

Student Needs Assessment: Collaborative Document

Date:

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Student Name:

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Current School Program:

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List the team members involved:

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Personal Hygiene:

Personal Hygiene Tasks: The student requires the following level of support during hygiene tasks:

- Independent in personal hygiene tasks including using the restroom
- Needs help during menstruation
- Needs brief changed
- Needs briefs changed with 2 staff assist (possible transfer requirement)
- Needs cathing
- Line of sight supervision or assistance in the bathroom

Personal hygiene tasks:

# times per day:	
# minutes per time:	
Total # of minutes per day:	

Personal Hygiene: Is there a protocol from a specialist/therapist?

- Yes
- No

Link Protocol here:

Please list any other additional information about personal hygiene:

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Feeding and Swallowing:

Feeding and Swallowing: The student requires the following level of support during eating tasks:

- 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 any feeding/swallowing activity.
- Partial Independence. The student might have written guidelines (e.g., to guard against stuffing), but not an actual FSP. Attach guidelines. 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.]
- Full Dependence. The student has a F/S Protocol. 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). For safety, adult preparation is required for foods and beverages for F/S activities (per FSP).
- Medical Dependence. The student requires tube feeding.

Feeding and Swallowing: Briefly describe process

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Feeding and Swallowing: Is there a protocol?

- Yes
- No

Link Protocol here:

Please list any other additional information about feeding and swallowing:

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Medical Needs/Protocols:

Medical Needs/Protocols: The student requires the following level of support:

- No needs or only routine medication administration.
- 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).
- Occasional medical needs that require 1:1 staffing (situational)
- Medical needs that required 1:1 staffing (across the day)
- Medical needs that require a dedicated nurse

Medical Needs/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 and function of 2:1 support:

# times per day:	
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# minutes per time:	
Total # of minutes per day:	
Specify function of 2nd support person:	

Specify approximate frequency and duration of seizures:

# times per day, week or month (please specify in answer):	
# of minutes per time:	
Total number of minutes per day, week or month:	

Describe frequency and duration of 1:1 staffing for medical needs:

# of times per day:	
# of minutes per time:	
Total # of minutes per day:	

Medical Needs: Is there a protocol?

- Yes
 No

Link Protocol here:

Please list any other additional information about medical needs:

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Mobility:

Mobility: The student requires the following level of support for mobility:

- Mobile and does not require assistance
- Mobile but has medical condition or other challenge, such as balance, which requires monitoring.
- Uses mobility device but is independent with it
- 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.
- Wheelchair user who requires staff support for mobility
- Requires staff support to transfer in/out of mobility device with 1 staff support.
- Requires staff support to transfer in/out of mobility device with 2 staff support.
- Student uses a stander and requires 2 staff to transfer on/off.

- Student is transferred using equipment such as a Hoyer requiring 1 staff.
- Student is transferred using equipment such as a Hoyer requiring 2 staff.

Specify necessary mobility devices:

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Mobility devices:

Level of Support:	1:1	2:1
# times per day:		
# minutes per time:		
Total # of minutes per day:		

Occupational and Physical Therapy: The student requires the following level of support:

- None
- Delegated therapy routine, such as stretching, which can be done in a group
- Therapy devices, such as splints, that require 1:1 staffing to put on.
- Student has a physical therapy routine that requires 1:1 staffing.

Specify devices, frequency, duration:

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Please list any other additional information about mobility:

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Behavior:

Behavior: The student requires the following level of support:

- Generally responds to class-wide behavioral supports.
- Can be grouped for most activities but has occasional behaviors that require 1:1 intervention.
- Can be grouped for some activities but has occasional behaviors that require access to 1:1 intervention at any time.
- Exhibits unsafe behavior throughout the day that requires 1:1 staffing at all times.

Specify activities/locations student can be grouped for:

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Specify activities/locations where 1:1 staffing is required:

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Briefly describe and specify approximate frequency and duration of disruptive behaviors:

Indicate whether a second staff person must be available in the vicinity to assist during behavioral escalations:

- Yes
 No

Describe any sensory sensitivities (aversions or seeking):

Describe any environmental modifications needed and/or any equipment needed to address sensory needs:

Behavior Support: Is there a protocol/plan (BSP)?

- Yes
 No

Link Protocol/Plan here:

Please list any other additional information about behavior:

Communication:

Communication: The student requires the following level of support:

- Independent. The student does not need support to participate. If the student has an assistive communication system, they can generally navigate it without help.
- Partial Independence. The student often needs support in general, and individual support during certain high-resource activities (i.e., in new environments.)
- 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.
- 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.

Communication: Briefly describe communication support:

Please list any other additional information about communication:

Classroom:

General Education Participation: General education is when a student is included into the general education environment. What level of support does the student require in order to safely participate in the general education classroom at a level appropriate to them?

- Can participate in some general education activities without IA support.
- Can be grouped during general education activities with IA support.
- Requires 1:1 staffing during any general education activities.
- Unable to currently participate or N/A

Briefly describe the activities the student can participate in the general education setting WITH support:

Briefly describe the activities the student can participate in the general education setting WITHOUT support:

School-based instruction: School-based instruction is when a student is provided Specially Designed Instruction (SDI) in their special education environment. What level of support does the student require in order to safely participate in the SPED education classroom at a level appropriate to them?

- Student can be grouped for most instruction.
- Student can be grouped for some instruction.
- Student requires 1:1 staffing for instruction throughout the day.
- Unable to currently participate or N/A

Describe the conditions under which the student needs 1:1 staffing for instruction:

Briefly describe any unique challenges in supporting the student instructionally:

Please list any other additional information about classroom needs:

Community Based Instruction:

When a student is of age to participate in community based instruction and local guidelines allow for participation, what level is the most appropriate?

Community-based instruction: At what level is the student participating in community-base instruction?

- 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.
- Student can be supported in a small group in the community.
- Student needs 1:1 assistance in the community.
- The student needs specialized transportation to access the community.
- Unable to currently participate or N/A

Briefly describe any unique challenges in supporting the student in community settings:

Describe frequency and duration of needed supports:

Please list any other additional information about community-based instruction:

Additional Information:

Please list any specialized equipment the student uses: stander, Hoyer lift, walker, etc. (If not previously described above)

If the student uses AAC, 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). (If not previously described above)

Please list any other additional information: