

Planning Tool to Determine Need for Paraprofessional Support

(to be completed by school staff only)

Student name: _____
(First, Middle & Last)

Date of Birth: _____

School: _____

Grade: _____

Date: _____

1. Describe any severe and documented safety concerns the student presents at school.

Severe safety issues should be documented on the "Student Abilities & Assistance Needs Matrix" form

2. Please describe the communication needs of the student, especially those needs that warrant more adult support during the school day.

Communication concerns should be documented on the "Student Abilities & Assistance Needs Matrix" form

3. Does the student require assistance with basic adaptive/self help skills?

Toileting	_____	Yes	_____	No
Mobility	_____	Yes	_____	No
Feeding	_____	Yes	_____	No
Dressing	_____	Yes	_____	No
Following basic safety rules	_____	Yes	_____	No

For any item checked as "Yes" you should include the appropriate documentation on the "Student Abilities & Assistance Needs Matrix" form

4. Is the student's performance consistent with his/her ability? _____ Yes _____ No
5. Does the student solicit peer interaction in classroom activities? _____ Yes _____ No
6. Is the student receptive to peer tutoring & support? _____ Yes _____ No
7. Does the student need transitional support?
Please describe. _____ Yes _____ No
8. Does the student need assistance in unstructured settings?
Please describe. _____ Yes _____ No
9. Is the student currently receiving specialized small or individualized group instruction in specific academic areas?
Please describe. _____ Yes _____ No

10. How often has the student's IEP team meet regarding possible interventions and/or program accommodations to ensure an appropriate education (e.g., cooperative learning, behavior management plan, re-grouping within the classroom, pairing with other students, etc.) and what has been the outcome of these meetings?
11. Please note the interventions or program changes you have implemented thus far to prevent the need for additional adult/instructional assistant support. Include in your documentation the duration of the attempted interventions and the success of each.
12. Has a Region Coordinator observed this student? Yes No
Please describe the Region Coordinator's concerns or recommendations.
13. Other supporting documentation to assist the IEP team with this decision (i.e., teacher's anecdotal records, observations, parental concerns/statements, progress reports, etc.)
14. Please list each specific time during the school day that the student is either in a collaborative class or in a classroom that already has an IA supporting one or more students.
15. Other pertinent information.

Student's Abilities and Assistance Needs Matrix

Student's Name: _____

Activity:	What the student <u>can</u> do without assistance:	What the student <u>cannot</u> do and needs adult assistance with:	Identify areas to promote <u>social acceptance</u> and how peers will be utilized:	Identify areas you will target for <u>independence</u> (should be identified in IEP):
Arrival and/or Departure Time:				
Class/Time:				
Class/Time:				
Class/Time:				
Lunch:				
Transitions:				

Note: If a paraeducator(s) is assigned to work with this student, he/she should be provided with a copy of this form

Special Education Paraprofessional Support Checklist

Student _____

Date: _____

Student Issues / Needs Profile	Logistics	Who could assist?	Training Plan	Supervision
<p>1. Safety issues</p> <ul style="list-style-type: none"> <input type="checkbox"/> Wanders off / runs away <input type="checkbox"/> Hurts self <input type="checkbox"/> Falls <input type="checkbox"/> Puts inedible items in mouth <input type="checkbox"/> Hurts others <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ 	<p>Place:</p> <p>Time(s):</p> <p>Level:</p> <p>Low Medium High</p> <p>Duration:</p> <p>Permanent Temporary</p>	<ul style="list-style-type: none"> <input type="checkbox"/> age-peer student <input type="checkbox"/> older student <input type="checkbox"/> general education teacher <input type="checkbox"/> special education teacher <input type="checkbox"/> class/program paraprofessional <input type="checkbox"/> 1:1 designated paraprofessional <input type="checkbox"/> parent volunteer 	<p>Indicate training needed / Who delivers</p> <p><input type="checkbox"/> _____ / _____</p> <p><input type="checkbox"/> _____ / _____</p> <p><input type="checkbox"/> _____ / _____</p> <p><input type="checkbox"/> _____ / _____</p> <p><input type="checkbox"/> _____ / _____</p> <p><input type="checkbox"/> _____ / _____</p>	<p>Check all who share supervisory responsibility / Name lead person</p> <ul style="list-style-type: none"> <input type="checkbox"/> general education teacher <input type="checkbox"/> special education teacher <input type="checkbox"/> OT / PT <input type="checkbox"/> SLP <input type="checkbox"/> School Psychologist <input type="checkbox"/> Nurse <input type="checkbox"/> Vision / hearing specialist <input type="checkbox"/> Other professional _____ <input type="checkbox"/> Lead _____
<p>2. Physical needs</p> <ul style="list-style-type: none"> <input type="checkbox"/> Restroom / diapers <input type="checkbox"/> Orientation / Mobility <input type="checkbox"/> Eating /feeding <input type="checkbox"/> Dressing <input type="checkbox"/> Breathing / respiration <input type="checkbox"/> Medication <input type="checkbox"/> Equipment (e.g. hearing aides, wheelchairs) <input type="checkbox"/> Posture, positioning, <input type="checkbox"/> Medicaid-billable procedures <input type="checkbox"/> Has individualized Health Plan in place <input type="checkbox"/> Other _____ <input type="checkbox"/> _____ 	<p>Place:</p> <p>Time(s):</p> <p>Level:</p> <p>Low Medium High</p> <p>Duration:</p> <p>Permanent Temporary</p>	<ul style="list-style-type: none"> <input type="checkbox"/> age-peer student <input type="checkbox"/> older student <input type="checkbox"/> general education teacher <input type="checkbox"/> special education teacher <input type="checkbox"/> class/program paraprofessional <input type="checkbox"/> 1:1 designated paraprofessional <input type="checkbox"/> parent volunteer 	<p>Indicate training needed / Who delivers</p> <p><input type="checkbox"/> _____ / _____</p> <p><input type="checkbox"/> _____ / _____</p> <p><input type="checkbox"/> _____ / _____</p> <p><input type="checkbox"/> _____ / _____</p> <p><input type="checkbox"/> _____ / _____</p>	<p>Check all who share supervisory responsibility / Name lead person</p> <ul style="list-style-type: none"> <input type="checkbox"/> general education teacher <input type="checkbox"/> special education teacher <input type="checkbox"/> OT / PT <input type="checkbox"/> SLP <input type="checkbox"/> School Psychologist <input type="checkbox"/> Nurse <input type="checkbox"/> Vision / hearing specialist <input type="checkbox"/> Other professional _____ <input type="checkbox"/> Lead _____

Student Issues / Needs Profile	Logistics	Who could assist?	Training Plan	Supervision
3. Communication Needs <ul style="list-style-type: none"> <input type="checkbox"/> Instruction in use of technology (including Braille, sign language) <input type="checkbox"/> Cues / prompts to use technology <input type="checkbox"/> Programming of device(s) <input type="checkbox"/> Cues / prompts to communicate with peers / adults <input type="checkbox"/> Interpretation <input type="checkbox"/> Cues/prompts to use articulation skills <input type="checkbox"/> Voice, breathing <input type="checkbox"/> Other _____ 	Place: Time(s): Level: Low Medium High Duration: Permanent Temporary	<input type="checkbox"/> age-peer student <input type="checkbox"/> older student <input type="checkbox"/> general education teacher <input type="checkbox"/> special education teacher <input type="checkbox"/> class/program paraprofessional <input type="checkbox"/> 1:1 designated paraprofessional <input type="checkbox"/> parent volunteer	Indicate training needed / Who delivers _____ / _____ _____ / _____ _____ / _____ _____ / _____ _____ / _____ _____ / _____	Check all who share supervisory responsibility / Name lead person <ul style="list-style-type: none"> <input type="checkbox"/> general education teacher <input type="checkbox"/> special education teacher <input type="checkbox"/> OT / PT <input type="checkbox"/> SLP <input type="checkbox"/> School Psychologist <input type="checkbox"/> Nurse <input type="checkbox"/> Vision / hearing specialist <input type="checkbox"/> Other professional _____ <input type="checkbox"/> Lead _____
4. Behavioral Needs <ul style="list-style-type: none"> <input type="checkbox"/> Disruptive behaviors (e.g. noises, hitting) <input type="checkbox"/> Self-stimulation <input type="checkbox"/> Resists changing activity <input type="checkbox"/> Refuses to follow directions <input type="checkbox"/> Takes others' things <input type="checkbox"/> Sits passively, doesn't engage in activity <input type="checkbox"/> Makes bad choices <input type="checkbox"/> Needs specifics of Individual Behavior Plan monitored, supported <input type="checkbox"/> Other _____ <input type="checkbox"/> _____ 	Place: Time(s): Level: Low Medium High Duration: Permanent Temporary	<input type="checkbox"/> age-peer student <input type="checkbox"/> older student <input type="checkbox"/> general education teacher <input type="checkbox"/> special education teacher <input type="checkbox"/> class/program paraprofessional <input type="checkbox"/> 1:1 designated paraprofessional <input type="checkbox"/> parent volunteer	Indicate training needed / Who delivers _____ / _____ _____ / _____ _____ / _____ _____ / _____ _____ / _____	Check all who share supervisory responsibility / Name lead person <ul style="list-style-type: none"> <input type="checkbox"/> general education teacher <input type="checkbox"/> special education teacher <input type="checkbox"/> OT / PT <input type="checkbox"/> SLP <input type="checkbox"/> School Psychologist <input type="checkbox"/> Nurse <input type="checkbox"/> Vision / hearing specialist <input type="checkbox"/> Other professional _____ <input type="checkbox"/> Lead _____

Student Issues / Needs Profile	Logistics	Who could assist?	Training Plan	Supervision
5. Social Needs <input type="checkbox"/> Prompts / cues to interact with peers <input type="checkbox"/> Social instruction <input type="checkbox"/> Protection from peers <input type="checkbox"/> Peer instruction how to interact with student <input type="checkbox"/> Adult instruction how to interact with student <input type="checkbox"/> Other _____	Place: Time(s): Level: Low Medium High Duration: Permanent Temporary	<input type="checkbox"/> age-peer student <input type="checkbox"/> older student <input type="checkbox"/> general education teacher <input type="checkbox"/> special education teacher <input type="checkbox"/> class/program paraprofessional <input type="checkbox"/> 1:1 designated paraprofessional <input type="checkbox"/> parent volunteer	Indicate training needed / Who delivers <input type="checkbox"/> _____ / _____ <input type="checkbox"/> _____ / _____ <input type="checkbox"/> _____ / _____ <input type="checkbox"/> _____ / _____ <input type="checkbox"/> _____ / _____	Check all who share supervisory responsibility / Name lead person <input type="checkbox"/> general education teacher <input type="checkbox"/> special education teacher <input type="checkbox"/> OT / PT <input type="checkbox"/> SLP <input type="checkbox"/> School Psychologist <input type="checkbox"/> Nurse <input type="checkbox"/> Vision / hearing specialist <input type="checkbox"/> Other professional _____ <input type="checkbox"/> Lead _____
6. Academic Needs <input type="checkbox"/> Cues to attend to teachers <input type="checkbox"/> Cues to begin tasks <input type="checkbox"/> Cues to remain on task <input type="checkbox"/> Physical use of instructional materials <input type="checkbox"/> Modification of instructions / directions <input type="checkbox"/> Modification of materials, tasks (including Braille) <input type="checkbox"/> Adaptive equipment <input type="checkbox"/> Community-based activities <input type="checkbox"/> Job shadow, exploration <input type="checkbox"/> Work / job skill development <input type="checkbox"/> Other _____	Place: Time(s): Level: Low Medium High Duration: Permanent Temporary	<input type="checkbox"/> age-peer student <input type="checkbox"/> older student <input type="checkbox"/> general education teacher <input type="checkbox"/> special education teacher <input type="checkbox"/> class/program paraprofessional <input type="checkbox"/> 1:1 designated paraprofessional <input type="checkbox"/> parent volunteer	Indicate training needed / Who delivers <input type="checkbox"/> _____ / _____ <input type="checkbox"/> _____ / _____ <input type="checkbox"/> _____ / _____ <input type="checkbox"/> _____ / _____ <input type="checkbox"/> _____ / _____	Check all who share supervisory responsibility / Name lead person <input type="checkbox"/> general education teacher <input type="checkbox"/> special education teacher <input type="checkbox"/> OT / PT <input type="checkbox"/> SLP <input type="checkbox"/> School Psychologist <input type="checkbox"/> Nurse <input type="checkbox"/> Vision / hearing specialist <input type="checkbox"/> Other professional _____ <input type="checkbox"/> Lead _____

Special Education Paraprofessional Assistance Checklist Directions:

Column 1: Student Needs

Check all boxes that apply. Specify other needs that are not listed.

Column 2: Logistics

Place: Describe the location where the assistance will be provided (e.g. gym, hallway, lunchroom, classroom).

Time: Indicate times of the school day when assistance is needed by hour or period (e.g. 9:15 - 10:00 am or Art class).

Level: For each student, circle the level of support needed using the following descriptions of levels:

Low – support person checks on student periodically, or engages with the student for short periods of time, and provides cues, prompts, instruction, related services or supervision that permits the student to engage in or continue with tasks reasonably independently.

Medium – support person spends approximately one-half of the school day providing cues, prompts, instruction, related services, or supervision that permits the student to engage in or continue with tasks for which partial participation is acceptable and independence is not the short-term objective.

High – support person spends a majority of the school day with the student providing cues, prompts, instruction, related services, or supervision that permits the student to engage in or continue with tasks for which partial participation, rather than independence is the eventual goal.

Duration: Circle the anticipated duration of the support necessary, using the following descriptions:

Permanent – The amount of support, whether low, medium, or high, is provided on a long-term, no-end-in-sight basis to assist a student to engage in or continue with tasks for which he/she is unlikely to gain independence before the next meeting.

Temporary – Indicate the amount of support, whether low, medium, or high, is provided temporarily to assist a student in gaining independence in new environments, activities, acquisition of new concepts, and /or English as a second language. The assumption here is that the student will gain some level of independence during the designated time period and will need less support in future time periods.

Column 3: Who Could Assist

Indicate possible persons who could provide the necessary assistance to the student, considering what other adults and student supports are already in place in each environment. Providing assistance through people who are already in the environment reduces the chance that the student will become overly reliant on adult attention, increases the likelihood that he/she will learn to rely on natural supports in the environment, and reduces the chance that the student will be inadvertently isolated from peers and general education curriculum and instruction.

Column 4: Training

For each student need, time, place of assistance, and for each person who provides assistance, indicate the type of training that will be provided including the person who holds responsibility for assuring the delivery of training.

Column 5: Supervision

Indicate the person(s) who will supervise the assisting person(s). You may specify which of the seven supervisory functions each supervisor will perform. The seven supervisory functions are:

1. orientation to the job
2. delegation / direction of daily tasks
3. planning (based on IEP objectives)
4. scheduling
5. on-the-job training
6. performance monitoring and feedback
7. managing the work environment (including conflict management, communications, problem solving)