



Request for Paraprofessional Support

Date form completed: _____
 Date form submitted: _____
 Date form received: _____
 Form received by: _____
 Action: _____

Student's Name: _____ Gr: _____ School: _____

Team Members:

Name	Position/Title
_____	_____
_____	_____

1. Describe the supports and services currently in place:

2. Attach the **Considerations to Determine the Need for Paraprofessional Support** form *with at least the initial and second ratings completed* (using the rubric).

3. Identify the areas of concern from the current IEP that require more support in order for the student to make progress towards the goal or increased independence:

Area of Concern	Related IEP goal/objective	Adaptation or Support needed

Request for Paraprofessional Support continued

4. Describe what interventions or program changes have been tried to support the student and describe their rate of success (e.g. cooperative learning, behavior management plan, regrouping within the classroom, pairing with other students).
5. What training needs to be provided to assist the student in making progress towards independence (identify who needs the training, who would provide the training, what does the training look like?)
6. Document two student observations of the targeted need areas to be completed by neutral staff members (administrator, psychologist, other special education teacher). Attach observation sheets / data.
7. Complete the attached schedule of student's instructional day and indicate when / where the need for additional support is being requested.
8. Is this student a candidate for a PCA?

NOTE: The need for continued paraprofessional support must be reviewed at least twice an IEP year. A fading plan for decreasing or discontinuing support must be developed and progress monitored / reported.

Para Support Rating Summary Form
Considerations to Determine the Need for Paraprofessional Support

Student Name: _____ DOB: _____ Page 1

1. Initial Rating using RUBRIC

Date Completed: _____ Completed by: _____

Classroom Teacher: _____ Gr. ____ IEP Manager: _____

	Rating	Comments
Health / Personal Care:	_____	
Behavior:	_____	
Instruction:	_____	
Engagement:	_____	

What interventions are recommended to improve student skills?

Next Step:

2. Second Rating using RUBRIC

Date Completed: _____ Completed by: _____

Classroom Teacher: _____ Gr. ____ IEP Manager: _____

	Rating	Comments
Health / Personal Care:	_____	
Behavior:	_____	
Instruction:	_____	
Engagement:	_____	

Has the student's skills changed with intervention? Yes No

Describe:

Next step:

Student Name: _____ DOB: _____

3. Third Rating using RUBRIC

Date Completed: _____ Completed by: _____

Classroom Teacher: _____ Gr. ____ IEP Manager: _____

	Rating	Comments
Health / Personal Care:	_____	
Behavior:	_____	
Instruction:	_____	
Engagement:	_____	

What interventions are recommended to improve student skills?

Next Step:

4. Fourth Rating using RUBRIC

Date Completed: _____ Completed by: _____

Classroom Teacher: _____ Gr. ____ IEP Manager: _____

	Rating	Comments
Health / Personal Care:	_____	
Behavior:	_____	
Instruction:	_____	
Engagement:	_____	

Has the student's skills changed with intervention? Yes No

Describe:

Next step:

**Considerations to Determine the Need for Paraprofessional Support
RUBRIC**

Rating	Health/Personal Care	Behavior	Instruction	Engagement
0	General good health. No specialized health care, procedures or medications. Independently maintains all "age appropriate" personal care	Follows adult directions without frequent prompts or more than class supervision. Handles change and redirection. Usually gets along with peers and adults. Seeks out friends.	Participates fully in whole class instruction. Participates in core curriculum within general education class and requires few modifications.	Stays on task during typical instructional activities. Follows directions with few to no additional prompts. Can find classroom, locate materials, navigate building. Usually socializes well with peers.
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	Follows adult direction but occasionally requires additional encouragement and prompts after waiting for appropriate response. Prompts may consist of verbal or gestural cues. Occasional difficulty with peers or adults. Does not always seek out friends but plays if invited.	Participates in groups at instructional level but may require additional prompts, cues, or reinforcement after staff waits for student to demonstrate skill. Participates with modification and accommodations to core curriculum. Cues may be verbal or gestural.	Requires reminders to stay on task, follow directions, and to remain engaged in learning. Needs occasional reminders of location of materials or to follow schedule. Requires some additional supports to finish work and be responsible. Needs some social cuing 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, shoes buttons, zippers, etc. Occasional toileting accidents.	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 implementation. Prompting intended to directly assist with appropriate behavior. Prompts may be verbal direction, gesture assist, visual graphic or student modeling.	Cannot always participate in whole class instruction. Requires smaller groups and frequent verbal prompts, cues, or reinforcement. Prompts may consist of verbal direction, gesture assist, visual graphic and student modeling. Needs modifications and accommodations to benefit from class activities.	Participates with visual supervision and occasional verbal prompts. On task about 50% of the time with support. Requires more verbal prompts to follow directions. May also require gesture assist, visual graphic, and student modeling. Requires visual shadowing to navigate building or follow schedule. Regular socialization may require adult facilitation.

**Considerations to Determine the Need for Paraprofessional Support
RUBRIC**

Rating	Health/Personal Care	Behavior	Instruction	Engagement
3	Specialized health care procedure and medication. Limited mobility. Physical limitations requiring assistance (stander, walker, gait trainer or wheelchair). Special food prep or feeding. Health or sensory intervention 15-45 minutes daily. Frequent physical prompts and direction assistance for personal care. Requires toilet schedule, training, direct help, diapering.	Serious behavior problem almost daily. Defiant and/or prone to physical aggression which may be harmful to self or others. Destroys property. Requires a BIP and behavior goals and objectives on the IEP. Requires close visual supervision to implement BIP. Staff moves from least to most supportive prompts such as wait time, visual cues to visual graphic and adult modeling.	Difficulty participating in large group instruction . Abilities and skills requires strategies/adaptations not typical for class as a whole, such as: Discrete Trial, ABA , Structured Teaching, PECS or Assistive Technology. Staff uses prompts that are more supportive such as verbal direction, gesture assist, visual graphic and adult modeling.	Does not participate without staff in close proximity for direction, safety, mobility or behavior monitoring. Requires low student/staff ratio, and prompts including physical assistance to stay on task. Primarily complies only with 1:1 directions and monitoring. Requires adult to facilitate social interaction with peers and remain in close proximity at all times. Difficulty following school routines and schedules. May need direct support to navigate building.
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 or more daily. Direct assistance with most personal care. Requires two person lift. Direct 1:1 assistance 45 minutes or more daily.	Serious behavior problems with potential for injury to self or others, runs away or aggressive on a daily basis. Destroys property. Has a well developed, detailed BIP that must be implemented to allow the student to safely attend school. Staff has been trained in the management of assaultive behavior. Staff uses multiple prompts such as wait time, verbal prompts, visual and gestural prompts, adult modeling and possible physical assist.	Regularly requires specific 1:1 instructional strategies to benefit from the IEP. Cognitive abilities and skills require significant accommodations and modifications not typical for the class. Always requires significant modification and accommodations or alternative work in the classroom. Staff uses multiple prompts beginning with wait time, visual and verbal prompts, adult modeling, physical assist.	Participation requires additional staff for direct instructional and behavioral support. Does not participate in a group without constant 1:1 support. Requires constant verbal, gestural, and physical prompting to stay on task and follow directions. Prompting may also consist of adult modeling. Requires direct supervision to navigate building. Rarely interacts with or is interested in peers.

STUDENT DAILY SCHEDULE

School year: _____ Date last updated: _____

Student name: _____ Gr.: _____ Building: _____

Updated by: _____ Position: _____

Write in the student's weekly schedule below, indicating where the instruction is taking place (eg. classroom, resource room setting or related service environments) and the type of support requested.

Support needed in/for: AS: Academic support
 (examples) BI: Behavior Intervention
 ADLs : dressing, toileting, feeding, stretching
 TS: Transitions / escort in hallway / to or from bus

Time frame	Monday	Tuesday	Wednesday	Thursday	Friday
7:45 - 8:10					
8:10 - 8:40					
8:40 - 9:10					
9:10 - 10:10					
10:10 - 10:40					
10:40 - 11:10					
11:10 - 11:40					
11:40 - 12:10					
12:10 - 12:30					

12:30 - 12:45					
12:45 - 1:00					
1:00 - 1:20					
1:20 - 1:40					
1:40 - 2:10					
2:10 - 2:25					
2:25 - 2:40					
2:40 - 3:10					

Unique information that impacts the schedule / student service:

Other information: _____