

SAMPLE FORM

**CHECKLIST TO DETERMINE THE STUDENT'S NEEDS AS THEY MAY RELATE TO
THE NEED ~~35/16/15/0~~**

non-medical specialized health care support (e.g., feeding, braces or prosthesis)².

repositioning or bracing multiple times daily.

health-related interventions multiple times daily.

direct assistance with most personal care.

with serious behavior problems with ongoing (daily) incidents of self-harm to self and/or others or student runs away and student has a behavioral assessment and a behavioral intervention plan that is followed with fidelity.

participate in a group without constant verbal and/or physical prompts on task and follow directions.

Instructional Classes

adult in constant close proximity for direct instruction.

individualized assistance to transition to and from class more than 15 minutes.

adult in close proximity to supervise social interactions with peers

is not an exhaustive list nor is it intended to mean that every student with these needs requires individualized assistance by a one-to-one aide.