MEMORANDUM

Re: Recommendations on how public schools should support recently enrolled children in foster care and implementation of § 20-2-152.2. Trauma: foster care students

By: Georgia Appleseed Center for Law and Justice and the HB 855 Working Group of the Georgia Education Climate Coalition (GECC)1

Date: September 7, 2021

Georgia Appleseed and the members of a working group of the Georgia Education Climate Coalition (“GECC”) developed this memo and recommendations to assist the Georgia Department of Education (“GaDOE”) and Georgia State Board of Education (“SBOE”) in their efforts to comply with § 20-2-152.2, Trauma foster care students (“HB 855”).2 We provided GaDOE a copy of these recommendations on April 5, 2021.

HB 855 requires Georgia public schools to assess foster care students for adverse impacts of trauma on academics and classroom behavior. In addition, the law required the SBOE to issue rules, regulations, and protocols to support implementation of those assessments, and GaDOE to issue related guidance and procedures to local schools by August 1, 2021. As of the date of September 3, 2021, we are not aware of any rules, regulations, protocols, or GaDOE guidance related to the implementation of HB 855.

We commend legislative and regulatory efforts to support students experiencing trauma, particularly children in foster care. With the proper supports and services, all children can thrive. With appropriate implementation, HB 855 has the potential to increase the availability of needed supports and engage critical existing supports and available information to amplify a child’s success in school. In addition, HB 855’s new mandates come with certain risks including the re-traumatization of children through unnecessary and unhelpful assessments with little positive impact or little to no increase in services.

We recommend the following:

1. GaDOE propose to SBOE an amendment to the State Education Rule 160-4-8-.17, Case Management Consultation for Agency Placed Transfer Students (“Case Management Rule”) that, in accordance with HB 855, includes

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1 The HB 855 Working Group is a group of stakeholders from across the state, including representatives from DFCS, DBHDD and GaDOE, who have convened for over nine months to gather information, conduct research, draft related documents, and discuss implications of HB 855. Questions regarding working group members and recommendations and proposed drafts for HB 855 can be directed to Georgia Appleseed Executive Director R. Michael Waller, at mwaller@gaappleseed.org. Special thank you to DLA Piper for research, drafting and technical assistance.

a. A revised definitions section to clarify the role of the Division of Family and Children Services (“DFCS”) and define “Trauma”, “Trauma assessment process”, “New enrollment of students in foster care” and
b. Trauma-specific language adopted from HB 855.³

Appendix 1 contains a draft amendment based on our recommendations.

2. GaDOE issue and adopt trauma-specific guidance (“Guidance”) that directs local education agencies (LEAs”) to
   a. Use existing trauma information in collaboration with the Department of Community Health (“DCH”) and DFCS to determine learning and behavior supports for students in foster care, and
   b. Improve local information sharing between education and child welfare agencies.

Appendix 2 contains draft guidance based on our recommendations.

3. GaDOE collaborate with LEAs, DCH, DFCS, CMOs and other agencies necessary to develop a Memorandum of Understanding (“MOU”) to
   a. Improve and streamline information sharing between agencies for quick and efficient trauma-related academic and behavioral support for students in foster care, and
   b. Prevent any delay of services and supports for students in foster care.

4. GaDOE expand its current statewide trauma-informed training efforts to
   a. Increase trauma responsiveness efforts to complement current trauma awareness tools available to LEAs,
   b. Expand universal trauma-informed training and supports for all staff, and
   c. Provide LEAs with guidance regarding trauma and the impact of trauma on students in accordance with HB 855.

Appendix 2 contains draft guidance based on our recommendations.

5. GaDOE collaborate and identify information sharing opportunities with DCH, DFCS, Georgia Department of Early Care and Learning (“DECAL”) and public early child education agencies to
   a. Expand trauma-informed training to early childhood educators,
   b. Increase collaborative trauma services and supports for pre-kindergarten (“Pre-K”) students in foster care, and
   c. Create trauma-informed transition plans for LEAs and schools receiving kindergarten students who are in foster care.

Our recommendations strive to emphasize an approach to implementation that will lead to educational success for children in foster care while balancing the reality that LEAs have limited

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resources. New rules or guidance should optimize interagency collaboration for students in care, direct implementation to existing student support structures, and avoid unnecessary and potentially dangerous over-assessment for trauma.

Below we provide additional information about HB 855 requirements and the aforementioned recommendations. We have enclosed the proposed amendment to the Case Management Rule, the proposed GaDOE Guidance, and relevant laws and policies.

**Summary of HB 855**

HB 855 requires public schools statewide to “immediately and deliberately assess foster care students upon enrollment at a new school and determine whether exposure to trauma has had, or is likely to have, an adverse impact on the foster care student’s educational performance, including both academics and classroom behavior,” O.C.G.A. § 20-2-152.2(a) (2020). Specifically, the legislation requires that SBOE, GaDOE and LEAs do the following:

- **SBOE:** By August 1, 2021, adopt “any rules, regulations, and protocols necessary for use by public school personnel to immediately and deliberately assess whether exposure to trauma has had or is likely to have an adverse impact on the foster care student’s educational performance, including both academics and classroom behavior,” O.C.G.A. § 20-2-152.2(c) (2020),

- **GaDOE:** By August 1, 2021, “provide guidance to local school systems regarding trauma, the impact of trauma on students, including, but not limited to, foster care students, and procedures for the immediate and deliberate assessment of newly enrolled foster care students,” O.C.G.A. § 20-2-152.2(c) (2020), and

- **LEAs:** By August 1, 2021, upon the enrollment of a foster care student, a local school system shall immediately and deliberately assess whether exposure to trauma has had or is likely to have an adverse impact on the foster care student’s educational performance, including both academics and classroom behavior. The local school system’s assessment shall be part of its overall determination of whether the initial evaluation process for determining eligibility for special education and related services should commence for such foster care student,” O.C.G.A. § 20-2-152.2(d) (2020).
Detailed Recommendations for GaDOE

We outline below our specific recommendations.

Recommendation 1: Case Management Rule

The GaDOE should propose to SBOE the adoption of the enclosed amendment (Appendix 1) to the Case Management Rule for agency-placed students.

Justification:
All students who have experienced removal from their homes due to abuse, neglect, delinquency, or disability need support services and mitigation of additional harms while in care. All of these students have experienced trauma before, during, or after removal from their home or community.\(^4\) The current Case Management Rule addresses agency-placed student supports for transfer students but does not include any trauma-specific language.

An amended Case Management Rule would meet the SBOE’s obligations under HB 855, meet the trauma-related needs of students in foster care identified in the law, benefit other agency-placed students, and use existing LEA resources to comply with mandates. The proposed amendment benefits all agency-placed students experiencing trauma who are facing transfers by increasing awareness of the current rule and its requirements. The amendment allows LEAs to optimize existing trauma resources within their schools and communities and does not require the creation of new processes and systems.

Benefits:
- Trauma-informed rule language to support increase of trauma-specific services.
- Optimized collaboration and resources in schools and communities.
- Increased supports for students in foster care and other agency placements.
- Improved academic and behavioral outcomes for agency-placed students experiencing transfers.
- Utilization of existing LEA resources, processes, and systems.

Recommendation 2: Assessing Impact of Trauma on Academics and Behavior

GaDOE should adopt and issue the provided draft Guidance (Appendix 2). GaDOE guidance should include the development of an equitable Trauma-Informed Education Support ("TIES") Plan for each student in foster care by LEAs using the Best Interest Determination ("BID") and Trauma-Informed Recommendations Sheet ("TIRS") provided by DCH, DFCS or other agencies.

Justification:
LEAs can mitigate the potential harm of re-traumatization by developing a TIES Plan upon the enrollment of a student in foster care and any other agency-placed child based on existing trauma


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assessments that require children to recall traumatic experiences can be harmful. When children come into foster care in Georgia, they undergo a medley of physical, mental, behavioral and emotional assessments and screenings, including trauma assessments. Children placed by other agencies also undergo similar assessments.

Our proposed trauma-specific Guidance will reflect existing rules, regulations and efforts of GaDOE, DFCS, and other placing agencies developed to ensure collaborative support for students who are experiencing trauma and have been removed from their homes. Other placing agencies should explore similar plan requirements to improve education outcomes for students in their care.

DFCS refers students in care who are five years or older for a trauma assessment within 10 calendar days of entering care. In partnership with Medicaid Care Management Organizations (“CMOs”), DCH and DFCS should include a TIRS form that includes education specific recommendations stemming from trauma assessment.

Under the auspices of State Education Rule 160-4-2-.32, Student Support Team, the local Student Support Team (“SST”) should work with DFCS case managers to develop the TIES Plan using the BID and TIRS. LEAs should only use local trauma assessment tools when the BID and TIRS are inadequate or unavailable within 30 calendar days of the enrollment. Additionally, the use of the existing SST may prevent overuse of special education and related services and increase the use of individualized tiered responses.

Further, per DFCS Policy 10.13, Education Needs, if DFCS and the LEA determine that it is not in the best interest of a child to remain in the school of origin (school student attended prior to coming into care), DFCS and the LEA of the school of origin must cooperate “to assure the immediate and appropriate enrollment in the new school and that all educational records have been provided or transferred within 10 business days.”

If the BID and TIRS are not immediately provided to the SST upon enrollment, the LEA should contact the DFCS foster care case manager or the district DFCS Education Support Monitor (“ESM”) under the auspices of State Education Rules 160-4-2-.32 and 160-4-8.17 to (1) invite the foster care case manager to serve on the SST and (2) request any outstanding BIDs or TIRS.

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9 Id. Georgia Appleseed Recommendations for Implementation of § 20-2-152.2. Trauma; foster care students September 7, 2021
If the BID and TIRS are unavailable after 30 days of enrollment, LEAs should work with school-
or community-based mental, behavioral, or other appropriate health providers to develop appropriate tools to identify trauma supports necessary for children to thrive academically and behaviorally. The LEAs should have a plan of action ready for such outcomes to ensure an appropriate and transferable TIES Plan is developed to support agency-placed students upon enrollment.

**Benefits:**

- Prevention of Re-traumatization or Recollection of Adverse Childhood Experiences (ACEs”)
- Use of existing tools and structures with subsequent services and supports.
- Enhanced and continuous interagency collaboration to leverage current assets and competencies.
- Prevention of special education misdiagnosis, misidentification, and over- and under-inclusiveness.
- Better outcomes for children in care through equitable access to services and supports.

**Recommendation 3: Information Sharing**

GaDOE should create a working group with appropriate department staff, LEAs, DCH, DFCS, and CMOs to draft and execute an MOU that permits the appropriate agencies to share BIDS, TIRS, and additional trauma assessments.

**Justification:**

Child-centered interagency collaboration between education and child welfare agencies improves educational outcomes for students in care.10 Unfortunately, many schools are not aware that an enrolled student is in foster care until they have experienced another change of placement, been suspended or expelled from school, or have increased court involvement.

Outline opportunities to share limited trauma information in an MOU may prevent delay of services and supports for students in care experiencing trauma. The development or expansion of a shared database can allow for essential staff within DFCS and LEAs to access BID, TIRS and other limited trauma information to appropriately develop a TIES Plan for each student in foster care who is enrolled in school.

A similar existing agreement allows case managers and other education staff members within DFCS access to the Statewide Longitudinal Data System (“SLDS”) to support youth who are currently receiving special education and related services. This existing agreement may be replicated or expanded to provide a mechanism for DFCS to identify students in foster care and upload the BID and TIRS to the SLDS to support the development of the TIES Plan.

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The proposed MOU will allow GaDOE, DCH, DFCS and other appropriate agencies to confer with legal counsel to identify and address any potential record sharing issues that could arise regarding the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA) requirements and restrictions.

**Benefits:**
- Increased record access and communication for school case managers.
- Increased education on confidentiality and privacy concerns to protect agency-placed students.
- Legal capture of collaborative interagency efforts.
- Interagency accountability and reference tool.

**Recommendation 4: Universal Trauma-Informed Trainings and Supports**

GaDOE should expand statewide universal ACEs and trauma-informed education and training supports. GaDOE should prioritize district and school foster care points of contact and SST leaders in training expansion efforts.

**Justification:**
The expansion of GaDOE’s existing trauma trainings and the additional resources (e.g., “train the trainer” models, assessment process best practices, and information on trauma-informed health providers) will provide districts that have limited trauma resources with additional supports and training as they work to implement appropriate processes to benefit students in care experiencing trauma and ACEs. The expansion of trauma-specific training and resource will also increase local preventive and interventional supports for students at risk of coming into care.

ACEs are forms of childhood trauma that usually fall into three categories: abuse, neglect and household challenges.\(^{11}\) ACEs can be linked to a number of mental and physical issues, can reduce life expectancy, and can have a large impact on economic outcomes.\(^{12}\) Over 46% of all children in the United States experience one or more ACEs.\(^{13}\) Even more alarming, over 60% of children experiencing poverty have one or more ACEs.\(^{14}\) Most, if not all, of the students in foster care have multiple ACEs. More than half of these students would have experienced four or more ACEs before coming into care.\(^{15}\) GaDOE has the unique

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\(^{11}\) *Types of ACES*, Stop Abuse Campaign, [https://stopabusecampaign.org/what-are-adverse-childhood-experiences/?gclid=Cj0KCQiAyJOBBhDCARIsAJG2h5dnCNFytYnSYtejlapae0GD31a3Vgfi8HXhWQ1cqaUz9N2ic-uNlgau0gEALw_wcB](https://stopabusecampaign.org/what-are-adverse-childhood-experiences/?gclid=Cj0KCQiAyJOBBhDCARIsAJG2h5dnCNFytYnSYtejlapae0GD31a3Vgfi8HXhWQ1cqaUz9N2ic-uNlgau0gEALw_wcB) (last visited Feb. 11, 2021).

\(^{12}\) *Id.*


\(^{14}\) *Id.*

opportunity to ensure schools are equipped to support children who are living with or have experienced trauma and ACEs through increased trainings and supports.

GaDOE currently provides trauma-informed awareness trainings for school and district personnel through the Interagency Directors Team (IDT) collaborative along with several other children-serving agencies.\(^\text{16}\) The proposed trauma-responsive enhancements will build on these trainings and meet the universal and foster care specific trauma-informed goals of HB 855.

The provided draft Guidance includes age specific developmental trends for children and potential signs of childhood trauma. The Guidance also identifies age-appropriate supports and tools LEAs can use to improve school and learning climates and develop and sustain trauma-informed environments.

**Benefits:**
- Improved school climate outcomes.
- Healthier students and staff.
- Reduced exclusionary discipline outcomes.
- Improved grades and graduation rates.
- Interagency support of reunification for Georgia families.
- Deepening local network engagement.

**Recommendation 5: Early Childhood Trauma-Informed Collaboration**

GaDOE should collaborate with DECAL and public early childhood agencies to expand trauma-informed training to early childhood educators and identify opportunities to share information to support Pre-K students in care.

**Justification:**
Over one fifth of all students in foster care are age five or younger.\(^\text{17}\) Trauma-specific collaboration with early child agencies will allow GaDOE an opportunity to begin providing preventive and interventional support for children experiencing trauma who will soon join the primary kindergarten through 12th grade (“K-12”) population. Such collaboration will allow for the identification of interagency trauma-informed training opportunities, information sharing to support planning efforts for Pre-K students in foster care who are transitioning into elementary, and other collaborative efforts with DFCS to benefit Pre-K students experiencing trauma.

As HB 855 provides, students in foster care are “particularly vulnerable to exposure to traumatic events and situations” which “can be exacerbated by changing schools.” Pre-K students are even more vulnerable. Unlike older students in foster care, Pre-K students have less sophisticated


communication skills. Pre-K students with language deficits or disabilities are even more vulnerable.\textsuperscript{18}

Only children five years of age or older undergo trauma assessments during the initial evaluations after coming into foster care. However, trauma-informed educators and other appropriate school and district staff can make recommendations to DFCS case managers to increase trauma-specific supports for a child under five years old if signs and symptoms of trauma are evident. Trauma-responsive training equips Pre-K teachers to recognize when a child should be referred for assessment in a manner that will not increase risk of harm to Pre-K students.

Trainings will also increase alertness to signs of ACEs and trauma that may trigger the need for additional services and supports by DFCS outside of the school setting. Trauma-informed education at the Pre-K level supports proper brain development by ensuring that teachers respond appropriately to expressions of trauma and nurture a comfortable and supportive school climate.\textsuperscript{19}

Pre-K students in foster care who are experiencing trauma will join the K-12 population experiencing the same or worsened trauma if no appropriate supports and services are in place. GaDOE, DFCS, DCH, DECAL, and local public Pre-K agencies have the unique opportunity to expand age-appropriate trauma assessment processes and related supports and services, including the development of a transitional TIES plan, to the younger population than currently identified in the associated statutes, rules, and policies.

Benefits:
- Increased interagency collaboration and resources sharing.
- Early prevention, intervention, and supports for Pre-K students experiencing trauma.
- Pre-K students in foster care will transition into grade school with identified services and supports.
- Increased trauma-informed teaching and learning at Pre-K grade level.
- Improved school climate and grade outcomes.

Conclusion

We offer these recommendations in the spirit of GaDOE’s “Whole Child” approach to education and commitment to positive school climate. Students in foster care and other agency-placed students face challenges many of their peers will never experience. Increased trauma services and supports shifts the trajectory of their academic, behavioral, and social outcomes further towards inclusion and success.

Enclosures: Amended Case Management Rule Package as Appendix 1, Proposed LEA Guidance as Appendix 2, Sample TIES Plan as Appendix 3, Sample TIRS as Appendix 4

\textsuperscript{18} Youth with Disabilities in the Foster care System: Barriers to Success and Proposed Policy Solutions, National Council on Disability (Feb. 26, 2008), \url{https://ncd.gov/publications/2008/02262008}.

\textsuperscript{19} Creating Trauma-Sensitive Classrooms, National Association for the Education of Young Children (May 2015), \url{https://www.naeyc.org/resources/pubs/yc/may2015/trauma-sensitive-classrooms}. Georgia Appleseed Recommendations for Implementation of § 20-2-152.2. Trauma; foster care students September 7, 2021
Synopsis of Proposed Amendment to
Rule 160-4-8-.17 Case Management Consultation For Agency Placed Transfer Students

O.C.G.A. § 20-2-152.2 requires the State Board of Education to adopt, no later than August 1, 2021, any rules, regulations, or protocols necessary for use by public school personnel to immediately and deliberately assess whether exposure to trauma has had or is likely to have an adverse impact on a foster care student’s educational performance, including both academics and classroom behavior. Such rules, regulations, and protocols must also provide that the impact of trauma shall be considered at the appropriate time among the relevant criteria considered by school personnel to determine the eligibility of foster care students for special education and related services as provided for in O.C.G.A. § 20-2-152.

This rule is being amended to timely implement O.C.G.A. § 20-2-152.2, increase the universal supports for foster care students facing trauma throughout Georgia in an efficient and nonburdensome manner, mitigate potential harm that could result from re-traumatization of foster care students, optimize interagency collaboration for foster care students, and ensure that a structure is in place for local school systems and public school personnel to comply with the requirement to “immediately and deliberately assess” when O.C.G.A. § 20-2-152.2 becomes effective on July 1, 2021.

The amended rule includes the following substantive changes:

- Clarify definition of Department of Human Services (DHS) to include the Division of Family & Children Services (DFCS).
- Add definition of foster care student.
- Add definition of newly-placed student.
- Add definition of trauma.
- Add definition of trauma assessment.
- Add requirements that timely implement and facilitate initial compliance with O.C.G.A. § 20-2-152.2, including a procedure for case managers to commence trauma assessments upon the enrollment of foster care students, a requirement for school personnel to consider the impact of trauma on foster care students’ eligibility for special education and related services, and a requirement for the Department of Education to issue the guidance required by O.C.G.A. § 20-2-152.2 no later than July 1, 2021.
160-4-8-17 CASE MANAGEMENT CONSULTATION FOR AGENCY-PLACED TRANSFER STUDENTS.

(1) DEFINITIONS.

(a) **Agency-placed transfer student** – a student placed by the Department of Behavioral Health and Developmental Disabilities (DBHDD), Department of Human Services (DHS), or Department of Juvenile Justice (DJJ), including, but not limited, to a foster care student placed by the Division of Family & Children Services (DFCS) within DHS.

(b) **Case Management Consultation (CMC)** – a consultation by a school social worker or case manager in which a process is used to discover whether any transition problems exist and whether any services are necessary for a child placed by the Department of Behavioral Health and Developmental Disabilities (DBHDD), Department of Human Services (DHS), or Department of Juvenile Justice (DJJ) an agency-placed transfer student. This process will be utilized each time a child, placed by one of the foregoing state agencies, enrolled in a new school.

(c) **Department of Behavioral Health and Developmental Disabilities (DBHDD)** – an agency which provides specified services for children who have been admitted or placed according to an individualized treatment or service plan directed by DBHDD.

(d) **Department of Community Health (DCH)** – the agency which provides Medicaid support for certain students remanded through DBHDD, DHS, or DJJ.

(e) **Department of Human Services (DHS)** – an agency which provides specified services and placement for children who have been remanded to the physical or legal custody of DHS, either temporarily or permanently by a court or by voluntary agreement, or if the child has been admitted or placed according to an individualized treatment or service plan of DHS. **Includes the Division of Family & Children Services (DFCS) which provides specified services and placement related to foster care.**

(f) **Department of Juvenile Justice (DJJ)** – the agency which provides supervision, detention and a wide range of treatment and educational services for youths referred to DJJ by the Juvenile Courts, and provides assistance or delinquency prevention services for at-risk youths through collaborative efforts with other public, private, and community entities.
(g) **Student Support Team (SST)** – an interdisciplinary group that uses a systematic process to address learning and/or behavior problems of students, K-12, in a school as set forth in State Board of Education Rule 160-4-2-.32 Student Support Team.

(h) **Transition services** – services necessary to provide a seamless transition to an agency-placed transfer student when he or she enters a new school.

(i) **Student in foster care** – a student, age 3-21, who is placed in a family foster home (public or private), child care institution, or another placement as defined by DFCS.

(j) **Newly-placed student** – a student who enters foster care for whom a trauma assessment process has not yet been initiated. A newly-placed student includes students who remain in their school of origin and students who have transferred educational placements.

(k) **Trauma** – exposure of a student, as a witness or direct participant, to one or more traumatic events or traumatic situations, including but not limited to community violence, child abuse and neglect, domestic violence, sexual abuse, and natural disasters.

(l) **Trauma assessment process** – for purposes of this rule shall mean:

1. The collection and deliberate and comprehensive review of all pre-existing trauma-related assessments, recommendations, and other historic trauma records that have been used to evaluate, develop, or implement instructional, behavioral, or social/emotional supports for the agency-placed transfer student; or

2. For any agency-placed transfer student without such trauma history records available to review within 30 days of enrollment, or for any agency-placed transfer student without current records, a student-centered research-based process that includes: (i) the collection of trauma-related information from relevant family, classroom, school, agency, and community contexts that may be used to develop and implement instructional, behavioral, and social/emotional supports as necessary; and (ii) the deliberate and comprehensive review of such information.

(2) **REQUIREMENTS.**

(a) Each school principal shall designate a school social worker, or other staff member, to act as case manager. The case manager shall be the point of contact for DCH, DBHDD, DHS, and DJJ personnel providing five-day advance notification of planned enrollment of a child pursuant to O.C.G.A. § 20-2-133.
(b) Upon notification that a DBHDD, DHS, or DJJ-child an agency-placed transfer student will be enrolled in a school, the case manager shall consult with the student, the designated counselor or caseworker assigned by DCH, DBHDD, DHS, or DJJ, and the parent/guardian/foster parent within five school days to determine whether transition or other services are necessary for the child. The child should be immediately enrolled in accordance with State Board of Education Rule 160-5-1-.28 Student Enrollment and Withdrawal.

(c) Upon the enrollment of an agency-placed transfer student, the case manager shall immediately commence a trauma assessment process to determine whether exposure to trauma has had or is likely to have an adverse impact on said student’s educational performance, including both academics and classroom behavior. The case manager’s trauma assessment process shall be part of the local school system’s overall determination of whether the initial evaluation process for determining eligibility for special education and related services should be commenced for said student.

(ed) If it is determined that transition or other services are necessary upon enrollment, such services may include any of the following.

1. Tour and orientation session
2. Introduction to buddy or peer to facilitate transition
3. Assistance with course selection
4. Referral to SST process
5. Referral to special education
6. School-based behavioral and mental health supports
7. Other services as needed, e.g., social services, counseling, community collaboration, parent/guardian meetings, etc.

(de) Documentation of CMC activities shall be maintained by the case manager in the student’s file and shall include the following.

1. Student’s name
2. Consultation dates
3. Identification of transition or other services needed
4. Recommended course of action (list of services, referral)
5. Monitoring of student progress

6. Date that services are determined to no longer be needed

   (f) The impact of trauma shall be considered at the appropriate time among the relevant criteria considered by school personnel to determine the eligibility of agency-placed transfer students for special education and related services as provided for in O.C.G.A. § 20-2-152.

   (g) No later than July 1, 2021, the Department of Education shall provide guidance to local school systems regarding trauma, the impacts of trauma on students, including but not limited to foster care students and other agency-placed transfer students, and procedures for the immediate and deliberate assessment of newly enrolled foster care students and other agency-placed transfer students pursuant to O.C.G.A. § 20-2-152.2 and consistent with this rule.

   (h) Local school systems shall review and duly consider said Department of Education guidance when implementing O.C.G.A. § 20-2-152.2, this rule, and any other processes where trauma may impact students, including but not limited to agency-placed transfer students.

Authority O.C.G.A. § 20-2-240, 20-2-152.2.

Adopted: __________, 2021  Effective: __________, 2021

Adopted: January 11, 2018  Effective: January 31, 2018
Appendix 2
GUIDANCE TO ENSURE INTERAGENCY COLLABORATION AND SCHOOL SUCCESS FOR THE BENEFIT OF STUDENTS IN CARE.

Background

On July 29, 2020, Georgia Act § 20-2-152.2, Trauma; foster care students (“HB 855”), was enacted into law by the Georgia State Legislature during the 2019 – 2020 legislative session. HB 855 focuses on universal, interagency collaboration and support for the benefit of students and children in care facing trauma throughout Georgia.

Purpose

The State Board of Education Rule 160-4-8-.17 Case Management Consultation For Agency Placed Transfer Students Guidance, (“Guidance”) explains how state and local education and child welfare agencies must collaborate to implement the HB 855’s provisions in mitigating the potential harm that could result from re-traumatization, optimizing interagency collaboration for students in care, and supporting local implementation efforts delivering prompt school enrollment and school success for children in foster care. The Guidance makes clear that the Georgia Department of Education (“GaDOE”) shall ensure that plans are in place to provide guidance to local school systems regarding trauma, the impacts of trauma on students, including but not limited to foster care students and other agency-placed transfer students pursuant to O.C.G.A. § 20-2-152.2 no later than July 1, 2021.

Therefore, local school systems shall review and duly consider the Guidance and procedures outlined therein for the immediate and deliberate assessment of newly enrolled foster care students and other agency-placed transfer students beginning now.

Key Terms Defined

(a) Agency-placed transfer student – a student placed by the Department of Behavioral Health and Developmental Disabilities (DBHDD), Department of Human Services (DHS), or Department of Juvenile Justice (DJJ), including but not limited to a student in foster care placed by the Division of Family & Children Services (DFCS) within DHS.

(b) Case Management Consultation (CMC) – a consultation by a school social worker or case manager in which a process is used to discover whether any transition problems exist and whether any services are necessary for an agency-placed transfer student. This process will be utilized each time said student enrolls in a new school.

(c) Department of Behavioral Health and Developmental Disabilities (DBHDD) – an agency which provides specified services for children who have been admitted or placed according to an individualized treatment or service plan directed by DBHDD.
APPENDIX 3: PROPOSED TRAUMA GUIDANCE TABLE OF CONTENTS

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GEORGIA’S ACT § 20-2-152.2, TRAUMA; FOSTER CARE STUDENTS (“HB 855”),

Working Draft created by the HB 855 Working Group through the Georgia Appleseed Center for Law and Justice.
Georgia Appleseed Recommendations for Implementation of § 20-2-152.2. Trauma; foster care students
GUIDANCE TO ENSURE INTERAGENCY COLLABORATION AND SCHOOL SUCCESS FOR THE BENEFIT OF STUDENTS IN CARE.

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On July 29, 2020, Georgia Act § 20-2-152.2, Trauma; foster care students (“HB 855”), was enacted into law by the Georgia State Legislature during the 2019 – 2020 legislative session. HB 855 focuses on universal, interagency collaboration and support for the benefit of students and children in care facing trauma throughout Georgia.

Purpose

The State Board of Education Rule 160-4-8-.17 Case Management Consultation For Agency Placed Transfer Students Guidance, (“Guidance”) explains how state and local education and child welfare agencies must collaborate to implement the HB 855’s provisions in mitigating the potential harm that could result from re-traumatization, optimizing interagency collaboration for students in care, and supporting local implementation efforts delivering prompt school enrollment and school success for children in foster care. The Guidance makes clear that the Georgia Department of Education ("GaDOE") shall ensure that plans are in place to provide guidance to local school systems regarding trauma, the impacts of trauma on students, including but not limited to foster care students and other agency-placed transfer students pursuant to O.C.G.A. § 20-2-152.2 no later than July 1, 2021.

Therefore, local school systems shall review and duly consider the Guidance and procedures outlined therein for the immediate and deliberate assessment of newly enrolled foster care students and other agency-placed transfer students beginning now.

Key Terms Defined

(a) Agency-placed transfer student – a student placed by the Department of Behavioral Health and Developmental Disabilities (DBHDD), Department of Human Services (DHS), or Department of Juvenile Justice (DJJ), including but not limited to a student in foster care placed by the Division of Family & Children Services (DFCS) within DHS.

(b) Case Management Consultation (CMC) – a consultation by a school social worker or case manager in which a process is used to discover whether any transition problems exist and whether any services are necessary for an agency-placed transfer student. This process will be utilized each time said student enrolls in a new school.

(c) Department of Behavioral Health and Developmental Disabilities (DBHDD) – an agency which provides specified services for children who have been admitted or placed according to an individualized treatment or service plan directed by DBHDD.
(d) **Department of Community Health (DCH)** – the agency which provides Medicaid support for certain students remanded through DBHDD, DHS, or DJJ.

(e) **Department of Human Services (DHS)** – an agency which provides specified services and placement for children who have been remanded to the physical or legal custody of DHS either temporarily or permanently by a court or by voluntary agreement, or if the child has been admitted or placed according to an individualized treatment or service plan of DHS. Includes the Division of Family and Children Services (DFCS) which provides specified services and placement related to foster care.

(f) **Department of Juvenile Justice (DJJ)** – the agency which provides supervision, detention and a wide range of treatment and educational services for youths referred to DJJ by the Juvenile Courts, and provides assistance or delinquency prevention services for at-risk youth through collaborative efforts with other public, private, and community entities.

(g) **Newly-placed student** – a student who enters foster care for whom a trauma assessment process has not yet been initiated. A newly-placed student includes students who remain in their school of origin and students who have transferred educational placements.

(h) **Student Support Team (SST)** – an interdisciplinary group that uses a systematic process to address learning and/or behavior problems of students, K-12, in a school as set forth in State Board of Education Rule 160-4-2-.32 Student Support Team.

(i) **Student in foster care** – a student, age 3-21, who is placed in a family foster home (public or private), child care institution, or another placement as defined by DFCS.

(j) **Transition services** – services necessary to provide a seamless transition to an agency-placed transfer student when he or she enters a new school.

(k) **Trauma** – exposure of a student, as a witness or direct participant, to one or more traumatic events or traumatic situations, including but not limited to community violence, child abuse and neglect, domestic violence, sexual abuse, and natural disasters.

(l) **Trauma assessment process** – for purposes of this rule shall mean:

1. The collection and deliberate and comprehensive review of all preexisting trauma-related assessments, recommendations, and other historic trauma records that have been used to evaluate, develop, or implement instructional, behavioral, or social/emotional supports for the agency-placed transfer student; or
2. For any agency-placed transfer student without such trauma history records available to review within 30 days of enrollment, or for any agency-placed transfer student without current records, a student-centered research-based process that includes: (i) the collection of trauma-related information from relevant family, classroom, school, agency, and community contexts that may be used to develop and implement instructional, behavioral, and social/emotional supports as necessary; and (ii) the deliberate and comprehensive review of such information.
Guiding Principles (Trauma Assessment Process)

State law requires the immediate and deliberate assessment of newly enrolled students in foster care to determine whether exposure to trauma has had or is likely to have an adverse impact on the student’s academic and behavioral performance. The law mandates LEAs to complete the trauma impact assessment but the process requires extensive collaboration between DFCS, DCH and other appropriate agencies.

These Guiding Principles outline agency responsibilities, children covered under the state law and state education rules, and recommended duration of protections for these students. These Guiding Principles are offered to assist LEAs with proper implementation, mitigation of risks and re-traumatization, and an increase of services and supports available to these students.

LEAs are encouraged to direct implementation to existing student support structures (e.g., Student Support Teams) and increase collaboration with local child welfare and supporting agencies.

Children Covered

Students Entering Foster Care

Beginning August 2021, a trauma assessment process should be initiated for all students entering foster care and students who experience an education change of placement while in foster care. This should include students who remain at their school of origin after entering foster care.

Students in Care Prior to August 2021

LEAs should seek to develop a TIES plan for all students in foster care, including those students who entered foster care before August 2021 and have not experienced an interruption of their educational placement.

LEAs should refer to the Case Management and Student Support Team education rules to determine participants and appropriate services for all students in foster care:

- 160-4-8-.17 Case Management Consultation For Agency Placed Transfer Students
- 160-4-2-.32 Student Support Team

Duration of Protections

Trauma-Informed School Supports During and After Care

HB 855 provides children in care with access to trauma-informed school environments that provide school enrollment protections for the duration of the child’s time in foster care throughout the academic year. State and local education school systems can foster a trauma-informed school environment for students in care by integrating prompt initiation of the trauma assessment process. The Trauma-Informed Education Support (“TIES”) plan will allow deliberate interagency collaboration for the benefits of children in care.
All students in foster care who are receiving services and supports through a developed TIES plan should continue receiving services and support up to a year after reunification or permanent placement if still enrolled in a Pre-K-12 public school. Additional supports beyond a year should be determined by the TIES or Student Support Team (“SST”) if necessary to mitigate trauma impact on academic and behavioral outcomes.

**LEA Responsibilities**

**Supporting Students in Foster Care through a Positive School and Learning Climate**

The National School Climate Center defines school climate as “the quality and character of school life” that is based on the “patterns of students’, parents’, and school personnel’s experiences of school life.” Research has found that schools with positive school climates tend to have better test scores and graduation rates; in contrast, schools with negative school climates as a result of unsafe or hostile environments tend to have lower academic performance.1

A sustainable, positive school climate supports people feeling socially, emotionally and physically safe. In a positive school climate people are engaged and respected. By contrast, disruptive and aggressive behavior such as threats, bullying, teasing and harassment creates a hostile school environment that interferes with academic performance. A hostile school environment fosters increased absenteeism and truancy because students feel unsafe at school. If a child is not physically and mentally in attendance, learning cannot take place.2

Students in care are far more susceptible to experiencing harsh exclusionary discipline, struggling with learning and behavioral challenges, and even dropping out of school.3 A trauma-informed and trauma-sensitive positive learning environment can reduce these adverse outcomes by ensuring positive supports and interactions are a constant fixture for a student who is experiencing traumatic placement and relational interruptions.

**Trauma Assessment Process**

For purposes of HB 855, the Trauma Assessment Process is defined as:

1. The collection and deliberate and comprehensive review of all preexisting trauma-related assessments, recommendations, and other historic trauma records that have been used to evaluate, develop, or implement instructional, behavioral, or social/emotional supports for the agency-placed transfer student; or

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1 From the GaDOE School Climate Page: [https://www.gadoe.org/schoolsafetyclimate/Pages/School-Climate.aspx](https://www.gadoe.org/schoolsafetyclimate/Pages/School-Climate.aspx).
2 Id.
2. For any agency-placed transfer student without such trauma history records available to review within 30 days of enrollment, or for any agency-placed transfer student without current records, a student-centered research-based process that includes: (i) the collection of trauma-related information from relevant family, classroom, school, agency, and community contexts that may be used to develop and implement instructional, behavioral, and social/emotional supports as necessary; and (ii) the deliberate and comprehensive review of such information.

When DFCS has education-relevant pre-existing trauma information available, such as the Trauma-Informed Recommendations Sheet “(TIRS”), the first definition of the Trauma Assessment Process applies. This information should be distilled down by DFCS into a comprehensible short list of indicators of trauma for that child in care, and academic and behavioral strategy and intervention recommendations SSTs or other similar groups can reference while working on the TIES plan.

In the event such information is not provided by DFCS within 30 days of coming into care, definition two of the Trauma Assessment Process applies. Districts should look to the available information from the BID, school records, CMC notes, and other available information to develop a TIES plan. LEAs should avoid reassessing students since all students in foster care, ages five and up, will be referred for a full trauma assessment through DFCS within 10 days of entering care⁴. The use of local trauma assessment tools should be limited to prevent re-traumatization.

Whether definition one or two applies, LEAs should include the student’s case manager in the TIES development process. Enhanced and continuous interagency collaboration can leverage current assets and competencies to benefit all students in care.

**LEA Trauma Assessment Process Requirements**

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Each LEA has structures in place to meet the legal requirement for an SST per State Education Rule 160-4-2.32. The SST process requires the following steps: (1) identification of learning and/or behavior problems, (2) assessments (as needed), (3) educational plan, (4) implementation, (5) follow up and support, and (6) continuous monitoring and evaluation. SSTs can serve as a common structure for LEAs to utilize to meet the mandated trauma assessment process requirements.

For many LEAs, the SST is embedded within a Multi-Tiered Systems of Support (“MTSS”) including the Response to Intervention (“RTI”) process. Using these existing systems of support can be an ideal way to use information from the CMC, TIRS and other pre-existing trauma information provided by DFCS to develop a TIES plan for newly-placed students. Such implementation can prevent LEAs from creating a new system of support for students in care by optimizing these structures.

It may be necessary to provide each school with a list of required and suggested participants to meet the intent of the TIES plan and increase trauma-sensitive services and supports for students in care. Ideally these members would include:

- DFCS Case Manager(s)
- Education Support Monitor(s)
- Student (as applicable)
- School Counselor(s)
- School Psychologist(s)
- School Social Worker(s)
- General Education Teacher(s)
- Special Education Teacher(s)
- Behavioral Therapist(s)
- Education Advocate(s)
- Administrator(s)
- School-Based Mental and Behavioral Health Provider(s)
- Other appropriate personnel

DFCS and LEAs will need to collaborate to share educationally relevant information from the existing trauma assessment, BID, and TIRS in order to develop the TIES plan. Broadly, the RTI process (including reviewing relevant educational and psychosocial data (current and historical), using data from current school based positive intervention frameworks, formative assessments of student learning and progress monitoring) can assist with identifying the impact of trauma on the child’s education. Use these appropriate and limited sources of information will equip the TIES planning team to develop and implement a trauma-sensitive support plan through processes that allow for ongoing monitoring and evaluation of the TIES plan’s effectiveness.

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6 Id.
Using a tiered framework of increasing individualized supports for students based upon data, schools can target students who are most at risk for having trauma disrupt their education while avoiding the secondary trauma of unnecessary and intrusive assessments that serve no purpose.

**Timeline and Flowchart of Trauma Assessment Process**

1. **Step 1**
   - SST develops TIES Plan in conjunction with case manager using TIRS

2. **Step 2**
   - Case manager modifies BID using TIRS in collaboration with LEA/School

3. **Step 3**
   - TIRS and BID attached to EPAC enrollment form and provided to school

4. **Step 4**
   - TIRS completed with trauma assessment (referral sent within 10 days of entry into care)

5. **Step 5**
   - TIES Plan implemented with monitoring and regular consultation with case manager

6. **Step 6**
   - TIES plan reviewed by SST and modified as needed

*TIES Plan should follow student to any subsequent education placements and should continue for a year after the student leaves care.

**Trauma-Informed Recommendations Sheet (TIRS)**

*Working Draft created by the HB 855 Working Group through the Georgia Appleseed Center for Law and Justice.*

*Georgia Appleseed Recommendations for Implementation of § 20-2-152.2, Trauma; foster care students*
Trauma screenings and assessments can be informative and helpful when determining what services and supports students in care need to be successful. While helpful in some ways, these screenings and assessments can be invasive and include a lot of sensitive information regarding the student’s childhood trauma. Behavioral and mental health providers who complete trauma assessments for students in care should also complete the TIRS to provide limited information and recommendations to educators and supporting personnel as they work to develop a meaningful TIES plan. The information provided within the TIRS should be limited to educationally relevant information that would provide the SST, or other appropriate TIES team, with academic, behavioral and social/emotional strategies, interventions, and supports.

Sample Trauma-Informed Recommendations Sheet (TIRS)
Form to be completed by behavioral or mental health provider in conjunction with a trauma assessment administered to a student in care. Information contained within will be used by schools to determine appropriate trauma-informed educational supports.

Student Name:
____________________________________________________________________________

Student Date of Birth:_________________________________________________________
____________________________________________________________________________

Date of Trauma Assessment:____________________________________________________
____________________________________________________________________________

Known or Suspected Impacts of Trauma on Academic or Behavioral Performance:
____________________________________________________________________________
____________________________________________________________________________

Student Strengths/Resilience Protective Factors: (e.g., healthy, collaborative, tenacious,
vision-oriented, maintains composure, uses sound reasoning)
____________________________________________________________________________
____________________________________________________________________________

Student Needs/Risk Factors: (e.g., learning and behavioral challenges, poor communication,
emotional regulation challenges)
____________________________________________________________________________
____________________________________________________________________________

Working Draft created by the HB 855 Working Group through the Georgia Appleseed Center for Law and Justice. Georgia Appleseed Recommendations for Implementation of § 20-2-152.2, Trauma: foster care students
Known or Suspected Triggers: (e.g., close proximity discomfort, adults screaming, large crowds, etc.)

Recommendation(s) for School/Classroom Environment:

- Classroom Placement(s):

- Consistent Routine(s):

- Positive Response(s):

- Proactive Support(s):

- Peer Interaction(s):
• Adult Interaction(s):

• Language and Communication (expressive and pragmatic):

• Classroom Climate:

• School Climate:

Additional Comments:

Name of Behavioral/Mental Health Provider:

Printed Name of Person Completing TIRS:

Date TIRS Completed: ______________________

Trauma Informed Education Support (TIES) Plan

After the trauma assessment process has been initiated for a newly-placed student, the SST or other appropriate TIES team should convene to begin developing the student’s TIES plan. The
TIES plan should be completed after a comprehensive review of all preexisting TIRS, trauma-related assessments, recommendations, or other historic trauma records. Only information necessary to develop and implement instructional, behavioral, or social/emotional supports should be reviewed by the TIES team. LEAs and schools should avoid sharing sensitive information and reassessing students in care unless absolutely necessary for proper and meaningful implementation of the TIES plan.

Sample TIES Plan

For many LEAs, the SST is embedded within a Multi-Tiered Systems of Support (“MTSS”) including the Response to Intervention (“RTI”) process. Using these existing systems of support can be an ideal way to use information from the Case Management Consultation to develop a supportive TIES Plan. The development of the TIES plan does not replace any other necessary education services and supports (e.g., special education and related services).

Student Name:

_______________________________________________________________

Student Date of Birth:

_________________________________________________________

Student GTID Number:

____________________________________________________

Date Student Entered Care:

___________________________________________________

Number of Placements To Date (include age(s) at time of placement(s) if available):

_____________________________________

Case Manager Name and Contact:

______________________________________________

Trauma-Informed Recommendation Sheet (TIRS) Available?

Circle Yes or No

List of Preexisting Records Reviewed:

___________________________________________

___________________________________________
Current Diagnoses:

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Known or Suspected Impacts of Trauma on Academic or Behavioral Performance:

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Student Strengths/Resilience Protective Factors: (e.g., healthy, collaborative, tenacious, vision-oriented, maintains composure, uses sound reasoning)

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Student Needs/Risk Factors: (e.g., learning and behavioral challenges, poor communication, emotional regulation challenges)

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Known or Suspected Triggers: (e.g., close proximity discomfort, adults screaming, large crowds, etc.)

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Above, At or Below Grade Level Proficiency:

- Math: 

- Reading: 

- Science: 

- Social Studies: 

Current Supports (in school and out of school):

- Academic: 

- Behavioral/Mental Health: 

- Social/Emotional: 

- Extra-Curricular: 

- Medical/Physical Health: 

- Language/Communication:
### Needed Supports (in school and out of school):

- **Academic:**
  - Other:

- **Behavioral/Mental Health:**
  - Other:

- **Social/Emotional:**
  - Other:

- **Extra-Curricular:**
  - Other:

- **Medical/Physical Health:**
  - Other:

- **Language/Communication:**
  - Other:

### TIES Recommendation(s) for School/Classroom Environment:
- Classroom Placement(s):

- Consistent Routine(s):

- Positive Response(s):

- Proactive Support(s):

- Peer Interaction(s):

- Adult Interaction(s):

- Language and Communication (expressive and pragmatic):

- Classroom Climate:
• School Climate:

TIES Team Progress Monitoring/Check-Ins Frequency (weekly, bi-weekly, monthly, etc.):

Process for Measuring and Determining Positive Outcomes (e.g., weekly progress sheets, daily check-ins with student, review of academic, attendance and behavior records, etc.):

- Recognizing Resilience Factors (e.g., healthy, collaborative, tenacious, vision-oriented, maintains composure, uses sound reasoning)
- Recognizing Risk Factors (e.g., learning and behavioral challenges, poor communication, emotional regulation challenges)

Current Transportation Plan:

TIES Team Member(s) and Role(s):
(Members may include DFCS Case Manager, Education Support Monitor, Student, School Counselor, School Psychologist, School Social Worker, General Education Teacher, Special Education Teacher, Behavioral Therapist, Education Advocate, Administrator, School-Based Mental and Behavioral Health Provider and other appropriate personnel.)

- Name and Role:

- Name and Role:

- Name and Role:
• Name and Role:_______________________________________________________

• Name and Role:_______________________________________________________

Current Meeting Date:_____________________________________________________

Type of Meeting (e.g., initial TIES planning, TIES progress monitoring, TIES check-in):
_________________________________________________________________________

Next Meeting Date(s):_____________________________________________________

Determining Local Tools for Assessing the Impact of Trauma

For any agency-placed transfer student for whom a TIRS or similar recommendations sheet has not been provided for within 30 days of entering into foster care or enrolling in a new school, a student-centered research-based process that includes: (i) the collection of trauma-related information from relevant family, classroom, school, agency, and community contexts that may be used to develop and implement instructional, behavioral, and social/emotional supports as necessary; and (ii) the deliberate and comprehensive review of such information.

Working Draft created by the HB 855 Working Group through the Georgia Appleseed Center for Law and Justice. Georgia Appleseed Recommendations for Implementation of § 20-2-152.2, Trauma; foster care students
Each school district is unique and resources may vary greatly throughout the state. The appropriate district staff should determine what local trauma assessment processes will be initiated if DFCS is unable to provide trauma-informed recommendations. Districts should identify local providers and clinicians who can lawfully, safely and meaningfully assess students in care for impacts of trauma on their academic and behavioral performance. Some districts may have sufficient trauma-specific information in available documents (e.g., BID or school records) to develop a meaningful TIES plan. LEAs are encouraged to immediately and deliberately assess students in care for impacts of trauma and modify TIES plan as needed as additional information becomes available.

Licensed local providers may include, but are not limited to, school psychologists, school- or community-based behavioral and mental health providers, and licensed social workers. All trauma evaluators should be trauma-sensitive and seek to mitigate any potential harms of re-traumatization.

**Trauma-Informed and Trauma-Responsive Supports**

**School and Classroom Supports**

*(These are suggestions for school-wide implementation to assist all children but are specifically trauma-informed practices.)*

- Provide a safe, predictable, encouraging classroom structure with a supportive classroom management style (allow for flexibility, strength-based/mastery-based assessment, cooperative learning)
- Develop consistent routines
- Allow for short breaks and activities
- Provide cues before transitions
- Offer daily quiet time
- Encourage self-affirmation statements
- Model and teach classroom expectations
- Provide a quiet space/fidget box/calming spaces
- Integrate social/emotional learning lessons into whole school delivery
- Utilize natural consequences
- Practice mindfulness as a school (being aware/cautious of triggers)
- Classroom meetings
- Train teaching staff in Psychological First Aid
- Affirm sense of safety and security in the school building
- Teach growth mindset (understanding that some goals may be unattainable due to societal forces of oppression)
- Teach conflict resolution skills to all students
- SEEDS (DECAL)

**Small Group Supports**
(These are suggestions for students that need somewhat focused interventions about what the majority of students may need.)

- Teach and model self-regulation/grounding techniques
- Small group counseling (normalize reactions, encourage expression & exploration of feelings, teach stress management strategies
- Individual crisis intervention
- Explicitly teach connection between feelings and behavior
- Role model and teach pro-social problem-solving skills
- Sensory walks outdoors
- Mandala/mindfulness coloring
- Music therapy (headphones on during stressful events)
- Get out of class pass (for brief periods of time, no questions asked by teachers)
- Emotion journals/trackers (for later reflection with counselor or supportive teacher)
- Teach physical signs of stress (clenching jaw/fists, tension in shoulders, racing heartbeat, sweating, etc.)
- Positive guided imagery of a safe space
- Teach scaling concept/techniques to recognize small and large triggers
- Goal setting for future self
- Model, teach, practice deep diaphragmatic breathing (teach science behind physiological response to diaphragmatic breathing)
- Reinforce resources available to help (school counselor, teachers, school psychologist, family members, etc.)
- Conflict resolution role-plays in small groups

**Individualized Supports**

(These interventions are reserved for those with the greatest demonstrated need.)

- One on one check ins with supportive staff member or mentor
- Individual counseling with school based mental health provider
- Referral for wrap-around services

**Child Welfare Responsibilities**

**Best Interest Determination Meetings**

Under the Every Student Succeeds Act (“ESSA”), local child welfare agencies must develop an education stability plan for each child in care. A component of the education stability plan is the Best Interest Determination (“BID”). LEAs must ensure children in care are able to remain in

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their school of origin (school where child is enrolled when placed into care) unless it is
determined to not be in the best interest of the child.

During the BID meeting, the local child welfare agency personnel and LEA consider several
factors to determine whether it is in the best interest of a child in care to remain at their school of
origin. If it is determined that remaining at the school of origin is in the child’s best interest,
LEAs must address transportation needs. While LEAs are primarily responsible for developing
and implementing transportation procedures for children in care, local DFCS personnel should
seek to coordinate with LEAs on transportation decisions.

The team that determines the best interest of a child in care should collaborate to consider the
appropriateness of the educational setting before any educational placement changes. The BID
team can consist of school guidance counselors, teachers, parents, child advocates, Guardians ad
litem, foster parents, DFCS case managers, DFCS Education Support Monitors, transportation
coordinators, IEP team members, behavioral and mental health providers, and the student if
appropriate.

DFCS Education and Behavioral Health Policies

Case Management Participation-State Education Rule 160-4-8-.17(2)(b)

Local Interagency Planning Teams

Children in care with serious mental or behavioral health issues may need additional supports.
Local Interagency Planning Teams (“LIPTs”) may provide access to local coordinated supports
and services. The Department of Behavioral Health and Development Disabilities (“DBHDD”)
can provide additional information about local LIPTs and the referral process for accessing
appropriate systems of care.

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8 Local Interagency Planning Teams, Center of Excellence for Children’s Behavioral Health,

Working Draft created by the HB 855 Working Group through the Georgia Appleseed Center for Law and Justice.
Georgia Appleseed Recommendations for Implementation of § 20-2-152.2. Trauma; foster care students
LEA/DFCS Best Interest Decisions

Required Collaboration

ESSA and current DFCS Educational Needs Policy 10.13 require collaboration between case manager and school and district personnel to determine what educational setting is in the best interest of a child who has entered into foster care. In addition to the policy established by DFCS, LEAs should seek to develop an appropriate board policy that requires schools of origin and districts to complete, in collaboration with DFCS, a best interest determination for students entering care.

Model District Board Policy

This board policy has been established to ensure appropriate services are in place to support students entering care.

Best Interest Determination

When a child enters into foster care, the appropriate LEA personnel should collaborate with DFCS Case Manager, Social Services Supervisor, and EPAC Education Support Monitor to make a best interest determination ("BID") as quickly as possible. The LEA and the DFCS personnel should determine whether it is in the best interest of a child to remain in the school of origin (the school in which a child is enrolled at the time of placement in foster care). During the BID meeting, the LEA and DFCS personnel should consider the following factors:

- Preferences of the child;
- Preferences of the child’s parent(s) or education decision maker(s);
- The child’s attachment to the school, including meaningful relationships with staff and peers;
- Placement of the child’s sibling(s);
- Influence of the school climate on the child, including safety;
- The availability and quality of the services in the school to meet the child’s educational and socioemotional needs;
- History of school transfers and how they have impacted the child;
- How the length of the commute will impact the child, based on the child’s development stage;
- Whether the child is a student with a disability under the IDEA who is receiving special education and related services or a student with a disability under Section 504 who is receiving special education or related aids and services and, if so, the availability of those required services in a school other than the school of origin;
- Whether the child is EL and is receiving language services, and if so, the availability of those required services in a school other than the school origin, consistent with Title VI and the EEOA;
• Whether there is a planned placement decision based on securing permanency for the child, reunification with siblings, placement with a fit and willing relative or an out of state placement; and
• Other appropriate considerations.

Transportation

Under the Every Student Succeeds Act (ESSA), LEAs are required to have a transportation plan in place for each child in foster care. The LEA should refer to Non-Regulatory Guidance: Ensuring Educational Stability for Children in Care to complete the annual Foster Care Transportation Plan issued by the Georgia Department of Education (GaDOE).

Regular Interagency Communication

A representative from the LEA should seek to attend the local DFCS scheduled initial foster care review meeting or identify a process for weekly correspondence to discuss children who are brought into care. The LEA representative should alert the registrar or assigned personnel of the changing enrolling adult. In consultation with the Case Manager, the LEA representative should begin the Case Management Consultation based on the Case Management Consultation State Education Rule 160-4-8-.17. (Note: DFCS initial foster care review process may vary per county.)

Dispute Resolution

The LEA should make every effort to collaborate with DFCS to determine the best interest for a child in care to ensure school stability. If there is a disagreement regarding school placement for a child in foster care, a clear dispute resolution process should be initiated. The child in care should remain in the school of origin and continue receiving transportation services until the dispute is resolved.

DFCS is uniquely positioned to consider non-educational factors and gain information from multiple parties. The LEA should seek to reach an agreement based on the available information and recommendations from DFCS as the Division can assess vital factors including safety, permanency goals, sibling placements, and other dependency-related case facts.

The student, parent of the student (unless education rights have been suspended or terminated), DFCS or LEA can dispute the determination decision through a written request to the superintendent or designee within five days of the written decision. The superintendent or designee has 10 days after the written dispute request to issue a decision.

The superintendent or its designee should review the following information: factors considered in the determining the school placement that is in the student’s best interest; (2) the team’s determination for school placement; (3) participants involved; (4) who agreed and disagreed with team’s determination; and (5) reasons for agreement and disagreement.
If the decision of the superintendent or its designee does not resolve the issue, the DFCS supervisor, Education Support Monitor, Foster Care Point of Contact, and other relevant LEA personnel should participate in mediation with technical assistance from the GaDOE Foster Care Office.

This dispute does not replace or determine the manner in which a student in care receives their Free Appropriate Public Education (FAPE). That determinate is the exclusive decision of the IEP or Section 504 team.

**Trauma Assessment Process**

After August 2021, the LEA is required to assess the impact of trauma on academic and behavioral performance under § 20-2-152.2. *Trauma; foster care students*. After an agreement is reached on the best interest determination, the LEA should initiate the trauma assessment process to develop a Trauma-Informed Education Support (TIES) plan for each child entering care using the GaDOE guidance.

[End of Model Board Policy]
Case Management Consultation Policies and Procedures

REQUIREMENTS

(a) Each school principal shall designate a school social worker or other staff member to act as case manager. The case manager shall be the point of contact for DCH, DBHDD, DHS, and DJJ personnel providing five-day advance notification of planned enrollment of a child pursuant to O.C.G.A. § 20-2-133.

(b) Upon notification that an agency-placed transfer student will be enrolled in a school, the case manager shall consult with the student, the designated counselor or caseworker assigned by DCH, DBHDD, DHS, or DJJ, and the parent/guardian/foster parent within five school days to determine whether transition or other services are necessary for the child. The child should be immediately enrolled in accordance with State Board of Education Rule 160-5-1-.28 Student Enrollment and Withdrawal.

(c) Upon the enrollment of an agency-placed transfer student, the case manager shall immediately commence a trauma assessment process to determine whether exposure to trauma has had or is likely to have an adverse impact on said student’s educational performance, including both academics and classroom behavior. The case manager’s trauma assessment process shall be part of the local school system’s overall determination of whether the initial evaluation process for determining eligibility for special education and related services should be commenced for said student.

(d) Documentation of CMC activities shall be maintained by the case manager in the student’s file and shall include the following.

1. Student’s name
2. Consultation dates
3. Identification of transition or other services needed
4. Recommended course of action (list of services, referral)
5. Monitoring of student progress
6. Date that services are determined to no longer be needed

TRANSFER SERVICES

(a) If it is determined that transition or other services are necessary upon enrollment, such services may include any of the following.

1. Tour and orientation session
2. Introduction to buddy or peer to facilitate transition

3. Assistance with course selection

4. Referral to SST process

5. Referral to special education

6. School-based behavioral and mental health supports

7. Other services as needed, e.g., social services, counseling, community collaboration, parent/guardian meetings, etc.
LEA Foster Care Office and Points of Contact (POC)

Foster Care Programs Office

Role of District Foster Care Points of Contact

Foster Care Point of Contact List

[Contribution providing description of GaDOE foster care office, role of POCs and link to POC list is forthcoming.]
Universal Trauma Trainings and Supports

Introduction

Childhood trauma, often in the form of Adverse Childhood Experiences “ACEs”, is any “scary, dangerous, violent, or life-threatening event that happens to a child.”9 ACEs often fall into three categories: abuse, neglect and household challenges.10 The core list of ACEs has grown to include bullying as a school-related challenge and indicator of childhood trauma.

ACEs can be linked to a number of mental and physical issues, can reduce life expectancy11, and can have a large impact on economic outcomes for adults who experienced childhood trauma.12 Over 46% of all children in the United States experience one or more ACEs.12 Even more alarming, over 60% of children experiencing poverty have one or more ACEs.13 ACEs are often linked to poor health and behavioral outcomes in adulthood.14 In Georgia, approximately 58% of all adults have at least one ACE.15

Most, if not all, of the students in foster care have multiple ACEs. More than half of these students would have experienced four or more ACEs before coming into care.16 LEAs have the unique opportunity to ensure local schools are equipped to support children who are living with or have experienced trauma and ACEs through increased trauma-informed and trauma-responsive trainings and supports.

Effects of Childhood Trauma on Child Development

Childhood trauma can manifest in many ways including traumatic grief, learning and behavioral challenges, and chronic stress. Persistent childhood trauma and unaddressed ACEs can lead to many lasting, adverse mental and physical effects.

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9 What is Child Trauma?, Center for Child Trauma Assessment, Services and Interventions, http://cctasi.northwestern.edu/family/child-trauma/#:~:text=%20%C2%80%9CC%20trauma%20trauma,E2%80%9D%20refers%20to%20a%2D18%20years%20of%20age.&text=These%20types%20of%20experiences%20can%20have%20a%20traumatic%20impact (last visited March 4, 2021).

10 Types of ACES, Stop Abuse Campaign, https://stopabusecampaign.org/what-are-adverse-childhood-experiences/?gclid=Cj0KCQiAyJOBBhDCARIsAJG2h5dnCNIYtYnSYt_ejIapae0GD31a3VgfI8HXxWQ1cqaUz9N2ic-uNLgaAu0gEALw_web (last visited Feb. 11, 2021).

11 Id.


13 Id.


15 Id.

Physical Development

Children who are living with or have experienced traumatic stressors are more likely to be susceptible to abnormal biological development as biological functioning is determined in part by the environment.\textsuperscript{17} Chronic stress can lead to maladaptive stress responses and cause a child to experience more intense physiological reactions to situations others without childhood trauma would respond to in a mild manner.\textsuperscript{18} Trauma-informed and trauma-sensitive awareness can help teachers and staff identify trauma-related physical responses including heavy breathing, stress-related immobility and other signs of body dysregulation.

Brain Development

Several parts of a child’s brain are affected by childhood trauma. Complex trauma, exposure to multiple traumatic events, has profound effects on the development of the prefrontal cortex or “thinking center”, the amygdala or “fear center”, and the anterior cingulate cortex or “emotional regulation center”.\textsuperscript{19} If these brain functions are impaired from complex trauma or chronic stress leading to heightened states of arousal, these effects may manifest in various forms of anxiety, agitation and hyper-vigilance.\textsuperscript{20} Prolonged exposure to complex trauma and stressors without appropriate interventions and supports can lead to the altering of the brain and poor self-perception.

Social Development

Many children who experience childhood trauma develop distrust, dissociation, and other attachment and relational challenges.\textsuperscript{21} Children experiencing complex trauma and chronic stressors are much more likely to develop depression and anxiety disorders than their peers not experiencing trauma.\textsuperscript{22} Emotional regulation is also a challenge for children living with trauma. A trauma-informed and trauma-responsive environment can reduce the likelihood of negative outcomes for children. Trained teachers and staff can also respond more appropriately to children who are facing trauma-related challenges that have adversely impacted their social connection and development.

Trauma-Informed Practices and School Climate

Building a positive trauma-informed climate will increase preventive and interventive supports for students at risk of coming into care and can improve outcomes for all students. Establishing an equitable sense of safety, trust and support for all students reduces trauma-related behavioral and learning challenges. Awareness of factors, including environmental, social and economic factors,

\textsuperscript{18} Id.
\textsuperscript{19} The Kids Are Not All Right: How Trauma Affects Development, Focus for Health (April 2, 2019), https://www.focusforhealth.org/kids-are-not-allright-how-trauma-affects-development/.
\textsuperscript{20} Id.
\textsuperscript{21} Effects.
\textsuperscript{22} Id.
can drive effective coordination of trauma supports that will create a predictable and structured learning environment supportive of children with varying trauma exposure levels.\textsuperscript{23}

The National Center for Traumatic Stress Network identifies the “4 Rs” that should be present in a trauma-informed system\textsuperscript{24}:

- **Realize** both the widespread effects of trauma, and the many pathways to recovery.
- **Recognize** the signs and symptoms of trauma.
- **Respond** with a trauma-informed approach that’s integrated into every aspect of the system in which you’re working.
- **Resist** re-traumatization by reducing the likelihood of triggers.

Using trauma informed practices with all students can help to mitigate the impact of trauma throughout the building and within the classroom. These include explicitly teaching students to recognize and name emotions to build resiliency, learn coping strategies, and healthy relationship skills.

*Developmental Trends and Signs of Trauma Impact*

**Behavior is Communication**

Children communicate through their behaviors. We can expect to learn a lot about a student’s experiences based on their behavior. Some children may be restless and inattentive. Others may be aggressive and have more intense anger outbursts. Some may be less engaged and show signs of regression. When looking at these behaviors, it is best practice to put on our trauma-informed lenses to help us make sense of what is going on beyond the behaviors exhibited.

*Psychological and Behavioral Impact of Trauma: Early Childhood and Pre-K; Age-Appropriate Supports*

**Common Trauma Responses for Pre-K:**

- Separation anxiety/clinginess to teachers or caregivers
- Regression in stages of development (e.g., baby talk or toileting accidents)
- Re-enacting the traumatic event (through play, art, writing, etc.)
- Unexplained absences
- Anger outbursts/aggression
- Irritable/whiny/moody
- Somatic complaints (headaches, stomachaches, etc.)

**Pre-K Exemplar with Appropriate Supports**


\textsuperscript{24} *Id.*
A 4-year-old boy recently entered care due to physical abuse by parent. The child often hits classmates when they misbehave, get a treat or reward when he doesn’t, or make him upset.

- **Potential Support Strategies in TIES Plan:**
  - **Consistent Routine:** Provide daily reminders of class expectations through sight and sound tools; teach grounding techniques for dealing with emotions
  - **Positive Responses:** avoid harsh or loud reactions or responses; demonstrate restorative practices regularly (e.g., apologizing)
  - **Proactive Support:** Reinforce general classroom and behavior expectations during lesson transitions; remind child of high expectations regularly; learn about child’s likes and incentivize peaceful behavior

**Psychological and Behavioral Impact of Trauma: Elementary School; Age-Appropriate Supports**

**Common Trauma Responses for Elementary:**
- Anxiety or worry about safety or self and others (clinger to teachers or caregivers)
- Anger outbursts/aggression
- Irritable/whiny/moody
- Increased arousal (unable to sit still)
- Decreased attention and/or concentration
- Difficulty with authority/redirection/or criticism
- Somatic complaints (headaches, stomachaches, etc.)

**Elementary Exemplar with Appropriate Supports**

A 7-year-old girl recently entered care due to physical neglect. The child shows signs of malnourishment. The child often complains in class loudly about stomachaches (possible somatic complaint) and will continue complaining until the teacher asks her a series of check-in questions about the stomachache. The exchanges usually take about 30 minutes of on and off dialogue.

- **Potential Support Strategies in TIES Plan:**
  - **Consistent Routine:** develop a daily color-based feeling tool the child can complete at the beginning of class (e.g., blue for no aches, green for a little, yellow for some, red for a lot)
  - **Positive Responses:** avoid harsh or loud reactions or responses to outbursts to avoid potential triggers
- **Proactive Support:** ask the child about their day and how they are feeling upon entry into classroom and after any meals

**Psychological and Behavioral Impact of Trauma: Middle School; Age-Appropriate Supports**

Common Trauma Responses for Middle School:

- Anxiety or worry about safety of self or others
- Anger outbursts/aggression
- Decreased attention and/or concentration
- Somatic complaints (headaches, stomachaches, etc.)
- Change in academic performance
- Irritability with friends/teachers
- Emotionally numb/withdrawn
- Increased risk for suicidal thoughts and/or self-harming behaviors

Middle School Exemplar with Appropriate Supports

*Seventh grade female student recently came into foster care due to parent substance abuse. Prior to entering foster care this child was responsible for the care of three younger siblings (toddler and two elementary school siblings). Since entering foster placement this student is tearful in class and demonstrates excessive worry about siblings. She takes on adult role when interacting with peers (bossy, spends too much time assisting others).*

- **Potential Support Strategies in TIES Plan:**
  - **Positive Responses:** thank student for caring about others; give student a role/responsibility to highlight her conscientiousness; allow opportunity for age-appropriate activities during recess, or unstructured time in classroom
  - **Proactive Support:** allow student to send notes to siblings via interoffice email; encourage participation in psychoeducational girl’s group within school; encourage participation in afterschool club (area of interest)

**Psychological and Behavioral Impact of Trauma: High School; Age-Appropriate Supports**

Common Trauma Responses for High School:

- Anxiety or worry about safety of self and others
- Anger outbursts/aggression
- Decreased attention and/or concentration
- Somatic complaints (headaches, stomachaches, etc.)
- Change in academic performance
- Risk taking behaviors
• Heightened difficulty with authority, redirection or criticism
• Increased risk for self-harming behaviors
• Repetitive thoughts and comments about dying (including suicidal thoughts, writing, art or notebook covers about violent or morbid topics, internet searches)

High School Exemplar with Appropriate Supports

A 17-year-old male student enters a second foster care placement (group home) after history of aggression including setting fires, arguing/fighting with adults (including parents) and parents no longer want him in home. Student has an IEP.

- Potential Support Strategies in TIES Plan:
  - Positive Responses: provide student with school spirit wear to help them connect; work with student to identify trusted adult in the building; offer choices for electives; offer student predetermination location for de-escalation
  - Proactive Support: teach student self-regulation strategies and grounding techniques; provide opportunity for small group counseling and/or school-based mentor; encourage participation in afterschool activities/clubs

Resiliency is Key

The effects of trauma can be lessened by increasing a student’s level of resiliency. When a student feels regulated, safe, and connected, they can begin to focus on learning. Some ways to provide support and help increase resiliency for students are:

• Focus on relationship building with students (greet student by name, make non-school related connections, peer-sharing time)
• Offer feelings check-ins and provide calming self-regulation opportunities (e.g., deep breathing exercises, comfort space in classroom, activating the five senses)
• Maintain structure and routines; this creates sense of safety
• Build on student strengths and point out the positives
• Incorporate sensory activities and brain breaks (e.g., movement, art, music, play)
• Encourage student voice and choice

General Resources

*Working Draft created by the HB 855 Working Group through the Georgia Appleseed Center for Law and Justice. Georgia Appleseed Recommendations for Implementation of § 20-2-152.2. Trauma; foster care students*
Building Equitable, Safe and Supportive Schools

Child Trauma Toolkit for Educators

Childhood Trauma Resources and Trainings

Child Welfare Training Collaborative (CWTC)

Children’s Healthcare of Atlanta (CHOA) Strong4Life

Resilient Georgia

Connections Matter Georgia

The National Child Traumatic Stress Network

Local Interagency Planning Teams

National Child Traumatic Stress Initiative
Appendix 3
Appendix 3: Sample TIES Plan

Trauma-Informed Education Support (TIES) Plan

For many LEAs, the SST is embedded within a Multi-Tiered Systems of Support (“MTSS”) including the Response to Intervention (“RTI”) process. Using these existing systems of support can be an ideal way to use information from the Case Management Consultation to develop a supportive TIES Plan. The development of the TIES plan does not replace any other necessary education services and supports (e.g., special education and related services).

Student Name: 
____________________________________________________________________________

Student Date of Birth:
____________________________________________________________________________

Student GTID Number:
____________________________________________________________________________

Date Student Entered Care:
____________________________________________________________________________

Number of Placements To Date (include age(s) at time of placement(s) if available):
____________________________________________________________________________

Case Manager Name and Contact:
____________________________________________________________________________

Trauma-Informed Recommendation Sheet (TIRS) Available?
Circle Yes or No

List of Preexisting Records Reviewed:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Current Diagnoses:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Known or Suspected Impacts of Trauma on Academic or Behavioral Performance:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Student Strengths/Resilience Protective Factors: (e.g., healthy, collaborative, tenacious, vision-oriented, maintains composure, uses sound reasoning)

Student Needs/Risk Factors: (e.g., learning and behavioral challenges, poor communication, emotional regulation challenges)

Known or Suspected Triggers: (e.g., close proximity discomfort, adults screaming, large crowds, etc.)

Above, At or Below Grade Level Proficiency:

- Math:

- Reading:

- Science:

- Social Studies:

Current Supports (in school and out of school):

- Academic:
Georgia Appleseed Recommendations for Implementation of § 20-2-152.2. Trauma: foster care students

- Behavioral/Mental Health:
  ____________________________________________________________

- Social/Emotional:
  ____________________________________________________________

- Extra-Curricular:
  ____________________________________________________________

- Physical Health:
  ____________________________________________________________

- Language/Communication:
  ____________________________________________________________

- Other:
  ____________________________________________________________

Needed Supports (in school and out of school):

- Academic:
  ____________________________________________________________

- Behavioral/Mental Health:
  ____________________________________________________________

- Social/Emotional:
  ____________________________________________________________
• Extra-Curricular:

• Physical Health:

• Language/Communication:

• Other:

TIES Recommendation(s) for School/Classroom Environment:

• Classroom Placement(s):

• Consistent Routine(s):

• Positive Response(s):

• Proactive Support(s):
• Peer Interaction(s):

_____________________________________________________________________
_____________________________________________________________________

• Adult Interaction(s):

_____________________________________________________________________
_____________________________________________________________________

• Language and Communication (expressive and pragmatic):

_____________________________________________________________________
_____________________________________________________________________

• Classroom Climate:

_____________________________________________________________________
_____________________________________________________________________

• School Climate:

_____________________________________________________________________
_____________________________________________________________________

**TIES Team Progress Monitoring/Check-Ins Frequency** (weekly, bi-weekly, monthly, etc.):

_____________________________________________________________________

**Process for Measuring and Determining Positive Outcomes** (e.g., weekly progress sheets, daily check-ins with student, review of academic, attendance and behavior records, etc.):

• *Recognizing Resilience Factors* (e.g., healthy, collaborative, tenacious, vision-oriented, maintains composure, uses sound reasoning)
• Recognizing Risk Factors (e.g., learning and behavioral challenges, poor communication, emotional regulation challenges)

Current Transportation Plan:

TIES Team Member(s) and Role(s):

(Members may include DFCS Case Manager, Education Support Monitor, Student, School Counselor, School Psychologist, School Social Worker, General Education Teacher, Special Education Teacher, Behavioral Therapist, Education Advocate, Administrator, School-Based Mental and Behavioral Health Provider and other appropriate personnel.)

• Name and Role:

• Name and Role:

• Name and Role:

• Name and Role:

• Name and Role:

Current Meeting Date: ________________________________

Type of Meeting (e.g., initial TIES planning, TIES progress monitoring, TIES check-in):

Next Meeting Date(s): ________________________________
School and Classroom Supports

(These are suggestions for school-wide implementation to assist all children but are specifically trauma-informed practices.)

- Provide a safe, predictable, encouraging classroom structure with a supportive classroom management style (allow for flexibility, strength-based/mastery-based assessment, cooperative learning)
- Develop consistent routines
- Allow for short breaks and activities
- Provide cues before transitions
- Offer daily quiet time
- Encourage self-affirmation statements
- Model and teach classroom expectations
- Provide a quiet space/fidget box/calming spaces
- Integrate social/emotional learning lessons into whole school delivery
- Utilize natural consequences
- Practice mindfulness as a school (being aware/cautious of triggers)
- Classroom meetings
- Train teaching staff in Psychological First Aid
- Affirm sense of safety and security in the school building
- Teach growth mindset (understanding that some goals may be unattainable due to societal forces of oppression)
- Teach conflict resolution skills to all students
- SEEDS (DECAL)

Small Group Supports

(These are suggestions for students that need somewhat focused interventions about what the majority of students may need.)

- Teach and model self-regulation/grounding techniques
- Small group counseling (normalize reactions, encourage expression & exploration of feelings, teach stress management strategies
- Individual crisis intervention
- Explicitly teach connection between feelings and behavior
- Role model and teach pro-social problem-solving skills
- Sensory walks outdoors
- Mandala/mindfulness coloring
- Music therapy (headphones on during stressful events)
- Get out of class pass (for brief periods of time, no questions asked by teachers)
- Emotion journals/trackers (for later reflection with counselor or supportive teacher)
- Teach physical signs of stress (clenching jaw/fists, tension in shoulders, racing heartbeat, sweating, etc.)
- Positive guided imagery of a safe space
- Teach scaling concept/techniques to recognize small and large triggers
- Goal setting for future self
• Model, teach, practice deep diaphragmatic breathing (teach science behind physiological response to diaphragmatic breathing)
• Reinforce resources available to help (school counselor, teachers, school psychologist, family members, etc.)
• Conflict resolution role-plays in small groups

**Individualized Supports**

*(These interventions are reserved for those with the greatest demonstrated need.)*

• One on one check ins with supportive staff member or mentor
• Individual counseling with school based mental health provider
• Referral for wrap-around services
Appendix 4
Appendix 4: Sample TIRS

Trauma-Informed Recommendations Sheet (TIRS)

Form to be completed by behavioral or mental health provider in conjunction with a trauma assessment administered to a student in care. Information contained within will be used by schools to determine appropriate trauma-informed educational supports.

Student Name:

____________________________________________________________________________

Student Date of Birth:

____________________________________________________________________________

Date of Trauma Assessment:

____________________________________________________________________________

Known or Suspected Impacts of Trauma on Academic or Behavioral Performance: (e.g., difficulty concentrating, anxiety)

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Student Strengths/Resilience Protective Factors: (e.g., healthy, collaborative, tenacious, vision-oriented, maintains composure, uses sound reasoning)

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Student Needs/Risk Factors: (e.g., learning and behavioral challenges, poor communication, emotional regulation challenges)

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Known or Suspected Triggers: (e.g., close proximity discomfort, adults screaming, large crowds, etc.)

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________
Recommendation(s) for School/Classroom Environment:

- Classroom Placement(s):

- Consistent Routine(s):

- Positive Response(s):

- Proactive Support(s):

- Peer Interaction(s):

- Adult Interaction(s):

- Language and Communication (expressive and pragmatic):
- Classroom Climate:

_____________________________________________________________________
_____________________________________________________________________

- School Climate:

_____________________________________________________________________

Additional Comments:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Name of Behavioral/Mental Health Provider:

_____________________________________________________________________

Printed Name of Person Completing TIRS:

Signature and Date TIRS Completed:

_____________________________________________________________________

Georgia Appleseed Recommendations for Implementation of § 20-2-152.2, Trauma: foster care students
School and Classroom Supports

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