

# **South Bergen Jointure Commission**

## **Home Based Services Manual for Parent Training**

**2017-2018**

Revised: August 2017  
*For Staff and Districts*

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## **MISSION STATEMENT**

The goal of the SBJC Home Program is to teach students to become productive independent members of their family and community regardless of their disability. Therefore, ***the focus of the Home Program is to work with students and their families to develop and generalize skills in and to the natural environment.*** The SBJC Home Program will assist families and caregivers with techniques used during the school day which have been proven to be successful for their child. The Home Program will utilize Applied Behavior Analysis (ABA) strategies to teach skills and manage behaviors. All home programming will be data driven and evaluated on an ongoing basis to guide future programming.

## **PROGRAM DESCRIPTION**

The types of programming appropriate for the Home Program may include; social skills, functional/daily living skills, behavioral issues and generalization of skills learned in school. Using the teaching methodologies of Applied Behavior Analysis (ABA), the techniques utilized in the home may include: discrete trial instruction, verbal behavior, fluency, incidental teaching, natural environment learning, and shadowing in both the home and community. All programming is data driven and data collection is required on any skill being taught or generalized.

***Parent involvement is an essential component of the Home Program. All skills taught in the home environment will be introduced by the South Bergen Jointure Commission staff members and quickly generalized to the student's caregivers.***

All Home Programming is driven by each student's Individualized Education Plan (IEP) and only provided when requested via SBJC's "Request for ABA Services Form". All Parent Training will be goal based. Any request for changes in a student's Parent Training hours or goals and objectives must be directed to the Child Study Team (CST) case manager.

## **CONFIDENTIALITY**

***South Bergen Jointure Commission Staff are required to adhere to the following:***

- Information regarding the student and/or their family is not to be discussed with any person outside that student's team or family.
- If a domestic violence or child abuse situation is observed by SBJC staff, that staff is a mandated reporter and must report the incident to the appropriate authorities.

## **GENERAL POLICIES AND PROCEDURES**

- The number of parent training hours a student receives will be determined on an individual basis and stated specifically in each student's IEP.
- A "Request for ABA Service" form must be submitted by the CST case manager in order for services to begin. This form must be re-submitted at the time a new IEP is implemented if the services have not been completed and are to continue or if additional hours are being requested.
- The SBJC Home Program will begin during the first full week of each new school year. Services are to be provided only when school is in session, as per the SBJC Maywood/Lodi Campus Calendar, unless otherwise stated in the student's IEP.

## **REQUESTS FOR HOME PROGRAM STAFF CHANGES**

- The South Bergen Jointure Commission home program consultants and Administrative Team will select staff to work in the homes/community.
- Parent/Guardian requests for changes in parent training staff should be directed to the home program consultant or administration.
- All parent requests will gladly be considered and/or discussed.

## **SAFETY AND HYGIENE**

- A family member or responsible, age appropriate caregiver must be present in the home during the session at all times.
- For no reason shall a parent or caregiver leave the student alone in the home with staff member during a session. If the parent or caregiver needs to leave, another caregiver must be present or the session must be ended.
- For no reason shall an SBJC staff member leave the property with the student without the parent/caregiver present.
- If the student is working on a community-based skills the parent/caregiver must accompany the staff member.
- An SBJC staff member may not transport a student for any reason in his/her own car. If going into the community the parent/caregiver must provide transportation for the student. The staff member may follow in his/her own car.
- Unless the student is on a formal Toilet Training Program, toileting issues should be taken care of by the parent or caregiver. If the staff member is running a formal Toilet Training Program gloves should be worn at all times. Gloves will be provided by SBJC.
- If an accident occurs and the student is injured the SBJC staff will inform the parent or the caregiver and the parent/guardian will make the decision regarding medical care. The SBJC staff will fill out an incident/accident report and notify the coordinator immediately. The school administrator, home program consultant and school nurse must be informed by the following school day. Incident reports must be sent to Scott Rossig, Principal at the Maywood Campus, within 24 hours of incident.
- If an accident occurs and an SBJC staff member is injured the staff member will inform the parent/caregiver. The SBJC staff will fill out an incident/accident report and notify the coordinator and consultant immediately. If medical attention is necessary the staff member must be seen by an approved worker's compensation doctor (page 16). The necessary documentation (page 17) must be taken to the doctor, completed by the doctor, and returned. The school administrator and school nurse must be informed by the following school day. Incident reports must be sent to Scott Rossig, Principal at the Maywood Campus, within 24 hours of incident.

## AGGRESSIVE BEHAVIORS

- If the aggressive behavior is occurring for the first time the staff member will write a detailed account of the antecedent to the behavior, the behavior, the amount of time the behavior lasted, and the consequence that followed the behavior.
- The written documentation of the behavior will be given to the consultant and copied for the parent/caregiver. If more than one incident occurs a behavior plan will be written and implemented by the parent trainer in consultation with the home program consultant.
- The parent trainer will write any behavior plans followed in the home. The plan will then be reviewed by the home program consultant, administration and parents/caregivers.
- All behavior plans will be approved and signed by the parent/guardian, parent trainer, child study team member, administrator, and home program consultant and then added to the student's IEP.
- School-based BIPs are not automatically implemented in the home. Data needs to be collected in the home environment to determine the function of the behavior. If the school-based BIP is determined to be appropriate for use in the home by the parent trainer then they will train the parent to implement the BIP.
- If the student begins to engage in aggressive behaviors, the parent/caregiver should check in with the staff member to ensure that he or she does not need assistance.
- If the staff member feels that they can safely manage the aggressive behaviors the parent can step away. The parent/caregiver should remain within earshot in case at any point the staff member feels that the situation has changed and they do need the parent/caregiver to step in.
- If the staff feels that he or she needs assistance or is not comfortable for any reason with continuing the behavioral intervention the parent must step in and take over for the staff member. The staff member will then report the incident to the coordinator.
- Although staff may be trained in Crisis Prevention Institute (CPI) techniques, physical restraints and holds may not be in the home. Staff must call for a parent to address the behavior if there is a fear of the child hurting him/herself or staff. Verbal de-escalation, blocking, and disengagement techniques may be utilized.

## TIME SHEETS

- All SBJC staff will complete the approved time sheet. After each session staff must fill in the hours completed and have a parent or caregiver initial the appropriate column on the time sheet. At the end of the month the hours worked must be totaled and a parent or caregiver must sign it before the staff can turn in the time sheet for further signatures.
- Signatures of the staff member, parent/caregiver, parent trainer, consultant and administrator and must be present on all time sheets in order to be paid.
- All time sheets must be filled out completely, including the student's full name, the district, the staff member's full name, total number of hours worked and the month in which the services were provided. Times must be reported in 15-minute increments.
- All time sheets should be submitted once per month for reimbursement.
- All time sheets for September to June must be submitted no later than June 30<sup>th</sup> for reimbursement. July 1<sup>st</sup> begins a new school year and time sheets for the past year may not be paid if they are submitted past the June 30th deadline.
- For no reason shall staff indicate on a time sheet a date or amount of time for which services were not provided. If a staff member indicates that services were provided on a date or time that they were not provided, no payment will be provided and the staff member may be terminated from the Home Program.
- Time sheets for the previous month must be submitted to the home program consultants by the first Friday of the month. This does not guarantee payment on the 15<sup>th</sup>.
- Time sheets ***MUST*** be submitted ***MONTHLY***. If time sheets are submitted beyond a one month time period, providers risk forfeiture of payment.

## **REPORTING PROCEDURES**

- After the first meeting with the parents, the *Initial Planning Sheet* portion of the *Summary of Parent Training/Behavioral Support Visit* report should be completed, including target behaviors to be addressed, a brief history of prior services and/or interventions, strategies to be considered and a list of potential reinforcers.
- After each subsequent meeting, a brief summary of the visit, including the goals addressed, core behavioral principles promoted, strategies discussed and/or implemented as well as data collection procedures that were discussed and/or implemented should be added to the *Summary of Parent Training/Behavioral Support Visit*.
- In a situation where a student receives on-going parent training hours, the parent trainer in conjunction with the home program consultant will make a determination as to which reporting form would be appropriate.
- All parent trainers will be required to submit *Monthly Visit* reports. These forms should be completed and turned in monthly along with time sheets. These forms will be kept on file and will be available to parents upon request. They will be sent to the appropriate child study teams on a monthly basis.
- The home program consultant assigned to each case will review reports monthly and provide feedback to providers as necessary.



## **JOB DESCRIPTION – PARENT TRAINER**

- Once assigned to the case, the parent trainer should contact the family immediately to schedule a first meeting to discuss parent concerns, history and prior interventions.
- First meeting: An observation meeting is set up to solely observe home dynamics and for the trainer to determine targets to be addressed.
- Second meeting: Another meeting is held with the parents to review the targets and goals that will be addressed. At this time the trainer begins to present the principles of applied behavior analysis and strategies begin to be introduced.
- During the remainder of the hours, any needed materials are brought by the trainer to the home and intensive training begins. Parents are taught how to utilize materials, take data collection for later review, and encouraged to implement strategies. Parent trainer will present strategies using an *explain, model, feedback* model in order to educate families and caregivers.
- Data collection must be reviewed with the family for the duration of the mandate.
- Trainers must keep track of their hours and must not exceed the mandated amount. In addition, no more than 10% of this time should be spent in preparing materials. If additional time is needed, an administrator must gain approval for these additional hours from the child study team prior to the service being provided.
- *Parent Training Reports* must be completed as outlined in the reporting procedures section (page 8) and submitted on a monthly basis along with time sheets for SBJC and District records. Trainers may also provide recommendations, (if warranted), regarding additional parent training hours or the need of an in-home program.

## **JOB DESCRIPTION – HOME PROGRAM CONSULTANT**

### **Main responsibilities during the school day:**

- Contact parents to facilitate staff placement and scheduling.
- Recruit staff to do the in-home work.
- Observation of staff to ensure appropriate placement.
- Provide staff with applications and determine eligibility.
- Observation of students in the school setting to bridge the efforts between home and school.
- Communication with teachers/therapists of students that receive home programming to address concerns and needs.
- Contact Case Management Team of any program changes/concerns.

### **Main responsibilities after school hours:**

- Home visits and clinics
- Material Preparation (assisting coordinators)
- In-home staff training (tutors, coordinators, parent trainers)
- Observation of in-home service providers
- Update of manual and protocols as needed.
- Schedule and advertise home program staff meetings as required.
- Monitor hours provided by staff in accordance to mandate.
- Review, Sign and deliver time sheets to Scott Rossig.
- Coordinate all home programming changes and needs.
- Provide services to parents, coordinators, parent trainers in regards to concerns and needs.
- Communicate all home programming needs to Scott Rossig.
- Review all monthly reports submitted by Coordinators/Parent Trainers. Provide feedback to said staff.
- Forward monthly reports to CST Case Managers or CST Secretaries.
- Forward monthly reports for SBJC students to the SBJC building secretary so that the report can be added to the student's file.

EMPLOYEE'S REPORT OF INJURY

Name & Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Social Security No. \_\_\_\_\_

Dept. Where Employed \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Weekly Earnings:

Salary \_\_\_\_\_ (or) Hours per Week \_\_\_\_\_ Rate per Hour \_\_\_\_\_ Days \_\_\_\_\_

Date & Time of Injury \_\_\_\_\_

Place of Injury \_\_\_\_\_

Describe Accident or Occurrence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe Injury and Medical/Hospital Care to Date:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witnesses to Injury or Person(s) with Knowledge of Accident or Injury:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Returned to Work \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

(Your Signature)

(Date)

(Nurse's Name & Signature)

(Date)

# WORKER'S COMP 17-18

Primary	Allied Medical Associates		Wayne Commons, 510 Hamburg Tpk, Ste 101	Wayne
Primary	Assoc. in Primary Care		25 E. Willow Street	Milburn
Primary	Clara Maass Medical Ctr		1 Clara Maass Drive	Belleville
Primary	Clifton Medical Center		1001 Main Avenue	Clifton
Primary	Colaneri, John		585 Hoboken Road	Carlstadt
Primary	Community Medical Ctr		67 Rt. 37 West, Bldg. 2	Toms River
Primary	Complete Care		1814 East 2nd. Street	Scotch Plains
Primary	Concentra Medical Center		150 North Street	Teterboro
Primary	Concentra Medical Center		283 Piaget Avenue	Clifton
Primary	Diagnostic & Treatment Ctr		1475 Bergen Boulevard	Fort Lee
Primary	Doctor's Inn		171 Lake Street	Ramsey
Primary	Doctor Express		E. 67 Ridgewood Ave	Paramus
Primary	The Doctor's Office		110 Ridgewood Ave	Paramus
Primary	Emergimed		663 Palisade Ave	Cliffside Park
Primary	First Care		464 Valley Brook Ave	Lyndhurst
Primary	Forest Health Care		277 Forest Avenue, Suite 200	Paramus
Primary	Corporate Wellness	Occ Med	87 Rt. 17 North, Suite 137	Maywood
Primary	Heights Medical		288 Boulevard	Hasbrouck Heights
Primary	Holy Name Hospital	Occ Med	718 Teaneck Road	Teaneck
Primary	Immedicenter		1355 Broad Street	Clifton
Primary	Kimball Medical Center		500 River Avenue	Lakewood
Primary	Kramberg, Robert		2035 Hamburg Turnpike, Suite L	Wayne
Primary	Mahwah Medical		10 Franklin Tpke	Mahwah
Primary	Med Care of East Rutherford		245 Park Avenue	East Rutherford
Primary	Monmouth Medical Ctr		300 Second Avenue	Long Branch
Primary	Occupational Med Assoc		17-15 Maple Avenue	Fair Lawn
Primary	Paramus Medical & Sports		205 Robin Rd, Suite 1118	Paramus
Primary	Prompt Med Urgent Care		185 Bridge Plaza, Suite 10	Fort Lee
Primary	Redi Med of Maywood		186 Rochelle Ave	Rochelle Park
Primary	Rochelle Park Medical Ctr		365 Rochelle Park Ave	Rochelle Park
Primary	St. Barnabus Med Ctr	Occ Med	101 Old Short Hills Rd	West Orange
Primary	Thomas Cacciola, MD		403 Fairview Avenue	Paramus
Primary	VH/Dumont		40 Washington Avenue	Dumont
Primary	CLOSED			
Primary	VH/Montvale		85 Chestnut Ridge Road	Montvale
Primary	VH/Riverdale		72 Hamburg Turnpike	Riverdale
Primary	VH/Teaneck		780 Cedar Lane	Teaneck
Primary	VH/Waldwick		159 Franklin Turnpike	Waldwick
Primary	Wellcomecare Med. Assoc		210 Passaic Street	Garfield
Primary	Wood-Ridge Medical Assoc		288 Valley Boulevard	WoodRidge

\* HLMC

**PLEASE RETURN THIS FAX WITHIN 24 HOURS OF PATIENT VISIT**

THE INFORMATION CONTAINED IN THIS FAX MESSAGE IS INTENDED ONLY FOR THE PERSONAL AND CONFIDENTIAL USE OF THE DESIGNATED RECIPIENTS NAMED BELOW. THIS MESSAGE MAY BE A PHYSICIAN/PHYSICIAN COMMUNICATION, AND AS SUCH, IS PRIVILEGED AND CONFIDENTIAL. IF THE READER OF SAID MESSAGE IS NOT THE INTENDED RECIPIENT OR AN AGENT RESPONSIBLE FOR DELIVERING IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT YOU HAVE RECEIVED THIS DOCUMENT IN ERROR AND THAT ANY REVIEW, DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS MESSAGE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY PHONE AND RETURN THE ORIGINAL MESSAGE TO US BY MAIL.

TO \_\_\_\_\_ DATE \_\_\_\_\_

INSURANCE CO./TPA BERGEN RISK MANAGERS, INC.

PATIENT NAME \_\_\_\_\_ S.S.# \_\_\_\_\_

FILE# \_\_\_\_\_ DATE OF ACCIDENT \_\_\_\_\_

EMPLOYER \_\_\_\_\_

DATE OF SERVICE \_\_\_\_\_

DIAGNOSIS/PROGNOSIS \_\_\_\_\_

RESTRICTIONS \_\_\_\_\_

Restrictions Effective Until \_\_\_\_\_

TESTS ORDERED \_\_\_\_\_

RX: Prescription of Drugs or Supplies \_\_\_\_\_

PHYSICAL THERAPY  Yes (Duration & Type) \_\_\_\_\_  
 No Authorization # \_\_\_\_\_

RETURN TO WORK (No Restriction) \_\_\_\_\_ ( ) LT DUTY UNTIL \_\_\_\_\_

NEXT OFFICE VISIT \_\_\_\_\_ Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

( Dictation To Follow)

RECOMMENDATIONS/COMMENTS \_\_\_\_\_

CC: FAXED TO: \_\_\_\_\_

BERGEN RISK FAX # 201/825-2230

**South Bergen Jointure Commission**  
**CAMPUS DIRECTORY**  
**2017-2018**  
**[www.njsbjc.org](http://www.njsbjc.org)**

**Carlstadt Campus**

550 Washington Street  
Carlstadt, NJ 07072  
201-672-3000 – Main Office  
Principal: Ms. Lorraine Rake  
Secretary: Ms. Janine Kelly

**Moonachie Campus**

c/o Robert L. Craig School  
20 West Park Street  
Moonachie, NJ 07074  
201-641-5833 Main Telephone  
201-641-0132 Telephone  
201-814-1728 Fax  
Principal: Dr. Dawn Fidanza  
Asst. Principal: Ms. Lauren Basso  
Secretary: Mrs. Joanne Sontag

**South Hackensack Campus**

c/o Memorial School  
Vreeland and Dyer Avenues  
South Hackensack, NJ 07606  
201-845-8818 Telephone  
201-845-6408 Fax  
Principal: Mrs. Holly Ehle  
Secretary: Ms. Corey Kroll

**Lodi Campus**

123 Union Street  
Lodi, NJ 37644  
973-249-0995 Telephone  
973-249-0968 Fax  
Principal: Dr. Dawn Fidanza  
Asst. Principal: Ms. Lauren Basso  
Secretary: Mrs. Joanne Sontag

**Primetime – East**

**Rutherford**  
20 Hackensack Street  
East Rutherford, NJ 07073  
201-355-8678 Telephone  
201-355-8694 Fax  
Principal: Ms. Lorraine Rake  
Secretary: Ms. Janine Kelly

**Little Ferry Campus**

123 Liberty Street  
Little Ferry, NJ 07463  
201-641-6760 Telephone  
201-641-4072 Fax  
Principal: Mr. Scott Rossig  
Secretary: Ms. Corey Kroll

**Maywood Campus**

404 Maywood Avenue  
Maywood, NJ 07607  
201-845-8818 Telephone  
201-845-6408 Fax  
Principal: Mr. Scott Rossig  
Secretary: Ms. Corey Kroll

**Ridgefield Park Campus**

110 Mt. Vernon Street  
Ridgefield Park, NJ 07660  
201-336-9855 Telephone  
Principal: Ms. Holly Ehle  
Secretary: Ms. Corey Kroll

**Superintendent / Board  
Office**

500 Route 17 South, Suite 307  
Hasbrouck Heights, NJ 07604  
201-393-0475 Telephone  
201-288-2825 Fax

# South Bergen Jointure Commission

500 Route 17 South, Suite 307  
 Hasbrouck Heights, NJ 07604

## TIME SHEET FOR HOME PROGRAMMING – PARENT TRAINING

Student Name: \_\_\_\_\_ Employee Name (print): \_\_\_\_\_

District: \_\_\_\_\_ Month & Year: \_\_\_\_\_

Day	Parent Initials	In Time	Out Time	Total
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

Day	Parent Initials	In Time	Out Time	Total
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

GRAND TOTAL HOURS: \_\_\_\_\_ MINUTES: \_\_\_\_\_

Trainer's SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Consultant's SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator's SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

Checked: \_\_\_\_\_ x Rate \$ \_\_\_\_\_

Date Paid: \_\_\_\_\_ Total \$ \_\_\_\_\_

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# South Bergen Jointure Commission

## IN-HOME PROGRAM Emergency Contact Information

2017-2018 School Year

Parent/Family Member – Please complete this form and provide to the Home Program Coordinator to be placed in the front of the home program binder. The emergency contacts should be someone other than yourself that can be reached in case of an emergency involving you, where another adult outside of the home should be reached. THANK YOU!

Emergency Contact # 1	Emergency Contact # 2
Name: _____	Name: _____
Phone Number: _____	Phone Number: _____
Relation to child: _____	Relation to child: _____

Please complete this bottom portion to provide us important health/safety information about your child. Coordinators will retain for their records and place a copy into the Home Program Data Book.

### Allergies

### Food Sensitivities

### Medication

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I have received a copy of the 2017-2018 Parent Training Manual.

Parent name (please print): \_\_\_\_\_

Student name (please print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# South Bergen Jointure Commission

## IN-HOME PROGRAM

Dear Families and Staff -

For the safety of our students and staff, we would like to review the SBJC policy on **guardian supervision of a home therapy program**. The SBJC Home Program manual reads:

- “For no reason shall a parent or caregiver leave the student alone in the home with the therapist during a session. If the parent or caregiver needs to leave, then either another caregiver must be present or the session must be ended.”
- “For no reason may the staff member leave the property with the student without the parent present.”
- “If the student is working on a community-based skill the parent must accompany the staff member.”
- “Staff may not transport a student for any reason in their own car. If going into the community the parent must provide transportation for the student. The staff may follow in their own car.”

Unacceptable	Acceptable
The student earns a walk down the block as a reinforcer. The SBJC staff member goes alone with the student.	The student earns a walk down the block as a reinforcer. A parent/caregiver follows within eyesight.
The parent needs to leave for five minutes to pick up a sibling from the dance school across the street.	The parent needs to leave to pick up a sibling; the parent takes the student with him/her and the SBJC staff member waits in the car. The session ends at the pre-determined time.
The coordinator and the tutor are both home with the student so the parent leaves because there are two adults there.	The coordinator and the tutor are in the home with the student; parent is in the kitchen or another room in the house that is not the therapy room.
During a Purchasing Program in the community, a parent runs into the store next door to pick up a few things.	The parent/caregiver stays within eyesight during the community outing.

Please understand that this policy is **not intended to inconvenience our families or staff**. We know how much commitment it can take to provide adequate oversight of an ABA home program. This policy is in place for the **safety of your child and our staff**.

If a parent/guardian is unable to be present in the home during a session or community outing, a surrogate, (age 18 years or older), may be designated by the parent/guardian to take responsibility for the welfare of the student. Please submit the name of that person to the home program coordinator.

If there are any questions about this policy, or specific instances where this policy may impede therapy, please feel free to contact Scott Rossig at 201-845-8818.

Your signature below indicates that you understand this policy and have approached SBJC with any questions that you may have. **Your signature indicates that you agree to remain in compliance with this policy.**

X \_\_\_\_\_  
Parent/Guardian 1

X \_\_\_\_\_  
Parent/Guardian 1

X \_\_\_\_\_  
SBJC Team Member

X \_\_\_\_\_  
SBJC Team Member

X \_\_\_\_\_  
SBJC Team Member

X \_\_\_\_\_  
SBJC Team Member

# South Bergen Jointure Commission

## IN-HOME PROGRAMMING Summary of Parent Training/Behavioral Support Visit

### Initial Planning Sheet

This form is completed during/following each visit with the family. This is a continuous log that reflects the progression of services for the family.

<b>Student Name:</b>	<b>District:</b>
<b>Provider's Name:</b>	<b>Date:</b>

Parent Concerns / Target Behaviors	
1.	2.
3.	4.
5.	6.

History of Prior Services/Interventions	
•	•
•	•
•	•

Strategies/Interventions to be Considered	
•	•
•	•
•	•

Potential Reinforcers	
•	•
•	•
•	•

# *South Bergen Jointure Commission*

## IN-HOME PROGRAMMING Summary of Parent Training/Behavioral Support Visit

### Visit Summary

<b>Student Name:</b>	<b>District:</b>
<b>Provider's Name:</b>	<b>Number of hours requested:</b>

This form is completed during/following each visit with the family. This is a continuous log that reflects the progression of services for the family.

**Goals to be addressed:**

- 
- 
- 

<b>Date:</b>	<b>Number of hours remaining after this visit:</b>
--------------	--

**Strategies Discussed/Implemented:**

- 
- 
- 

**Visit Summary:**

**Additional Concerns/Follow Up:**

# South Bergen Jointure Commission

BOARD OF EDUCATION  
500 Route 17 South, Suite 307  
Hasbrouck Heights, NJ 07604

Dawn M. Fidanza Ph.D.  
Superintendent

(P) 201-393-0475  
(F) 201-288-2825

## REQUEST FOR IN-HOME ABA PROGRAMMING

Date of this Request: \_\_\_\_\_  
School District: \_\_\_\_\_  
District Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_  
Child's Name: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

### Check Services Requesting:

- Parent Training (select one) \_\_\_\_\_ hours per WEEK  
\_\_\_\_\_ hours per MONTH  
\_\_\_\_\_ Total number of hours requested
- In- Home ABA Therapy Program \_\_\_\_\_ visits per week x 60 minutes.

(Hours for coordination of in-home programs will be as per SBJC Home Program Manual guidelines unless otherwise requested)

This service will be provided during:

- During regularly scheduled school days ONLY  Uninterrupted (regular school days AND over school holidays)
- During ESY  During August

(Signify if hours provided during the summer or school holidays differ from regular school days)

Requested Start Date: \_\_\_\_\_ (two week lead time usually needed)

\_\_\_\_\_  
Signature of Board Secretary or Designee

### **For Jointure Use Only:**

Coordinator: \_\_\_\_\_ ABA Therapists: \_\_\_\_\_

Start Date: \_\_\_\_\_

Rev 7/2015

# *South Bergen Jointure Commission*

500 Route 17 South, Suite 307  
Hasbrouck Heights, NJ 07604

Welcome to the 2017-2018 school year! Our team of wonderful, energetic and supportive staff are looking forward to another exciting year.

The Home Program will continue to have two consultants this year; Julia Scozzafava and Kathy Tennant. Scott Rossig will be in charge of the Home Program. Please do not hesitate to contact any of us with any questions or concerns. E-mail is preferable, however, messages can be left for Scott, Julia and Kathy at the Maywood Campus 201-845-8818.

Attached is the current Home Program Manual. Please review it and let us know if you have any questions.

We are looking forward to working together!

Scott Rossig  
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Julia Scozzafava  
[jscozzafava@southbergenjointure.org](mailto:jscozzafava@southbergenjointure.org)

Kathy Tennant  
[ktennant@southbergenjointure.org](mailto:ktennant@southbergenjointure.org)

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## **Student Specific Staffing Information**

**Student:** \_\_\_\_\_

**SBJC Consultant:** \_\_\_\_\_

**SBJC Coordinator:** \_\_\_\_\_

**SBJC Parent Trainer:** \_\_\_\_\_

**SBJC Tutors:** \_\_\_\_\_

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