**Life Skills Student Needs Assessment**

Date:

Student name:

Teacher:

Current School program:

Person completing form:

List team members involved:

**To be completed at the following junctures:**

* Intake/enrollment
* When a staffing adjustment is being considered
* When a student is moving from one level to another or one class to another

Please include relevant members of the IEP team in assessing the student’s needs. For each category, put an **x** in the box(es) that apply most closely to the student being assessed. Please add any descriptive information where indicated to assist in planning for the student.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Personal Hygiene/ Toileting:** *(attached protocol, if there is one)* | | | | |
| A. | | Independent in personal hygiene and toileting |  | |
| B. | | **Female students**: Needs help during menstruation. Circle one: Yes No NA |  | |
| C. | | Independent in toileting, but needs supervision in the bathroom.  Describe supervision need: |  | |
| D. | | Needs briefs changed Circle one: 1 staff 2 staff  Specify number of times per day & duration: |  | |
| E. | | Needs briefs changed and involves a transfer requiring 2 staff.  Specify number of times per day& duration: |  | |
| F. | | Needs Cathing.  Circle one: 1 staff 2 staff  Specify number of times per day & duration: |  | |
| **Feeding and Swallowing (F/S)** *(attached protocol, if there is one)* | | | | |
| A. | | **Full Independence**. The student does not have written guidelines or a Feeding and Swallowing Protocol (FSP).  No *safety* modifications are needed for any food or drink.  No adult monitoring is needed for *safety* during any F/S activity. |  | |
| B. | | **Partial Independence**. The student might have written guidelines (e.g., to guard against stuffing), but not an actual FSP.  No *safety* modifications are needed for any food or drink.  Group supervision is both necessary and sufficient during F/S activities, as long as the student is within reach of an adult who is trained to help (in case of choking).  [Note: while there are some older FSPs that specify group monitoring, those will be changed over time into guidelines.] |  | |
| C. | | **Full Dependence**. The student has a F/S Protocol.  For *safety*, adult preparation is required for foods and beverages for F/S activities (per FSP).  Individual, immediate monitoring is required for all F/S activities, with the FSP detailing the intensity (e.g., needing to be fed by a CPR-trained adult). |  | |
| D. | | **Medical Dependence**. The student requires tube feeding.  Specify frequency & duration: |  | |
| **Medical Needs/ Protocols** *(attached protocol(s), if there are any)* | | | | |
| A. | | No needs or only routine medication administration |  | |
| B. | | Seizure Protocol but can generally be grouped. The Feeding and Swallowing Protocol will specify any level of monitoring required when eating or drinking (in case of seizures)..  Specify approximate frequency and duration of seizures: |  | |
| C. | | Medical needs that require 1:1 staffing: circle one: Situational Across the Day  Describe frequency and duration of 1:1 staffing for medical needs:  List Delegated Protocols:  Indicate whether a second staff person must be available in the vicinity to assist in a medical crisis: Yes No  If Yes, specify approximate frequency & duration & function of 2:1 support: |  | |
| D. | | Medical needs that require a dedicated nurse |  | |
| **Mobility** | | | | |
| A. | | Mobile and does not require assistance |  | |
| B. | | Mobile but has medical condition or other challenge, such as balance, which requires monitoring.  Describe nature of monitoring required: |  | |
| C. | | Uses mobility device but is independent with it |  | |
| D. | | Uses mobility device (such as a walker) but is not proficient and requires frequent repositioning to maintain a good posture in the device and/or 1:1 assistance to maneuver the device while walking.  Specify device(s) and frequency: |  | |
| E. | | Wheelchair user who requires staff support for mobility |  | |
| F. | | Requires staff support to transfer in/out of mobility device  Circle one: 1 staff 2 staff  Specify device(s) and frequency & duration: |  | |
| G. | | Student uses a stander and requires 2 staff to transfer on/off.  Specify frequency & duration of transfer procedure: |  | |
| H. | | Student is transferred using equipment, such as Hoyer.  Circle: 1 staff 2 staff  Specify frequency, duration and locations: |  | |
| **Occupational & Physical Therapy** | | | | |
| A. | | None |  | |
| B. | | Delegated therapy routine, such as stretching, which can be done in a group |  | |
| C. | | Therapy devices, such as splints, that require 1:1 staffing to put on.  Specify; devices, frequency & duration: |  | |
| C. | | Student has a physical therapy routine that requires 1:1 staffing.  Specify frequency & duration: |  | |
| **Behavior: Behavior Support Plan – circle one: Yes No** | | | | |
| A. | | Generally responds to class-wide behavioral supports. |  | |
| B. | | Can be grouped for **most** activities but has **occasional** behaviors that require 1:1 intervention.  Specify activities & approximate frequency & duration of behaviors: |  | |
| C. | | Can be grouped for **some** activities but has occasional behaviors that require **access to** 1:1 intervention at any time.  Specify activities/locations student can be grouped for:  Specify activities/locations where 1:1 staffing is required:  Briefly describe & specify approximate frequency & duration of disruptive behaviors: |  | |
| D. | | Exhibits unsafe behavior throughout the day that requires 1:1 staffing **at all times.**  Briefly describe & specify approximate frequency & duration of disruptive behavior:  Indicate whether a second staff person must be available in the vicinity to assist during behavioral escalations: Yes No  If Yes, specify approximate frequency & duration of 2:1 support:  Indicate whether the student requires a dedicated space for safety: Yes No  If “Yes”, specify approximate frequency & duration: |  | |
| **Sensory Needs** | | | | |
|  | Describe any sensory sensitivities:  Describe any environmental modifications needed, as well as, any equipment to address sensory needs: | | |  |
| **Communication** | | | | |
| A. | | **Independen**t. The student does not need support to participate.  If the student has an assistive communication system, they can generally navigate it without help. |  | |
| B. | | **Partial Independence**. The student often needs support in general, and *individual* support during certain high-resource activities (i.e., in new environments.) |  | |
| C. | | **Partial Dependence**. The student has some reliable, meaningful communication, but they often require assistance to assure accurate mutual understanding.  When an assistive comm. system is used, support needs are higher |  | |
| D. | | **Full Dependence**. Support must always be available to ensure communication timeliness and accuracy.  The student uses few (if any) meaningful sounds, words, bodily gestures, facial expressions, patterns of behavior, or choices on assistive comm. systems.  Any assistive communication system is used with full partner assistance. |  | |
| **General Education Participation** | | | | |
| A. | | Can participate in some general education activities without IA support.  Briefly describe which activities: |  | |
| B. | | Can be grouped during general education activities with IA support.  Briefly describe which activities require support: |  | |
| C. | | Requires 1:1 staffing during any general education activities.  Briefly describe: |  | |
| **School-Based Instruction** | | | | |
| A. | | Student can be grouped for **most** instruction. |  | |
| B | | Student can be grouped for **some** instruction.  Describe the conditions under which the student needs 1:1 staffing for instruction: |  | |
| C. | | Student requires 1:1 staffing for instruction **throughout the day**.  Briefly describe any unique challenges in supporting the student instructionally: |  | |
| **Community-based Instruction** | | | | |
| A. | | Student is learning to navigate the community independently - using LTD to travel to/from job-training sites without a staff-member accompanying them at all times. |  | |
| B. | | Student can be supported in a small group in the community.  Briefly describe any unique challenges in supporting the student in community settings: |  | |
| C. | | Student needs 1:1 assistance in the community.  Specify number of days per week & duration:    Briefly describe any unique challenges in supporting the student in community settings: |  | |
| D. | | The student needs specialized transportation to access the community.  Describe frequency and duration: |  | |
| **Equipment:** | | | | |
| A. | | Please list any specialized equipment the student uses: Stander, Hoyer lift, walker, etc.  If the student uses an assistive comm. system, describe the required level of staff support (e.g., charging, inputting information into categories established by AAC Specialist, training the student, type of monitoring to avoid breakage or inappropriate use, and so on). | | |
| Additional information: | | | | |