

Planning Tool to Determine Need for Paraprofessional Support

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

Please attach to IEP

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. If an instructional assistant is determined to be necessary for this student, does the team recommend that this position be a shared position (i.e., two or more adults sharing the support responsibilities rather than one primary support person who may foster over-dependence, experience burnout, etc.)?
Please explain: _____ Yes _____ No

14. Please attach any other supporting documentation to assist the committee with this decision (i.e., teacher’s anecdotal records, observations, parental concerns/statements, progress reports, etc.)

Team Members:
(Signature)

Support: **Oppose:**
(Check one. If oppose, please attach
opposition statement to this documentation.)

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
Please attach to IEP