

## Vancouver School Board

## **URGENT INTERVENTION PROCESS (UIP)**

| Student Information: Name:  |  | Age:                              | Birthdate:Pı   | referred Gender:     |
|---|--|-----------------------------------|--|----------------------|
| Principal:  |  | Langua                            | ge in home:  |                      |
| School:   |  | Placeme                           | ent/Grade: Ministry I  | Designation:         |
| Teacher:  |  | School                            | Case Manager:  |                      |
| Todollor.   |  |                                   |  |                      |
| *Please check all that apply  | Tier 1 Int   | ervent                            | ion  |                      |
| At Risk Behaviour   | Frequency, Duration Intensity  | on,                               | Alternate Strategies Att   | empted Effective Y/N |
| <ul> <li>☐ Hitting</li> <li>☐ Kicking</li> <li>☐ Grabbing/pinching</li> <li>☐ Biting</li> <li>☐ Spitting</li> <li>☐ Verbally Threatening</li> <li>☐ Destruction of Property</li> <li>☐ Throwing with intent to injure</li> <li>☐ Problem Sexualized Behaviour</li> <li>☐ Self-Harm</li> <li>☐ Flight Risk</li> <li>☐ Other, describe</li> </ul> | How often How severe How long it lasts Who else is involved Where & when behavior occurs (Please provide data) |                                   | □ Parent meeting (Required) □ Adjust routines & expectations □ Classroom Environment Modifications □ Visual Supports □ Room clears □ Sensory or adjusted layout/space □ Use of movement breaks □ Nonviolent Crisis Intervention (CPI) □ Employee Safety Plan in place □ Positive Behaviour Support Plan □ Other: |                      |
| Non-Enrolling Staff Involved in I Name Role   | <u>yy/mm</u> x / week, sincex / week, sincex   |                                   |  | <b></b>              |
| Documentation Requested:  | Tier 3 Interv  | ention                            | Access Date  | e <u>e</u>           |
| <ul> <li>□ Employee Safety Plan</li> <li>□ PRIS Form</li> <li>□ IEP</li> <li>□ SLP or Psych Report if available</li> <li>□ Positive Behaviour Support Plan</li> <li>□ Needs Assessment</li> <li>□ Other</li> </ul>  | Behaviour  STIBS Invo  Inclusion C  Serious/Ha   | Consultan<br>Ivement<br>onsultant | t Assessment (FBA) t aviour Data Sheet   |                      |
| Position  | Name (Please   | Print)                            | Sign   | ature                |
| Parent/Guardian (Required)  |  |                                   | 10   |                      |
| Principal/Vice Principal (Required  | )  |                                   |  |                      |
| Classroom Teacher   |  |                                   |  |                      |
| Case Manager  |  |                                   |  |                      |
| Counsellor  |  |                                   |  |                      |
| Other:  |  |                                   |  |                      |
|   |  |                                   |  |                      |
|   | For Learning S   | ervices                           | Use only   |                      |
| Associate Superintendent or If No, Date of SBT Attended Date Submitted to <a href="mailto:uip@vsb.be">uip@vsb.be</a> Date Received:   | by Designate<br>c.ca:  |                                   |  | •                    |

# 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:

- 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.
- The School-Based Team will attempt to resolve the matter at the school level. and, If the school cannot meet (b) 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.
- Within five (5) days, the Director of Instruction or designate(s), will meet with the School-Based Team, (c) 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.
- The student will be referred to Learning Services Screening, with required documentation and a (d) recommendation as soon as possible in order that either a designation can be made, and/or appropriate available resources identified.
- The Board will ensure that necessary personnel are available to provide sufficient and timely information to (e) 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



#### Vancouver School Board

### **URGENT INTERVENTION CONSULTATION PLAN (UIP)**

| Interim Plan Observations  Interim Plan Observat | 5 4 - C-1 tu 1   |   | □Y □ N  |
|--|--|---|---|
| Interim Plan Observation/File Review  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., R1, 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. Connact DIS staffSupports Complete the following paperwork to apply for designation: Schoduled brain and body breaks. I stablish daily positive check-in with preferred adult. Complete (for continue completing) Serious/Harmfull Behaviour Data Sheet. Review file and previous reports—are there recommendations that have yet to be implemented? I mittale Volent Threat Risk Assessment (VTRA)  Contact community partner(s): Assess and support basic needs (e.g., food, sleeping, transportation, health) Refer to VSB protocols:  Complete Needs Assessment  Recommendations  Designation to be pursued Torwarded to Screening for consideration of placement/intervention   | Date Submitted:  |   |   |
| Interim Plan Recommendations  I Review and revise Employee Safety Plan with all who work with student Positive verbal praise (4.1 positive comments). I School-based Support staff changes (e.g., RT, AC, YFW, SSA). Modify environment to play for safety (i.e., place items out of reach). I dentify case manager and a positive contact persons within the school. Contact DLS staffsupports: Complete the following paperwork to apply for designation: Scheduled bram and body breaks. I Individualized and structured playground/mon-instructional plans. I Stablish daily positive check-in with preferred adult. I Complete for continue completing Serious Harmful Behaviour Data Sheet. I Review life and previous reports — are there recommendations that have yet to be implemented? I Initiate Violent Thrust Risk Assessment (VTRA) Contact community partner(s): (e.g., SLO, MCFD, VCH, home team) Refer to VSB protocols. I Complete Needs Assessment  Recommendations  Recommendations  Designation to be pursued  Designation to be pursued Torwarded to Screening for consideration of placement/intervention  | Assigned to:   |   |   |
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