



# Parent – Student Handbook

**Adult Day**  
**2022-2023**

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## Dear Turning Pointe Families,

Welcome to Turning Pointe Adult Day. The purpose of this Handbook is to provide our families with information about our program and policies.

Parents are an integral part of partnering with us in student achievement. I encourage you to become familiar with the handbook by reading it carefully. During the registration process, you will acknowledge that you have received, read, understand, and agree to the contents of this handbook. Please note this handbook may be amended and updated during the school year as needed. You will be notified in the case of an update.

If you have any questions about the program, please do not hesitate to contact me at your convenience.

Your Partner in Education,



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Turning Pointe Autism Foundation Foglia Family Adult Services is a Certified Autism Center (CAC) by the International Board of Credentialing and Continuing Education Standards (IBCCES) and accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

*Our organization does not discriminate in employment or the provision of educational services on the basis on race, color, religion, age, gender, national origin, disability, citizenship status, veteran status or any other characteristic protected by federal, state or local law.*

**Parent-Student Handbook**  
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Registration, Staff Support Page

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# Program Description - Adult Day

## History

After a decade of success in the CN Day School due to a lack of similarly clinically based adult day programs available; in 2018, the Turning Pointe Board of Directors endeavored to provide a program for students aging out of their education services. This program pilot is designed for Day School students required to leave the Day School program (based on their age of 22) looking for daily programming centered around supported employment. With comprehensive academic and clinical supports, the Adult Day Pilot Program strives to improve communication, socially appropriate behaviors, functional living and supported employment skills.

## Mission

Turning Pointe Autism Foundation creates opportunities and programs to educate individuals with autism through proven interventions to increase independence, encourage meaningful lifelong pursuits, and enrich the community at large.

## Purpose and Scope

Our program is designed to teach within the areas of communication, socially appropriate behavior, functional living, and supported employment to individuals with autism or other related disabilities whose needs cannot who were previously served within Turning Pointe's CN Day School. This focus helps our students gain access to daily programming, their families, friends, and the community by building a foundation of independence and self-reliance.

Turning Pointe utilizes an interdisciplinary approach that supports the core deficits of autism spectrum disorder through Evidence-Based Practices (EBP) and assists students as they grow and learn to manage everyday challenges. Communication, socially appropriate behavior, and functional living skills, with an emphasis on skill generalization to a supported employment environment, is our overall program model that guides student programming, data collection procedures and implementation of person centered plans (PCPs). Programming is tiered to meet students at their current supported employment level while also encouraging skill growth. This model uses the latest research and clinical expertise to help students develop new skills and enhance personal talents and strengths as they navigate toward independent thriving futures.

## General Program Overview

The Turning Pointe Adult Day Program is a therapeutic and training environment for individuals impacted by Autism Spectrum Disorder who require a high degree of support and individualized programming. The Adult Day Program is designed to serve students 22+ who were previously serviced within Turning Pointe's CN Day School. Our Adult Day program is a Certified Autism Center (CAC) under IBCCES which provides post-secondary students with therapeutic interventions and ongoing opportunities in the areas of: communication, socially appropriate behavior, functional living skills, and supported employment. Programming focuses on supported employment with tiered opportunities and classrooms based on students current levels of employment skills in addition to a variety of other needs, such as; vocational skills, time on task, behavioral needs, staffing needs, etc. The Turning Pointe Adult Day Program operates on individualized calendars based on program availability and attendee's needs.

## Program Environments

Students of Turning Pointe's Adult Day program are exposed to structured programming environments within the classroom and real-life training experiences through Turning Pointe enterprises, community partners, and adult service partners. Recreational and/or supported employment opportunities are available across all settings and may vary based on individual needs. In order to reach the ultimate goal of maximum independence, staff ratios are monitored and thinned as appropriate.

All staff are certified or licensed according to their position and highly trained. Our multi-disciplinary team approach includes the following qualified professionals:

- Daily Support Staff (typically certified or licensed as RBT, paraprofessional, substitute teacher, or other professional organization)
- Instructor (appropriate teaching license)
- Board Certified Behavior Analyst (BCBA)
- Administrator who hold a Master's degree in an autism related field
- Speech and Language Pathologist - consult
- Registered Nurse (RN) — consult
- Certified Nursing Assistants (CNA's)
- Occupational Therapy — consult

## Related Services and Clinical Model

Turning Pointe utilizes an interdisciplinary approach that supports the core deficits of autism spectrum disorder, multiple and intellectual disabilities, and speech/language disorders through Evidence-Based Practices (EBPs) and assists students as they grow and learn to manage everyday challenges.

Communication, socially appropriate behavior, and functional living skills, with an emphasis on skill generalization to a supported employment environment, is our overall program model that guides student programming, data collection procedures and implements EBP's. This model uses the latest research and clinical expertise to help students develop new skills and enhance personal talents and strengths as they navigate towards independent thriving futures. Communication, socially appropriate behavior, and functional living programming is driven by current research and interventions within the fields of Speech Language Pathology, Applied Behavior Analysis, and Occupational Therapy. Therapeutic services at Turning Pointe can be provided as consult services, as well as woven into the program throughout the day. Occupational Therapists, Speech and Language Pathologists, and Board-Certified Behavior Analysts work closely together to ensure cohesive programming for each student while they are being serviced within the Day School. This programming is monitored for fidelity and maintenance as students integrate into the Adult Day Program. The Adult Day Program has access to a full-time Board-Certified Behavior Analyst (BCBA) for skill acquisition and behavior reduction programming and support.

**Speech and Language Services** - Our certified speech and language pathologists are available to the Adult Day team on a consultative status to provide insight and functional programming within all areas of functional communication and to overcome other language barriers to actively participate in everyday life.

**Occupational Therapy** - Our certified occupational therapists are available to the Adult Day team on a consultative status to provide insight and functional programming within all areas of functional/independent living, Activities of Daily Living (ADLs) and sensory regulation.

**Behavior Intervention** - Behavior Interventions are founded on the principles of Applied Behavior Analysis (ABA). ABA is a treatment approach that applies principles of learning theory to produce positive and meaningful changes in behavior. Board Certified Behavior Analysts (BCBAs) utilize function-based interventions to decrease maladaptive behaviors and increase socially appropriate behaviors. Replacement behaviors are taught proactively to increase student success. Interventions are customized, adjusted as needed, and created in conjunction with evidenced-based practices.

## Curriculum and Program

Turning Pointe Adult Day students are exposed to functional curriculum and programming centered around communication, socially appropriate behavior, functional living skills, and supported employment. Each student has an individualized program that is created specifically for their goals and needs.

Turning Pointe uses a wide variety of materials and assistive devices with varying communication software to accommodate every student's individualized needs. Materials, employment opportunities, and community-based opportunities are all adapted to fit the developmental needs of each student. The following programmatic approaches are used to ensure person centered progress across a wide range of disabilities such as Autism, Intellectual Disabilities, Speech & Language Impairment, etc. There approaches may include but is not limited to:

- Continuous objective measurement of performance to ensure effective instruction
- Systems of reinforcement to teach and maintain a variety of skills across multiple conditions and environments
- Individualized comprehensive behavior packages to reduce challenging behavior, and teach and improve communication and other socially important behaviors
- Through functional assessment, identify and alter environmental variables to prevent challenging behavior
- Behavior chains used to teach a variety of complex multi-step skills in smaller units
- Systematic teaching/instruction across multiple environments to promote generalization of skills resulting in supported employment opportunities
- Succinct instructions provided and supplemented with a variety of visual supports when provided employment tasks
- Large and complex tasks are broken down to smaller components to promote success and independence
- Variety of sensory items and experiences are incorporated into work breaks
- Teach new and socially important behaviors by systematically and differentially reinforcing smaller approximations to increase a variety of skills
- Community-based work/volunteer opportunities to promote maintenance and generalization of skills
- Systematic prompting and fading procedures to teach new skills
- Multiple opportunities to practice skills in a variety of settings to promote generalization
- Technology-aided work based supports as needed
- Unique behavior intervention plans to teach and increase adaptive behavior

## Evidence-Based Practices

Evidence-based practices (EBPs) include empirically supported techniques found within research journals, textbooks and accredited education programs. EBPs utilized by Turning Pointe which are a part of on-going staff training, may include but are not limited to:

- Antecedent-based
- Differential Reinforcement
- Partner Augmented Input (PAI)
- Communication Systems
- Social Stories
- Task Analysis
- Naturalistic Intervention (NI)
- Direct Instruction
- Visual Supports
- Prompting
- Video Modeling
- Discrete Trial Training
- Precision Teaching
- Functional Communication Training
- Structured Teaching
- Errorless Teaching Procedure

Person centered plan progress is reported quarterly and distributed to parents/guardians. The following skill areas are targeted within student's person centered plans, based on individualized needs, are interwoven throughout a student's day and occur in a variety of settings, including the community, to promote generalization of skills:

**Communication:** A variety of materials and supports are utilized to assist students in making progress in understanding text, comprehension abilities, and using language to communicate and inquire about their world. Resources that support communication and workplace literacy programming may include but are not limited to: Links, Reading A-Z, Boardmaker

**Socially Appropriate Behavior:** Topics discussed include socialization and interaction in a variety of environments. Supporting Resources: Links, Boardmaker

**Functional Living Skills:** Real-life application of activities of daily living. Emphasis is placed on matching and sorting, cooking, self-care, and schedule management. Supporting Resources: Links

**Supported Employment:** A variety of employment materials and supports from community partners are utilized to assist students in making progress in work training skills such as sorting, assembly, and disassembly in a variety of environments. Supporting Community Partners and Resources: SCARCE, E-Works, and PeaceBrix; Links

**Recreation and Leisure:** Students not yet ready to participate within the supported employment classroom have the opportunity to engage in tiered programming with an emphasis on recreation and leisure. Recreation and leisure programming may focus on quality of life, companionship, increasing leisure activities or time spent engaging in leisure activities, safety, and/or behavior reduction.

## Curriculum Resources & Assessments

- **AAC Evaluation Genie** – Informal diagnostic tool used to identify skills areas related to language representation methods found on AAC systems. 13 subtest areas can be administered to help build a framework to assist in selecting an appropriate AAC device.

- **Assessment of Functional Living Skills (AFLS)** – The AFLS assists in evaluating, tracking, and teaching functional skills to help individuals become more independent at home, school, and in the community. This system assesses the following skills: basic living, home, community participation, school, vocational, and independent living.
- **Autism: Attacking Social Interaction Problems** – A Pre-Vocational Training Manual for Ages 17+ (AASIP) - Program provides a comprehensive yet practical approach to teaching social communication skills across the life span incorporates current issues such as autism as a label, texting and social media, cyber dangers, personal safety, workplace culture, and idioms and conversations.
- **Boardmaker** – A resource and curriculum collection of standardized picture symbols used to support and teach communication skills.
- **Campbell Interest and Skill Survey (CISS)** – The CISS inventory goes beyond traditional interest inventories by also estimating a student’s confidence in his or her ability to perform various occupational activities.
- **Career Assessment Inventory-Enhanced Version** – Compares an individuals’ occupational interests to those of individuals in 111 specific careers that reflect a broad range of technical and professional positions.
- **Career Assessment Inventory-Vocational Version** – The Career Assessment Inventory-Vocational Version compares an individual’s vocational interests to those of individuals in 91 specific careers that reflect positions in today’s workforce.
- **Career Decision-Making System, CDM internet** – CDM Internet helps students and adults to explore interests and possible career paths. It gives students, adults, schools, and other organizations flexibility in any place with internet access.
- **Career Decision-Making System, Revised (CDM-R)** – CDM-R provides a self-scored assessment that helps students and other career planners identify their occupational interests, values, abilities. The CDM-R reports six interest area scores, each corresponding to one of the six RIASEC themes. Once career clusters are identified, the CDM-R provides a decision-making process for exploring specific occupations.
- **Essentials for Living (EFL)** – The Essential for Living assessment tool and curriculum is one of the resources used to determine current levels in the areas of communication, behavior, and functional skills.
- **Functional Communication Profile (FCP-R)** – Inventory of an individual’s communication abilities, mode of communication (e.g., verbal, sign, nonverbal, augmentative), and degree of independence. Examiners assess communication through direct observation, teacher/caregiver report, and one-on-one testing.
- **IDEAS: Interest Determination, Exploration, and Assessment System (IDEAS)** – Designed to be used in conjunction with career exploration and guidance courses, the IDEAS inventory helps students and adults develop an awareness of possible career choices.
- **Tool for Analysis of Language and Communication (TALC)** - Language Sampling Tool for Multimodal Communicators Language sampling tool allows clinicians to complete comparative language sample analysis, number of utterances, lexical variety, communication purpose, successfulness of communication, message frequency, and prompting level.



- **TEACCH Transition Assessment Profile (T-TAP)** – Comprehensive formal assessment that assesses strengths, interests, and abilities in the areas of: vocational skills and behaviors, independent functioning, leisure skills, functional communication, and interpersonal behavior both in the home and school environment.
- **Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP)** – A language and social skills assessment program for children with autism or other intellectual disabilities based on the principles of Applied Behavior Analysis

### Programmatic Outcomes

All students that have attended Turning Pointe’s Adult Day Program for one full year will maximize independence by achieving 80% of targeted goals. Individualized targets will be chosen and measured based on current level of performance and subsequent skill mastery in the following areas (as applicable within the person centered plan): communication, socially appropriate behavior, functional living skills, supported employment, recreation and leisure. Student specific data will be collected regularly and analyzed both program wide and per individual student annually.

### After Care

Turning Pointe’s Adult Day team is committed to preparing students for their future adult service placement. It is our goal to establish partnerships with surrounding programs and prepare our students to be successful within those programs. Collaboration with those partners includes regular meetings, observations, programmatic and student specific training, monitoring of student progress across settings, and treatment fidelity checks. Integration into partnering programs is student specific and based on individualized needs

### Data Collection

Continuous student specific data is taken for all Turning Pointe students on skill acquisition and socially significant behaviors. Data collection procedures may be outlined by specific curriculum resources and/or assessments or created by Turning Pointe specialists. Data collected in all areas are analyzed regularly to maximize instruction and behavioral interventions and also used to adjust student programming as necessary.

### Family Partnership

Family partnership is a key component of the Turning Pointe philosophy. The involvement of parents and families in the education process is critical to students’ success. Parents are active participants in their student’s education through training, meetings and student conferences, and on-going collaboration. Daily home notes are sent home for reciprocated communication regarding daily student happenings. Remaining connected through daily home notes is essential to maintain program consistency and work together towards student progress and accomplishments.

#### *AD Program Description*

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CARF, Parent-Student Handbook, Website*

## Community Based Employment Opportunities

Community outings or community based employment opportunities may be a part of student programming. These opportunities allow for the generalization of skills to occur. Parents/Guardians have the opportunity to consent to their child's participation during registration.

## Safety and Security

Turning Pointe Autism Foundation has an Emergency Action Plan (EAP) that is reviewed annually and updated as needed. Our goal to provide safety and security to everyone in the school is a top priority. During the school year, safety drills are conducted in accordance with the School Safety Drill Act (105 ILCS 128). Drills include:

- Building evacuation, one of which includes the presence of the local fire department
- Severe weather and shelter-in-place
- Law enforcement, which occurs within 90 days of the start of the school year

## Emergency Closing

Turning Pointe will close school, when in the opinion of the leadership team, an emergency or hazardous condition exists that may jeopardize the health and safety of students and staff. In severe weather cases, school closings or early dismissals are announced through email and posted on social media (i.e. Class Dojo) to families.

Safety of students, safety of staff, road conditions, weather conditions, transportation availability, and whether partner school districts are closed, are all needs that are considered when determining whether a school closing should occur.

A wind chill advisory is issued when conditions do not meet a wind chill warning but still cause significant concern. The weather is not life-threatening but presents conditions that may pose a moderate risk for safety. It is typically issued when the wind chill is -20 degrees Fahrenheit or colder. If a wind chill advisory is issued, community outings and all outdoor activities will be canceled. A wind chill warning indicates that life-threatening conditions and a risk to safety exists. It is typically issued when the wind chill will be -30 degrees Fahrenheit or colder OR the actual air temperature is -15 degrees Fahrenheit. If a wind chill warning is issued, all community outings and outdoor activities will be canceled and school may be closed.

## Smoking/Tobacco

Turning Pointe is smoke free as required by 105 ILCS 5/10-20. Smoking and the use of tobacco products on school property by any school personnel, student, visitor, or other person is strictly prohibited without exception. Turning Pointe property includes buildings, sidewalks, lawn, and parking lots. Smoking is not permitted in vehicles parked on Turning Pointe property. Tobacco includes cigarettes, cigars, or tobacco in any other form, including e-cigarettes, vaporizers, and smokeless tobacco which is any loose, cut, shredded, ground, powdered, compressed or leaf tobacco that is intended to be placed in the mouth without being smoked. Tobacco product use is prohibited on school grounds regardless of whether students are present and whether school is in session. This also applies to attending any functions on school property outside of regular school hours.

# AD Behavior Intervention Policy

## Introduction/Purpose

Behavior supports and interventions should be used by Turning Pointe school staff to promote and impact socially significant behaviors in all Turning Pointe's students. It is the intent of the school that all behavioral interventions will incorporate procedures and methods consistent with evidence-based practices within the field of Applied Behavior Analysis. The use of behavioral interventions is consistent with the educational goals of enhancing students' academic, social, and personal growth. As such, school staff should conscientiously design student specific interventions which promote desirable student behavior.

Using the Illinois State Board of Education (ISBE) regulations and guidelines as a reference, the policies and procedures on the use of behavioral interventions for students with disabilities will be reviewed annually and may be amended to reflect additional or changing rules and guidelines as they arise. Turning Pointe stays up to date on current rules and regulations and adheres to the code. The policies and procedures will be distributed to parents or guardians of students enrolled at Turning Pointe and during the registration process. Additionally, an annual review of the following will occur:

- the number of incidents involving the use of time out, isolated time out, physical restraint, and blocking procedures
- location and duration of each incident
- identification of the staff members who were involved
- any injuries or property damage that occurred
- the timeliness of parental/guardian and agency notification and administrative review

School students will be supported by an individual Behavior Intervention Plan (BIP) as appropriate and as indicated in their Person Centered Plan. A student's BIP is developed based on: review of previous records, interviews of parents/caregivers, direct observation of target behaviors, current baseline data, and formal and informal behavior assessments. With the analysis of the data and following a Functional Behavior Assessment (FBA), the Adult Service team develops the specific behavior plan. Behavior Intervention Plans may include but are not limited to, modified environmental factors, individualized instruction and curriculum, positive behavior supports or antecedent interventions, motivators and/or preferences, restrictive (reactive) procedures, crisis plan, and data collection procedures and methods. The Turning Pointe behavior teams consistently monitor and adapt procedures for the use of behavioral interventions for Turning Pointe students according to each student's Person Centered Plan, most recent evaluations and assessments, and current behavior data.

## Nonrestrictive (Proactive) Interventions

Nonrestrictive interventions are the preferred interventions because of the low risk of negative impact and the emphasis on positive behavior change. These interventions may be used without the development of a written behavior management plan as part of the student's Person Centered Plan. Some examples:

- Errorless Teaching Procedures
- Shaping
- Chaining
- Prompting
- Redirection
- Modeling
- Planned Ignoring
- Positive/Negative Reinforcement
- Token Economy
- Naturalistic Teaching Strategies
- Schedule/Activity Choice

### Restrictive (Reactive) Interventions

Nonrestrictive (proactive) interventions are preferred as they are typically less restrictive for the student involved and generally have a lower risk of negative side effects. It is recognized that nonrestrictive interventions alone may not always succeed in controlling all topographies of target behavior, therefore, more restrictive interventions may be necessary.

Restrictive interventions may be appropriate during emergency situations or when less restrictive interventions have been attempted and failed. Restrictive interventions shall be used for the minimal amount of time necessary and only as a last resort. They shall be used in conjunction with positive/negative reinforcement procedures designed to increase appropriate behaviors. The use of more restrictive procedures should always be considered temporary, and approached with caution and restraint. Examples of restrictive interventions include but are not limited to:

- Extinction procedures
- Interventions to decrease problem behavior
- Forced physical guidance and restraint
- Time out area/room
- Isolated time out
- Exclusion from activities

Data collection should support the choice of restrictive interventions when in use. Any and all use of restrictive interventions should maintain respect for the student's dignity and personal privacy, and adhere to professional practices.

### Prohibited Interventions

Corporal punishment is an illegal intervention and shall not be used. In addition, expulsion with loss of services is also considered illegal for students identified with a disability. Examples of other prohibited interventions include any intentional infliction of bodily harm, coercion, intimidation, bullying or threat of any kind to a student, and chemical or mechanical restraint.

### Discipline of Students with Disabilities

The Foundation will comply with all applicable federal and local laws, as well as accreditation standards when disciplining special education students.

### Termination of Placement

Turning Pointe reserves the right to terminate the placement of any student at their discretion. Reasons for termination may include but are not limited to; multiple staff required for crisis management procedures, crisis management lasting for an unmanageable duration, staff injury, violation of the home to school agreement, etc. In the case a student is terminated, Turning Pointe is committed to working with the student, family, or caregiver, to assist in referrals and/or alternative placement.

### Crisis Management

It is the policy of Turning Pointe to manage behavior through evidence-based practices and through systematic, prescribed steps that will eliminate the need to use Physical Crisis Management (PCM) procedures, Ukeru behavior management techniques, safety equipment, and time outs. However, under some circumstances, and where necessary, these means will be used until individual safety criteria is met. When PCM procedures are employed, trained staff will use the least to most restrictive procedures necessary to maintain safety of the student and staff.

PCM is a complete system designed to manage crisis situations effectively, safely, and with dignity. PCM strategies and interventions include: prevention, de-escalation, intervention, and post-crisis strategies. The specific PCM procedures will be applied only by staff who have been trained in these techniques. Staff receive annual training by a certified PCM instructor and must pass a physical and written examination.

Ukeru is a trauma informed crisis management system that includes verbal and nonverbal communication to convert/divert an aggressive individual, physical release techniques that keep both client and caregiver safe, physical redirection to avoid injury and self-harm, and Safe Blocking®—the only trauma-informed, restraint-free blocking technique, used to de-escalate students without the use of physical restraint and/or time out.

Safety Equipment refers to protective items that may include but are not limited to: helmet, posey mitts, scratch/bite guards, goggles, etc. or other garments or equipment that is designed to protect the body from injury.

Instances where safety equipment may need to be utilized includes but is not limited to: putting posey mitts on a student who is attempting to scratch staff, staff wearing scratch/bite guard sleeves to protect themselves, staff wearing goggles to protect themselves from exposure of bodily fluids, and a student needing a helmet to protect their head from self-injury. If a student requires the continuous use of safety equipment, additional parent permission will be documented. The use of safety equipment is to protect the body from injury.

The determination as to whether or not to use PCM, time out procedures, and/or safety equipment is at the discretion of trained staff, and exercised consistent with Turning Pointe's Behavioral Interventions Policy, and crisis management system procedures. When a time out or PCM procedure is utilized, required notices will be sent to parents/guardians/caregivers concerning the incident.

### Time Out and Physical Restraint Procedures

In order to keep students and staff safe, it may be necessary for Turning Pointe to utilize time out and physical restraint procedures. The use of time out procedures and physical restraint is only as a last resort and means to maintain a safe and orderly learning environment by keeping students, staff, and property safe. Neither time out nor physical restraint procedures shall be used in administering discipline to individual students, i.e., as a form of punishment.

Time out and physical restraint procedures are implemented by staff trained in the systematic approaches, when absolutely necessary, as a therapeutic intervention, when less restrictive and intrusive interventions have been tried and proved ineffective in stopping the imminent danger.

Both procedures allow for means of communication by the student's preferred method when the safety of others is not compromised, (i.e. hands for signing, gestures, AAC device, etc.), and do not restrict or impair a student's ability to breath normally, nor obstruct their airway. All instances for time out and physical restraint are documented and administration and parent/guardian/caregiver are notified.

### Time Out and Isolated Time Out

Time out means a behavior management technique that involves the monitored separation of a student from classmates with a trained adult for part of the programmatic day, usually for a brief time, in a non-locked setting.

An isolated time out occurs when the student is confined alone in a time out room or other enclosure involuntarily without a supervising adult in the room or enclosure because the adult is in imminent danger of serious physical harm by a student who is unable to cease actively engaging in extreme physical aggression. Isolated time out is only allowed under limited circumstances if all other interventions have failed and as a last resort. During isolation, the adult who is responsible for supervising the student must remain within 2 feet of the enclosure and maintain visual and auditory contact at all times without the use of cameras, audio recording, or any other electronic device.

Time out or isolated time out does not include student-initiated or student-requested break, a student-initiated or teacher-initiated sensory break which includes a sensory room containing tools to assist a student to calm and de-escalate, or any other appropriate disciplinary measure, including a student's brief removal to the hallway or similar environment.

A student placed in time out will have reasonable access to food, water, medication, and toileting. Except in circumstances in which there is a risk of self-injury or injury to staff or others, students in time out situations shall not have clothing removed (i.e. shoes, belts, etc.).

In addition, any enclosure used for time out shall:

- Meet all necessary health/life safety requirements
- Have the same ceiling height as the surrounding room/s and is large enough to accommodate the student in time out and any other staff who is required to accompany the student if applicable
- Be constructed of materials that cannot be used by students to harm themselves or others, be free of electrical outlets, exposed wiring, and other objects that could be used by students to harm themselves or others, and be designed so that students cannot climb up the walls
- Be designed to permit continuous visual monitoring of and communication with the student
- If fitted with a door, be fitted with either a steel door or a wooden door of solid-core construction. If the door includes a viewing panel, the panel shall be unbreakable.

### Physical Restraint

Physical restraint is defined as holding a student or otherwise restricting his or her movements with planned techniques. Restraint does not include momentary periods of physical restriction by person-to-person contact, without the aid of material or mechanical devices, accomplished with limited force and designed to: prevent a student from completing an act that would result in potential physical harm to himself, herself, or another or damage to property; or remove a disrupting student who is unwilling to leave the area voluntarily.

The use of physical restraint may only be employed to prevent a student from completing an act that would result in potential physical harm to himself, herself, or another, damage to property, to remove a disruptive student who is unwilling to leave the area voluntarily, when there is no medical contraindication to its use, and the staff applying the restraint has been trained in its safe application of the agreed upon crisis management system. Any application of physical restraint shall take into consideration the safety and security of the student and will include only the number of staff that is necessary to hold the student safely. A physical restraint must immediately end when the threat of imminent danger of serious physical harm ends or the student indicates that he or she cannot breathe or staff supervising recognizes that the student may be in respiratory distress.

Staff involved in physically restraining a student must periodically halt the restraint to evaluate if the imminent danger of serious physical harm continues to exist. If the imminent danger continues to exist, staff may continue to use the physical restraint and the continued use may not be considered a separate instance of physical restraint.

Physical restraint shall not impair a student's ability to breathe or communicate normally, obstruct a student's airway, or interfere with their ability to speak. If a student's primary mode of communication is sign language or an alternative device, the student shall be permitted to have their hands free for brief periods, unless the supervising adult determines that this freedom appears likely to result in harm to the student or others.

Students will not be subjected to physical restraint for using profanity or other verbal displays of disrespect for themselves and others. A verbal threat is not considered a physical danger unless a student also demonstrates a means of or intent to carry out the threat.

Medically prescribed restraint procedures employed for the treatment of a physical disorder or for the immobilization of a person in connection with a medical or surgical procedure shall not be used as a means of physical restraint for purposes of maintaining discipline.

Staff may need to determine whether a student who is being physically restrained should be removed from the area where the restraint was initiated. In this case, the supervising staff will consider the potential for injury to the student, the student's need for privacy, and the educational and emotional well-being of other students in the vicinity. The supervising staff will not be involved in the physical holding of the student.

#### Time Limits

No procedure shall last longer than therapeutically necessary. Any student placed in time out or isolated time out will be assessed by a trained adult no less than once every 15 minutes to determine whether the student has ceased presenting behaviors for which the time out procedure was imposed. Any student in a time out, isolated time out, or physical restraint must be released immediately upon a determination that the student is no longer in imminent danger of causing physical harm to himself, herself, or others.

#### Documentation and Evaluation

Written records of time out, isolated time out, and physical restraint will be maintained in the student's records and a copy will be kept by the designated official. The records will include:

- Students' name, date of the incident, beginning and ending times, description of relevant events leading up to the incident, description of interventions used prior to the implementation, description of the incident or behavior that resulted in the use of the procedures including the specific imminent danger of serious physical harm, a description of the rationale of why the needs of the student cannot be met by a lesser restrictive intervention and why an adult could not be present in the room for an isolated time out, a log of the student's behavior during the instance including the techniques used and other interaction between the staff and student, description of injuries or property damage, description of a planned approach to dealing with future behavior including any de-escalation methods that may be used to avoid the use of time out and physical restraint procedures, list of school personnel who participated in the implementation and supervision, and the date on which the parent/guardian/caregiver was notified



- The school administrator or other Turning Pointe designee will be notified in the event of a time out procedure or physical restraint as soon as possible.
- In the event of high intensity crisis situations that require multiple staff for crisis management procedures, crisis management lasting for an unmanageable duration, staff injury, violation of the home to school agreement, etc. attendance may be paused in order to hold an official administrative/behavioral meeting that will consider the appropriateness of continuing placement, the student's potential need for medication, nourishment, or use of restroom, and the need for alternate strategies
- Student's parent/guardian/caregiver will be notified of time out or physical restraint instances within one business day.
- The Turning Pointe staff member completing the forms (BCBA, teacher, or administrator), provides the forms to the student's teacher. The teacher notifies the parent and administration with the written documentation.
- Time Out and Physical Restraint Forms are reviewed by a trained staff member. All staff are to report any staff or student injuries to administration and/or the nurse. Administration and/or a nurse evaluates the need for further documentation or assessment (i.e Student Incident Form, telephonic injury assessment phone call).
- Parents are notified of time out and physical restraint procedures and policies upon enrollment.

### Staff Training

Staff meet the minimum annual training requirements for time out and physical restraint procedures:

- Adults who can supervise students involved in time out, isolated time out, and physical restraint will receive appropriate training in:
  - Crisis de-escalation, restorative practices, identifying signs of distress, trauma-informed practices, and behavior management practices
  - Online training may be utilized, except for training on physical restraint
  - Time out and physical restraint procedures will only be provided by those who have received annual systematic training as indicated by written evidence. The training may be provided by the employer of an external entity. Those who provide the training must be trained and certified in the following:
    - Effective use of less restrictive and intrusive alternatives to prevent imminent danger of serious physical harm to the student or others
    - Safe application of time out, isolated time out, and physical restraint when less restrictive and intrusive alternatives have been tried and proven ineffective
- Training will include, but not be limited to:
  - Dangers associated with the use of time out and physical restraint procedures and the need to use interventions that are less restrictive and intrusive



- Appropriate procedures for preventing the need to use time and physical restraint procedures including de-escalation of problematic behavior, relationship-building, and the use of alternatives to restraint
- Recognizing and responding appropriately to the antecedent of a student's behavior ▪ Recognizing contraindications and other conditions and events that increase risk of death
- Description and identification of dangerous behaviors that may indicate the need for these
- procedures and methods for evaluating the risk of harm in individual situations in order to determine whether the use is warranted
- Simulated experience of administering and receiving a variety of techniques from minimal involvement to very controlling interventions
- Instruction regarding the effects of the procedures, including monitoring physical signs of distress and obtaining medical assistance
- Proper reporting and documentation procedures and requirements including investigation of injuries and complaints
- Demonstration by participants of proficiency in administering the procedures

Only staff who are trained specifically as instructors may provide training in physical restraint procedures. Staff training is evident by documentation in their HR files.

***AD Behavioral Interventions Policy***

*Created/Revised: 1.2020, 2.2020, 3.2020, 8.2020, 9.2022  
Policies, CARF, Training System, Parent-Student Handbook*

## Absences, Tardies, or Picking Up Children During the Day

To report an absence, tardy, or if your child will need to be picked up before the end programmatic day, please send a note or email the participants instructor.

Extended absences that are due to illness lasting for 3 or more consecutive days, may require a physician's note for the student to return to school.

Students will be released only to their parents/guardians or other emergency contacts who have pick up permission as indicated during registration, unless prior arrangements have been made by parents/guardians. Individuals picking up students will need to bring a photo ID.

## Medication Administration in Schools

Students should not take medication during school hours or during school-related activities unless it is absolutely necessary for the critical health and well-being of the student. When a student's licensed health care provider and parent/guardian believe that it is absolutely necessary for the student to take a medication during school hours or school-related activities, the parent/guardian must request that the school dispense the medication to the child and otherwise follow Turning Pointe's procedures and guidelines on dispensing medication in adherence with 105 ILCS 5/22-30 and 23 IAC 1.540

When a student requires daily or regular medication, parents must make every effort to give prescribed doses of the medication at home. It is recommended that parents consult with their doctor to see if midday medication can be adjusted and given at another time outside of school hours. Therefore, only medications (prescription, non-prescription and herbal) which are prescribed by a physician and which are essential for the student to remain in school shall be given, provided that the conditions outlined below are followed.

- The Registered Nurse or school administrator shall review the written order, require any additional information from the parent or guardian or the student's licensed prescriber appropriate to complete the review, consult with a school administrator of the school or Foundation's medical advisors, as appropriate, and accept the written order or seek further clarification of the order if necessary. An appeal regarding the denial of any order prescribing the administration of medication at school may be made to a school administrator or nurse by the parent or guardian.
- The Registered Nurse or school administrator, in consultation with the student's health care provider, shall retain the right to decline to allow medication to be administered. The parent and prescriber will be notified if any medical order is declined, a rationale will be provided, and an offer to accommodate with a different medication or regimen will be presented.
- No Turning Pointe employee shall administer to any student any prescription or nonprescription medication until a properly completed and signed "Authorization for Administration of Medication" form is completed and submitted by the student's parent/guardian. The form must be signed by both the parent/guardian and the physician/prescriber and must include the name of the medication, dosage, time, and other circumstances under which the medication is to be administered. No student shall possess or consume any prescription or non-prescription medication on school grounds or at a school-related function other than as provided for in this

policy and its implementing procedures.

- The school may elect, on a case-by-case basis, to allow a parent/guardian or other adult family member to directly give the student legal medication as if they were doing so at home.
- This policy does not prohibit any school employee from providing emergency assistance to a student.
- Each dose of medication shall be documented in the student's individual medication log and includes the date, time, dosage, route, and signature of the person administering the medication. In the event a dosage is not administered as ordered, the reasons shall be entered in the log. Medication log information is documented and generally discarded at the end of two school years. The empty medication container will be sent home with the student when re-supply is necessary and the parent will be notified.
- All efforts will be made to administer the medication for the time prescribed, however during any unforeseeable circumstances, medication will be administered within a 30-minute window of the specified administration time. Prescribers may indicate on the authorization form to allow for an hour window.
- Medication shall be brought in an original, properly labeled container either labeled by the pharmacy with the student's name, medication name, dosage and instructions, administration route, and name of pharmacist and contact information, or labeled by the retailer with the name of the drug, other ingredients, dosage, and the student's name affixed to the original container.
- Medications will be stored in a locked container in a secure area with access limited to nurses and administrators. Medication requiring refrigeration must be refrigerated in a secure area. Medications that must be available while a student is engaged in a school activity conducted away from the customary site of storage must be kept with the staff designated by the nurse or administrator.
- A licensed nurse or qualified administrator are allowed to dispense medications to students under these guidelines. Every effort will be made to schedule medication administration for a time when either a nurse or administrator is in the building. In the event a nurse or school administrator is unavailable, in accordance with the Nurse Practice Act, a nurse may delegate a non-nurse willing licensed school staff member, who is trained, in accordance to 23 IAC 401.250(b)6 and 225 ILCS 65/50-75(b), and approved by administration, to administer medication by mouth or skin to a student if the nurse is comfortable with the student's safety and the staff member's competence to do so. Under no circumstances shall teachers or other non-administrative school employees, except certified nurses and non-certificated registered professional nurses, be required to administer medication to students. Parents may also administer medication with the approval of a nurse or school administrator. Administration of medication will start when the medication and permissions are reviewed and approved.
- Trained staff members may administer medication in the event of a life-threatening allergic reaction or situation.
- If a student needs medication to be with them at all times and/or easily accessible outside of the

assigned medication location (i.e. asthma inhaler, EpiPen, Diastat, etc.), a nurse, administrator, or willing non-nurse designated by the nurse and approved by the administrator will be responsible for transporting and maintaining such medications if needed. Situations are outlined in the individual student medical/health plan.

- Turning Pointe has a standing order for EpiPen and EpiPen Jr. that can be administered by trained staff in an emergency situation to any student experiencing life threatening anaphylaxis.
- The Foundation’s medical advisors or nurse will interpret to school personnel and parents, if necessary, the need for observation of the student’s reaction to the medication including potential benefits and side effects.
- A nurse or administrator shall provide feedback concerning medication to the licensed prescriber when requested.
- Parents will submit the authorization and indemnity agreement to allow the administration of any injectable medication by a nurse or administrator in a non-emergency situation.
- Over-the-counter medication (i.e. Advil, Ibuprofen, cough/cold medicine, cough drops, Motrin, etc.) shall be given after consultation with the student’s parent/guardian and authorization from a prescriber with proper forms completed and submitted.
- P.R.N. prescriptions (medications on an as needed basis) can be administered with proper authorization. The nurse or school administrator will contact parents for permission to administer non-emergency P.R.N. prescriptions. If parents are unreachable by phone, Turning Pointe administration or nurse can make the determination to administer per doctor’s order.
- No staff member shall recommend or advise to a student or student’s parent/guardian that a prescription medication should be administered.
- All staff will be trained on this policy and those administering medication will be trained on the actual administration of medication. School administrators shall include this policy in the staff training manual and Parent-Student Handbook.

## **Parent Responsibilities and Guidelines for Administration of Medication**

1. Only medications that are “absolutely necessary for the critical health and well-being of the student” shall be requested to be administered during school hours. All efforts should be made by the parent and physician for students to take medication at home.
2. The parent/guardian must provide a completed “Authorization for Administration of Medication” form at the beginning of each school year for the administration of prescription and non-prescription medications (i.e. Tylenol, Advil, cough drops, cough medicine, sunscreen, insect repellent, etc.). The form includes an order and permission from a licensed physician and parent/guardian permission. This form will be valid for the school year and shall be updated annually.
3. The student’s parent/guardian must obtain written orders for the administration of medication at the beginning of the school year, and whenever a change in the child’s medication or health

occurs, or upon the request of the Turning Pointe nurse or administrator. The school must receive an updated physician's order in writing before administering a new dosage. Forms are available on the registration webpage and upon request.

4. The parent must report immediately any change in prescription dosage, and new permission forms must be obtained and approved for each change.
5. Medication must be provided in its original container with the manufacturer label and child's name affixed to the label or labeled by the pharmacist with the student's name, medication, dosage, and time to be given at school.
6. Medications must be brought to school by a parent/guardian or a designated adult and are never to be sent to school with the student. Please contact the school administrator or nurse to make arrangements to drop off/pick up medications.
7. Due to the possibility of unexpected allergic reactions or adverse side effects, the initial dose of any new medication needs to be given by the parents at home to monitor reactions.
8. Medications and special items necessary to administer medications or treatments (i.e. such as syringes, testing supplies, etc.) must be supplied by a parent or guardian and will be stored in an appropriate area designated by a nurse or administrator.
9. Administration of medication on field trips and community outings is at the discretion of Turning Pointe. Medication errors will be recorded and parents will be notified if medication was not provided.
10. The student's parent(s) or guardian will be responsible for removing from the school any unused and expired medication, or at the end of the school year. If the parent(s) or guardian does not pick up the medication, the school administrator or nurse will dispose of the medications(s) and document that it was discarded. Medication must be discarded in the presence of a witness and documentation signed by both parties.

***Medication Administration***

*Created/Revised: 7.2017, 4.2018, 6.2018, 2.2020, 3.2020, 2.2022  
ISBE Policies, CARF, Training System, Parent-Student Handbooks*

## Bullying Prevention and Response Plan

The purpose of the policy is to provide students with a safe environment, free of offensive behavior, where everyone is surrounded by an atmosphere that upholds a core value of respect and dignity for all. Every person at Turning Pointe Autism Foundation has a right to feel respected and safe. Bullying and harassment diminish a student's ability to learn and a school's ability to educate. Preventing students from engaging in these disruptive behaviors and providing all students equal access to a safe, non-hostile learning environment are important goals of our organization.

Definitions from Section 27-23.7 of the School Code (105 ILCS 5/27-23.7)

Bullying on the basis of actual or perceived race, color, national origin, military status, unfavorable discharge status from the military service, sex, sexual orientation, gender identity, gender-related identity or expression, ancestry, age, religion, physical or mental disability, order of protection status, status of being homeless, or actual or potential marital or parental status, including pregnancy, association with a person or group with one or more of the aforementioned 19 actual or perceived characteristics, or any other distinguishing characteristic is prohibited in each of the following situations:

1. During any school-sponsored education program or activity.
2. While in school, on school property, on school buses or other school vehicles, at designated school bus stops waiting for the school bus, or at school-sponsored or school-sanctioned events or activities.
3. Through the transmission of information from a school computer, a school computer network, or other similar electronic school equipment.
4. Through the transmission of information from a computer that is accessed at a non-school-related location, activity, function, or program or from the use of technology or an electronic device that is not owned, leased, or used by a school district or school if the bullying causes a substantial disruption to the educational process or orderly operation of a school. This item (4) applies only in cases in which a school administrator or teacher receives a report that bullying through this means has occurred and it does not require an organization or school to staff or monitor any non-school-related activity, function, or program.

Bullying includes cyber-bullying and means any severe or pervasive physical or verbal act or conduct, including communications made in writing or electronically, directed toward a student or students that has or can be reasonably predicted to have the effect of one or more of the following:

1. Placing the student or students in reasonable fear of harm to the student's or students' person or property;
2. Causing a substantially detrimental effect on the student's or students' physical or mental health;
3. Substantially interfering with the student's or students' academic performance; or
4. Substantially interfering with the student's or students' ability to participate in or benefit from the services, activities, or privileges provided by a school.

Bullying, as defined in this subsection (b), may take various forms, including without limitation one or more of the following: harassment, threats, intimidation, stalking, physical violence, sexual harassment, sexual violence, theft, public humiliation, destruction of property, or retaliation for asserting or alleging an act of bullying. This list is meant to be illustrative and non-exhaustive.

"Cyber-bullying" means bullying through the use of technology or any electronic communication, including without limitation any transfer of signs, signals, writing, images, sounds, data, or intelligence of any nature transmitted in whole or in part by a wire, radio, electromagnetic system, photoelectronic system, or photo optical system, including without limitation electronic mail, Internet communications, instant messages, or facsimile communications. "Cyber-bullying" includes the creation of a webpage or weblog in which the creator assumes the identity of another person or the knowing impersonation of another person as the author of posted content or messages if the creation or impersonation creates any of the effects enumerated in the definition of bullying in this Section. "Cyber-bullying" also includes the distribution by electronic means of a communication to more than one person or the posting of material on an electronic medium that may be accessed by one or more persons if the distribution or posting creates any of the effects enumerated in the definition of bullying in this Section.

"Restorative measures" means a continuum of school-based alternatives to exclusionary discipline, such as suspensions and expulsions, that: (i) are adapted to the particular needs of the school and community, (ii) contribute to maintaining school safety, (iii) protect the integrity of a positive and productive learning climate, (iv) teach students the personal and interpersonal skills they will need to be successful in school and society, (v) serve to build and restore relationships among students, families, schools, and communities, and (vi) reduce the likelihood of future disruption by balancing accountability with an understanding of students' behavioral health needs in order to keep students in school.

"School personnel" means persons employed by, on contract with, or who volunteer in a school district, charter school, or non-public, non-sectarian elementary or secondary school, including without limitation school and school district administrators, teachers, school guidance counselors, school social workers, school counselors, school psychologists, school nurses, cafeteria workers, custodians, bus drivers, school resource officers, and security guards.

## **Bullying Prevention and Response Plan**

The Department Directors or designee shall develop and maintain a bullying prevention and response plan that advances the organization's goal of providing all students with a safe learning environment free of bullying and harassment. This plan must be consistent with the following requirements:

1. Using the definition of bullying as provided in this policy; the Department Director or designee shall emphasize to the school community that: (1) the organization prohibits bullying, and (2) all students should conduct themselves with a proper regard for the rights and welfare of other students. This may include a process for commending or acknowledging students for demonstrating appropriate behavior.
2. Bullying is contrary to State law and the policy of this organization. However, nothing in the organization's bullying prevention and response plan is intended to infringe upon any right to exercise free expression or the free exercise of religion or religiously based views protected under the First Amendment to the U.S. Constitution or under Section 3 of Article I of the Illinois Constitution.



3. Students and staff are encouraged to immediately report bullying. A report may be made orally or in writing to a Department Director or any staff member with whom the student is comfortable speaking. Anyone, including staff members and parents/guardians, who has information about actual or threatened bullying is encouraged to report it to a Department Director or any staff member. Anonymous reports are also accepted and can be sent to the address below.

Department Directors can be reached by telephone at (630) 570-7948 or by email:

Carrie Provenzale, Executive Director – [cprovenzale@turningpointeaf.org](mailto:cprovenzale@turningpointeaf.org)

Angela Williams, Faculty Director – [awilliams@turningpointeaf.org](mailto:awilliams@turningpointeaf.org)

Bernadette Bassett, Compliance Director – [bbassett@turningpointeaf.org](mailto:bbassett@turningpointeaf.org)

Barb Brauer, Operations and Development Director – [bbrauer@turningpointeaf.org](mailto:bbrauer@turningpointeaf.org)

Bianca Frost, Program Director – [bfrost@turningpointeaf.org](mailto:bfrost@turningpointeaf.org)

Anonymous Reporting Address:  
ATTN: Human Resources Office  
1500 W. Ogden Avenue  
Naperville, IL 60540

4. Consistent with federal and State laws and rules governing student privacy rights, the Department Director or designee shall promptly inform parent(s)/guardian(s) of all students involved in an alleged incident of bullying and discuss, as appropriate, the availability of social work services, counseling, school psychological services, other interventions, and restorative measures.
5. The Department Director or designee shall promptly investigate and address reports of bullying, among other things:
  - a. Making all reasonable efforts to complete the investigation within 10 school days after the date the report of the incident of bullying was received and taking into consideration additional relevant information received during the course of the investigation about the reported incident of bullying.
  - b. Involving appropriate school support personnel and other staff persons with knowledge, experience, and training on bullying prevention, as deemed appropriate, in the investigation process.
  - c. Notifying the supervisor or designee of the report of the incident of bullying as soon as possible after the report is received.
  - d. Consistent with federal and State laws and rules governing student privacy rights, providing parents and guardians of the students who are parties to the investigation information about the investigation and an opportunity to meet with the department director or designee to discuss the investigation, the findings of the investigation, and the actions taken to address the reported incident of bullying.
6. The Department Director or designee shall use interventions to address bullying, which may include, but are not limited to, school social work services, restorative measures, social-emotional skill building, counseling, school psychological services, and community-based services.
7. A reprisal or retaliation against any person who reports an act of bullying is prohibited. A student's act of reprisal or retaliation will be treated as bullying for purposes of determining any consequences or other appropriate remedial actions.



8. A student will not be punished for reporting bullying or supplying information, even if the organization's investigation concludes that no bullying occurred. However, knowingly making a false accusation or providing knowingly false information will be treated as bullying for purposes of determining any consequences or other appropriate remedial actions.
9. The organization's bullying prevention and response plan must be based on the engagement of a range of school stakeholders, including students and parents/guardians.
10. The Department Director or designee shall post this policy on the Organization's Internet website, if any, and include it in the student handbook, and, where applicable, post it where other policies, rules, and standards of conduct are currently posted. The policy must also be distributed annually to parents/guardians, students, and school personnel, including new employees when hired.
11. The Executive Director or designee shall assist the Board with its evaluation and assessment of this policy's outcomes and effectiveness. This process shall include, without limitation:
  - a. The frequency of victimization;
  - b. Student, staff, and family observations of safety at a school;
  - c. Identification of areas of a school where bullying occurs;
  - d. The types of bullying utilized; and
  - e. Bystander intervention or participation.
12. The Executive Director or designee must post the information developed as a result of the policy evaluation on the Organization's website, or if a website is not available, the information must be provided to school administrators, Board members, school personnel, parents/guardians, and students.
13. The bullying policy aligns with the other policies of the school board.
14. The policy or implementing procedure shall include a process to investigate whether a reported act of bullying is within the permissible scope of the district's or school's jurisdiction. Furthermore, it shall require that the district or school provide the victim with information regarding services that are available within the district and community, such as counseling, support services, and other programs.
15. The Executive Director or designee shall fully inform staff members of the Organization's goal to prevent students from engaging in bullying and the measures being used to accomplish it. This includes each of the following:
  - a. Communicating the Organization's expectation and State law requirement that teachers and other certificated or licensed employees maintain discipline.
  - b. Establishing the expectation that staff members: (1) intervene immediately to stop a bullying incident that they witness or immediately contact a Department Director and/or law enforcement if the incident involves a weapon or other illegal activity, (2) report bullying, whether they witness it or not, to an administrator, and (3) inform the administration of locations on school grounds where additional supervision or monitoring may be needed to prevent bullying.

- c. Where appropriate in the staff development program, providing strategies to staff members to effectively prevent bullying and intervene when it occurs.
- d. Establishing a process for staff members to fulfill their obligation to report alleged acts of bullying.

***Bullying Prevention and Response Plan***

*Created/Revised: 8.2017, 6.2019, 2.2020, 1.2022*

*ISBE Policies, CARF, Training System, Parent-Student Handbooks, Website*

## Personal and Intimate Care

The following guidelines and procedures are designed to safeguard students, provide guidance to staff, and to reassure parents that the personal and intimate care of their child is a paramount priority of Turning Pointe. All students have the right to privacy and must be treated with respect and dignity during personal and intimate care tasks.

We are committed to developing skills of independence for each student, however students may require assistance and support for personal and intimate care. At Turning Pointe, personal and intimate care tasks may occur on a regular basis or during a one-time incident. We recognize that each student has their unique needs. School staff and parents discuss the needs of each student and work in partnership as to how the student's needs can be met.

“Personal care” refers to providing assistance and support to everyday essential activities to individuals who are unable to care for themselves. Personal care is less intimate and usually has the function of helping with personal presentation.

Personal care tasks may include but are not limited to:

- Assisting in feeding
- Assisting with hygiene routines: hair care, applying deodorant, oral care, etc.
- Dressing and undressing without the removal of undergarments
- Washing non-intimate parts of the body
- Supervising in independent toileting

“Intimate care” refers to tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demands direct or indirect contact with, or exposure of, the sexual body parts.

The tasks can include but are not limited to:

- Dressing and undressing
- Toileting
- Changing diapers, pull-ups, and/or swim diapers
- Changing and/or washing after soiling
- Showering
- Menstrual care
- Cleaning/wiping/washing intimate parts of the body

### Principles of Intimate Care

- Every child has the right to be safe
- Every child has the right to personal privacy
- Every child has the right to be valued as an individual
- Every child has the right to be treated with dignity and respect
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities
- Every child has the right to express their views on their own intimate care and to have such views taken into account
- Every child has the right to have levels of intimate care that are as consistent as possible

## General Procedures

All personal and intimate care assistance is highly individualized to meet students' needs. Collaboration between Turning Pointe staff and parents is necessary to deliver and implement personal and intimate care plans. Independence is encouraged throughout all processes and the least restrictive assistance is always used first.

The following outlines the general procedures used in all personal and intimate care tasks:

- Students will always be given the opportunity to change, toilet, shower, etc. in private, unless the student is in such distress that it is not possible to do.
- Staff will use the necessary personal protective equipment (PPE) necessary for the task (i.e. gloves).
- Staff utilize the following prompt hierarchy from least to most restrictive:
  1. Independent - Student completes task independently without prompts, hesitation, or help from a staff member.
  2. Minimal - Staff provides minimal touch or minimal gestural prompt. This can include pointing to a visual or item. (i.e. staff points to student's toothbrush)
  3. Partial - Staff provides a partial physical or partial demonstration prompt. This can include tapping the student to initiate the task or modeling the task. (i.e. staff taps student's elbow in the direction of the toothbrush)
  4. Full – Staff provides a full physical or demonstration prompt. This may include physically manipulating the student's body to complete the activity. (i.e. staff hand-over-hand assists student with brushing their teeth)
- In instances where clothing is soiled, the clothing will be sealed in a plastic bag and returned to the parent. In the event the clothing is saturated and unsalvageable it may be necessary to dispose of and notify the parent.
- Parents are notified in the event of situations that are out of the ordinary for their individual child.

It is important that staff are aware that these tasks may leave staff more vulnerable to accusations of abuse. It is also important to bear in mind that some care tasks can be open to misinterpretation. Any staff member that has concerns about a colleague's care practice, or discovers any unusual markings on any area of a student's body, must immediately report their concern to the School Administrator. Adhering to the following guidelines of good practice should safeguard students and staff.

## General Guidelines for Good Practice

- Staff encourage and support students to participate in their own intimate and personal care to increase independence within activities of daily living
- Staff are sensitive to each student's individual needs
- The Foundation provides facilities that maintain privacy and dignity, such as separate changing areas and bathroom areas, and/or appropriate screening
- Where available, same gender support will be provided
- If a student expresses a staff preference for a personal/intimate care task, this must be respected if possible

- A single staff member may assist students during personal/intimate care, however, it may be necessary to have more than one staff member assist in personal/intimate care tasks because of health and safety or other considerations
- At least two staff members will assist students during intimate care when their care requires full staff assistance
- Accidents and/or soiled messes may result in full showering/bathing for the health, safety, and comfort of the student
- Necessary items, such as toilet paper, soap, trash bins, etc. are available, as well as sufficient space, heating, and ventilation to ensure individual health, safety, and comfort
- Cleaning and disinfecting supplies are available and utilized as needed
- Personal protective equipment, such as gloves are readily accessible
- Parents shall supply fresh clothing and necessary personal, intimate, and hygiene items

In addition, all staff meet the best-practice pre-employment screening requirements, are trained in the aforementioned procedures and guidelines, bloodborne pathogens/hazardous waste procedures, and all policies are reviewed upon employment, annually, and as needed.

***Personal and Intimate Care Policy***

*Created/Revised: 4.2013, 10.2013, 7.2017, 4.2018, 2.2020, 2.2022  
ISBE Policies, CARF, Training System, Parent-Student Handbooks*

## Visitor Policy and Procedures

Turning Pointe encourages and welcomes a collaborative team environment to benefit our students, staff and families. Access to classrooms and school personnel is permitted in limited situations by 105 ILCS 5/14-8.02(g-5), as amended. Visits will have a legitimate purpose and will not interfere with continuity of instruction. The following procedures apply to, but are not limited to, parents/guardians, and qualified professionals retained by and/or on behalf of the parent/guardians and/or serving home school district. A qualified professional means “an individual who holds credentials to evaluate the child in the domain(s) for which an evaluation is sought or an intern working under the direct supervision of a qualified professional, including a master’s or doctoral degree candidate.” To limit disruption of the daily schedule for staff and students, protocols for visits are essential to promote our end goal of collaboration. Turning Pointe will allow for visitation at any time, with or without prior notice, by personnel from the State Board of Education or the school district of residence of any enrolled student, as required by 23 Illinois Administrative Code 401.220(f).

*Procedures and guidelines are below. Visitors will:*

- Complete the visitor request form and obtain permission in advance. Appropriate notice allows for our team to ensure that adequate time is allotted for the visit and for the scheduling of additional meeting times if necessary.
- Sign in at the front desk and will be provided with instructions and an escort if necessary. Identification may be required.
- Sign out at the front desk upon departure.
- Comply with all school policies and procedures, including but not limited to school safety, security, and visitation.
- Comply with privacy laws, including but not limited to: those laws protecting the confidentiality of education records such as the federal Family Educational Rights and Privacy Act (FERPA), the Illinois School Student Records Act, the Illinois Mental Health and Developmental Disabilities Confidentiality Act, and their respective regulations.
- Respect/Not disrupt the educational process including but not limited to: the operations of the school, school and classroom instruction, school and classroom activities, and/or school personnel.
- Not compromise the safety of students and/or staff.
- Agree to hold harmless and indemnify the Turning Pointe Autism Foundation, its directors, officers, employees and agents against any and all claims and actions arising out of the Visitors(s) presence within the Foundation’s facilities, classrooms and buildings, including, without limitation, expenses, judgments, claims, causes of action, fines, settlements and other amounts actually and reasonably incurred in connection with any liability, suit, action, loss, or damage arising.
- Be scheduled for up to 60 minutes per visit at the discretion of administration.

*In addition,*

- Qualified professionals may consult on specific items presented in the agenda pertaining directly to the student's IEP and the collaborative role between the provider and the staff members directly associated with that provider's area of expertise.
- Parent/guardian visitors will be afforded reasonable access as described above for the purpose of: observing his/her child in the child's current educational placement, services, or program, or visiting an educational placement or program proposed for the child by the IEP team
- If the visitor is an independent educational evaluator or a qualified professional retained by or on behalf of a parent or child, the independent educational evaluator or qualified professional will be provided reasonable access for the purpose of conducting an evaluation of the child, the child's performance, the child's current educational program, placement, services, or environment, or any educational program, placement, services, or environment proposed for the child, including interviews of educational personnel, child observations, assessments, tests, or assessments of the child's educational program, services, or placement or of any educational program proposed by the IEP team, services, or placement. An independent educational evaluator or qualified professional may bring and use reasonable testing or assessment materials. Audio and/or video recording devices (including but not limited to tape recorders, video cameras, computers with recording capabilities, and picture phones) are prohibited, unless deemed necessary and appropriate by the student's IEP team.
- If the visitor violates any policy or procedure or interferes with a school activity or duties of school personnel, Administration may direct the visitor's immediate removal from school grounds.
- Before the visit, any visitor must acknowledge that he or she is obligated to honor all students' confidentiality rights and refrain from any re-disclosure of information.
- Administration will attempt to arrange the visit(s) at times that are mutually agreeable. Administration or designee will accompany any visitor for the duration of the visit, including during any interviews of staff members.
- In the event of a circumstance necessitating more immediate attention and/or more time for the visit, special arrangements may be made at the discretion of administration.

*\*Please know that we are committed to provide our families with the best means of obtaining and sharing information. General allotted times for meetings with Turning Pointe staff are 7:45-9:00am and 2:30-4:00pm M-TH, if a meeting is requested following a visit. As we grow and service an increasing number of students, it is necessary for us to ensure that meetings are as efficient and productive as possible. Thank you in advance for assisting us in working to better meet your student's specific needs and partnering with you in achieving the highest level of quality and collaboration between parents and your student's school team. Completing the following form allows us to ensure the proper staff personnel are present for the visit/meeting and that we are prepared to provide any information that will enhance the collaboration for the student's needs.*

**Visitor Policy**

*Created/Revised: 4.2017, 8.2017, 7.2019, 10.2019, 2.2022*

*ISBE Policies, CARF, Parent-Student Handbooks, Training System, Staff Support Page*

## Visitor Request Form

Student Name: \_\_\_\_\_

DOB: \_\_\_\_\_

After reading the Visitor Policy and Procedures, please complete and return this Visitor Request Form:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Student:

- Parent/Guardian  
 District Representative  
 Other: \_\_\_\_\_ Qualifications/Licensure: \_\_\_\_\_  
 N/A

Purpose for the visit:

- Student Observation  
 Student Evaluation  
 Program Observation for Potential Placement  
 Clinical Student or Student Teacher  
 Other: \_\_\_\_\_

Requested Date(s): \_\_\_\_\_

Specific goal(s) of this visit: \_\_\_\_\_

**Acknowledgement** *(To be completed by the person making the access request.)* I understand that Turning Pointe Autism Foundation will allow me reasonable access to the school, school facilities, or educational programs or individual(s) I have requested as related to the purpose of my visit. I agree to hold harmless and indemnify the Turning Pointe Autism Foundation, its directors, officers, employees and agents against any and all claims and actions arising out of the Visitor(s) presence within the Foundation's facilities, classrooms and buildings, including, without limitation, expenses, judgments, claims, causes of action, fines, settlements and other amounts actually and reasonably incurred in connection with any liability, suit, action, loss, or damage arising or resulting from such visit(s). I have received and reviewed the Visitors Policy and agree to comply with its terms and conditions. I further understand that during my visit, I must honor all students' confidentiality rights and agree to refrain from any re-disclosure of any information regarding other students that is obtained during my visit.

\_\_\_\_\_  
Signature Date

**Parent/Guardian Verification** *(Must be completed whenever an independent educational evaluator or other qualified professional on behalf of the parent/guardian requests access.)*

I, \_\_\_\_\_, am the parent/guardian of the above-named student, and I confirm that I have requested an evaluation of my child by the individual named herein, for the stated purpose(s). If requested above, I consent to my child being observed and interviewed by the named evaluator as part of this evaluation understanding that the Turning Pointe Autism Foundation has not conducted a background check on the evaluator. I have no reason to believe the evaluator poses a safety risk to my child or others. I further understand and agree that it is my responsibility to notify the Turning Pointe Autism Foundation in writing if I end my working relationship with the named evaluator prior to the completion of the tasks outlined herein and that the Turning Pointe Autism Foundation otherwise will work with the evaluator to provide reasonable access to the school, school building, school facility, personnel or my child at mutually agreed upon times and in a manner that is least disruptive to the school setting or any child's academic program.

\_\_\_\_\_  
Signature Date

**Visitor Request Form**

*Created/Revised: 4.2017, 8.2017, 7.2019, 10.2019, 1.2020, 2.2022*

*ISBE Policies, CARF, Training System, Staff Support Page*



## Health and Communicable Disease

Turning Pointe Autism Foundation strives to create a safe and clean learning environment to best support the health and safety of our students and staff. Public health departments and the Illinois State Board of Education guidelines are followed accordingly. The following highlights include items Turning Pointe is committed to maintain a safe and healthy learning environment:

- Personal Protective Equipment (PPE) is available
- Ongoing schoolwide cleaning and disinfection
- High efficiency air filters
- Hand hygiene protocols
- Hands-free filtered water bottle fillers
- Monitoring potential disease spread

School attendance is important; however, your child may need to stay home because they are too sick to effectively learn at school and they might spread a contagious illness to other students. While not all illnesses require exclusion, there are instances when students may be sent home from school. School staff will notify parent(s)/guardian(s) when a student needs to be picked up from school.

**Parents are asked to keep their children home OR they will be sent home if an illness or injury results in the following:**

- \*Fever (100.4 or higher without fever reducing medications)
- Persistent diarrhea
- Sore throat
- Eye infections (conjunctivitis or pink eye)
- Drastic change in baseline behavior
- Malaise or general feeling of being unwell
- Incapable of participating comfortably in academics/activities
- Requires care that is greater than school personnel can provide considering the health and safety of your child and other students
- Poses a risk of spread of disease to others (i.e., if a student has symptoms such as excessive nasal drainage or excretion of controlled bodily fluids that cause an unhygienic environment and prohibit learning)
- Vomiting and/or diarrhea
- Unexplained Rash
- Mouth Sores
- Difficulty breathing or shortness of breath
- Cough
- Unexplained fatigue

**The following are guidelines for a student returning to school after experiencing an illness:**

- Students may return to school once they are free from fever for at least 24 hours without the use of fever reduction/symptom relief medication, and symptom free for 24 hours of diarrhea and/or vomiting, and overall symptom improvement
- Absences due to illness that last 3 or more days need a release from a healthcare provider to return to school
- Communicable diseases (e.g., COVID-19, strep throat, influenzas, conjunctivitis “pink eye,” chicken pox, mumps, pertussis, measles, rubella, staph infections, scabies, fifth disease, hand/foot & mouth, impetigo, head lice, etc.), must be reported to the school
- Confirmed cases of communicable diseases will need a note from a healthcare provider to be released to school

The list of symptoms and communicable diseases is not a complete list and Turning Pointe will make decisions based on the health and safety of everyone. Notice of potential exposure to communicable diseases will be sent home when cases appear in the school. Please be assured that your student’s name will not be released on the notice.

***Health and Communicable Disease***

*Created/Revised: 11.2018, 2.2020, 7.2021, 4.2022  
Policies, CARF, Parent-Student Handbooks, Registration*

## Suicide Prevention Policy and Training

The purpose of this policy is to protect the health and well-being of students and staff by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide. Turning Pointe recognizes that physical, behavioral, and emotional health is an integral component of a student's educational outcomes. Turning Pointe also recognizes that suicide is a leading cause of death among young people, and an ethical responsibility exists to take a proactive approach in preventing deaths by suicide, furthermore acknowledge our role in providing an environment which is sensitive to individual and societal factors that place youth at greater risk for suicide and one which helps to foster positive youth development.

This policy covers actions that take place in the organization, school, on school property, and at school-sponsored functions and activities where school and organizational staff are present.

### **Suicide and Depression Awareness and Prevention Program**

A designated prevention coordinator(s) will be responsible for planning and coordinating implementation of this policy for the organization. They shall implement and maintain a suicide and depression awareness and prevention program that advances the goals of increasing awareness and prevention of depression and suicide. The prevention coordinator(s) will also be the main contact for issues relating to suicide prevention and policy implementation. All staff members shall report staff or students they believe to be at elevated risk for suicide to the suicide prevention coordinator(s).

Angela Williams, Faculty Supervisor/School Administrator – for Day School Students

Bianca Frost, Program Director – for Adult Student Programs

Carrie Provenzale Executive Director – for Staff

*\*Any staff and any student can report to any of the prevention coordinators or any adult if needed.*

Staff will receive suicide prevention and awareness professional development and related topics will be included in student curriculum. This program will be consistent with the requirements of Ann Marie's Law listed below; each listed requirement, 1-6, corresponds with the list of required policy components in the School Code Section 5/2-3.163(c)(2)-(7). The Program includes:

1. Protocols for administering youth suicide awareness and prevention education to students and staff.
  - a. For Day School students, implementation will incorporate curriculum content which implements 105 ILCS 5.2-3.139 and 105 ILCS 5/27-7, which requires education for students to develop a sound mind and a healthy body. The curriculum will include developmentally-appropriate, student-centered educational materials that will be integrated into all K-12 health classes. The content and objectives will lead to the development of self-awareness and self-management skills and cover the importance of healthy choices and coping strategies, recognizing risk factors and warning signs, and help-seeking strategies. Key concepts and objectives highlighted may include but are not limited to: understanding and identifying emotions, understanding one's own escalation cycle and identifying ways to calm yourself, recognizing how others feel around you, asking for help and identifying individuals who are helpers in the community, identify foods and behaviors that are healthy vs. unhealthy, and identify your own talents.

- b. For Adult Services students, implementation will incorporate curriculum content which requires education for students to develop a sound mind and a healthy body. The curriculum will include developmentally-appropriate, student-centered educational materials that will be integrated into Adult Services courses. The content and objectives will lead to the development of self-awareness and self-management skills and cover the importance of healthy choices and coping strategies, recognizing risk factors and warning signs, and help-seeking strategies. Key concepts and objectives highlighted may include but are not limited to: identifying and managing one's emotions and behavior, recognizing the feelings and perspectives of others, recognizing personal qualities and talents, identifying external supports, demonstrate an ability to prevent, manage, and resolve interpersonal conflicts in constructive ways, and demonstrate healthy lifestyle choices.
    - c. For staff, implementation will incorporate staff development under 105 ILCS 5/3-14.8 which requires training of the warning signs of suicidal behavior. Staff will complete a training that includes: the awareness and prevention by understanding and recognizing suicide risk factors and warning signs, referral, intervention and response, reporting, and have access to resources. Staff training will be required upon hire, and at least annually. See staff Suicide Policy Training document.
2. Procedures for methods of suicide prevention with the goal of early identification and referral of students possibly at risk of suicide.
  - a. For students in grades 7 through 12, implementation shall incorporate the training required by 105 ILCS 5/10-22.39 for school guidance counselors, teachers, school social workers, and other school personnel who work with students to identify the warning signs of suicidal behavior in adolescents and teens along with appropriate intervention and referral techniques, including methods of prevention, procedures for early identification, and referral of students at risk of suicide.
  - b. For all students, implementation shall incorporate Illinois State Board of Education (ISBE)-recommended guidelines and educational materials for staff training and professional development, along with ISBE-recommended resources for students containing age-appropriate educational materials on youth suicide and awareness, if available pursuant to Ann Marie's Law on ISBE's website.
3. Methods of intervention, including procedures that address an emotional or mental health safety plan for use during the school day and at school-sponsored events for a student identified as being at increased risk of suicide. Implementation will incorporate paragraph number 2, above, along with:
  - a. Including and implementing Student Social and Emotional Development and the goals and benchmarks of the Ill. Learning Standards and 405 ILCS 49/15(b), requiring student social and emotional development in the organization's educational programming;
  - b. Implementing guidance and counseling program(s) for students, and 105 ILCS 5/10-22.24a and 22.24b, which allow a qualified guidance specialist or any licensed staff member to provide school counseling services. Guidance and counseling programs can be available.
  - c. Implementing the Children's Mental Health Act of 2003, 405 ILCS 49, requiring protocols for responding to students with social, emotional, or mental health issues that impact learning

ability; and

- d. Including state and/or federal resources that address emotional or mental health safety plans for students who are possibly at an increased risk for suicide, if available on the ISBE's website pursuant to Ann Marie's Law.
4. Methods of responding to a student or staff suicide or suicide attempt. Implementation of this requirement shall incorporate building-level Student Support Services.
5. Reporting procedures will include paragraph 4 above and the implementation of guidance and counseling programs and student support services in addition to other State and/or federal resources that address reporting procedures.
6. A process to incorporate ISBE-recommend resources on youth suicide awareness and prevention programs, including current contact information for such programs in the Organization's Suicide and Depression Awareness and Prevention Program.

#### Illinois Suicide Prevention Strategic Planning Committee

The Executive Director or designee shall attempt to develop a relationship between the Organization and the Illinois Suicide Prevention Strategic Planning Committee, the Illinois Suicide Prevention Coalition Alliance, and/or a community mental health agency. The purpose of the relationship is to discuss how to incorporate the goals and objectives of the Illinois Suicide Prevention Strategic Plan into the Organization's Suicide Prevention and Depression Awareness Program.

#### Monitoring

The Board or appointed member(s) of the Organization will review and update this policy pursuant to Ann Marie's Law and Board policy 2:240.

#### Information to Staff, Parents/Guardians, and Students

The Executive Director or designee shall inform each employee about this policy and ensure its posting on the Organization's website and/or the distribution of this policy to the parent or legal guardian of each student enrolled in the Organization.

#### Implementation

This policy shall be implemented in a manner consistent with State and federal laws, including the Children's Mental Health Act of 2003, 405 ILCS 49/, Mental Health and Developmental Disabilities Confidentiality Act, 740 ILCS 110/, and the Individuals with Disabilities Education Act, 42 U.S.C. §12101 et seq.

The Organization, Board, and its staff are protected from liability by the Local Governmental and Governmental Employees Tort Immunity Act. Services provided pursuant to this policy: (1) do not replace the care of a physician licensed to practice medicine in all of its branches or a licensed medical practitioner or professional trained in suicide prevention, assessments and counseling services, (2) are strictly limited to the available resources within the Organization, (3) do not extend beyond the school day and/or school-sponsored events, and (4) cannot guarantee or ensure the safety of a student or the student body.

## Parking Lot Traffic Pattern

Adult Day Drop-off and Pick-up will follow the **Parent/District Van Entrance** and **Exit Routes**

### Yellow Bus Entrance 3 Route

1. Yellow buses will enter from Quincy Ave.
2. Once in the parking lot, yellow buses will immediately turn right.
3. Yellow buses will wait until there is an available space in the Bus Zone.
4. When there is a space available in the Bus Zone, a yellow bus may pull forward once instructed by staff.
5. Busses must be in the Bus Zone to pick up and drop off students from Door 3.

### Yellow Bus Exit Route

1. Once students have entered/exited the bus, the bus will pull forward toward Quincy Ave.
2. All yellow buses must exit using Quincy Ave.

### Parent/District/Adult Day Van Entrance Route 1 Route

1. District vans and all parent vehicles will enter using Ogden Ave.
2. District vans/parent vehicles will go to the end of the parking lot and U-turn to Door 1.
3. All district vans/parent vehicles must be in the unloading zone in order to pick up and drop off students.

***\*If special circumstances require a parent/guardian to pick up or drop off a student using a parking spot, they must contact Bianca Frost ([bfrost@turningpointeaf.org](mailto:bfrost@turningpointeaf.org)) or Samantha Camacho ([scamacho@turningpointeaf.org](mailto:scamacho@turningpointeaf.org)) to make arrangements. Due to high traffic volume, dropping off in a parking spot is reserved for special circumstances only.***

### Parent/District/Adult Day Van Exit Route

1. District vans and parent vehicles will pull forward toward Ogden Ave.
2. District vans and parent vehicles will wait until there is space to exit via Ogden Ave. without blocking yellow bus traffic.
3. District vans and parent vehicles will pull forward when there is space at the end of the parking lot to exit using Ogden Ave.
4. For safety and efficiency, it is strongly recommended that district vans and parent vehicles turn right out of the parking lot and proceed north onto Ogden Ave.

