

From: Towers, Denise
Sent: Monday, November 01, 2010 1:17 PM
To: Connolly, Nancy; Dube, Nancy; Spear, Steve; Hannigan, Debra
Cc: Keenan, Arthur
Subject: FW: Suggestions, comments and concerns

Importance: High

From: Joseph Herb [mailto:jherb@maine.rr.com]
Sent: Monday, November 01, 2010 1:10 PM
To: Towers, Denise
Subject: Suggestions, comments and concerns
Importance: High

Jude Herb

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Scarbo

Denise Towers, Office Associate II

Dear Denise,

I received a letter of invitation on October 30, 2010 to join the stakeholder group for the review of Ch. 33 for possible revision.

Please accept the following for my input regarding Chapter 33.

Section 1

1.3 Documentation

Is it possible to have a standard documentation form used by all schools? I would suggest the form used by MSE/MHC The Collaborative School. It is a very clear yet detailed report with staff involvement, context of incident, triggering event, de-escalation techniques used, etc. and makes it easy for staff and parents to see what worked and did not work to calm the student down during and incident.

A standard form would make it easier again in the case of a student being placed in a program out of district.

Who reviews these documents outside of the school to see what trends or problems are occurring in a particular district? If a district is using a disproportionate amount of restraints in a particular program, standardized documentation and review by an overseeing entity would help to get the students and teachers the support they may need and curtail expensive out of district placement.

Reviewed documentation would also prevent a district misinterpreting the intent of an administrative letter. Letter No. 3 was received by my district and yet they still continued the use of prone position restraints on students, some with asthma plans on file at the school. This type of restraint has a myriad of negative affects on the students and I believe the staff as well.

Section 2

2.2 Timeout Room

A time out room is a designated space, separate from a student's classroom – could the time out room still be within the classroom? This does not seem clear.

2.3 Therapeutic restraint

Prone position restraint or a restraint that restricts a child's breathing should not be allowed. My personal experience in having my son restrained in such an inhumane and dangerous

manner is one that leads me to believe that it is not therapeutic but physically and psychologically damaging. A child of 5,6 or 7 who has a difficult time with communication, becomes non- verbal when stressed is not apt to calm down with three adults on top of him. The potential for something wrong to happen physically is too great a risk and the long term psychological trauma is counterproductive when trying to teach these kids to not react in a physical manner. Their trust for their teachers ends. What child, especially a child with a disability, can learn in an environment when they don't feel safe.

Section 4

4.5 Training

What is adequate training? Is it that all staff that will participate in therapeutic restraint need to attend an approved appropriate training program and be certified by the program?

Do some districts send one person to the program and then go back to their district and "train" the staff? If in the latter example they are returning to teach "holds" and not the first three quarters of the training that teaches recognizing escalating behaviors and using de-escalation techniques? What about substitute teachers? Are they allowed to restrain if they have not been trained? Are schools covered by some non special ed policy but a school wide policy that permits the use of reasonable force if a student is in danger of hurting himself or others?

Or is this another way to get around the need to adequately train the staff?

Thank you for your consideration. If you have any questions, I can be reached @ 883-6454 , 730-3020 or at jherb@maine.rr.com

Respectfully submitted with kindest regards,

Jude Herb