested?**

No, although anyone living with an infested person can get head lice. Have another person check the back and sides of your head for lice and nits. Check family members for lice and nits every 2-3 days. Treat only if crawling lice or nits are found within a 1/4 inch of the scalp.

### **Is there a product I can use to prevent getting head lice?**

No.

### **Should my pets be treated for head lice?**

No. Head lice do not live on pets.

### **My child is under 2 years old and has been diagnosed with head lice. Can I treat him or her with prescription or OTC drugs?**

No. For children under 2 years old, remove crawling bugs and nits by hand. If the problem persists, consult your pediatrician.

### **What OTC medications are available to treat head lice?**

Many head lice medications are available at your local drug store. Each OTC product contains one of the following active ingredients.

**Pyrethrins** (pie-WREATH-rins): often combined with **piperonyl butoxide** (pie-PER-a-nil beu-TOX-side):

Brand name products: A-200\*, Pronto\*, R&C\*, Rid\*, Triple X\* Pyrethrins are natural extracts from the chrysanthemum flower. Though safe and effective, pyrethrins only kill crawling lice, not unhatched nits. A second treatment is recommended in 7- 10 days to kill any newly hatched lice. Sometimes the treatment does not work.

**Permethrin** (per-meth-rin):

Brand name product: Nix\*

Permethrins are similar to natural pyrethrins. Permethrins are safe and effective and may continue to kill newly hatched eggs for several days after treatment. A second treatment may be necessary in 7-10 days to kill any newly hatched lice. Sometimes the treatment does not work.

**Note:** If OTC permethrin (1%) does not effectively kill crawling bugs, prescription- strength (5%) permethrin will not be any more effective. If lice are resistant to 1%, they will also be resistant to 5% permethrin.

### **What are the prescription drugs used to treat head lice?**

**Malathion** (Ovide\*): Malathion has just been reapproved for the treatment of head lice infestations. When used as directed, malathion is very effective in treating lice and nits. Few side-effects have been reported. Malathion may sting if applied to open sores on the scalp caused by scratching. Therefore, do not use if excessive scratching has caused a large number of open sores on the head.

**Lindane** (Kwell\*): Lindane is one of the most common treatments used to treat head lice. When used as directed, the drug is usually safe. Overuse, misuse, or accidentally swallowing of Lindane can be toxic to the brain and nervous system. Lindane should not be used if excessive scratching has caused open sores on the head.

### **Which head lice medicine is best for me?**

If you aren't sure, ask your pharmacist or health care provider. When using medicine, always follow the instructions.

### **When treating head lice**

Do not use extra amounts of the lice medication unless instructed. Drugs are insecticides and can be dangerous when misused or overused.

Do not treat the infested person more than 3 times with the same medication if it does not seem to work. See your health care provider for alternative medication.

Do not mix head lice medications.

### **Should household sprays be used to kill adult lice?**

No. Spraying the house is NOT recommended. Fumigants and room sprays can be toxic if inhaled.

### **Should I have a pest control company spray my house?**

No. Vacuuming floors and furniture is enough to treat the household.

*\*Use of trade names is for identification purposes only and does not imply endorsement by the Public Health Service or by the U.S. Department of Health and Human Services.*

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## ALTERNATE TREATMENT FOR HEADLICE

Completely saturate the hair and scalp with Olive oil, Mineral oil, vegetable oil, or Mayonnaise (regular, not light).

Cover the hair with close-fitting shower cap. Leave on for 3 to 4 hours. Avoid treatment while the person is sleeping as the cap may become a suffocation hazard and if the shower cap comes off it will dirty the bed. (All bedding should be washed anyway.)

Remove the shower cap and wash the hair with shampoo to remove most of the suffocant agent (the best method of removing oily products is a degreasing dishwashing soap, such as DAWN).

Remove ALL nits and live lice. A metal comb works best for this and is reusable by washing in hot soapy water. Nits do not fall off the hair after treatment and can be difficult to remove as they are cemented on the hair shaft. The infested person's head should be checked regularly for 2 weeks after treatment to ensure that active lice and potentially viable nits are removed. One method to ease nit removal is to use vinegar and water (one to one mixture) to hair prior to treating it for lice. The hair is soaked with the mixture 30-60 minutes (a damp towel soaked in the same mixture may be used to contain the solution).

Wash bedding, combs, and any worn clothing in hot water and dry in a hot dryer. Items that cannot be washed may be placed in a plastic bag and sealed for 2 weeks. Stuffed toys and other objects and furniture may also be vacuumed to remove lice.

### *What You Should Know About Head Lice in the Child Care Setting*

Head lice are tiny insects that live primarily on the head and scalp. They should not be confused with body lice, which may be found in clothing and bedding as well as on the body, or crab lice that infest the pubic area. They are found only on humans and should not be confused with fleas, which may be found on dogs, cats, and other pets.

Although small, adult head lice may be seen with the naked eye. Because lice move rapidly and only a few may be present, using a hand lens or magnifying glass may allow them to be seen more easily. Head lice suck blood, and the rash caused by their feeding activities may be more noticeable than the insects themselves. Head lice attach their eggs at the base of a hair shaft. These eggs, or nits, appear as tiny white or dark ovals and are especially noticeable on the back of the neck and around the ears. Adult head lice cannot survive for more than 48 hours apart from the human host.

Head lice are primarily spread through direct head to head contact, although sharing personal items such as hats, brushes, combs, and linens may play a role in their spread between children. Children with head lice should be treated with a medicated shampoo, rinse, or lotion developed specifically for head lice.

*These treatments are very powerful insecticides and may be toxic if not used only as recommended.* The need to remove nits or egg capsules is controversial. Those found more than 1/4 inch from the scalp probably have already hatched or are not going to hatch. Treatments containing permethrin (an insecticide) have a high residual activity and are usually effective in killing nits as well as adult lice.

### To prevent the spread of head lice when a case occurs in the child care setting:

Temporarily exclude the infested child from the child care setting until 24 hours after treatment. Many state and local health departments require that children be free of nits before readmission. To assure effective treatment, check previously treated children for any evidence of new infection daily for 10 days after treatment. Repeat treatment in 7 to 10 days may be necessary.

Nits can be removed using a fine-toothed comb. (A pet flea comb may work best.) Some commercial products may make removing nits easier. Commercial preparations to remove nits should be used according to the manufacturer's recommendations to assure that the residual activity of the insecticide is not affected.

On the same day, screen all children in the classroom or group and any siblings in other classrooms for adult lice or nits. Children found to be infested should also be excluded and treated. Simultaneous treatment of all infested children is necessary to prevent spread back to previously treated children.

Educate parents regarding the importance of following through with the same recommendations at home and notifying the facility if head lice have been found on any member of the household.

Although head lice are not able to survive off of humans for more than a few days, many persons recommend washing clothes (including hats and scarves) and bedding in very hot water, and vacuuming carpets and upholstered furniture in rooms used by person infested with these insects. Combs and hair brushes may be soaked in hot (65°C) water for at least one hour. Flea bombs and other environmental insecticides are not effective against head lice.

### FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

- Parents or eligible students have the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies.
- Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.

- Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):

- School officials with legitimate educational interest;
- Other schools to which a student is transferring;
- Specified officials for audit or evaluation purposes;
- Appropriate parties in connection with financial aid to a student;
- Organizations conducting certain studies for or on behalf of the school;
- Accrediting organizations;
- To comply with a judicial order or lawfully issued subpoena;
- Appropriate officials in cases of health and safety emergencies; and
- State and local authorities, within a juvenile justice system, pursuant to specific State law.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.

For more information, please refer to "FERPA General Guidance for Parents" at <http://familypolicy.ed.gov/content/ferpa-general-guidance-parents>

## PARENTAL RIGHTS

The following information is of a general nature and the purpose of this guide is to provide parents and professionals with information about the legalities of educating the handicapped child. In addition to the information provided in this handbook, each parent will be provided a copy of South Dakota Parental Rights and Procedural Safeguards prior to each IEP Meeting.

### **Your rights of access to educational records maintained on your child:**

- \*You have the right to see all of the records and test results maintained by any public educational agency on your child.
- \*You have the right to request copies of any records or test results maintained by a public educational agency on your child. (The school district is allowed to charge a slight fee for making copies; however, if you are financially unable to pay this fee the records must be provided to you free of charge. The school district may not charge for looking for or retrieving your child's records.)
- \*You have a right to have the school records explained to you in terms that you can understand. If the language that you speak at home is not English, you have a right to have these records translated into the language you normally use.
- \*If you disagree with an entry in your child's records, you have a right to ask the school to change the incorrect record.



- \*If the school refuses to correct your child's records, you have a right to request an impartial hearing, at no cost to yourself, where a determination will be made concerning whether the records should be changed.
- \*You may be assisted at this hearing by any person of your choice including your lawyer; however, the school is not required to pay the cost of legal assistance.
- \*If the hearing officer decides that the record is not in error, you still have a right to place an explanation of the entry in your child's record you have challenged which explains your side of the story. Your explanation must accompany your child's record any time it is examined by anyone else.
- \*Your child's records will not be released or disclosed without your written consent, except to school personnel who have a legitimate interest in your child's education.

**Your rights if you believe your child requires special assistance in school:**

- \*You have the right to request that the school conduct an evaluation of your child. This evaluation shall be free of cultural or physical bias insofar as possible. For example, if your child is blind the evaluation may not be done through tests which require eyesight.
- \*If the school refuses to evaluate your child you may request an impartial hearing to determine whether your child should be evaluated.
- \*You may obtain an evaluation for your child at your own expense and if the hearing officer concludes that the school should have granted the evaluation, or that the school's evaluation was incomplete, you may recover the cost of your private evaluation.
- \*Following evaluation of your child you have the right to request the school to convene a placement committee to determine what is an appropriate education for your child. The placement committee is made up of a school official, your child's classroom teacher, other persons involved in the evaluation of your child, an expert in the suspected area of handicap, you as parents, and if you so desire your child.
- \*The duty of the placement committee is two-fold. First, the committee must determine whether your child is in need of special or prolonged assistance. Second, the committee must develop an individualized educational plan designed to meet the educational needs of your child. You must agree to the individualized educational plan for your child before it may be implemented. If you do not agree with the plan proposed for your child you have the right to request an impartial hearing from your local school.
- \*You have the right to have the placement committee make an annual review of your child's educational program.
- \*Any special services your child receives as a result of the educational program prescribed for him/her by the placement committee must be at no cost to you.

- \*Your right to a free appropriate education for your child extends to all of the costs involved in caring for your child at a special school except clothing, personal items, and medicine if the local school district is unable to provide the services your child requires in your local school.
- \*If you request an impartial hearing under any of the rights presented here, you have the right to present evidence, cross examine witnesses, be represented by an attorney, receive copies of all evidence the school intends to introduce at the hearing at least five (5) days before the hearing, and receive a decision within 45 days of the time you requested the hearing. A more detailed explanation of your rights at an impartial hearing will be provided to you in the event you should request such a hearing.

**Your rights if the school requests to evaluate and place your child in a special program:**

- \*You have the right to refuse an evaluation of your child; however, the school has the right to request an impartial hearing on this issue and if the hearing officer determines that your child should be evaluated, the school may conduct such an evaluation without your consent unless you place your child in another school at your own expense.
- \*You have the right to refuse to agree with an individualized educational program developed for your child by the placement committee. Once again, the school has the right to request a hearing on this issue and unless you intend to place your child in another school at your own expense, your child will receive the educational services detailed in the individualized educational plan drawn up by the placement committee if the hearing officer decides in the school's favor.
- \*If the school should request an impartial hearing over the provision of educational services to your child you will receive a detailed description of your rights. Generally, you have the right to produce evidence, cross examine witnesses, present your own witnesses, be accompanied by a lawyer, and receive copies of all evidence the school intends to introduce at least five days before the hearing.

**TRANSFER OF PARENT RIGHTS**

All rights, including those related to student records, automatically are extended to the student at age 18, unless legal guardianship has been established. Transfer of parents/guardian rights must be addressed on or before the 17<sup>th</sup> birthday. Additional information about guardianship can be obtained from the SDSBVI Student Services Director or Transition Specialist.