



Special Circumstances Instructional Assistant (SCIA) Guidelines and Initial Assessment Process

Participating Humboldt – Del Norte Local Education Agencies (LEAs): Arcata, Big Lagoon Union School District, Blue Lake Union School District, Bridgeville School District, Cuddeback Union School District, Cutten School District, Del Norte Unified School Districts, Eureka City Schools, Ferndale Unified School District, Fieldbrook School District, Fortuna Elementary School District, Fortuna Union High School District, Freshwater School District, Garfield School District, Green Point School District, Hydesville School District, Jacoby Creek School District, Klamath-Trinity Joint Unified School District, Kneeland School District, Loleta Union School District, Maple Creek School District, Mattole Unified School District, McKinleyville Union School District, Northern Humboldt Union High School District, Northern United – Humboldt Charter School, Orick School District, Pacific Union School District, Pacific View Charter 2.0, Peninsula Union School District, Rio Dell School District, Scotia Union School District, South Bay Union School District, Southern Humboldt Unified School District, Trinidad Union School District

Table of Contents

	Page
<u>Acknowledgements</u>	2
<u>Special Circumstances Assistance Guidelines</u>	
Policies and Guidelines	3
Humboldt-Del Norte SELPA SCIA Initial Assessment Process	8
SCIA Request Flowchart	9
<u>Staffing Meeting Forms</u>	
Guidelines for Staffing Meeting	11
Staffing Meeting Checklist	12
Site Team Class Observation Worksheet	14
Review of Behavior Intervention Plan Worksheet	15
IEP Goals and Objectives Charting Worksheet	16
<u>Assessment Forms</u>	
Classroom Observation of a Student	18
Environmental Considerations & Independence Evaluation	19
Class Schedule and Supports	23
Site Team Class Observation Worksheet	24
Teacher Interview Questions	25
Parent Interview Questions	26
Student Interview Questions	27
<u>SCIA Rubric</u>	29
<u>Assessment Report and Independence Plan</u>	30
<u>SCIA Intervention Review Forms</u>	
Review and Effectiveness of Intervention Summary Form	33
Classroom Observation of a Student	34
SCIA Rubric	36

Policy and Guidelines for Related Services

Every school district within the Special Education Local Plan Area (SELPA) is required to provide a full continuum of placement options for students with identified disabilities who are receiving special education services. The Individuals with Disabilities Education Act (IDEA) and California laws and regulations describe a continuum of placements such as instruction in general education classes, special day classes, home instruction, and instructions in hospitals and institutions (CFR 300.551 (b) (1)). Both federal and state laws also contain provisions to ensure that students with disabilities are educated to the maximum extent possible with typically developing peers, and that students are removed from the general education environment only when the nature and severity of the disability is such that education in the general education classroom cannot be satisfactorily achieved with the use of related services.

By law, students with special needs must receive services in the “least restrictive environment (LRE).” When an Individualized Education Plan (IEP) Team is considering special circumstances support for a student, all aspects of the student’s program must be considered with the intent of maximizing student independence. The classroom teacher(s) is responsible for the design and the implementation of the student’s program.

Factors to Consider

Whenever an IEP team, for the student with a disability, is considering special circumstance support, the following factors should be considered:

Personal Independence

First and foremost, the goal for any student with a disability is to encourage, promote, and maximize independence. If not carefully monitored, special circumstance assistance can easily and unintentionally foster dependence. A student’s total education program must be carefully evaluated to determine where support is required. Natural support and existing staff support should be used whenever possible to promote education in the least restrictive environment.

The general categories to be considered for a SCIA are:

1. Health/Personal Care Issues
2. Behavior Support
3. Instruction
4. Least Restrictive Environment (LRE)

Related Services

IDEA 1997 defines the phrase “Related Services” as, signifying the utilization of aides, services, and other supports that are provided in general education classes or other education-related settings to enable students with disabilities to be educated with non-disabled students to the maximum extent appropriate in accordance with 300.550-300.556. This applies to any regular education program or special education program, in which the student may participate.

1. IEP Teams need to identify the need for related services based on appropriate documentation and assessment. If the IEP team recommends such services, the following statements must be included in the IEP document (present levels, special factors, notes).
 - a. The related service is necessary for the student to benefit from their special education program, and
 - b. The program modifications or supports for school personnel are necessary to assist the student, and
 - c. The related service will assist the student to:
 - i. Advance appropriately towards the annual goals;
 - ii. Be involved in the progress in the general curriculum;
 - iii. Participate in extracurricular and other non-academic activities; and,
 - iv. Be educated and participate with typically developing students
2. The IEP team shall address means for evaluating whether the related service assists the student to advance towards goals.
3. The IEP team needs to address the duration of services. A short-term instructional assistant could be used for an evaluation period.
4. The IEP team must also include a statement of the anticipated frequency and duration for the services and modifications. 20 U.S.C.§1414(d)(1)(A)(VII).
5. When additional personnel support is required, the IEP Team needs to periodically review the effectiveness of this additional support. A Systematic, written plan needs to address how additional personnel support will be monitored and what interventions will be implemented to address the need for additional personnel.
6. For services requiring additional personnel support as a result of a student's behavioral difficulties, the student's IEP needs to include appropriate goals and objectives regarding behavior. In addition, a Behavior Intervention Plan (BIP) should be developed in accordance with California Code of Regulations (CCR) 56521.1, 56521.2, 56341. The behavior plan should include a provision describing how and when support, including personnel, will be utilized to implement the plan, and when the plan will be reviewed.
7. When determining a need for additional personnel to support due to an instructional need, the IEP team must utilize appropriate assessment information to support this recommendation. The IEP team will need to outline how the additional personnel will be utilized to support the teacher in implementing the student's goals and objectives and what attempts will be made to transition to other available classroom resources and supports.
8. When a need for additional support is due to a medical need, a plan should be created to support recommendations from the student's doctor with input from the school nurse.
9. The IEP Team is responsible for determining the need for specialized transportation. Additional personnel needed to support special education students receiving specialized transportation shall be documented and, if recommended by the IEP Team, reviewed to determine if the increase in support personnel can be modified, based on appropriate alternatives available.
10. When a Special Circumstances Instructional Assistant is being considered, a district representative shall be required to participate in the decision-making process of the IEP meeting.

Procedures/Administrative Guidelines

Determining the Need for Special Circumstances Instructional Assistants

If after completing the SCIA Evaluation Report and Independence Plan, the team finds there is a need for additional classroom support, an IEP meeting needs to be scheduled. The IEP needs to include the following:

1. Goals and objectives that address the skills that need to be taught in order for the SCIA services to be faded as skills are developed. If the decision is to add SCIA services, it is written in the IEP with specific goals and objectives monitoring strategies, fading strategies and review dates.
2. The recommended timeframe for review of the student's program, which leads to the fading of the SCIA support, is within 3 to 6 months of initiation of the service, except in cases of extreme medical needs. Best practice is to schedule a review date at the time of the IEP meeting initiating services.
3. In the case of health and safety emergencies, administrators may approve immediate additional support. In this situation, the team should meet to review the situation within 60 days.

Considerations in Planning

Students require different levels of support and a *SCIA Evaluation Report and Independence Plan* must be developed and monitored in accordance with the individual's unique needs and program. It is important for the *SCIA Evaluation Report and Independence Plan* to specify the conditions and circumstances under which special circumstance support appears appropriate for the student. Regardless of the circumstances, which may indicate the need for special circumstances support, it is necessary for every *SCIA Evaluation Report and Independence Plan* to address:

1. The skills that need to be taught in order for the SCIA service to be faded.
2. A regularly scheduled review of the student's program, which will lead to the fading of the special circumstances support (3 - 6 months).
3. Definition of the role and responsibilities of the SCIA as well as the role and responsibilities of the teacher and any other adult interfacing with the student in the educational setting.
4. The following options are considered as possibilities for SCIA support:
 - a. Additional classroom support as an accommodation. This type of support is ideal for students who need additional adult assistance but do not have intense behavior intervention plans requiring frequent reinforcers or labor intensive data collection. *This support should be specified in the accommodations section with regard to the types of activities in which the student requires the support.*
 - b. Reduced teacher/student ratio as an accommodation. This type of support is ideal for students who need adult support and reteaching, or repetition of information in order to successfully participate in classroom instruction and activities. *This support should specify the student/teacher ratio and during which type of instruction this ratio is needed.*
 - c. Intensive Individual Instruction. This type of support is listed as a service and is the most restrictive in the continuum. Students requiring this level of support have intensive behavior intervention plans requiring continual support throughout the

school day with data collection and frequent reinforcers. This type of support may also be needed for students with complex health needs who require adult support and intervention in order to implement a health care plan rather than a behavior intervention plan.

School teams need to be creative in using natural supports to the maximum extent possible. Team members need to share ideas, expertise, and resources in planning and carrying out the needed supports for the identified students.

Employer Considerations for Special Circumstance Instructional Assistants

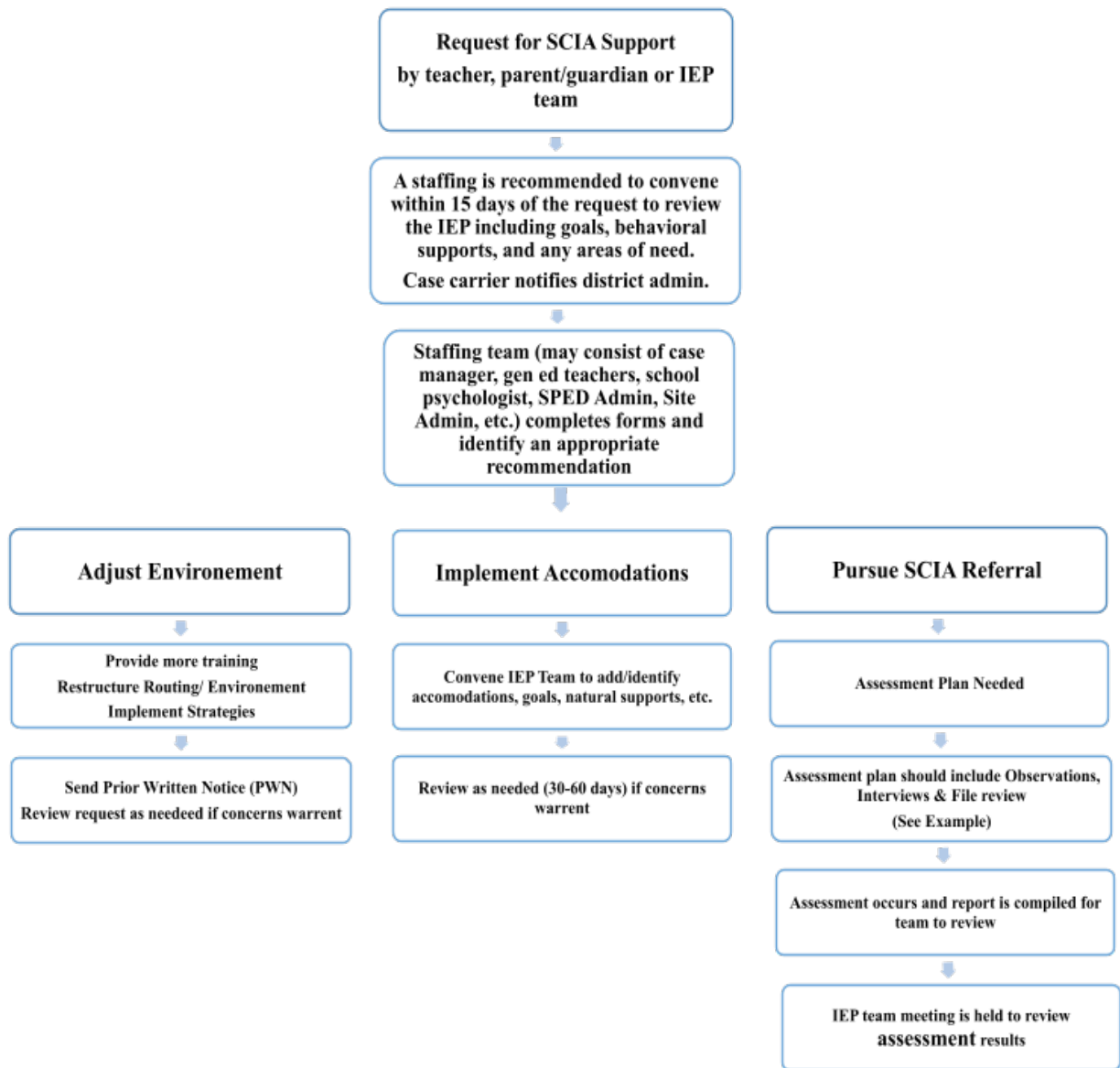
1. Guiding Principles
 - a. The instructional assistants' number of hours of employment shall be based on the student's schedule and requirements of their IEP.
 - b. The employer of the SCIA shall be responsible for any legal compliance, liability, supervision, and other employee related requirements (e.g. vaccines, fingerprinting, evaluation, etc.).
 - c. Training of the SCIA will be the responsibility of the employing district and based on the student's needs.
2. District Responsibilities
 - a. The fiscal responsibility for special circumstances instructional assistants is with the student's district of special education accountability. Meeting this requirement is based upon district/ SELPA agreement

Humboldt – Del Norte SELPA SCIA Initial Assessment Process

The following are the steps that must be taken when considering an assessment for Special Circumstances Instructional Assistance (SCIA). Prior to moving forward with an assessment for SCIA support, less intrusive interventions must be tried and monitored. For example, counseling, behavior intervention plan, and specialized academic instruction are all steps that **must** be implemented and monitored for no less than **six weeks** prior to considering a SCIA assessment except in extreme circumstances.

Following are the steps to be taken after the above have occurred.

1. The IEP team identifies the concern and holds a staffing meeting to discuss the need. A General Education teacher, Special Education teacher, School Psychologist, Program Specialist, and any other relevant service providers should attend the staffing meeting. At the staffing meeting, the following are reviewed:
 - a. Relevant objective data related to the concern
 - i. Behavior- observational and frequency data associated with the target behavior
 - ii. Social/Emotional- observational data associated with the student manifestation of need
 - iii. Academic- Assessment and progress monitoring data from the classroom teacher and other service providers
 - b. Student need is discussed relative to peer performance (i.e., how does the student’s behavior/performance compare to other students in the class).
 - c. Student need is discussed relative to their environment and life situation (i.e., are there things going on in the student’s life that could account for the behavior/need we are seeing at school?).
 - d. Team reviews interventions that have been attempted by reviewing student data relative to the initiation and implementation of interventions.
 - e. Team determines next steps (See Flow Chart Below)



Staffing Meeting Forms

1. Guidelines for the staffing team
2. SCIA Request Staffing Meeting Checklist
3. Site Team Class Observation Worksheet
4. SCIA Request Review of Behavior Intervention Plan Worksheet
5. IEP Goals and Objectives Charting Worksheet

SCIA Request Staffing Meeting Checklist

Student: _____ Date: _____ Case Carrier: _____

Team members present:

The staffing meeting addressed the following:

The special circumstance instructional assistance (SCIA) philosophy indicates that staff should always work to promote student independence.

Notes:

Consideration of natural support and a look at options related to more effective use of existing staff; including implementing small group instruction, peer modeling, tutoring, cooperative learning, and opportunities for regrouping students for instruction. How much individual assistance does the student need and who might be able to assist the student at a “high need” time?

Notes:

A review of classroom management and development or revision of behavior intervention plan. Discussion of whether Behavior Support Services are needed.

Notes:

Consideration of district resources and staff to provide training to meet the student’s needs.

Notes:

Consideration of LRE and environmental supports including specific activities, environments and circumstances (e.g. class schedule, school events, etc).

Notes:

Discussion of current supports to maximize student independence.

Notes:

Next Steps

1. Completion of the following worksheets as a team
 - a. Behavior Plan Review Worksheet
 - b. IEP Goals and Objectives Charting Worksheet
2. Identify who will complete observations using the Observation Worksheet:

3. Schedule a follow up meeting to make recommendation and/or hold an IEP meeting
Follow up date:

4. Recommendation to the IEP team:

Site Team Class Observation Worksheet
Form to be completed in all educational settings

Notes	Health/Personal Care	Behavior	Instruction	Inclusion/Mainstreaming	Total
	<input type="checkbox"/> Specialized Health plan <input type="checkbox"/> G-Tube <input type="checkbox"/> Medications <input type="checkbox"/> Suctioning <input type="checkbox"/> Food Preparation <input type="checkbox"/> Diapering <input type="checkbox"/> Feeding-full support <input type="checkbox"/> Frequent Seizures <input type="checkbox"/> Other:	<input type="checkbox"/> Behavior plan in place <input type="checkbox"/> Physically aggressive <input type="checkbox"/> Non-compliance in class <input type="checkbox"/> Non-compliance on campus <input type="checkbox"/> Elopes <input type="checkbox"/> Self-injurious <input type="checkbox"/> Behavior intensity (<i>To the degree in which the educational environment is disrupted and cannot be recovered in a reasonable time</i>) <input type="checkbox"/> Other:	<input type="checkbox"/> Individual methodology <input type="checkbox"/> Physical prompts >80% <input type="checkbox"/> Verbal prompts >80% <input type="checkbox"/> Structured teaching <input type="checkbox"/> Assistive technology <input type="checkbox"/> Differentiated instruction <input type="checkbox"/> Core curriculum used <input type="checkbox"/> Does learning environment support engaged learner <input type="checkbox"/> Other:	<input type="checkbox"/> Direct staff instruction <input type="checkbox"/> Physical proximity from gen Ed teacher <input type="checkbox"/> Safety supervision <input type="checkbox"/> Close visual supervision <input type="checkbox"/> Other:	

SCIA Request Review of Behavior Intervention Plan Worksheet

This form should be completed when a SCIA is being requested due to behavioral concerns
Attach a copy of the students BIP to this form

Student: _____ Case Carrier: _____

Date of review: _____

What are the target behaviors on the BIP?

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | The request for SCIA is related to the identified target behaviors on the BIP |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | All interventions are developmentally appropriate for the student |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | BIP is written with enough clarity and detail for any new staff to understand and implement |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | All implementers have a copy of the plan |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | The BIP is being fully implemented |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | All implementers understand and/or have training in the strategies contained in the plan |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Support for the plan provided by the case carrier is adequate |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Student is making progress on the target behaviors. Indicate supporting evidence (data, grades, etc.) |

Action(s):

- BIP is appropriate, and no modifications are needed
- Revision of BIP is needed
- Staff training is needed. Explain:

- Other

Comments:

IEP Goals and Objectives Charting Worksheet

Student: _____

Date of review: _____

Levels of Assistance
5=Independent
4=Gesture/Non-Verbal Cue
3=Verbal Cue
2=Model
1=Physical Prompt

Goal	Level of Assistance Needed	Comments
	5 4 3 2 1	
	5 4 3 2 1	
	5 4 3 2 1	
	5 4 3 2 1	
	5 4 3 2 1	
	5 4 3 2 1	
	5 4 3 2 1	
	5 4 3 2 1	

Assessment Forms

The following forms are recommended for use during the SCIA assessment

An assessment plan is required at this step

1. Classroom Observation of a Student
2. Observation of Environmental Considerations & Independence Evaluation
3. Class Schedule and Supports
4. Site Team Class Observation Worksheet
5. Guided Teacher Interview
6. Guided Parent Interview
7. Guided Student Interview

Classroom Observation of a Student

Student Name: _____ Case Carrier: _____

Observer: _____

Time/Subject Matter	Observation Notes
<p><i>Example: 7:30-8:30 Arrive and Breakfast</i></p> <p><i>*Observed in a student to teacher ratio of 10:2 for bus and 5:1 for breakfast</i></p>	<p><i>Example: [Student name] walks with an aide from the bus to the breakfast tables. He walks at a slower pace and required prompting and monitoring to continue along the path. He was given maximum assistance to eat. While the other aide was with a small group, [Student Name] was in a group of 5 students. When the aide turned to assist another student in the group [Student name] would attempt to stand and walk away</i></p> <p><i>Requires 2:1 to walk from bus and 1:1 for feeding</i></p>
<p>Date/Time:</p> <p>Environment:</p>	
<p>Date/Time:</p> <p>Environment:</p>	
<p>Date/Time:</p> <p>Environment:</p>	
<p>Date/Time:</p> <p>Environment:</p>	
<p>Date/Time:</p> <p>Environment:</p>	

Observation of Environmental Considerations & Independence Evaluation

Student: _____ Observer: _____ Date: _____

Grade: _____ Observation Setting: _____

Please review visual and physical structure of the classroom, curriculum instruction, data collection, and planning.

A. Classroom

1. Are individual student/classroom schedules and procedures accessible, if needed?

Yes No

2. Are transitions between activities quick and smooth?

Yes No

3. Is the room organized with work areas defined and materials readily available for instruction?

Yes No

Describe:

4. Do students follow established classroom procedures and routines?

Yes No

Describe:

5. Level of prompt needed for student to follow schedule:

Independent

Physical prompt

Indirect verbal or gesture prompt

Direct verbal prompt

Other: _____

Describe:

6. Student's use of the schedule:

Student checks posted schedule

Schedule not used at all

Student carries schedule

Student uses transition cards

Student goes to schedule board

Teacher carries and shows the schedule

Other: _____

Comments:

B. Curriculum and Instructional Planning

1. Check the curricular domains included in student's IEP:

<input type="checkbox"/> Academics	<input type="checkbox"/> Functional Academics	<input type="checkbox"/> Pre-vocational/vocational
<input type="checkbox"/> Behavior	<input type="checkbox"/> Health	<input type="checkbox"/> Self care
<input type="checkbox"/> Communication	<input type="checkbox"/> Motor skills/mobility	<input type="checkbox"/> Social skills
2. What curricular accommodations and/or modifications are being used?
3. List equipment or devices used that may relate to the need for assistance:
4. Are materials and activities age appropriate? Yes No
5. Are materials and activities instructionally appropriate? Yes No
6. Describe lessons observed:

Comments:

C. Current Data Systems and Collection of Data

1. Has data been collected on student performance? Yes No
2. How often is data collected?

<input type="checkbox"/> Daily	<input type="checkbox"/> Biweekly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
--------------------------------	-----------------------------------	---------------------------------	----------------------------------
3. How is data summarized?

<input type="checkbox"/> Graphed	<input type="checkbox"/> Written narrative	<input type="checkbox"/> Other:
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4. What evidence is there for accommodations and/or modifications being used?

D. Behavior and Safety

1. Describe the behavior management system in the classroom. Is it appropriate for this student or does it need to be modified?

2. Are specific positive behavior supports utilized for this student?
 Yes No

Describe:

3. Is appropriate safety equipment in place? Yes No
4. Are appropriate safety and medical procedures being used? Yes No
5. Does it appear appropriate training has been provided? Yes No

Comments:

E. Describe the student’s behavior during independent activities

1. Describe the student’s interactions with peers:

2. Describe the student’s interaction with non-classroom staff in a less structured environment:

3. What activities does the student choose during breaks?

4. What opportunities for independence can be identified?

F. Describe the school day and assistance currently provided (*Include natural supports such as peers, school staff, volunteers, etc.*)

G. How is existing assistance utilized?

- | | |
|--|---|
| <input type="checkbox"/> Behavior management | <input type="checkbox"/> Medical Assistance |
| <input type="checkbox"/> Curriculum adaptation and preparation | <input type="checkbox"/> Supervision |
| <input type="checkbox"/> Instructional-Individual | <input type="checkbox"/> Other |
| <input type="checkbox"/> Instructional-Group | |

H. Can current conditions be modified to meet the student's goals and objectives and/or personal care needs?

I. What other types of assistance may be needed? Why?

J. Are there any other concerns that need to be addressed?

Site Team Class Observation Worksheet

Form to be completed in all educational settings

Student Name: _____ Teacher: _____ Observer: _____
 Total Number of students: _____ Grade Level: _____ Subject: _____
 Time(s) of observations: _____ Date(s) of observations: _____ Case Carrier: _____

Check the items in each column that apply to the student.

Notes	Health/Personal Care	Behavior	Instruction	Inclusion/Mainstreaming	Total
	<input type="checkbox"/> Specialized Health plan <input type="checkbox"/> G-Tube <input type="checkbox"/> Medications <input type="checkbox"/> Suctioning <input type="checkbox"/> Food Preparation <input type="checkbox"/> Diapering <input type="checkbox"/> Feeding-full support <input type="checkbox"/> Frequent Seizures <input type="checkbox"/> Other:	<input type="checkbox"/> Behavior plan in place <input type="checkbox"/> Physically aggressive <input type="checkbox"/> Non-compliance in class <input type="checkbox"/> Non-compliance on campus <input type="checkbox"/> Elopes <input type="checkbox"/> Self-injurious <input type="checkbox"/> Behavior intensity (<i>To the degree in which the educational environment is disrupted and cannot be recovered in a reasonable time</i>) <input type="checkbox"/> Other:	<input type="checkbox"/> Individual methodology <input type="checkbox"/> Physical prompts >80% <input type="checkbox"/> Verbal prompts >80% <input type="checkbox"/> Structured teaching <input type="checkbox"/> Assistive technology <input type="checkbox"/> Differentiated instruction <input type="checkbox"/> Core curriculum used <input type="checkbox"/> Does learning environment support engaged learner <input type="checkbox"/> Other:	<input type="checkbox"/> Direct staff instruction <input type="checkbox"/> Physical proximity from gen Ed teacher <input type="checkbox"/> Safety supervision <input type="checkbox"/> Close visual supervision <input type="checkbox"/> Other:	

SCIA Assessment Teacher Interview

Student: _____ Teacher: _____ Class: _____ Date: _____

Data Area Informed	Suggested Question	Notes/Responses
Instruction	<p>Which content area do you feel the student is the most independent in?</p> <p>During this content area, approximately how many more prompts does the student need than their peers to participate?</p>	
Instruction	<p>Which content area do you feel the student is least independent in?</p> <p>During this content area, approximately how many more prompts does the student need than their peers to participate?</p>	
Behavior	<p>What time of day/content areas have you observed the student need more adult support than their peers to demonstrate appropriate behavior? Please be specific</p>	
Health and Personal Care	<p>What time of day/content areas have you observed the student needing more personal care or medically related activities relative to their peers?</p>	
Least Restrictive Environment	<p>If the student participates in general education, about what percentage of the time does the student require adult support to access the curriculum?</p> <p>If the student participates in general education, about what percentage of the time does the student require adult support to interact socially with peers?</p>	

SCIA Assessment Parent Interview

Student name: _____

Parent name: _____

Date: _____

Data Area Informed	Suggested Question	Notes/Responses
Health and Personal Care	Based on your experiences in the home, which personal care activities would you expect your child to complete independently at school? Which, if any, do you believe he or she may need adult support with at school?	
Behavior	Based on your experience at home, how independent is your child in: <ul style="list-style-type: none"> • Staying in a designated area during activities such as meal time, homework time, or TV time? • Being mindful of safety during activities such as playing with peers or crossing the street? • Completing tasks such as chores and homework? 	
General Questions	<ul style="list-style-type: none"> • During which activities is your child most independent and requiring the least amount of support? • During which activities is your child least independent and requiring the most support? • What do you see as next steps for your child, such as an area you would like to see them improve? • Do you have any safety concerns? 	

SCIA Assessment Student Interview

Student name: _____

Interviewer: _____

Date: _____

Data Area Informed	Suggested Question	Notes/Responses
Instruction	<p>Which subjects can you listen and complete work in by yourself?</p> <p>Which subjects do you think you need the most help in by your teacher?</p>	
Other		
Other		

Assessment Report and SCIA Rubric

The following provide a guideline for sharing assessment results

SCIA Assessment Rubric

Student: _____

Teacher: _____

Date Reviewed: _____

Grade: _____

Person Completing Rubric: _____

Rating Scale

0=No concern

1=Mild

2=Moderate

3=Significant

4=Substantial

Check the box that best describes the student in each category, as appropriate

Rating	Health/Personal Care	Behavior	Instruction	Least Restrictive Environment
0	<input type="checkbox"/> Independently maintains all age appropriate personal care and/or medical needs	<input type="checkbox"/> Independently addresses own behavior needs. Required behavior supports are similar to those of same aged peers	<input type="checkbox"/> Independently participates fully in whole class instruction. Stays on task during typical instruction activity with the same level of prompting as peers in the classroom	<input type="checkbox"/> Participates in core curriculum within general education class and requires few modifications
1	<input type="checkbox"/> Requires supports 0-25% of their age appropriate personal care and/or medical needs	<input type="checkbox"/> Requires adult assistance for 0-25% of the day to address behavior needs described in plan	<input type="checkbox"/> Requires prompts to stay on task, follow directions and to remain engaged in learning 0-25% of the time	<input type="checkbox"/> Requires prompts to participate in general education and/or interact with peers 0-25% of the time.
2	<input type="checkbox"/> Requires supports with 26-50% of their age appropriate personal care and/or medical needs	<input type="checkbox"/> Requires adult assistance 26-50% of the day to address behavior needs described in the BIP.	<input type="checkbox"/> Requires prompts and adult support 26-50% of the time to participate in whole class instruction, receive reinforcement, and follow directions.	<input type="checkbox"/> Requires prompts to participate in general education and/or interact with peers 26-50% of the time
3	<input type="checkbox"/> Requires support with 51-75% of their age appropriate personal care and/or medical needs.	<input type="checkbox"/> Requires adult support for 51-75% of the day to address behavior needs described in BIP.	<input type="checkbox"/> Requires low student to staff ratio, close adult proximity and prompts including physical assistance to stay on task 51-75% of the time.	<input type="checkbox"/> Requires prompts to participate in general education and/or interact with peers 51-75% of the time.
4	<input type="checkbox"/> Direct support with at least 76% or all personal care and medical needs	<input type="checkbox"/> Requires adult support for 76-100% of the day to address behavioral needs in the BIP.	<input type="checkbox"/> Requires verbal and physical prompting to stay on task and follow directions 76% or more of the time. Cannot participate in whole class instruction without 1:1 support.	<input type="checkbox"/> Requires prompts to participate in general education and/or interact with peers 76-100% of the time.

SCIA Assessment Evaluation Report and Independence Plan

Student: _____ **Birthdate:** _____ **Grade:** _____
School: _____ **Teacher(s):** _____ **Case Carrier:** _____

Evaluation Report Prepared By: _____

- I. Reason for referral for SCIA assessment
- II. Background Information and Educational Setting/ Program (Summarize special education and related services history, educational history including academic progress/assessments and progress on IEP goals, results of previous evaluations, if applicable, previous interventions and outcomes, educationally relevant health, developmental and medical findings, review of BIP and disciplinary referral information)
- III. Evaluation Procedures (Include information regarding administration of tests in primary language of student by qualified personnel, validity of evaluation, validity of tests for the purpose they were used as well as what tools were used to evaluate need for a SCIA)
- IV. Summary of Interviews and Observations (Summarize results of observations over different settings where the child is displaying the problem behaviors/health concerns/academic concerns to determine where and when support is needed)
- V. Summary of Standardized and/or Curriculum Based Assessments (If applicable)
- VI. Summary of information from the SCIA Assessment Rubric and Ratings
- VII. Recommendations (Include information regarding the student’s needs being able to be met in current program with current level of support if appropriate)

Time/Subject Area	Support Needed	Does Support Require Additional Staff?
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

VII Independence/Fading Plan (*The Independence plan is written to specifically address the needs of the student, current supports, schedule for assistance, and details for implementing and fading the support*)

GOALS (<i>What are the replacement behaviors and/or academic goals for the student as it relates to SCIA Support?</i>)	Baselines

IX. Steps to Independence/Fading Plan (*Describe the activities or environments where the replacement behaviors should occur*)

1. **Procedures** (*What will be taught so the student learns the replacement behavior/skill?*)
 - a. **Arrangements** (*Where/When/Materials*)
 - b. **Level of Support** (*Description of how support changes and who supports them (staff title) as student independence increases, prompting type, frequency, proximity of personnel, role of teacher, etc.*)

2. **Measurement/Progress Monitoring Method** (*Who, how often, data to be collected, attach data sheet*)
 - a. **How will the data be evaluated to determine if intervention is working?**
 - b. **Criteria for fading and a description of the level of SCIA support:**

What are the adaptations/accommodations that will be used to promote and sustain independence?

Respectfully Submitted,

SCIA Support Review Forms

To be completed annually to assess continued need for SCIA supports and guide continued independence planning

Review to Determine Continued Need for SCIA Support/ Effectiveness of Intervention

Student:	Birthdate:	Grade:
School:	Teacher(s):	Case Carrier:
Summary Prepared By:		

This form should be completed, and this information should be reviewed at the next IEP meeting (Within 3-6 months and annually) to determine effectiveness of SCIA Support.

- I. Description of current SCIA supports provided (*time, settings, specific tasks, etc*)
- II. Observations and update of SCIA Rubric
- III. Progress on goal(s) and Independence/Fading Plan Update
- IV. Recommendations/ Comments

Classroom Observation of a Student

Student Name: _____

Observer: _____

Time/Subject Matter	Observation Notes
<p><i>Example: 7:30-8:30 Arrive and Breakfast</i></p> <p><i>*Observed in a student to teacher ratio of 10:2 for bus and 5:1 for breakfast</i></p>	<p><i>Example: [Student name] walks with an aide from the bus to the breakfast tables. He walks at a slower pace and requires prompting and monitoring to continue along the path. He was given maximum assistance to eat. While the other aide was with a small group, [Student Name] was in a group of 5 students. When the aide turned to assist another student in the group [Student name] would attempt to stand and walk away</i></p> <p><i>Requires 2:1 to walk from bus and 1:1 for feeding</i></p>
<p>Date/Time:</p> <p>Environment:</p>	
<p>Date/Time:</p> <p>Environment:</p>	
<p>Date/Time:</p> <p>Environment:</p>	
<p>Date/Time:</p> <p>Environment:</p>	
<p>Date/Time:</p> <p>Environment:</p>	

SCIA Assessment Rubric

Student: _____

Teacher: _____

Date Reviewed: _____

Grade: _____

Person Completing Rubric: _____

Rating Scale
0=No concern
1=Mild
2=Moderate
3=Significant
4=Substantial

Check the box that best describes the student in each category, as appropriate

Rating	Health/Personal Care	Behavior	Instruction	Least Restrictive Environment
0	<input type="checkbox"/> Independently maintains all age appropriate personal care and/or medical needs	<input type="checkbox"/> Independently addresses own behavior needs. Required behavior supports are similar to those of same aged peers	<input type="checkbox"/> Independently participates fully in whole class instruction. Stays on task during typical instruction activity with the same level of prompting as peers in the classroom	<input type="checkbox"/> Participates in core curriculum within general education class and requires few modifications
1	<input type="checkbox"/> Requires supports 0-25% of their age appropriate personal care and/or medical needs	<input type="checkbox"/> Requires adult assistance for 0-25% of the day to address behavior needs described in plan	<input type="checkbox"/> Requires prompts to stay on task, follow directions and to remain engaged in learning 0-25% of the time	<input type="checkbox"/> Requires prompts to participate in general education and/or interact with peers 0-25% of the time.
2	<input type="checkbox"/> Requires supports with 26-50% of their age appropriate personal care and/or medical needs	<input type="checkbox"/> Requires adult assistance 26-50% of the day to address behavior needs described in the BIP.	<input type="checkbox"/> Requires prompts and adult support 26-50% of the time to participate in whole class instruction, receive reinforcement, and follow directions.	<input type="checkbox"/> Requires prompts to participate in general education and/or interact with peers 26-50% of the time
3	<input type="checkbox"/> Requires support with 51-75% of their age appropriate personal care and/or medical needs.	<input type="checkbox"/> Requires adult support for 51-75% of the day to address behavior needs described in BIP.	<input type="checkbox"/> Requires low student to staff ratio, close adult proximity and prompts including physical assistance to stay on task 51-75% of the time.	<input type="checkbox"/> Requires prompts to participate in general education and/or interact with peers 51-75% of the time.
4	<input type="checkbox"/> Direct support with at least 76% or all personal care and medical needs	<input type="checkbox"/> Requires adult support for 76-100% of the day to address behavioral needs in the BIP.	<input type="checkbox"/> Requires verbal and physical prompting to stay on task and follow directions 76% or more of the time. Cannot participate in whole class instruction without 1:1 support.	<input type="checkbox"/> Requires prompts to participate in general education and/or interact with peers 76-100% of the time.