ATTACHMENT 2

SAMPLE FORM

CHECKLIST TO DETERMINE THE STUDENT'S NEEDS AS THEY MAY RELATE TO THE NEED [illegible]

non-medical specialized health care support (e.g., feeding, aces or prosthesis)[2].

positioning or bracing multiple times daily.

health-related interventions multiple times daily.

direct assistance with most personal care.

with serious behavior problems with ongoing (daily) incidents of s to self and/or others or student runs away and student has a oral assessment and a behavioral intervention plan that is fidelity.

articipate in a group without constant verbal and/or physical on task and follow directions.

lucation Classes

adult in constant close proximity for direct instruction.

ndividualized assistance to transition to and from class more than ime.

adult in close proximity to supervise social interactions with peers

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ent an exhaustive list nor is it intended to mean that every student with these lized assistance by a one-to-one aide.

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