PHYSICAL DISABILITIES/CHRONIC HEALTH IMPAIRMENTS INSTRUCTIONAL SUPPORT PLANNING PROCESS

(not to be used for students with Dependent Handicaps)

Student's Name _	 Grade
School _	 DOB

Date _____

DOMANY		NEEDG		Α	B	С
DOMAIN	STRENGTHS	NEEDS		Choos see no		
PHYSICAL FUNCTIONING						
COMMUNICATION			J			
SOCIAL//EMOTIONAL FUNCTIONING						
ACADEMICS/ INTELLECTUAL FUNCTIONING						
SELF DETERMINATION/ INDEPENDENCE						
*Team Decision: N/A = no impairment of functionality, A = Mild impairment of functionality; B = Moderate impairment of functionality; C = Complex and/or intense impairment of functionality. Note: A student who requires assistance at all times for feeding, dressing, toileting, mobility and personal hygiene should be evaluated as "dependent handicapped" (see Manual of Procedures and Guidelines).						
Goals Developed to Address Needs Identified Above:						
Objectives and Strategies to Address Goals Developed: (what interventions/services/strategies can maximize functioning?)						
Data Sources to Monitor Outcome/s and Goal Achievement: (what are the outcomes? How useful were the interventions? How can the goals/strategies/services be improved for better outcomes?)						
Review Date:			_			

DESCRIPTION OF DOMAIN &						
Г	YPICAL SOURCES OF INFORMATION	Α	В	С		
			The student's level of functioning			
SOCIAL/EMOTIONAL FUNCTIONING	 Adapting behaviours across environments and contexts to meet social/community expectations. Exhibiting social and emotional behaviours that 	Student exhibits mild impairments in functioning occasionally and intermittently	Student exhibits moderate impairment in functioning but not necessarily in every setting or at all times	Significant impairment of functioning occurs across multiple settings		
	and enfolional behavious that are acceptable and support learning. Regulation of social/emotional functions: – impulse control – mood – anxiety – appropriate reciprocal social behaviour – appropriate sexual behaviour	 Some difficulties with impulse control Some difficulties with anger control Needs some direction with changes to routine/transitions Occasional atypical social behaviour (shouting, vocalizing, intruding) Occasionally fails to respond to mild behavioural intervention (e.g., proximity, signaling, stating expectations, redirection, verbal correction, etc.) May need some structured behaviour management techniques/procedures (e.g., token economy, checklists, shaping, response cost, quiet time, etc.) Attempts to socialize; few friends Minor levels of anxiety and/or worry Some problems with anger when frustrated or confused May not respond appropriately to praise/reinforcement 	 Ongoing moderate problems with impulse control Ongoing moderate problems with anger control Needs direct support with changes of routine and transitions Regular socially atypical behaviours (shouting, vocalizing, intruding) Fails to respond to mild behavioural intervention (e.g., redirection, verbal correction, proximity, etc.) Needs fairly complex behaviour intervention plans/techniques that are closely monitored and enforced Frequent difficulty relating to peers; atypical play Moderate levels of anxiety and/or worry Becomes angry when frustrated or confused May not benefit from punishment/consequence oriented models of behaviour management 	 Ongoing severe problems with impulse control Severe and sustained problems with anger control Needs continuous support for changes of routine and transitions High frequency of socially inappropriate behaviours (shouting, vocalizing, intruding, uncontrolled fantasy play) Ongoing, continuous non-compliance/defiance Throws object/s, hits, tantrums, screams Sexual touching of self or others General aggression Needs intensive and immediately available interventions May need extensive "time out" and/or physical restraint Adult mediation of social situations Behaviours are dangerous to self and/or others Unable to relate to peers Severe levels of anxiety and/or worry Currently taking or recommended for psychiatric medications Excessively withdrawn Suicidal ideation 		
	POSSIBLE SOURCES OF			 Tactile defensive 		
	INFORMATION - File review	Examples of Supports				
	 File review Observation Vineland-Maladaptive Scale BASC Connor's Rating Scale SIB-R Maladaptive Functional behavior assessment Physician/Child Psychiatrist Other 	 Some structuring of class routines (transition cueing, re-direction, slower instruction, adjustment of timelines and expectations, quiet time, etc.) Use of peer/buddy system to model social/emotional behaviours Use of small group activities to minimize distractions and simplify social/emotional interactions 	 Consistent and structured class routines (clear schedules, routines, rules and expectations) Frequent staff intervention to manage behaviour Direct interventions required to prevent or stop class disruption Very explicit behaviour intervention techniques Specialized behavioural/counselling supports 	 Intensive individualized programming Use of planned physical restraint. Use of supervised time-out procedures (removal from classroom environment) Unique and highly structured learning and positive behaviour support approaches Safety Planning 		

DESCRIPTION OF DOMAIN & POSSIBLE SOURCES OF INFORMATION		Α	В	С
COMMUNICATION			The student's level of functioning	
	Receptive & Expressive Communication. Understanding and using spoken language as a tool for communication.	Student exhibits mild impairments in functioning occasionally and intermittently	Student exhibits moderate impairment in functioning but not necessarily in every setting or at all times	Significant impairment of functioning occurs across multiple settings
	 Understanding body language (gestures, visual signs, facial expressions, etc.) Pragmatic language: active listening, following social rules, initiating and responding to communication Volume, tone and voice quality appropriate Understanding non-literal language (metaphor, simile, jokes, etc.) Responding to communication Initiating and/or sustaining communication POSSIBLE SOURCES OF INFORMATION File review Audiological evaluation Visual evaluation Speech-Language Pathology 	 Sometimes needs prompting/cueing to attend to conversations/class discussions May need to be spoken to more slowly Some difficulty understanding instructions – may need clarification/restatement Can speak or communicate using alternative communication to express ideas, thoughts and needs Some difficulty following multi-step instructions Usually communicates needs in most environments Language may be simple (telegraphic, echolalic, stereotypic) but still communicates needs Some difficulty adjusting language to varying social situations Sometimes misinterprets body language, has difficulty with conversations, doesn't follow the flow of a conversation 	 Needs regular non-verbal cueing to attend to instructions and discussions May need simple gestures to enhance understanding of verbal communication Has difficulty understanding instructions Alternative or systematized methods of communication may be required May need multi-step instructions broken down Difficulty with complex sentence structure May misunderstand pragmatic language. Takes things literally Misunderstands complex sentences, language structures, verb tenses, humour, metaphor, simile Difficulty in a group with turn-taking, following topic, watching speaker Frequently ignores people speaking to him/her 	 Needs constant verbal/visual cueing to attend to instructions and discussions Concrete visual supports may be needed (e.g., pic symbols, pictures, gestural signs) Heavy dependence on imitation of others to follow routines Communicates basic needs and wants only with supports and prompts Absence of spoken language Rarely communicates or attempts to communicate with peers or others Verbalizations may be highly stereotyped Vocalizations used to replace language. Lack of communication skills may lead to frustration/anger Socially withdrawn in group situations
	assessment		Examples of Supports	
	 Augmentative Communication Specialist assessment Functional behaviour assessment Adaptive Testing: Vineland Scales of Independent Behavior-Revised (SIB-R) Supports Intensity Scale (SIS) Psycho-educational testing Medical evaluation Other 	 Some case management Use of verbal/nonverbal cues to gain attention Some simplification of verbal instructions Monitoring understanding of instructions SLP consultation/support Preferential seating Use of peer coach/buddy system 	 Integrated case management Instructional prompts, cues and signs Structured facilitated conversations Some use of alternate forms of communication (visual cues, signs, pictograms, etc.) Model and practise desired behaviour SLP consultation and support Simplify and repeat verbal instructions 	 Extensive integrated case management Constant, direct, structured supports Systematized communications strategies Regular use of alternate forms of communication Extensive individualized support Formal teaching of social skills Model and practise desired behaviour SLP consultation and support Simplify and repeat verbal instructions

DESCRIPTION OF DOMAIN & POSSIBLE SOURCES OF INFORMATION		Α	В	С
			The student's level of functioning	
	Degree to which the student's PD/CHI impedes physical independence. May include:	Student exhibits mild impairments in functioning occasionally and intermittently	A history and likelihood of ongoing impairment of functioning, but not necessarily in every setting	Significant impairment of functioning occurs across multiple settings
AL FUNCTIONING	 Mobility, feeding and toileting problems (but not at the Dependent Handicapped level). Gross motor skills including safety issues, participation in physical activities (PE, dance, games, recess, classroom movement, etc.). Fine motor skills including printing, writing, drawing, cutting, use of keyboard or mouse, clothing, fasteners, etc. POSSIBLE SOURCES OF INFORMATION File review. Occupational Therapy consultation and/or therapy. Physical Therapy consultation and/or therapy. 	 Has minor concerns that are manageable; i.e., requires occasional assistance with mobility, health or personal care needs Functions independently in the school environment most of the time Need for occasional supervision or support for medical procedures (e.g., glucose monitoring, urine testing) Some difficulty with individual participation in physical activities Some monitoring or supports for fine motor output (e.g., cutting, pasting, keyboard, mouse, etc.) May have some problems with auditory or visual tasks (e.g., discrimination, attention, tracking, etc.) Some over or under-sensitivity to environmental stimuli 	 Requires frequent assistance with health or personal care needs Modification/adaptation to curriculum required because of fine motor problem/s Minor adaptation for physical access Needs close monitoring to ensure physical safety during games/activities, recess Needs adaptations/modifications to ensure participation with peers in fine and gross motor activities Needs specialized software/hardware to support written output May need some supervision for eating/toileting May need specific interventions/ accommodations for physical completion of visual/auditory tasks Usually over or under-sensitive to environmental stimuli 	 Requires intensive assistance with health or personal care needs Requires complex adaptations to curriculum because of fine and gross motor problems Unable to participate meaningfully in physical activities without significant adaptation Physical activities require direct adult supervision/support Requires augmentative communication devices/supports Unaware of need for toileting Requires adult help for feeding and toileting May need physical apparatus and specialist support for positioning and use Tactile defensive Significant lack of appropriate response to environmental stimuli
U			Examples of Supports	
	 Augmentative Communication Specialist consultation and/or Therapy. Medical/paediatric evaluation Visual evaluation Adaptive Testing: Vineland Scales of Independent Behavior-Revised (SIB-R) Supports Intensity Scale (SIS) Psycho-educational testing WISC-IV Stanford-Binet IV Dynamic Assessment Procedure (DAP) Bender Visual-Motor Gestalt Test Beery VMI (The Beery-Buktenica Developmental Test of Visual-Motor Integration), etc. Public Health Nurse Other 	 Monitoring to ensure mobility, health or personal care needs are responded to. Monitoring to ensure medication taken correctly Individual observation/monitoring around play apparatus/mechanical equipment 	 Specialized hardware/software to enhance written output Significant direct monitoring of physical activities (gym, playground, etc.) to ensure safety and/or other medical intervention Medication administered by an adult; records maintained Some medications administered on "as needed" basis (e.g., bronchodilator, epinephrine, etc.) Glucose response protocols and emergency plans/supplies in place Support around play apparatus/mechanical equipment 	 Intensive staff support for mobility, toileting, feeding (but not at the Dependent Handicapped level) Medical supports, such as gastro-feeding, by trained staff Suction, gastro-feeding, inhalation therapy at times Complex medical/safety plan in place Adult supervision/tutelage around play apparatus/mechanical equipment

	SCRIPTION OF DOMAIN & POSSIBLE SOURCES OF INFORMATION	Α	В	С
	Independence to access the larger social community. Ability to meet and respond to demands of daily life. Exercising appropriate choices.	Student exhibits mild impairments in functioning occasionally and intermittently	The student's level of functioning A history and likelihood of ongoing impairment of functioning, but not necessarily in every setting	Significant impairment of functioning occurs across multiple settings
R M I N A T I O N / I N D E P E N D E N C E	 Acting independently, making individual and appropriate choices without undue external influence. having appropriate daily living skills including safety-related behaviours, ability to use private and public transport, access public places and services (shopping, restaurants, parks, recreation facilities) ability to make appropriate personal choices socially setting realistic personal goals ability to solve social problems sexuality awareness and appropriate expression. POSSIBLE SOURCES OF INFORMATION 	 Has most of the required skill set for functioning independently and follows most routines and transitions Functions independently in the school environment most of the time Tries to do things, with minimal assistance Interacts with peers; may need some mild social re-direction Some lack of care of personal hygiene Some lack of care for personal grooming/clothing Needs occasional reminders to engage in learning or leisure activities Needs some adult mediation/direction Some difficulties with social problem solving 	 Follows some but not all routines Needs some direction/prompting around social skills/interactions with peers and adults Will initiate tasks and activities but may require support to complete Disinterested in personal grooming/hygiene (allow for physical/sensory impairments) Unable/unwilling to access/use public transport without adult support Some inappropriate sexual behaviours Needs guidance to engage in learning or leisure activities Needs frequent adult mediation/direction Requires assistance frequently during transitioning Frequent problems with social problem solving 	 Does not follow school/class routines Little desire to achieve independence (allow for physical/sensory impairments) Sexual behaviour may be overt, repetitive and significantly interfere with social functioning Few leisure interests or skills Poor impulse control Unaware of interpersonal and/or physical danger Careless of feelings or rights of others Behaviour dangerous to self and/or others Needs constant support to engage in learning or leisure activities Constant reminders/unable to understand the feelings of others Needs constant adult mediation/direction Requires continuous assistance during transitioning All social problems require direct mediation
DE	 File review CASEY Life Skills 		Examples of Supports	
SELF D	 Observation Scales of Independent Behavior- Revised (SIB-R) Vineland Supports Intensity Scale (SIS) Other 	 Occasional reminders and prompts Peer coaching/buddy system for social modeling Assistance to transition between some activities 	 Integrated case management Frequent supervision Social skills training Social behaviour interventions Direct life-skills instruction Structured peer coaching Development of functional life-skills transition plans 	 Intensive, integrated case management Consistent, direct adult supervision Safety planning Time-out/physical interventions plans ("safety plans") Functional life-skills planning Transition planning into community resources and programs

DESCRIPTION OF DOMAIN & POSSIBLE SOURCES OF INFORMATION		Α	В	С	
	Includes academics (reading, writing, spelling, mathematics, etc.). Thinking, reasoning skills and problem solving. Ability to generalize learning.	The student's level of functioning			
		Student exhibits mild impairments in functioning occasionally and intermittently	A history and likelihood of ongoing impairment of functioning, but not necessarily in every setting	Significant impairment of functioning occurs across multiple settings	
TELLECTUAL FUNCTIONING		 Minor adaptations to the curriculum Difficulty acquiring new information, making connections and generalizing Minor difficulties attending to instruction and learning activities May appear to lack interest in learning; requires additional encouragement Minor difficulties with multi-step or complex tasks Academic skills test as mildly delayed Skills/abilities appear evenly developed across assessed areas Some difficulty with problem-solving, especially when dealing with abstractions (multiple step sequences or abstract concepts) Much more comfortable in concrete academic tasks Inconsistent use of learning strategies Some difficulty keeping up with classroom pace 	 Substantial adaptations to the curriculum Ongoing problems learning new information Moderate difficulties attending to instruction and learning activities Frequent problems learning novel new material and making connections to prior learning Easily confused by complex tasks/changes in routine Academic skills test as moderately delayed Difficulty understanding the thoughts and intentions of others (writers, peers, teachers) Some areas may be adapted, other areas are modified Has few learning strategies Significant difficulty keeping up with classroom pace 	 Substantially modified curriculum. Significant skill gaps due to absences/delays in attendance as result of health condition Extreme problems learning new material Extreme difficulties attending to instruction and learning activities Great difficulty acquiring and generalizing new information Curriculum must be individualized to personal level Easily confused by thoughts/intentions of others (writers, peers, teachers, etc.) Academic skills test as severely delayed Heavy reliance on routine Great difficulty with transitions Great difficulty with academic/social problem solving Significant discrepancies between domains Significant lack of learning strategies Cannot keep up with classroom pace 	
NI /2	File reviewObservation		Examples of Supports		
ACADEMIC	 - Level B academic assessment - Level C psycho-educational assessment - TONI-2 - Curriculum-based assessment - Other 	 Some case management Some adaptation and/or modification of curriculum Smaller group instruction and/or individualized instruction intermittently throughout the year Allow more time 	 Integrated case management required Significant modification of learning expectations Use of modified/adapted curriculum Structured feedback to give maximum praise/reinforcement for progress on individualized program High levels of practice and repetition (mastery learning) of functional curriculum Allow more time, give fewer questions 	 Extensive integrated case management Functional life-skills curriculum Individualization of learning outcomes, goals and objectives Adaptations and modifications are complex and highly individualized 	