

**REQUIRED DOCUMENTATION WHEN CONSIDERING 1:1 INCLUSION PARA ON IEP (NO 1:1 SPECIFIED ON IEP IF IN SPECIAL EDUCATION CLASSROOM)**

TEACHER NAME: \_\_\_\_\_ BUILDING: \_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_

What interventions or other arrangements have been implemented to attempt to meet the needs (peer buddy, change in schedules, rearrangement of para schedules, etc.) of the student?

\_\_\_\_\_

Is there a safety concern for the student or for others? Describe. YES NO

\_\_\_\_\_

Does the student require continual prompts from an adult during instruction? YES NO

What kind of prompts? \_\_\_\_\_

Does the student require continual prompts from an adult during independent work? YES NO

What kind of prompts? \_\_\_\_\_

Can the adult be in close proximity and meet the student's needs? YES NO

Does the inclusive student need assistance with basic skills such as toileting, feeding, transfers, dressing? Describe. YES NO

\_\_\_\_\_

Is the student included with peers in activities and verbal interaction? YES NO

Are the reasons for requesting support due to any factors that can be improved or changed? How so? YES NO

\_\_\_\_\_

Are there behavior needs? Describe. YES NO

\_\_\_\_\_

If a 1:1 para is determined to be needed, how will the support be faded so the student can continue to be successful AND independent?

\_\_\_\_\_

\_\_\_\_\_

Principal Signature \_\_\_\_\_ Cooperative Administrator Signature \_\_\_\_\_

