San Luis Valley BOCES Determination for Exceptional Student Services

Paraprofessional Support

The IEP team must rate the following items when considering the need for additional adult support/supervision for a Special Education student. The checklist is not all-inclusive but covers main areas and is intended to provide guidance in the decision making process. No decisions should be made solely on the basis of a child’s category of handicapping condition or parent request. Recommendations for para support do not imply that the child will have his/her own one-on-one aide or that only one person will provide the necessary support.

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

Student name H**ours of support from case manager (sp ed teacher)**

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

school grade

**Circle** the number that applies to each statement and document the recommendation at the end of this form.

**1 = rarely/never 2 = sometimes 3 = frequently 4 = always**

**Safety**

1 2 3 4 wanders away without direct supervision

1 2 3 4 shows significant physical aggression toward others

1 2 3 4 has difficulty with mobility and/or balance/falls down

1 2 3 4 is unable to recognize danger, or judge dangerous situations

1 2 3 4 lacks language to communicate needs

1 2 3 4 lacks physical/cognitive ability to protect self

1 2 3 4 other (describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Behavior**

1 2 3 4 exhibits self-injurious behaviors

1 2 3 4 poses a significant threat to others

1 2 3 4 lacks judgment/understanding about his/her own behavior or others’

1 2 3 4 lacks ability to recognize cause and effect or understand

 consequences.

1 2 3 4 lacks ability to control own behavior

1 2 3 4 consistently, significantly disrupts learning of others due to

 disability related behavior.

1 2 3 4 demonstrates a significant degree of inattention and lack of focus

 that jeopardizes own learning

1 2 3 4 other (describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Accessibility**

1 2 3 4 cannot physically/mentally access places, curriculum, people, activities

 without support

1 2 3 4 other (describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health/Self-Care** –the student requires assistance with:

1 2 3 4 feeding 1 2 3 4 dressing 1 2 3 4 toileting

1 2 3 4 positioning 1 2 3 4 unstable medical problems

1 2 3 4 seizures 1 2 3 4 choking 1 2 3 4 breathing

1 2 3 4 transitions 1 2 3 4 other (describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Academics**

1 2 3 4 requires extensive curriculum modification/separate curriculum

1 2 3 4 lacks cognitive or physical ability to understand/perform academic

 requirements to a degree that success is impossible without support

1 2 3 4 other (describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total for # 1\_\_\_\_\_\_\_\_\_\_ Total for # 3\_\_\_\_\_\_\_\_\_\_

Total for # 2\_\_\_\_\_\_\_\_\_\_ Total for # 4\_\_\_\_\_\_\_\_\_\_

**Students w/ primarily 3s/4s may be considered for part or full time support.**

**Students w/ many 2s/3s may need support for specific activities/times of day.**

**Students w/ mostly 2s may benefit from more natural supports from peers.**

The team recommends the following support for this student:

1.\_\_\_\_full-time support/supervision throughout the day/all settings

2.\_\_\_\_part-time support for activities listed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_natural supports from peers during activities listed: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_initial adult support with fading over time for activities listed:

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

5.\_\_\_\_a combination of the above, including #s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Requestor’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_**

Send copies to case manager and BOCES

**Independence Plan**

**Pre-K through 12th Grade**

This fading plan is attached to IEP goals and/or Behavior Support Plan dated: \_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Student Name** |  |
| **Date of Birth** |  |
| **Date of Independence Plan** |  |
| **Next Review Date** |  |
| **Last IEP Date** |  |
| **Teacher** |  |

**Current supports available in the school environment (natural supports, peers, itinerant staff…):**

**Specific schedule for assistance provided (specify the times, class, subjects, activities):**

**What are the replacement performance (behavior or academic) goals for the student?**

**Describe the activities or environments where the replacement behaviors should occur.**

|  |  |  |
| --- | --- | --- |
| **Goal 1** | **Current baseline of desired behaviors?** | **Current level of supports used to perform desired behavior/skills?** |
|  |  |  |

**Goal 1:**

|  |  |  |
| --- | --- | --- |
| **Procedures:** What will be taught so the student learns the replacement behavior/skills? | **Person(s) Responsible:**  | **Measurement/Progress Monitor Method:** (Who, How often, and How will the data be collected) |
| **Decision Rule:** how will the data be evaluated to determine if intervention is working? |
| **Criteria for fading and a description of the level paraprofessional support needed:** |
| **What are the adaptations/accommodations that will be used to promote and sustain independence?** |