



**Independence is a fundamental goal of successful inclusion and is necessary for successful transition into the community for adult life.**

When an adult provides physical support to a student in a classroom, a great deal of caution must be exercised to prevent conveying the message that if the student needs help, the support person always will provide assistance. This can prevent interaction with (others), build dependence and prevent skill acquisition by classmates and teachers. The support person should be viewed as an adaptation to the environment and, like all adaptations, should be faded if and when it is appropriate.

*(Support Networks for Inclusive Schooling, Vandercook & York, p.112)*

**Support will be provided using the following principles:**

- √ Requests should reflect an expectation that wherever possible, students benefit from shared support (i.e. 2 students in one classroom with one education assistant). This reflects funding realities and is consistent with effective practice. Classroom organization should support this principle, and plan for shared support whenever possible
- √ Students should be demonstrating a gradual increase in independence and, therefore, a gradual decrease in time required.
- √ In all but a few very exceptional circumstances, students benefit from some independent strategies (time on the computer, activities on tape, participating in silent reading or drawing, etc.), it is beneficial for the student with special needs and reduces the difficulties around scheduling breaks.
- √ Education Assistant time should support goals in an IEP which has been reviewed within the last calendar year.
- √ A final funding allocation will be based on the information provided from INADS, consultation with school and district staff and a review of the student's red binder documentation. In addition, individual student needs are taken into consideration.

**Note: Complete for each student coded A-H currently in grades K-11 and for incoming pre-schoolers who are coded A-H.**

1. Student Name: _____	Total Funding This Year: _____
2. Current School Name: _____	Ministry Code: _____
3. Transitioning to new school? Yes: _____ No: _____	Receiving School: _____
4. Upcoming Grade: _____	School Hours (# per day): _____
5. Extended Day: _____ Yes: _____ No: _____	2017 - 2018 INADs score: _____
6. Student Rides bus: _____ Yes: _____ No: _____	(if applicable)
Attends School: Full Time: _____ Part Time: _____	
If part time, indicate how many hours & why: _____	Weekly hours of attendance: _____
Reason: _____	

7. Date of last IEP meeting/review which included/consulted directly with parents: \_\_\_\_\_

8. Names of other students in school/grade who could possibly share support:

_____ going into grade _____	Ministry Designation _____
_____ going into grade _____	Ministry Designation _____
_____ going into grade _____	Ministry Designation _____

9. Describe what you are doing to promote the student's increased level of independence/ functioning: \*refer to specific IEP goals if necessary

**SSS documentation (office use only)**

Total number on supports intensity scale: \_\_\_\_\_

**Supports Intensity Scale**

5 - 10	11 - 20	21 - 30	31 - 40	41 - 50
Very low intensity and/or frequency	Low intensity and/or frequency	Moderate intensity and/or frequency	High intensity and/or frequency	Very high intensity and/or frequency

Signature of person completing form: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's signature and verification of a current IEP in place: \_\_\_\_\_

**Complete one form for students coded A-H**

**NEEDS INTENSITY RATING SCALE**

♦ Indicates the amount of daily time and/or the intensity of supports needed in a particular domain.

- 1. Very low intensity and/or frequency 0 - 20%
- 2. Low intensity and/or frequency 20 - 40%
- 3. Moderate intensity and/or frequency 40 - 60%
- 4. High intensity and/or frequency 60 - 80%
- 5. Very high intensity and/or frequency 80 - 100%

Indicate level of intensity or '0' if n/a.  
**Note: Numbers do not equate to EA hours, but indicate the intensity of support, which is used for the equitable distribution of supports**

**Toileting/Personal Hygiene:** Use 0 if not applicable

1	2	3	4	5
Needs reminders/supervision	Routine Trained	Learning Routine	Diapers	Catheter/Colostomy

**Physical Transfers:** Use 0 if not applicable

1	2	3	4	5
Requires supervision	Prompted and assisted	1 person lift	2 person lift 1X per day	2 person lift 2X or more per day

**Feeding:** Use 0 if not applicable

1	2	3	4	5
Requires supervision for safety	Physically learning to feed self	Fed	Difficult feed	Tube fed

**Mobility/Vision/Hearing:** Use 0 if not applicable

1	2	3	4	5
Some balance issues - may participate in adapted P.E. and/or sound field system, requires hearing aide	Mobile with supervision: - walks - wheelchair - walker - may require assistive technology (i.e. CCTV)	May fall if not supported and/or needs canes or walking supports	Uses wheelchair/walker/cane with assistance	Non-mobile and needing physio exercises and/or positioning

**Other Considerations on above needs:**

Teacher consult with applicable itinerant staff Yes No  
 (e.g. PT/OT/SLP/Vision/Hearing/Integration Support Teacher/Psych) - \*\* please circle  
 IEP goals reflect INADS score Yes No

**Medical Needs/Medication, Sensory Intervention:** Use 0 if not applicable

1	2	3	4	5
Monitor student on medication - no intervention	Provide a daily prescribed medication and/or in class sensory strategies	Monitor insulin levels and/or allergies, for example, and/or able to request an out of class body break	Daily medical procedure, and/or daily body break out of class	Seizure Plan/Care Plan in place - daily monitoring and/or intervention and/or daily body breaks out of class more than 1x per day

**Safety/Behaviour: Use 0 if not applicable**

1	2	3	4	5
Will "shut down" and/or needs reminders	May disrupt the learning environment at times	Disrupts the learning environment on a daily basis	Leaves assigned areas and/or runs away and/or destroys property <i>*4 or more considerations below must be in place</i>	Injures self or others - may need two people to intervene <i>*all considerations below must be in place</i>

Other Considerations on above needs:

Safety Plan in place:	Yes	No
Positive Behaviour Support Plan in place:	Yes	No
Current & past documented evidence of extreme behaviors	Yes	No
Extreme difficulty transitioning from class to class?	Yes	No
Evidence of current outside agency involvement	Yes	No
Teacher consult with applicable itinerant staff	Yes	No

(e.g. Integration Support Teacher/Psych/PT/OT/SLP/Vision/Hearing) - \*\*please circle

**Communication: Use 0 if not applicable**

1	2	3	4	5
Needs reminders to use language appropriately and to check for understanding	Difficulty using social language; may need social stories and scripts	Some difficulty expressing needs and wants; some difficulty understanding instructions	Very difficult to understand; poor receptive language; difficulty processing all language	Needs an augmentative communication system (non-verbal)

**Academic Support Use 0 if not applicable**

1	2	3	4	5
Needs assistance to participate	Needs assistance to organize materials	Needs some adaptations to learning materials	Needs more intensive adaptations and/or modifications - including technology	Needs intensive one-on-one support for any learning activity (even with adaptations or modifications)

**Social Skills Use 0 if not applicable**

1	2	3	4	5
Needs some monitoring and coaching	Needs assistance and prompting	Needs monitoring and social skill instruction	Needs more intensive, formalized social skill instructions on a weekly or bi-weekly basis	Needs intensive one-on-one support for social activity (may injure peers or have severe problems with others)

**Community and/or Life Skills Training Use 0 if not applicable**

1	2	3	4	5
Needs monitoring in class and/or community activities or occasional life skills activities	Needs support and monitoring to access life skills or community IEP goals	Participates in an adapted program for group life skills and community programs	Participates in a modified program for group life skills and community programs with support	Participation in community and life skills training and requires intensive one-on-one support (as part of IEP goal)

**(Total by adding boxes above)**

**Comments:**

Please discuss any extra considerations (i.e. hearing aids), what kind of support you think this student will need to meet their IEP goals and how supports will be organized in the school to allow shared support when possible:

**Work Experience:**

Is the student completing a work experience placement?

Yes: \_\_\_\_\_

No: \_\_\_\_\_

Please provide details of work experience plans:

**Transition:**

Please provide details of transition plans identifying how support would be used:

*\*\*We would like to acknowledge School district No. 42 for their valuable contribution to this student needs assessment*