

Date: November 19, 2025
To: Board of Education
From: Eric Reid, Superintendent of Schools
Re: Guest/Visitor Policy Advisory Committee Report

Prepared by: Carol Adams, Moderator and Committee Members

Background Information:

The Board of Education (BOE) passed policy KM Visitors to the School in July 2025. At the time of the passage of that policy, the BOE directed the development of an advisory committee to look at the topic at a deeper level and return a report to the BOE in November. The structure of the committee and the goals for the committee's work were approved by the BOE during the August 6, 2025, BOE meeting.

The committee members are listed in Appendix A. The schedule for meetings and how the committee addressed the goals set forth by the BOE are listed in Appendix B.

Current Considerations:

While the committee was comprised of individuals with different backgrounds, the commonly held belief was that all members wanted the best for the students of USD 383. In addition, the committee recognized that the KM Visitors to the School Policy addressed all third-party agencies that may want access to work with children during the school day. However, the updated policy's primary impact no longer allows third-party Applied Behavior Analysis (ABA) therapy providers into the school buildings in their usual capacity.

The committee learned that the KM Visitors to the School Policy (Appendix C) was revised and adopted in order to provide consistency, safety and security support across all schools in USD 383. The current policy establishes guidelines for observations and the delivery of additional services students may require in attaining success. Additionally, the policy states that a, "contract and/or Memorandum of Understanding (MOU) exist between the agency and the district" should additional services be necessary.

In addition to the presentation of the KM Visitors Policy by the district, the committee spent three meetings listening to parents, medical providers, ABA therapy providers, and district personnel to gain further insight into the changes caused by the new policy.

According to research presented by parents, medical professionals, and ABA therapy providers:

- ABA therapy is the most scientifically validated intervention for children diagnosed with autism spectrum disorder (ASD).
- ABA therapy provides medical amelioration prescribed by medical professionals to be delivered in a student's natural environment, including the classroom setting, if necessary.
- ABA often has the biggest impact for students when applied across multiple settings.
- The number of hours prescribed for ABA contact differs based on each student's needs.
- When possible, it is recommended to integrate medical and educational interventions for best outcomes, because autism spectrum disorder (ASD) is a lifelong condition.

- Registered Behavior Technicians (RBTs) are the individuals implementing the ABA therapy for third-party agencies while working under the supervision of a Board-Certified Behavior Analyst (BCBA).
- Classroom and in-clinic ABA are both important. State of the art ABA therapy equals multiple settings of which the classroom is one setting.
- ABA services currently offered by third-party providers create an opportunity for collaboration with school staff as well as participation in IEP meetings to monitor student progress.

Current district practices for identifying students who need special education services and the resources for meeting the educational needs of those students were presented by the Director of Special Education. Special education personnel include the following:

- Paraprofessionals receive a half-day onboarding process which includes behavior intervention training, as well as 20 hours of professional development. They work under a licensed Special Education teacher.
- Behavior Consultants who are highly trained and serve all schools and grades in USD 383. There are five Behavior Consultants in the district – one of whom is a Board-Certified Behavior Analyst (BCBA) and one is the Special Education Director who is a BCBA.
- Additional support staff may include a school nurse, interpreter services, teacher of the visually impaired, social worker, physical therapist, deaf/hard of hearing specialist, occupational therapist, speech/language pathologist, school psychologist, and/or mobility and orientation specialist.
- Other collaborative support may include RBTs, doctors and therapists.
- Curriculum is available for these special education personnel to use with students.
- In addition to the personnel who serve the students, the Director reviewed the process followed for identifying students who need an Individualized Education Plan (IEP) and for designing the education plan to assist students in attaining success.
- The differences and similarities between an IEP and the 504 Plan were explained for clarification and legal purposes.

District personnel shared the district and building-level concerns regarding the inclusion of third-party vendors in the classroom, which included in-depth discussions of the following relative topics:

- Consistency with practices across schools
- Medical vs. Educational diagnosis
- Legal responsibilities
- Confidentiality of the children in the classroom who are not working with the third-party agency
- Communication
- Supervision of staff
- Barriers with differing objectives and goals
- Liability and Exposure
- Financial Implications

Following each presentation, the committee discussed its questions and concerns. Conclusions from these presentations included the following:

- The committee recognizes the value of ABA therapy across multiple environments, including school.
- The committee also understands that the liability of granting third-party access within the school setting/environment is substantial. As such, the current policy protects the school district from catastrophic liability.
- The district is cautious about allowing people to conduct treatment in classrooms who are not district employees and fall under the district's organizational chart for supervisory clarification.
- Students with ASD enrolled in USD 383 with a special education IEP will have progress monitoring. Based on the IEP goals, district Behavior Consultants, Special Education teachers, and paraprofessionals can provide appropriate support for student learning. Input and collaboration with outside physicians and therapists can be considered as part of writing and renewing the IEP along with the rest of the IEP team.
- A clear and consistent understanding of the educational vs. medical diagnosis of ASD is needed to establish the educational goals and support for student learning. Collaboration among all parties engaged in making the decision about student learning enhances student success.

District Goal:

Our goal is for all students to succeed at increasingly higher levels of academic growth, social-emotional development, and post-secondary preparation.

District Strategy:

3. Develop and enhance mutually beneficial relationships where schools, families and community partners share a commitment to student success.

Recommendations:

This report is provided for information only.

Recommended Motion: None