



**Project TEACH is New York State's  
Child/Adolescent & Perinatal Psychiatry Access Program.**

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# Understanding and Collaborating with Schools





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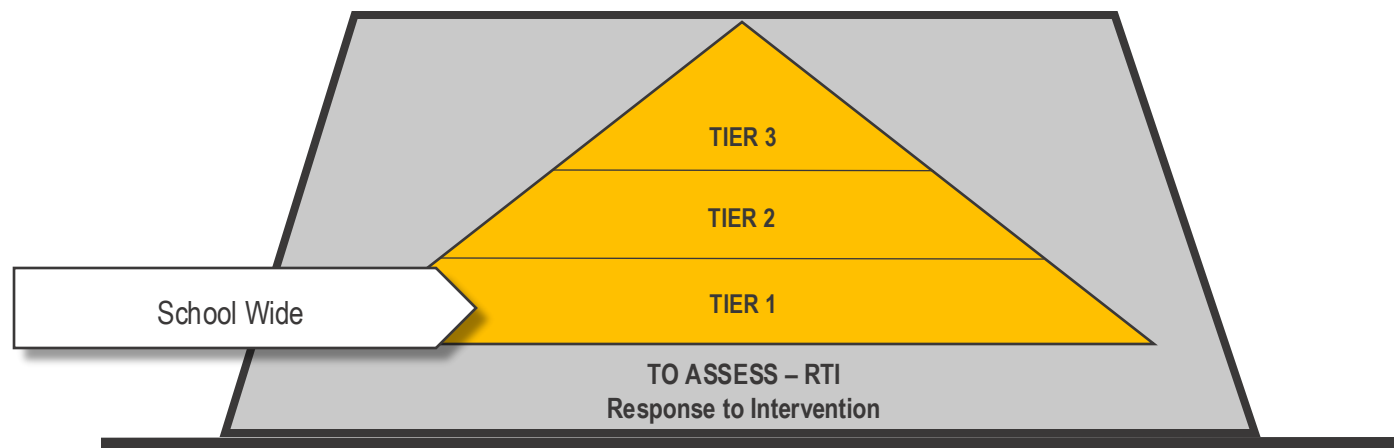
Brockport School District, Brockport, NY

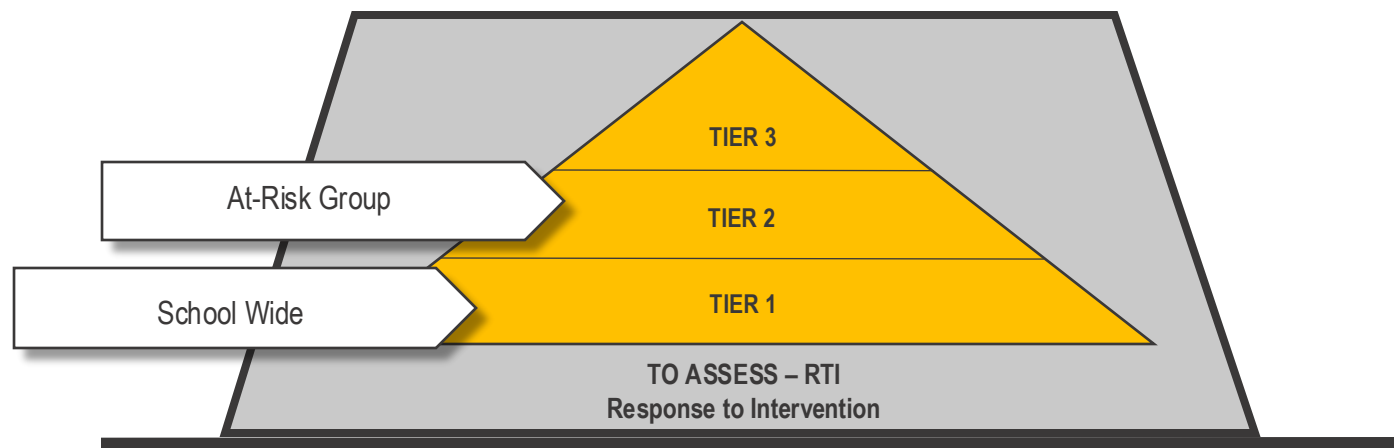
# Disclosures

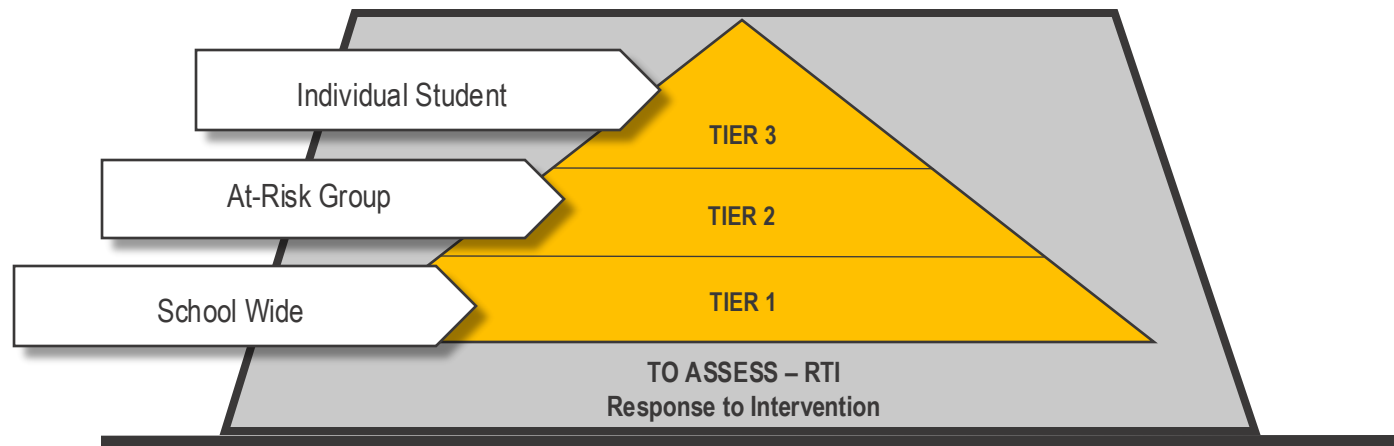
- “Neither we nor our spouses have
- a relevant financial relationship with a
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# Learning Objectives

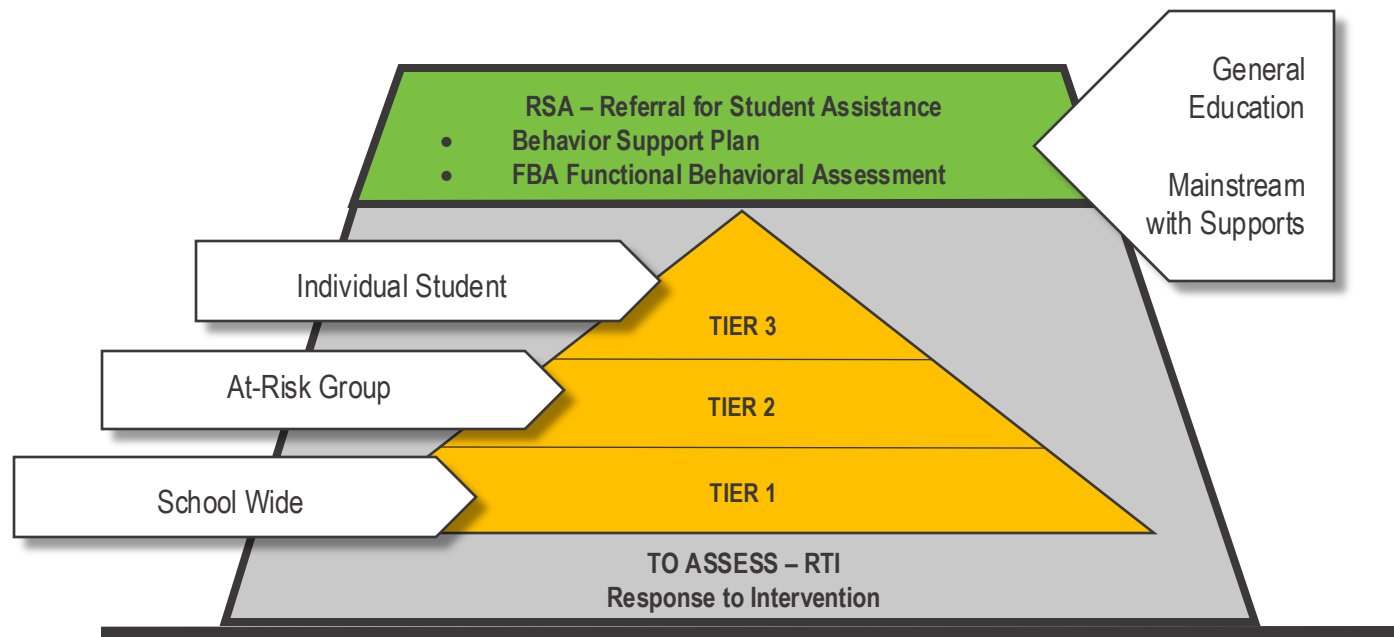
Understand	Learn	Review	Review
Understand the Range of Services within Schools	Learn to better collaborate with schools around services for students in General Educational Programs (Regular Education)	Review the process of classification of students and creation of Individualized Educational Plans through the Committee on Special Education	Review the CCC (Collaborative Care through Communication) form and consider implementation

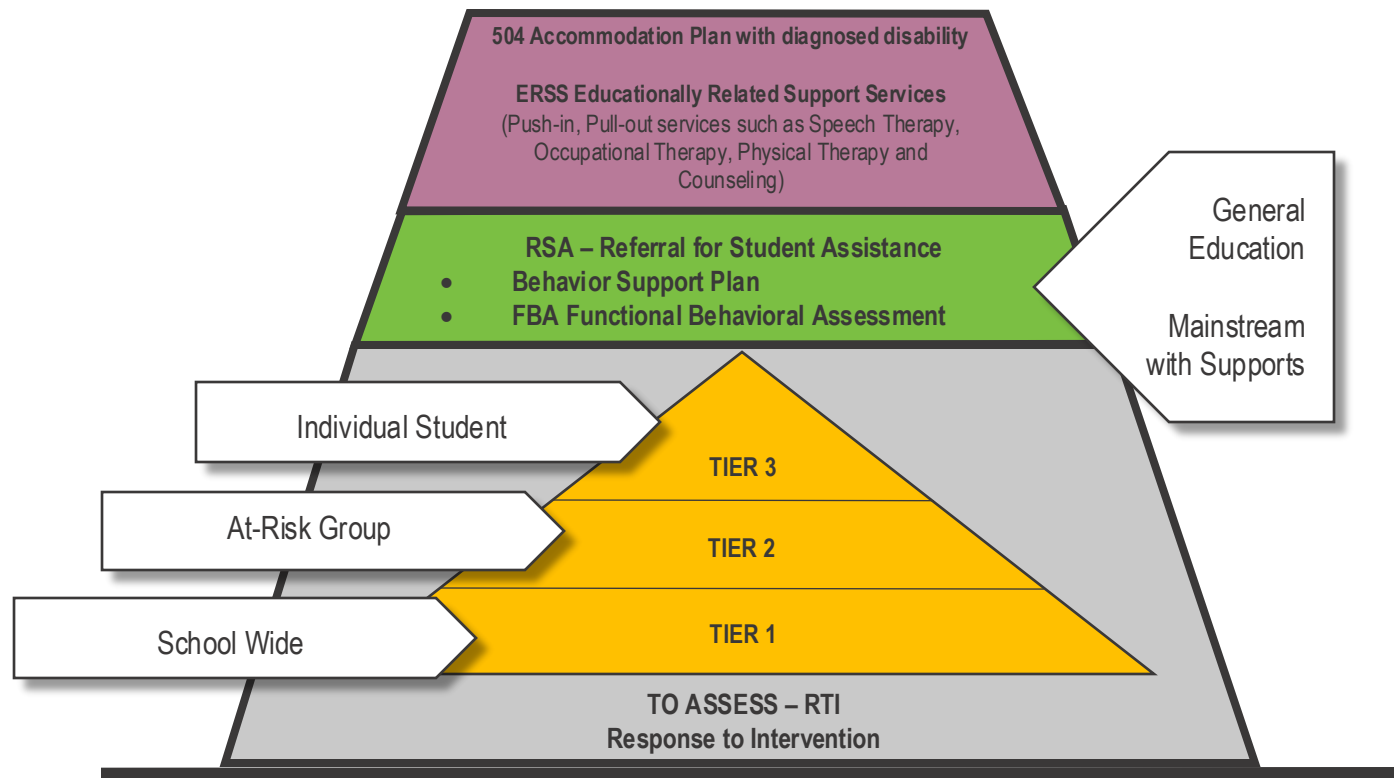


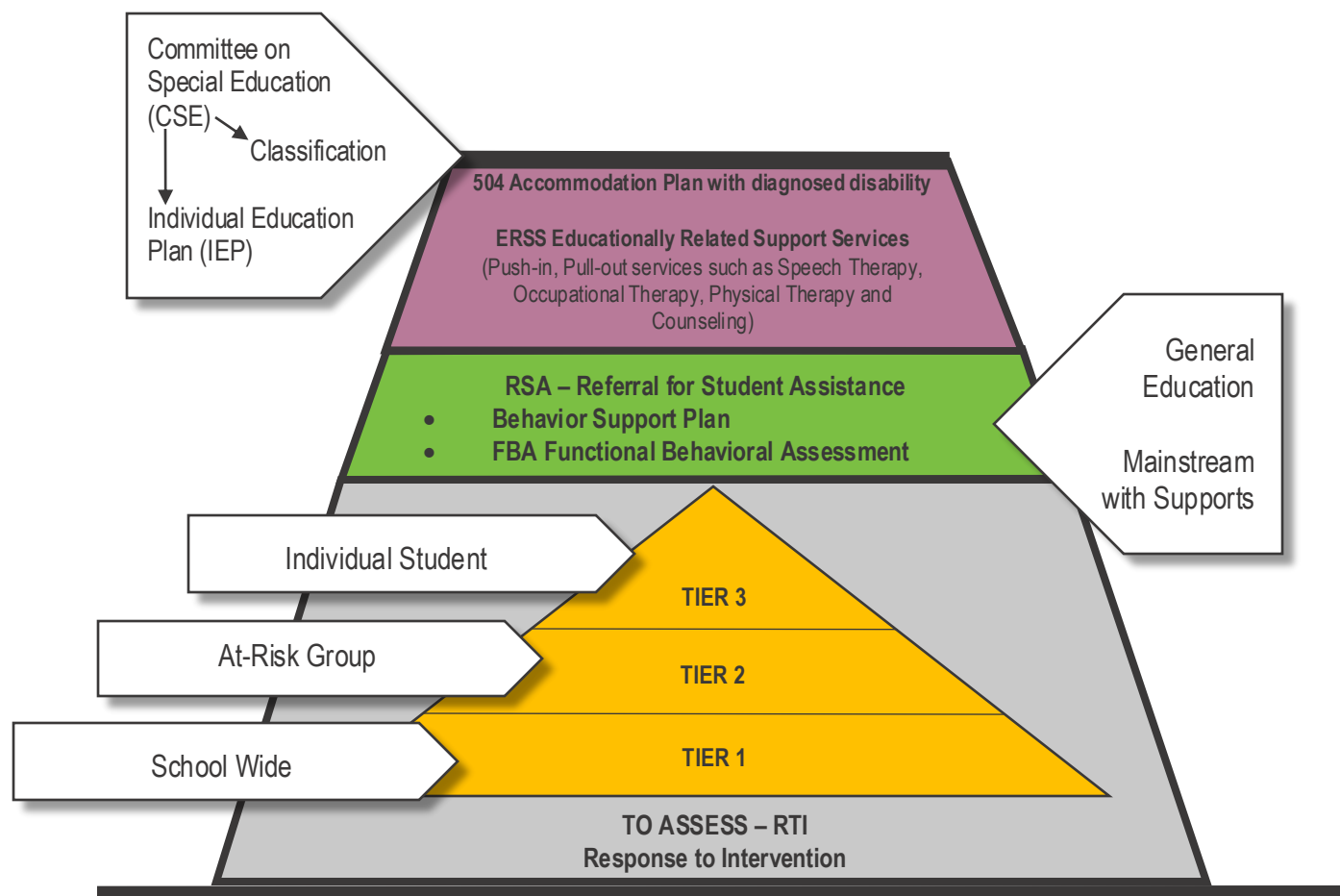


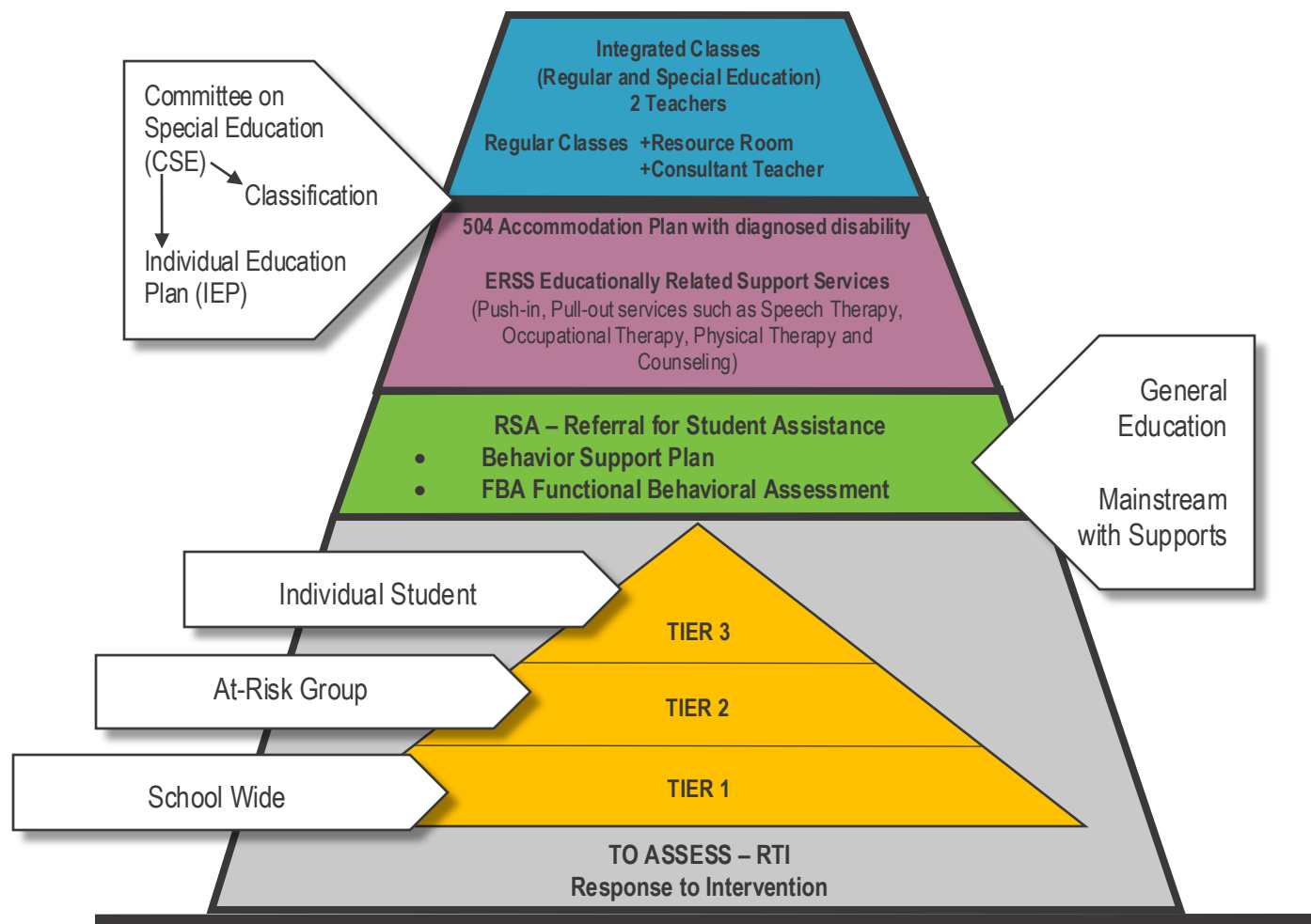


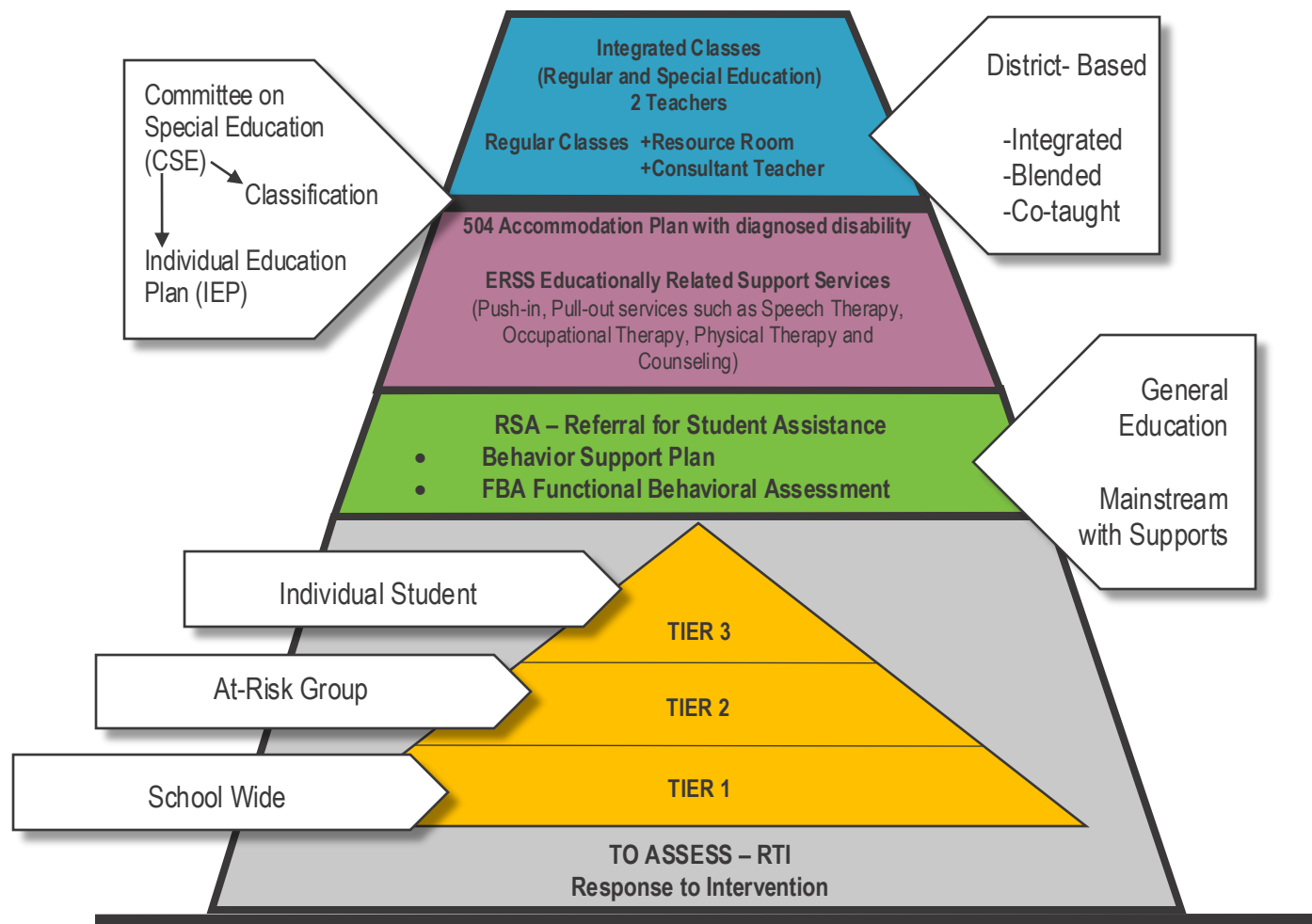


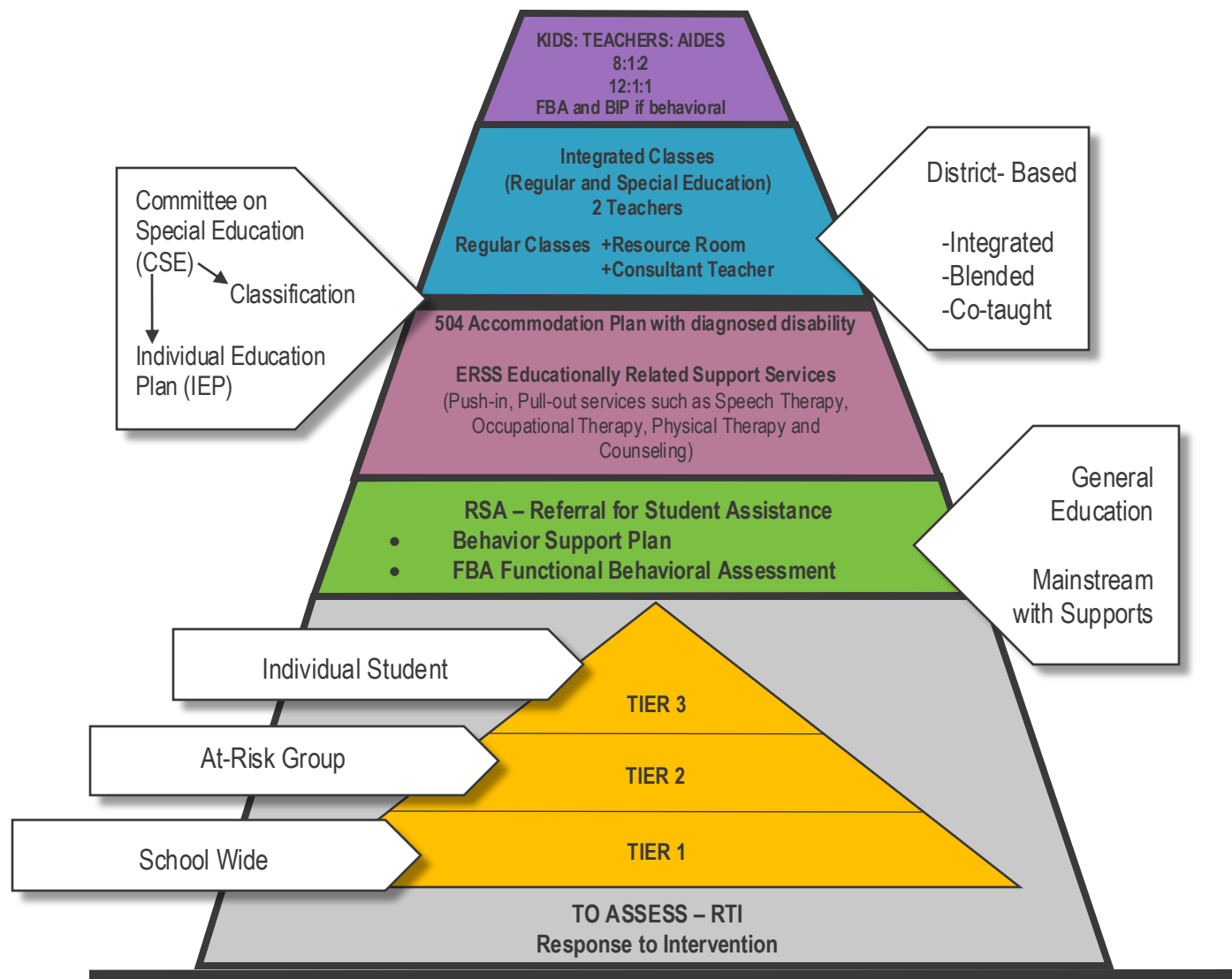




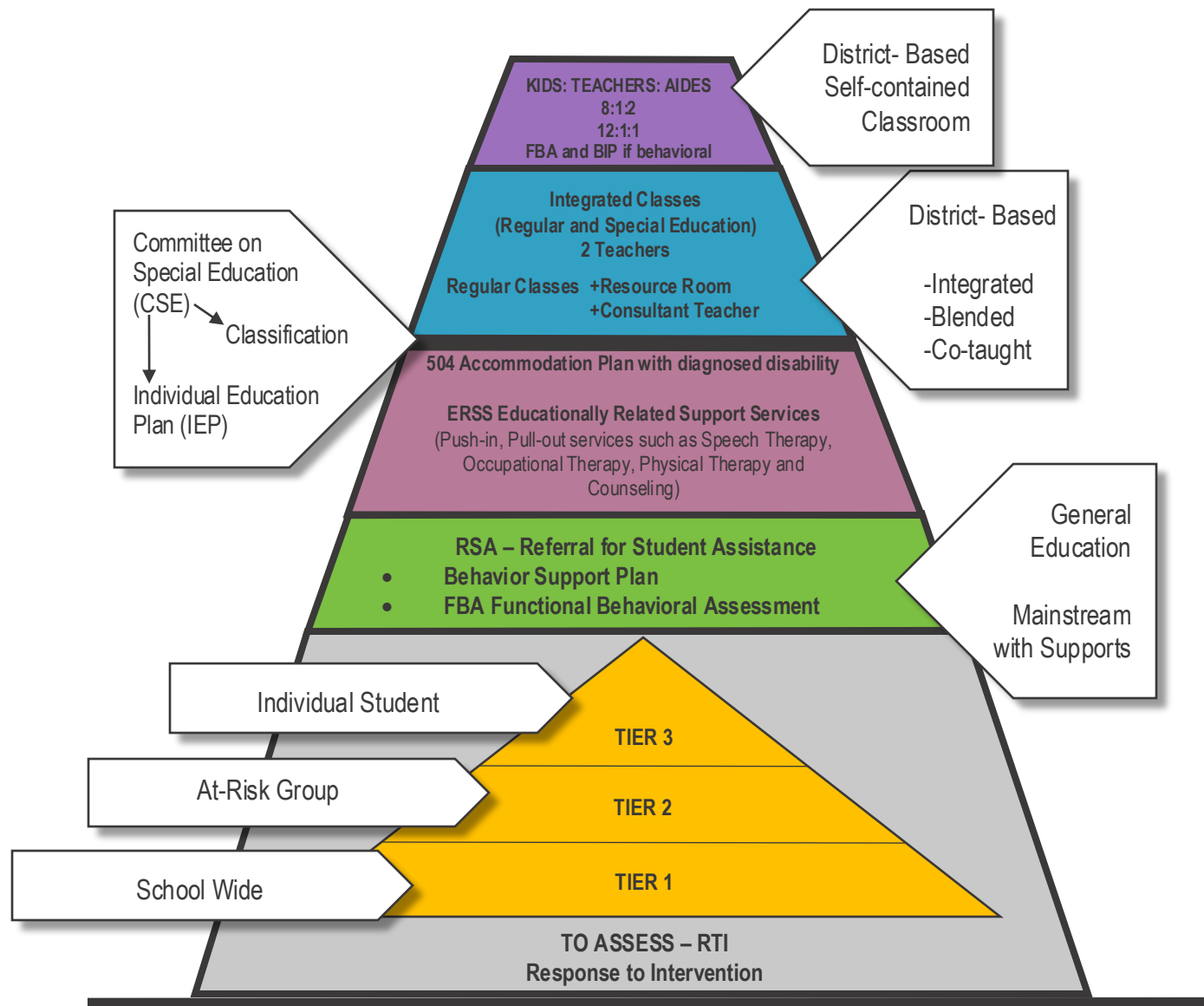


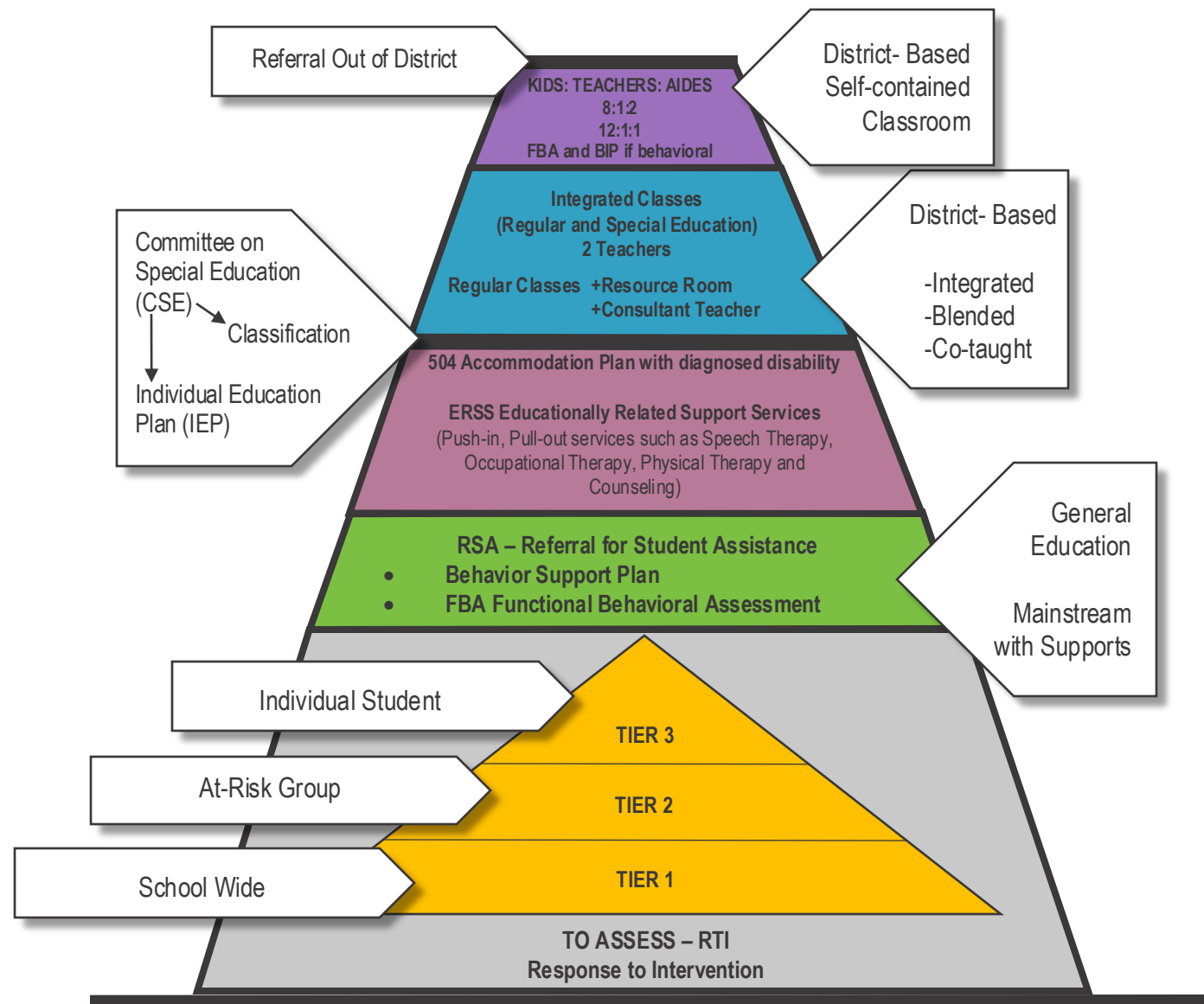


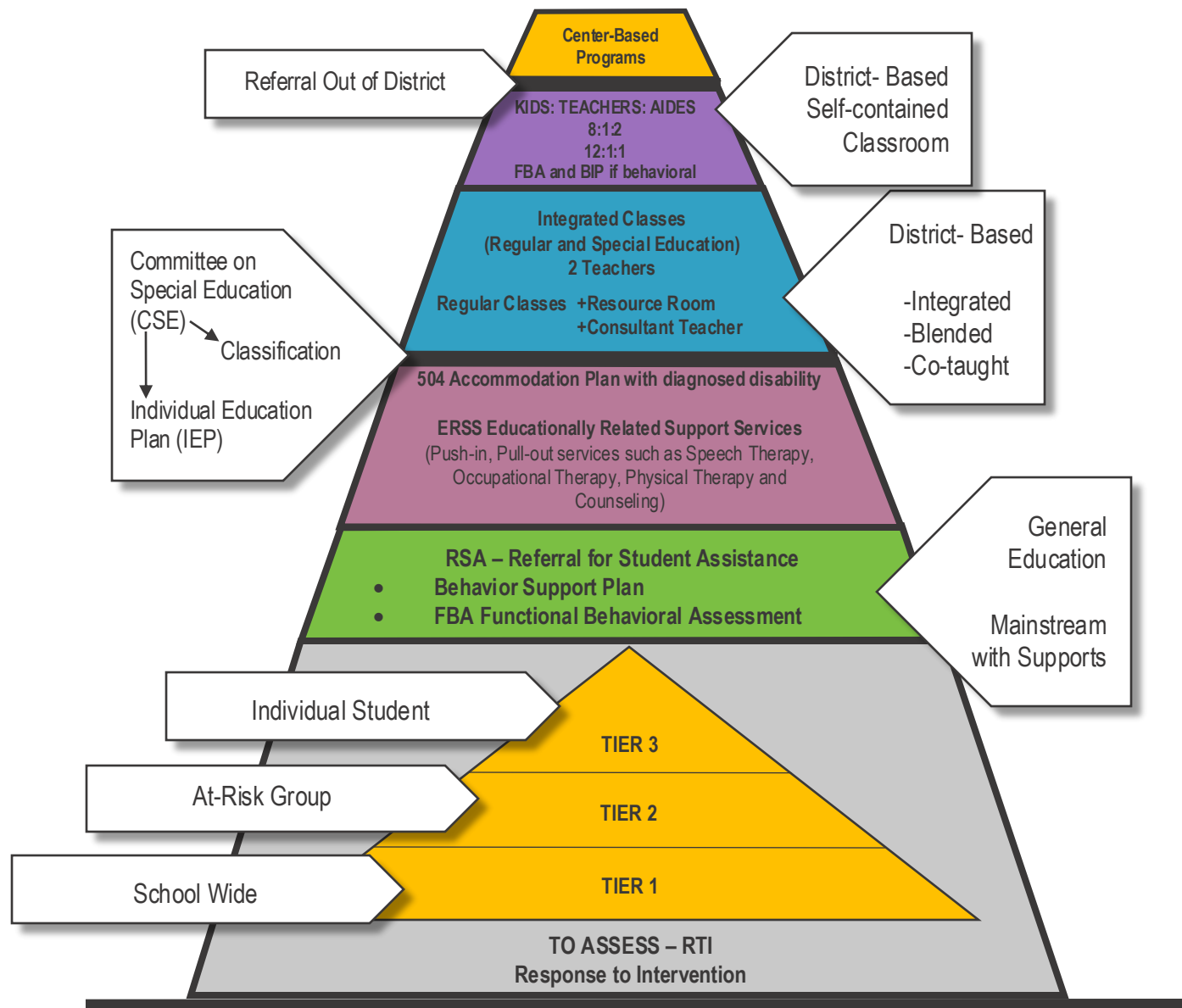


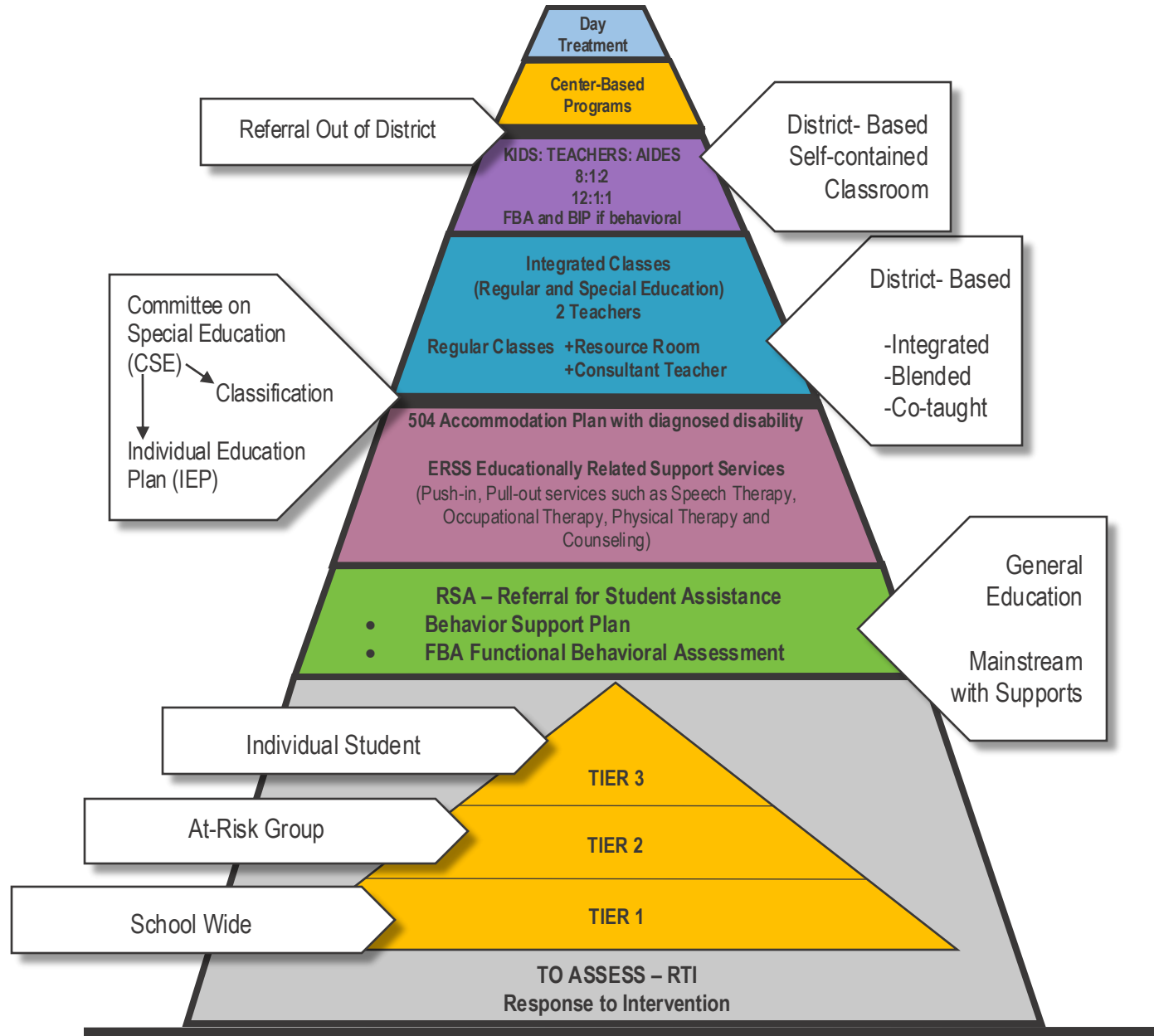


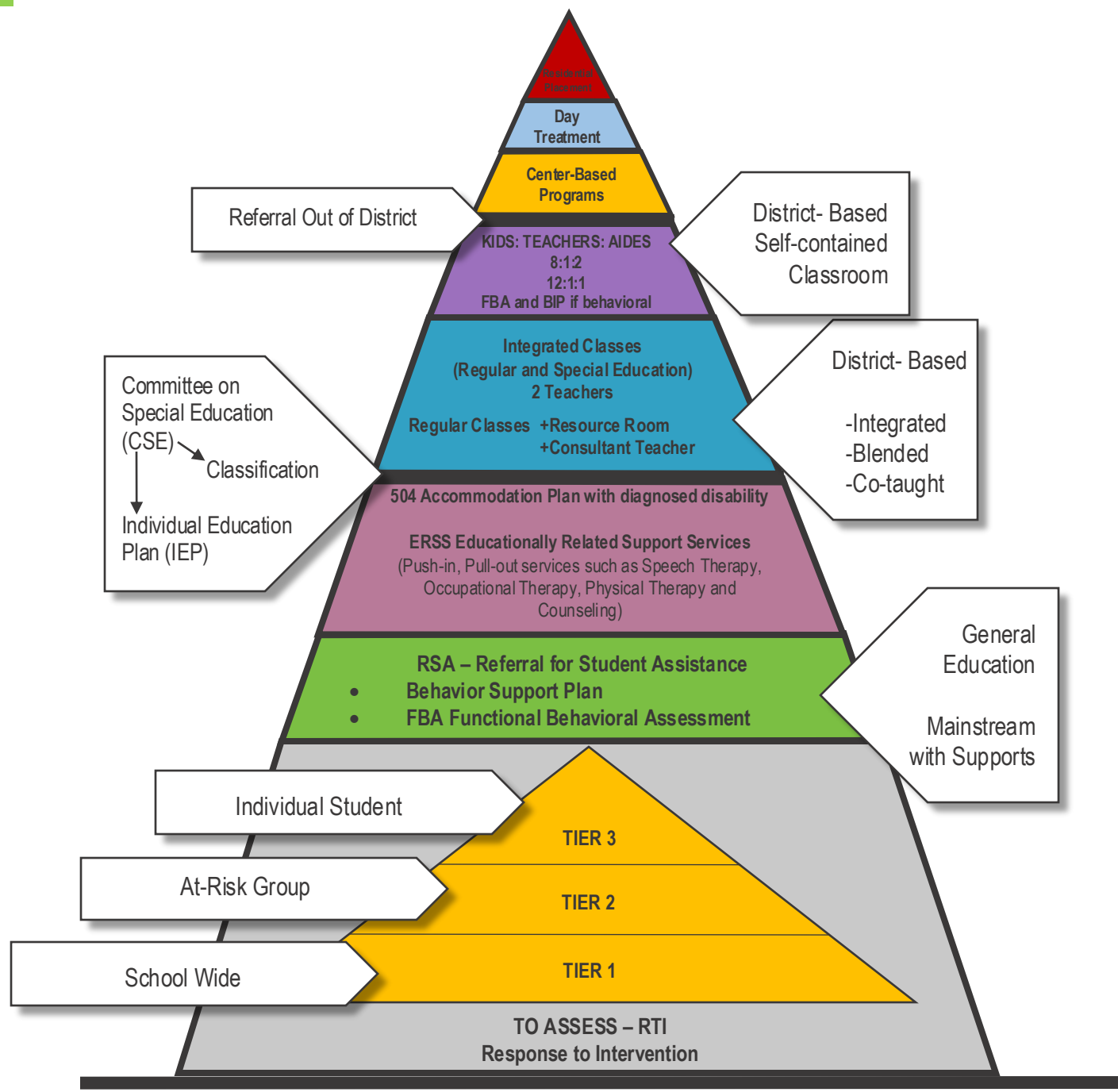


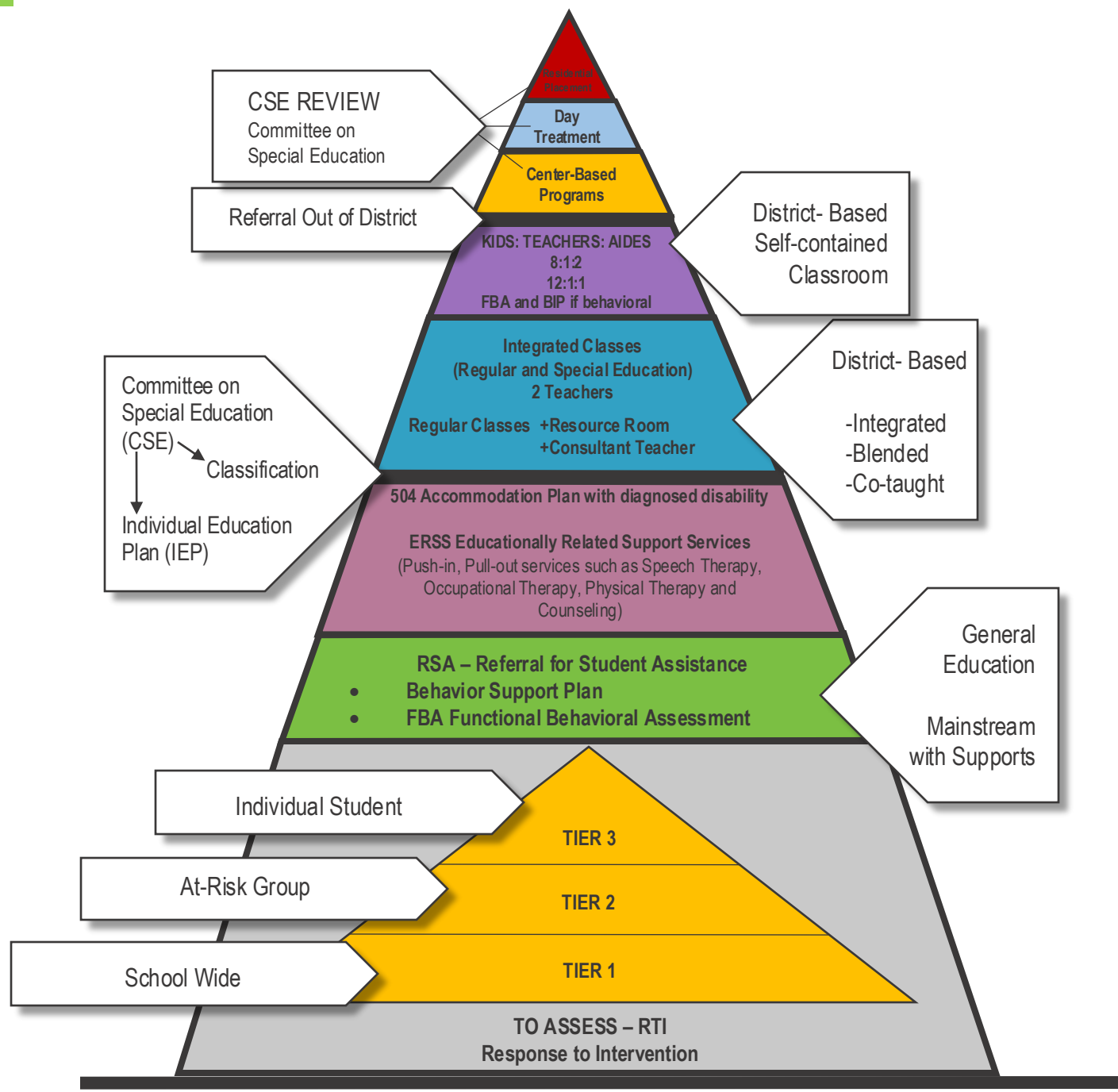












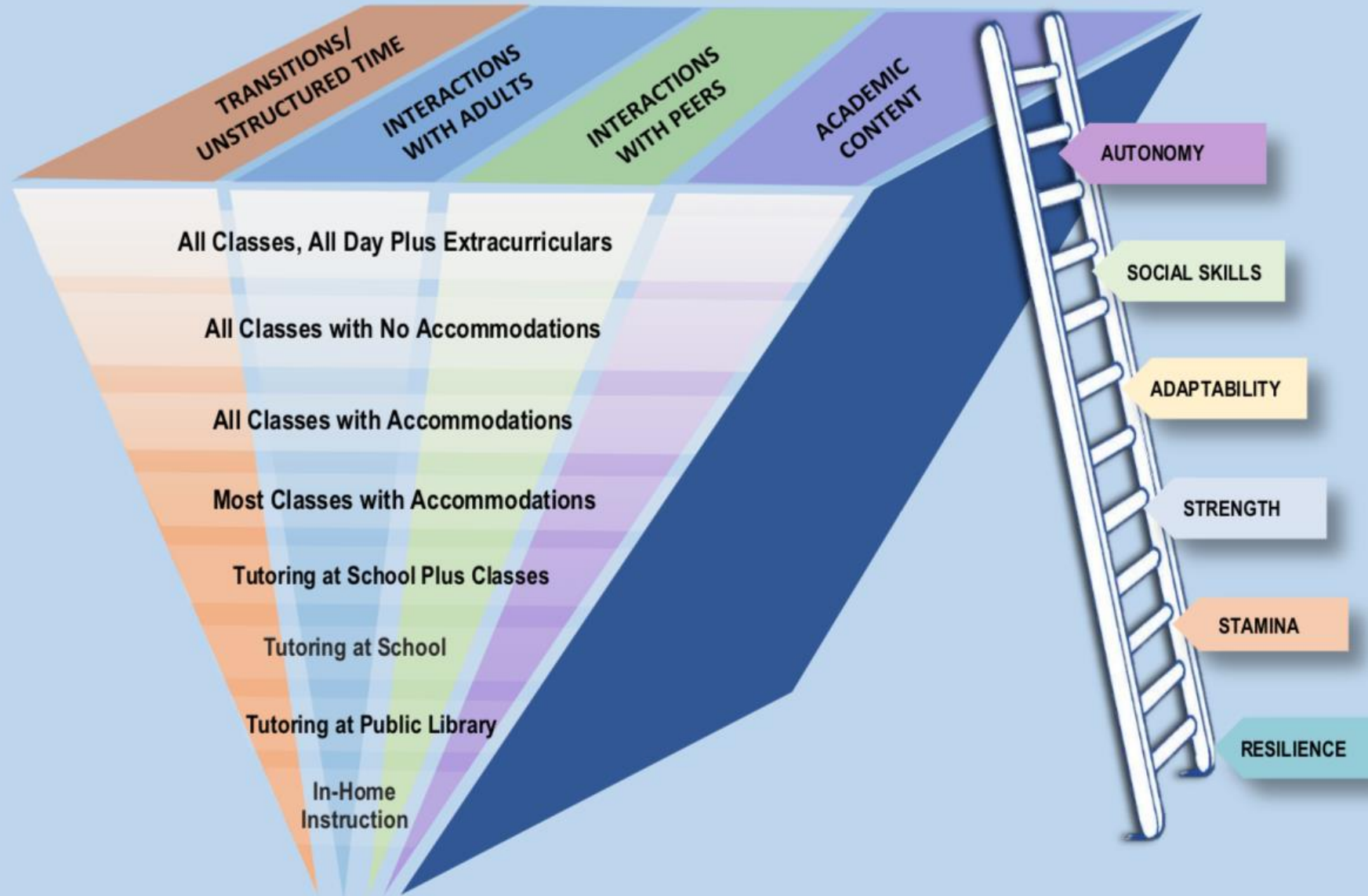


**Isn't more better?**

**Can/should accommodations be tapered?**

**Is there anything to be gained through the struggle?**

# Prepared for Young Adulthood



**How Does Discipline work?**

**Can you suspend a student with an IEP?**

**Do in-school and out-of-school suspensions improve behavior? Academic performance?**

**What is going on when the school calls parents to “come and get your child” frequently?**

# How to Begin Collaborating with Schools

- Reach out and be “able, affable and available”.
- Learn the lingo and the rules of the game
- Offer education and materials to counselors, school nurses, teachers and administrators
- Remember that the last word on placements and services belongs to the Committee on Special Education
- Look for C4K “Collaboration Dialogue” opportunities

# Index of Educational Terminology

- 504 Plan – Accommodation Plan
- ABA – Applied Behavioral Analysis
- AC – Adaptive Communication
- AIS - Academic Intervention Services
- Autism – Autistic Spectrum Disorders
- BIP - Behavioral Intervention Plan (with IEP)
- BSP - Behavior Support Plan (without IEP)
- CPSE – Committee on Preschool Special Education
- CSE – Committee on Special Education
- CT – Consult Teacher
- ED – Emotionally Disturbed
- EI – Early Intervention
- ERSS – Educationally Related Support Services
- ESL – English as a Second Language
- FAPE – Free and Appropriate Public Education
- FBA – Functional Behavioral Assessment
- Home Schooling
- HHI- Home and Hospital Instruction/ Home tutoring
- ICT/ICOT – Integrated Cotaught classroom
- IDEA – Individuals with Disabilities Educational Act

# Index of Educational Terminology (continued)

- IEP – Individual Educational Plan
- ISS – In-school Suspension
- LD – Learning Disability
- LRE – Least Restrictive Environment
- OOD – Out of District Placement
- OSS – Out-of-School Suspension
- OT – Occupational Therapy
- Para – paraprofessional or aide
- PT – Physical Therapy
- RR – Resource Room
- RTI – Response to Intervention
- SC – Self-contained classrooms
- SH – Superintendent’s Hearing
- SLS – Speech and Language Services



# CCC (Collaborative Care through Communication) Form

THE WHOLE CHILD

<b>Student Name:</b>	DOB:	Grade:
Home School District:	Current Educational Placement, if known:	
Primary School Contact Name: (with whom information will be shared)	School Contact phone/fax/e-mail:	
*Parentally signed HIPAA form must be completed. Please attach. Relevant concern/diagnosis/condition(s):		
How long have you been treating the student for this condition?	Frequency of appointments?	
	Date of last office visit:	
Is student actively participating in treatment/therapy? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Comment:		
Other known providers:		
How does this condition impair the student's ability to participate in classes in school?		
Share ideas that could be considered to support the student in school:		
Are there any school activities in which you feel the student should not participate? Reason?		
When would you anticipate improved function? Would the student still need special consideration?		
Parents' understanding and perception of the situation?		

THE WHOLE CHILD

<b>Student Name:</b>	DOB:	Grade:
School District:	Current Educational Placement type/location:	
Please check status: <input type="checkbox"/> General education <input type="checkbox"/> Special education/IEP <input type="checkbox"/> 504 Plan		
Medical/Behavioral Health Provider: (with whom information will be shared)	Provider phone/fax/email:	
*Parentally signed consent form must be completed. Please attach. Attach any IEP, 504 Plan, Behavior Plan, reevaluation packet, or other relevant documentation		
Does student have an FBA/BIP (Behavior Intervention Plan)? <input type="checkbox"/> No <input type="checkbox"/> Yes, Please attach		
List school concerns pertaining to student:		
Attendance: # of days absent and total days so far this year ____/____ or <input type="checkbox"/> not a concern		
School interventions tried to date (specify all supports and interventions tried this year, such as parent communication/meetings, individual and/or group services, accommodations offered, etc.):		
Community services in place: (Specify agency, provider name and contact information)		
Additional referrals made/current status: (Specify name and contact information)		
Family systems concerns/barriers:		
Parent perspective:		

# Special Thanks to the Rochester Collaborative Care through Communication Committee