

VSB

Vancouver School Board
URGENT INTERVENTION PROCESS (UIP)

Student Information: Name: _____ Principal: _____ School: _____ Teacher: _____	Age: _____ Birthdate: _____ Preferred Gender: _____ Language in home: _____ Placement/Grade: _____ Ministry Designation: _____ School Case Manager: _____
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Tier 1 Intervention

**Please check all that apply*

At Risk Behaviour	Frequency, Duration, Intensity	Alternate Strategies Attempted	Effective Y/N
<input type="checkbox"/> Hitting <input type="checkbox"/> Kicking <input type="checkbox"/> Grabbing/pinching <input type="checkbox"/> Biting <input type="checkbox"/> Spitting <input type="checkbox"/> Verbally Threatening <input type="checkbox"/> Destruction of Property <input type="checkbox"/> Throwing with intent to injure <input type="checkbox"/> Problem Sexualized Behaviour <input type="checkbox"/> Self-Harm <input type="checkbox"/> Flight Risk <input type="checkbox"/> Other, describe _____	How often _____ How severe _____ How long it lasts _____ Who else is involved _____ Where & when behavior occurs _____ (Please provide data)	<input type="checkbox"/> Parent meeting (Required) <input type="checkbox"/> Adjust routines & expectations <input type="checkbox"/> Classroom Environment Modifications <input type="checkbox"/> Visual Supports <input type="checkbox"/> Room clears <input type="checkbox"/> Sensory or adjusted layout/space <input type="checkbox"/> Use of movement breaks <input type="checkbox"/> Nonviolent Crisis Intervention (CPI) <input type="checkbox"/> Employee Safety Plan in place <input type="checkbox"/> Positive Behaviour Support Plan <input type="checkbox"/> Other: _____	

Tier 2 Intervention

Non-Enrolling Staff Involved in Providing Support:

Name _____	Role _____
_____	_____ x / week, since _____ for _____
_____	_____ x / week, since _____ for _____
_____	_____ x / week, since _____ for _____

Tier 3 Intervention Access

Documentation Requested:	Date	Date
<input type="checkbox"/> Employee Safety Plan <input type="checkbox"/> PRIS Form <input type="checkbox"/> IEP <input type="checkbox"/> SLP or Psych Report if available <input type="checkbox"/> Positive Behaviour Support Plan <input type="checkbox"/> Needs Assessment <input type="checkbox"/> Other: _____	_____	<input type="checkbox"/> Functional Behaviour Assessment (FBA) <input type="checkbox"/> Behaviour Consultant <input type="checkbox"/> STBS Involvement <input type="checkbox"/> Inclusion Consultant <input type="checkbox"/> Serious/Harmful Behaviour Data Sheet <input type="checkbox"/> Other: _____

Position	Name (Please Print)	Signature
Parent/Guardian (Required)		
Principal/Vice Principal (Required)		
Classroom Teacher		
Case Manager		
Counsellor		
Other:		

For Learning Services Use only

Associate Superintendent or Designate Approval: _____ Y N

If No, Date of SBT Attended by Designate _____

Date Submitted to uiip@vsb.bc.ca: _____

Date Received: _____

Urgent Intervention Process

(as per the Collective Agreement)

Where, in the opinion of the School-Based Team, in consultation with the enrolling teacher(s), a student is sufficiently disruptive or sufficiently at risk to self or others to require special intervention, the following process will be used:

- (a) The School-Based Team will meet and consider whether the student meets the above qualification. A protocol in this regard will be developed jointly by the Board and the V.T.F.
- (b) The School-Based Team will attempt to resolve the matter at the school level. and, If the school cannot meet the student's needs, the school administrator will immediately report the situation to the Director of Instruction or designate and the appropriate Associate Superintendent. The Director of Instruction or designate or the appropriate Associate Superintendent shall determine if the Board should supply necessary urgent resources and support services or arrange for alternate placement during the period before the interim plan referred to in Clause (c) below is in place.
- (c) Within five (5) days, the Director of Instruction or designate(s), will meet with the School-Based Team, including others as deemed appropriate, to develop an interim plan for appropriate placement and/or support services. At this meeting a time line for implementation of the interim plan will be developed. The interim plan will include details of the documentation which will be necessary for referral to Learning Services Screening.
- (d) The student will be referred to Learning Services Screening, with required documentation and a recommendation as soon as possible in order that either a designation can be made, and/or appropriate available resources identified.
- (e) The Board will ensure that necessary personnel are available to provide sufficient and timely information to Learning Services Screening.

Criteria

- Student must display behaviour that is sufficiently disruptive and sufficiently "at Risk". Appropriate data must be collected and represented with the UIP Referral form to demonstrate the seriousness of the behaviour.
- The school-based administrator must support the referral process as per SBT Process
- Evidence of interventions attempted and supports provided by the school will be reflected by the Pre-referral Interventions Strategies identified
- Appropriate documentation must be accompanied by the referral form

Process

1. Appropriate documentation submitted to: uip@vsb.bc.ca
2. Designate will date and assign UIP staff member
3. UIP Staff member to make initial contact:
 - a. Arrange SBT date
 - b. Arrange file review
 - c. Arrange observation
 - d. within 5 days, develop an interim plan for appropriate placement and/or support services. At this meeting a time line for implementation of the interim plan will be developed
 - e. Determine if screening is appropriate
 - f. Determine if the assignment of SSA/SSB support is appropriate
4. Leave plan for SBT to facilitate

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URGENT INTERVENTION CONSULTATION PLAN (UIP)

For Learning Services Use only

Y N

Associate Superintendent or Designate Approval: _____

Date Submitted: _____

Date Received: _____

Assigned to: _____

First Contact: _____

SBT Date: _____

Observation/File Review _____

Interim Plan Observations

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Interim Plan Recommendations

- Review and revise Employee Safety Plan with all who work with student
- Positive verbal praise (4:1 positive comments).
- School-based Support staff changes (e.g., RT, AC, YFW, SSA).
- Modify environment to play for safety (i.e., place items out of reach).
- Identify case manager and a positive contact person within the school.
- Contact DLS staff/supports: _____
- Complete the following paperwork to apply for designation: _____
- Scheduled brain and body breaks.
- Individualized and structured playground/non-instructional plans.
- Establish daily positive check-in with preferred adult.
- Complete (or continue completing) Serious/Harmful Behaviour Data Sheet.
- Review file and previous reports – are there recommendations that have yet to be implemented?
- Initiate Violent Threat Risk Assessment (VTRA)
- Contact community partner(s): _____ (e.g., SLO, MCFD, VCH, home team)
- Assess and support basic needs (e.g., food, sleeping, transportation, health)
- Refer to VSB protocols: _____
- Complete Needs Assessment

Blank area for Interim Plan Recommendations.

Recommendations

- Designation to be pursued _____
- Forwarded to Screening for consideration of placement/intervention _____
- STIBS, SSA or Patch Assigned _____
- No Formal Recommendations at this time