



Planning Tool to Determine Need for Paraeducator Support

As an IEP team, please complete these documents which are a decision making model to determine the role of the paraeducator in relation to:

- The specific support needs of the student.
- How independence can be progressively furthered.
- What natural supports are to be used to support the student?
- How social acceptance can be increased.

Please complete and submit to the building administrator as well as Lis Ristau, Director of Special Needs.

Please note below 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.



Rubric to Determine Level of Student Needs – Component I

Student Name: _____ Date: _____

Grade: _____ Building: _____ Classroom Teacher/Spec Ed Teacher: _____

Step 1: Choose the box under each heading that applies the most to the student. You may also add any needs that are missing.

Step 2: Underline every need in each box that applies. Underline any additional needs in other boxes under the same heading.

Step 3: Check the box that most applies.

	Health/Personal Care	Behavior	Instruction	Inclusion
0	General good health. No specialized health care, or procedure, or medications taken. Independently maintains all “age appropriate” personal care. <input type="checkbox"/>	Follows adult directions without frequent prompts or class supervision. Handles change and redirection. Usually gets along with peers and adults. Seeks out friends. <input type="checkbox"/>	Participates fully in whole class instruction. Stays on task during typical instruction activity. Follows directions with few to no additional prompts. <input type="checkbox"/>	Participates in some core curriculum within general education class and requires few modifications. Can find classroom. Usually socializes well with peers. <input type="checkbox"/>
1	Mild or occasional health concerns. Allergies or other chronic health conditions. No specialized health care procedures. Medication administration takes less than 10 minutes time. Needs reminders to complete “age appropriate” personal care activities. <input type="checkbox"/>	Follows adult direction but occasionally requires additional encouragement and prompts. Occasional difficulty with peers or adults. Does not always seek out friends but plays if invited. <input type="checkbox"/>	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. <input type="checkbox"/>	Participates with modifications and accommodations. Needs occasional reminders of room and schedule. Requires some additional support to finish work and be responsible. Needs some social cueing to interact with peer appropriately. <input type="checkbox"/>
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, shoes, buttons, zippers, etc. Occasional toileting accidents. <input type="checkbox"/>	Has problems following directions and behaving appropriately. Can be managed adequately with a classroom behavior support plan, but unable to experience much success without behavior support plan implementation. <input type="checkbox"/>	Cannot always participate in whole class instruction. Requires smaller groups and frequent verbal prompts, cues or reinforcement. On task about 50% of the time with support. Requires more verbal prompts to follow directions. Requires Sign Lang. or Alternative Communication 50-79% of the time. <input type="checkbox"/>	Participates with visual supervision and occasional verbal prompts. Requires visual shadowing to get to class. Needs modifications and accommodations to benefit from class activities. Regular socialization may require adult facilitation. <input type="checkbox"/>
3	Specialized health care procedure and medication. Limited mobility. Physical limitation requiring assistance (stander, walker, gait trainer or wheelchair). Special food prep or feeding. Health or sensory interventions 15-45 minutes daily. Frequent physical prompts and direction assistance for personal care. Requires toilet schedule, training, direct help, diapering. <input type="checkbox"/>	Serious behavior problems almost daily. Defiant and/or prone to physical aggression which may be harmful to self or others. Requires a Behavior Intervention Plan (BIP) and behavior goals and objectives on the IEP. Requires close visual supervision to implement BIP. <input type="checkbox"/>	Difficulty participating in a large group. Requires low student/staff ratio, close adult proximity, and prompts including physical assistance to stay on task. Primarily complies only with 1:1 directions and monitoring. Abilities and skills require strategies/adaptations not typical for class as a whole, such as: Discrete Trial, ABA, Structured Teaching, PECS or Assistive Technology. Requires Sign Lang. or Alternative Communication over 80% of time. <input type="checkbox"/>	Does not participate without staff in close proximity for direct instruction, safety, mobility or behavior monitoring. Requires adult to facilitate social interaction with peers and remain in close proximity at all times. Difficulty following school routines & schedules. Needs direct support to get to & from class. <input type="checkbox"/>
4	Very specialized health care procedure requiring care by specially trained employee (G tube, tracheotomy, catheterization). Takes medication, requires positioning or bracing multiple times daily. Health or sensory related interventions 45 minutes daily or more. Direct assistance with most personal care. Requires two-person lift. Direct 1:1 assistance 45 minutes daily or more. <input type="checkbox"/>	Serious behavior problems with potential for injury to self and others, runs away or aggressive on a daily basis. FAA or FBA has been completed and the student has a well-developed BIP that must be implements to allow the student to safely attend school. Staff has been trained in the management of assaultive behaviors. <input type="checkbox"/>	Does not participate in a group without constant 1:1 support. Requires constant verbal and physical prompting to stay on task and follow directions. Regularly requires specific 1:1 instructional strategies to benefit from the IEP. Cognitive accommodations and modification not typical for the class group. Requires Sign Lang. or Alternative Communication 100% of time. <input type="checkbox"/>	Participation may require additional staff for direct instructional and behavioral support. Requires direct supervision going to and from class. Always requires modifications and accommodations for class work. Rarely interacts with or is interested in peers. <input type="checkbox"/>



Student's Abilities and Assistance Needs Matrix Component II

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 <u>peers</u> 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:				
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.



Guide to Effective Paraeducator Practices

Component III

Component III – Plan for Paraeducator Assistance

Specified class activity	Identify need for paraeducator	Identify areas to increase socialization (utilize natural supports, peers)	Identify how independence will be encouraged	Total time needed for paraeducator support	Total anticipated time reduction in paraeducator support by annual review