

JSD Special Education Department Checklist of Existing Environmental and Instructional Supports

Student Name: _____
Program/School: _____

Teacher: _____
Date: _____

Please use the following checklist to determine existing environmental supports to meet this student's needs. Contact your teacher specialist to schedule consultation with district personnel as identified below.

Health/Personal Support		Yes/ No	N/A	Attach Copy	Recommendations
	Does the student have a current Health Care Plan?				
	Has the School Nurse been consulted to review any changes or additional health/personal care concerns?				If no, contact school nurse
	Have all classroom/resource staff members been properly trained to provide needed personal care services, so that duties can be covered by all staff, as needed?				
Behavioral Support		Yes/ No	N/A	Attach Copy	Recommendations
	Is there a posted classroom schedule with visual support?				
	Is there an individual visual schedule provided that meets the student's needs?				
	At what level does the student have the ability to follow their individual schedule?	Independently		With physical prompts	
		With indirect verbal/ gestural prompts		Inconsistently with any type of prompting	
		With direct verbal prompts		Other	
	Does the students have a current written Behavior Intervention Plan (BIP)?				
	Was the Functional Behavior Assessment (FBA) completed recently to inform the current BIP? Does the FBA need to be updated?				If no, contact school psychologist or behavior specialist
Curriculum/Instructional Support		Yes/ No	N/A	Attach Copy	Recommendations
	How do you differentiate the materials and/or activities to meet the individual student's needs?	Describe:			
	Has a UATT evaluation been completed recently?				If no, complete UATT referral
	What equipment, devices, or human supports are needed to provide instructional assistance to meet this student's needs?	Describe:			
Inclusion Support		Yes/ No	N/A	Attach Copy	Recommendations
	Is there a specific goal on the student's IEP designed to improve the student's independence level (on specific skills)?				
	Can the student participate in grade level classroom instruction with a behavior support such as contracts or point cards?				
	Can the student participate in grade level classroom instruction with modified assignments provided?				

Support Requested: _____

Principal Signature: _____ Check one: Long-Term Short-Term

Jordan School District Special Education Department
Rubric to Determine Need for Critical Need Support

Date _____

Student _____

School: _____

Teacher: _____

Request: _____

Mark the box that includes factors that best describes the student in each category.

	Health/Personal Care	Behavior	Instruction	Inclusion
0	General good health. No specialized health care, or procedures, or medications taken. Independently maintains all age appropriate personal care.	Follows adult directions without frequent prompts or class supervision. Handles change and redirection. Usually gets along with peers and adults. Seeks out friends.	Participates fully in whole class instruction. Stays on task during typical instruction activity. Follow directions with few to no additional prompts.	Participates in some core curriculum within general ed class and requires few modifications. Can find classroom. Usually socializes well with peers.
1	Mild or occasional health concerns. Allergies or other chronic health conditions. No specialized procedures. Medication administration takes less than 10 minutes. Needs reminders to complete age-appropriate personal care activities.	Follows adult direction but occasionally requires additional encouragement and prompts. Occasionally difficulty with peer or adults. Does not always seek out friend but plays if invited.	Participates in groups at instructional level but may require additional prompts, cues, or reinforcement. Requires reminders to stay on task, follow directions, and to remain engaged in learning.	Participates with modification and accommodation. Needs occasional reminders of room and schedule. Requires some additional support to finish work and be responsible. Needs some social cueing to interact with peers appropriately.
2	Chronic health issues, generic health care procedures. Takes medication. Health care intervention for 10-15 minutes daily (diet, blood sugar, medication). Requires reminders and additional prompts or limited hands on assistance for washing hands, using bathroom, wiping mouth, fasteners. Occasional toileting accidents.	Has problems following directions and behaving appropriately. Can be managed adequately with a classroom behavior support plan but unable to experience success without support plan implementation.	Needs support to participate in whole class instruction. Requires smaller groups and frequent verbal prompts, cues or reinforcement. On task about 50% of time with support. Requires more verbal prompts to follow directions. Requires visual prompts 50-80% of the time.	Participates with visual supervision and occasional verbal prompts. Requires shadowing to get to class. Needs modifications and accommodations to benefit from class activities. Socialization may require adult facilitation.
3	Specialized health care procedures and medication. Limited mobility. Physical limitations requiring assistance (stander, walker, w/c). Special food prep or feeding. Health or sensory interventions for 15-30 minutes daily. Frequent physical prompts and assistance for personal care. Requires toilet schedule, training, diapering.	Serious behavior problems almost daily. Defiant and/or prone to physical aggression which may be harmful to self or others. Requires BIP and goals on IEP. Requires close supervision to implement BIP.	Difficulty participating in large group. Requires close adult proximity and prompts including physical assistance to stay on task. Abilities and skills require strategies/adaptions such as Discrete Trial, ABA, AT.	Does not participate with out staff in close proximity for direct instruction, safety, mobility or behavior monitoring. Requires adult facilitation for peer interaction and close proximity at all times. Difficulty following routines. Needs direct supervision to get to class.
4	Very specialized health procedures requiring care by specially trained employees (G tube, tracheostomy, catheterization) Takes medication, requires positioning or bracing multiple times daily. Health or sensory related interventions 45 or more minutes daily. Direct assistance with personal care. Requires 2 person lift. Direct 1:1 assistance 45 or more minutes daily.	Serious behavior problems with potential for injury to self or others, runs away, or aggressive on a daily basis. FBA completed and well documented BIP implemented to allow student to safely attend school. Staff has been trained in the management of assaultive behaviors.	Needs constant support in a group setting. Requires constant verbal and physical prompting to stay on task and follow directions. Abilities and skills require significant accommodations and modification not typical for class.	Participation may require additional staff for direct instructional and behavioral support. Requires direction supervision going to and from class. Always requires modification and accommodations for class work. Rarely interacts with peers appropriately.