

As IEP teams are mandated by law to provide an education for students in the *least restrictive environment possible*, 1:1 adult assistance is not typical and should only be considered in those cases where it is **required**.

Purpose of Adult Assistance: 1:1 adult assistance is an intensive level of supervision and support that *may* be required in order to maintain a safe instructional environment for student(s). At a minimum, continuing need for this level of support must be determined on an annual basis based on data.

The purpose of 1:1 support is to teach the student the skills required in order for the student to be as independent as possible without adult support. Typical situations where this level of support is provided are:

- Safety: Unpredictable/serious behavior causing injury or harm to self or others, eloping to unsafe environments (hiding from adults, eloping off campus), no awareness of safety/environment
- Health: Life-sustaining procedures, such as lung suctioning, tube feeding, catheterization, mobility, self-care
- Court-ordered

How do we determine 1:1 support is necessary: The decision must be based on **data and current IEP/evaluation SEL Data Collection Forms**

1. Data must be collected on student's current level of need. Areas to focus on when taking data will vary based on student needs, but could include:
 - a. Independence level in daily living/health care needs – the specific amount of time adult direction/support is required for completion of daily required medical/life (toileting, feeding, mobility) tasks?
 - b. Behavior support currently provided – the specific amount of time adults must intervene in order to maintain safety?
 - c. Verbal redirection vs. physical redirection – how often are these happening? Times of day? Activities they are associated with?
 - d. Behaviors of concern – physical injury, self-injurious behaviors, elopements. How often are these happening? Times of day? Activities they are associated with?
2. Documentation of consultation with district specialists for students with behavior concerns:
 - a. Behavior Program Specialist team
 - b. Feedback on plans, BIPs, structures, supports
 - c. Data collection
3. Data on interventions attempted:
 - a. What interventions have been tried, how long were they tried and what was the success rate?
 - b. What strategies/skills have been taught to student to teach independence? What does data show about success of these teaching strategies?
 - c. Unacceptable forms of data:
 - i. Anecdotal, frequency without antecedent, point sheets, narrative emails, incident/suspension reports, pictures
 - d. Acceptable forms of data:
 - i. ABC Data sheets, frequency with antecedents, scatter plots, duration recording, IEP goals, etc
4. What IEP goals are related to this potential need?
5. Develop a plan using building resources or SpEd Relief if granted (minutes per day to trial 1:1 support, plan for 1:1 services, plan for 1:1 to take data)
 - a. Is this short term? Trial support should not be on the IEP
 - b. IEP worthy? Yes if it changes IEP delivery, service minutes, etc.
 - c. All changes have to be communicated to parents
6. Send IEP, FBA, BIP, data sheets, and the 1:1 plan to the Special Education Director
7. If ongoing 1:1 support is determined to be necessary, schedule IEP and include on IEP in present levels. There should be a safety/behavior plan and fade plan present. Attendance at the meeting needs to include: Required members of the IEP team and a building administrator. **If the building has an expectation for Central Office funding, a Special Education Supervisor, and/or Program Specialist must be in attendance.**

CHECKLIST TO ASSESS INDIVIDUAL NEED FOR SUPPORT

Student:	School:
Current Service Pathway:	Case Manager:
IEP date:	Evaluation Date:
Program Specialist:	Date Completed:

Information	Check	Date/Comments
A. Attach the SDI schedule for the student. In the week schedule, include all related services if applicable and skills focused on in the time block	<input type="checkbox"/> SDI Schedule Attached	
B. Specify which Accommodations and Modifications are most successful for this student	<input type="checkbox"/> Accommodation/Modification Form is completed	
C. What curriculum is used to meet the student's needs?		
D. The student MUST have a FBA/ BIP or Health plan. Please specify the target behaviors and attach the plan.	<input type="checkbox"/> BIP/Health Plan attached Date created: _____ <u>Target Behaviors:</u>	
E. What are the specific medical and physical needs of the student, if applicable? If this does not relate to your student, move to F	<input type="checkbox"/> Level of Assistance checklist completed	
F. Review of Data collected, please include progress reports and a summary of the data collected	<input type="checkbox"/> Progress Reports Attached <input type="checkbox"/> Summary of Data Attached (not anecdotal) see example if needed	
G. Document locations, staff members, activities, and level of support during the student's day	<input type="checkbox"/> Adult Schedule Attached	
H. Provide a list of interventions implemented	<input type="checkbox"/> Adjustments to Student's Program form completed	
I. Schedule a time to consult with a Program Specialist or Supervisor to review data, results, and draft recommendations from the use of the flow chart in preparation for an upcoming IEP meeting.	<input type="checkbox"/> Observation by program specialist <input type="checkbox"/> feedback meeting with Program specialist after observation <input type="checkbox"/> Met with program specialist to review data collected	
J. Develop a plan to build independence of the student	<input type="checkbox"/> Independence Plan attached	
K. Program Specialist/ Supervisor should attend each annual IEP.	<input type="checkbox"/> Signatures:	

Checklist of Team Interventions

Completed Before Recommending Individual Support

Information	Check	Date	Comments
A. Adjust the student's program, revising the IEP if necessary. Adjustment to the IEP may include changing IEP goals, service time, accommodations, location, and modifications.			
B. If necessary, refer the student for a reevaluation to identify other qualifying areas and revise the IEP as needed.			
C. Review Special Education Staff schedules and adjust, including adjusting frequency of team planning/problem solving meetings.			
D. Adjust instructional groups .			
E. Adjust location of service delivery.			
F. Once appropriate adjustments above have been made, collect IEP/BIP data to achieve at least 3 data points that demonstrate a trend over a reasonable period.			
G. Schedule a time to consult with Program Specialist or Supervisor to review data, results, and draft recommendations from the use of the flow chart in preparation for an upcoming IEP meeting.			
H. If the student is not projected to meet IEP goals, schedule an IEP meeting to review the student's program and to determine the level of need for IA support. Complete a new IEP in collaboration with Program Specialist .			

Student Abilities & Assistance Needs Matrix

Class/ Activity/ Time	Natural Supports (circle yes / no)	Can do without 1:1 assistance	Track adult prompting (physical and verbal)	Areas that promote social acceptance / independence
	Classroom schedule posted (yes / no)			
	individual Student schedule available (yes / no)			
	Classroom/Activity Expectations are clear (yes / no)			
	Expectations are positive & enforced (yes / no)			
	Student receiving positive reinforcements (yes / no)			
	Student Transitioning in 1 to 2 min (yes / no)			
	Classroom routines are in place (yes / no)			
	IEP Accommodations are in place & followed (yes / no)			

	<p>Tasks/ activity are appropriate developmentally & academically (yes / no)</p> <p>Adult proximity is used (yes / no)</p> <p>Avoids reinforcing negative behaviors (yes / no)</p>			
--	--	--	--	--

