BITTERROOT VALLEY EDUCATION COOPERATIVE
MANAGEMENT BOARD

Tuesday, November 24, 2015
9:00 a.m. – Cooperative Office

AGENDA

1. Call to Order

2. Introduce Staff Representative

3. Consent Agenda
   A. Minutes
   B. Warrants
   C. Financial Report
   D. Next Meeting – December 22 or 15?

4. Public Comment

5. Correspondence
   A. Letter of Appreciation - attached
      1. Stevensville School District Mental Health Teams

6. Board Action
   A. None

7. Information and Discussion
   A. CSCT 90 Day Data Reporting and signatures

      Financial data report every 90 days and signatures of district officials. Student outcome data reported and signed off by principals.

   B. Procedures for Administrative Designee at IEP Meeting

      This topic came up at the October training on Special Education and Section 504 Legal Updates. Based on a questions raised from participants Bea cautioned against overuse of building principals appointing Administrative Designees at IEP meetings. The designee may not always be able to meet the legal requirements and she advised against what would be a De Facto policy of using a Designee as the first option vs. last option. – Guideline from OPI attached.
C. Badge ID for BVEC Itinerant Staff

With increasing emphasis on security I am wondering if it works for districts if we created a BVEC ID for staff members who routinely visit but do not have a district ID.

D. MTSBA Policy 5332 and Form 5232F - attached

Continuing discussion from November board meeting and any updates on district policy proceedings or decisions.

E. ELL Assessment and Follow up Support

Continuing discussion from Nov board meeting on options for ELL Assessment:

**W-APT WIDA- ACCESS Placement Test** – an English Language Proficiency “screener” test given to incoming students who may be designated as English Language Learners

**WIDA World-Class Instructional Design and Assessments** – a multi-state consortium whose purpose is to develop standards and assessments for English language learners

Options: 1) School Psychologists trained as backup screener to district employee, 2) dedicated BVEC itinerant staff member as primary screener.

8. Adjourn
DATE: November 18, 2015

TO: Stevensville Mental Health Team Members
    Lee Stark, Molly Cherry, Wendy Wanner, Tiana Graff, Anna Hughes, Amy Elliot, Morgan Miller, Steve Coop, Steve Ziegowski, Chris Hughes, Jessica Randazzo

FROM: Tim Miller

COPY: BVEC Board
      Jessica Shourd
      Tracey Rogstad
      Brian Gum
      Nate Fry

RE: Appreciation for Training on Mental Health and Behavior De-escalation

Each of you deserve commendation and a robust thank you for the recent district-wide training. It was gratifying to see you affiliate across disciplines as the district “Mental Health Team” and then roll up your sleeves to identify needs among buildings and develop a coordinated plan for full-day, district-wide PIR training.

I was fortunate to participate in one of the building level break-out sessions and found the teachers seriously engaged in problem solving around a particularly challenging child. I could see the wheels churning as they tried to match the information and tools that you offered with this student’s behavior and emotional needs.

The survey data was most favorable. Comments included; “great presentation,” “great information,” “I found this all to be very helpful - Thanks guys!”

This is an effective model of collaborative in-service training. The content was very helpful for humanizing how we handle tough situations and tough kids and I plan to highlight this for possible replication in other member districts.

Nice work!
Administrative Designee

In response to numerous questions regarding who can serve as an administrative designee on Evaluation Report and IEP teams please reference the following regulation and policy statement.

§ 300.321 IEP Team. (In part)

(a) General. The public agency must ensure that the IEP Team for each child with a disability includes—

(1) The parents of the child;

(2) Not less than one regular education teacher of the child (if the child is, or may be, participating in the regular education environment);

(3) Not less than one special education teacher of the child, or where appropriate, not less than one special education provider of the child;

(4) A representative of the public agency who—

(i) Is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities;

(ii) Is knowledgeable about the general education curriculum; and

(iii) Is knowledgeable about the availability of resources of the public agency.

In Montana an administrative designee, in the absence of an administrator, could be a sped director or sped administrator (assuming they have appropriate endorsements), a school psychologist, a speech language pathologist, a special education teacher, or other staff member endorsed or certified in one of the previous areas.

No other teachers would meet the standard of the regulation.

The proviso then, cannot be overstated. The designee has full authority to commit the resources of the district.

April 2013
Abused and Neglected Child Reporting

A District employee who has reasonable cause to suspect that a student may be an abused or neglected child shall report such a case to the Montana Department of Public Health and Human Services (DPHHS) and notify the Superintendent or principal that a report has been made. An employee does not discharge the obligation to personally report by notifying the Superintendent or principal.

Any District employee who fails to report a suspected case of abuse or neglect to the Department of Public Health and Human Services, or who prevents another person from doing so, may be civilly liable for damages proximately caused by such failure or prevention and is guilty of a misdemeanor. The employee will also be subject to disciplinary action up to and including termination.

When a District employee makes a report, the DPHHS may share information with that individual or others as stated in 41-3-201(5). Individuals who receive information pursuant to the above named subsection (5) shall maintain the confidentiality of the information as required in 41-3-205.

Legal Reference:  § 41-3-201, MCA Reports  
§ 41-3-202, MCA Action on reporting  
§ 41-3-203, MCA Immunity from liability  
§ 41-3-205, MCA Confidentiality – disclosure exceptions  
§ 41-3-207, MCA Penalty for failure to report

Policy History:
Adopted on: Feb. 12, 2002
Reviewed on:
Revised on: Jun. 9, 2009; Nov. 12, 2013
Report of Suspected Child Abuse or Neglect
Hot Line Number – 866-820-5437

Original to: Department of Public Health and Human Services
Copy to: Building Principal

From: ____________________________ Title: ____________________________

School: __________________________ Phone: __________________________

Persons contacted:  □ Principal  □ Teacher  □ School Nurse  □ Other ____________

Name of Minor: ____________________________ Date of Birth: __________________________

Address: ____________________________ Phone: __________________________

Date of Report: __________ Attendance Pattern: __________________________

Father: ____________ Address: ____________________________ Phone: __________

Mother: ____________ Address: ____________________________ Phone: __________

Guardian or Stepparent: ____________ Address: ____________________________ Phone: __________

Any suspicion of injury/neglect to other family members: __________________________

Nature and extent of the child’s injuries, including any evidence of previous injuries, and any other information which may be helpful in showing abuse or neglect, including all acts which lead you to believe the child has been abused or neglected: __________________________

____________________________________________________________________________

Previous action taken, if any: __________________________

____________________________________________________________________________

Follow-up by Department of Public Health and Human Services (DPHHS to complete and return copy to the Building Principal):

Date Received: ____________ Date of Investigation: ____________