

## Special Circumstances Paraprofessional Support - Summary Sheet -

SCPS Form Four
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Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Disability: \_\_\_\_\_

Teacher: \_\_\_\_\_ Program/School: \_\_\_\_\_

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

*Check the areas of intensive need that might require additional paraprofessional support:*

Health/Personal Care	Behavior	Instruction	Inclusion
<input type="checkbox"/> G-tube feeding* <input type="checkbox"/> Medication * <input type="checkbox"/> Suctioning * <input type="checkbox"/> Food preparation <input type="checkbox"/> Diaper changing <input type="checkbox"/> Feeding-full support <input type="checkbox"/> Seizures * <input type="checkbox"/> Lifting/Transfers <input type="checkbox"/> Other: _____ * Specialized physical health care plan or emergency plan.	<input type="checkbox"/> Behavior plan implementation or documentation <input type="checkbox"/> Physically aggressive <input type="checkbox"/> Non-compliant in class <input type="checkbox"/> Non-compliant on campus <input type="checkbox"/> Runs away <input type="checkbox"/> Self-injurious <input type="checkbox"/> Other: _____	<input type="checkbox"/> Unique strategies not typical for class <input type="checkbox"/> Visual communication system <input type="checkbox"/> Structured teaching <input type="checkbox"/> High level of physical prompts <input type="checkbox"/> High level of verbal prompts <input type="checkbox"/> Assistive technology support <input type="checkbox"/> Sign language <input type="checkbox"/> Other: _____	<input type="checkbox"/> Instructional support <input type="checkbox"/> Physical support/positioning <input type="checkbox"/> Safety supervision <input type="checkbox"/> Social support <input type="checkbox"/> Transitions <input type="checkbox"/> Recess/lunch <input type="checkbox"/> Other: _____
<i>Areas of Need</i>			<i>Time/Days</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			

*For each area of need in which further independence is possible, develop an IEP goal & a plan for frequent monitoring for the purpose of fading the paraprofessional support. Other ongoing supports should be noted on the Accommodations Page of the IEP.*