

Intensive Needs Checklist - A Planning tool used to help make decisions regarding the need for Para educator support

Student Name: _____ Date: _____ Grade: _____
School: _____

1. Is there a safety concern for the student or for others?
 No
 Yes (Please describe):

2. Does the student require continual teacher prompts
 - a. during instruction
 No
 Yes

 - b. after instruction
 No
 Yes

3. Does the student require assistance with basic functional skills?

Toileting_____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Mobility_____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Eating_____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Dressing_____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Following basic safety rules	<input type="checkbox"/> No	<input type="checkbox"/> Yes

4. Is the student's performance consistent with his/her aptitude? No Yes

5. Do his/her peers include the student in classroom activities? No Yes

6. Is the student receptive to peer tutoring and support? No Yes

7. Is the student currently receiving specialized small or individual group instruction in specific academic areas?
 No Yes (Please describe):

8. Please note what interventions or program changes you have tried and describe their rate of success. If these interventions are not options please explain why.

Cooperative learning:

Behavior management plan

Regrouping in the classroom

Pairing with other students

Other: _____

Other: _____

9. Has an administrator observed the student? No Yes

10. Team recommendation regarding paraprofessional help:

Date: _____

Team Members:

_____	_____
_____	_____
_____	_____