

# Glenn County SELPA

## Special Circumstances Instructional Assistance (SCI Assistance) Guidelines and Procedures



Information from this guide should be used to determine a student's individual need for SCI Assistance. This does not mean that all items contained in this handbook will be appropriate for all students. **Items in this handbook should be selected based on their relevancy in providing a comprehensive, detailed plan for support. The plan should be written with the primary goal to maximize and promote student independence.**

## Procedures for Special Circumstances Instructional Assistance (SCI Assistance) Evaluation

Special Circumstances Instructional Assistance (SCI Assistance) is provided for students receiving special education services when additional support is required for the student to make progress towards his or her *IEP* goals, and objectives if appropriate. Whenever possible, additional assistance is assigned to a school environment, class or case manager. Occasionally, however, a student requires individual support for a designated period of time to address a unique need. By law, services to students with disabilities must be delivered in “the least restrictive environment.” When the *IEP* team is considering SCI Assistance, all aspects of the student’s *IEP* must be addressed. In accordance with federal law, an evaluation is usually appropriate to determine the level of assistance a student requires 34 C.F.R. Sec. 300.532 states:

“(b) A variety of assessment tools and strategies are used to gather relevant functional and developmental information about the child, including information provided by the parent, and information related to enabling the child to be involved in and progress in the general curriculum...that may assist in determining... (2) The content of the child’s *IEP*...”

### **A request for SCI Assistance is made after other site interventions have proven unsuccessful.**

**Preliminary** steps in the process indicate that a student’s *IEP* must be carefully evaluated to determine when and where the additional support is required. Natural supports and existing staff should be used to promote the least restrictive environment. A primary goal for all students with disabilities is to encourage and foster independence. If not carefully monitored, additional assistance can easily and unintentionally increase dependence. As a result, the *IEP* team must periodically review the continued need and effectiveness of this additional support.

If the site administrator and special education team at the site believe a SCI Assistance evaluation is not needed then the team may elect to provide a list of additional interventions and recommendations to be put in place. The team may elect to use the ***Observational Evaluation (Step 3-Form 4)*** and/or the ***Current Functioning and Supports Rubric (Step 1- Form 2)*** as tools for examining supports and needs, if indicated. Student progress is monitored as agreed upon by the *IEP* team. If a formal SCI Assistance evaluation is recommended by an *IEP* team, the following steps begin:

### **Step 1-Initiate SCIA Referral**

Referrals can be initiated by either the *IEP* team or the parent. When an *IEP* team refers, a member of the team (herein referred to as the SCI Assistance facilitator) completes the ***Referral for SCI Assistance (Step 1 – Form I)***, often with the additional form ***Current Functioning and Supports Rubric (Step 1- Form 2)***, to assist in quantifying the nature of the student’s needs. The SCI Assistance facilitator may elect to provide alternate or additional supporting documentation as deemed necessary. Supporting documentation may also include ***Review of Behavior Support Plan (BSP) or Behavior Intervention Plan (BIP) (Step 1- Form 3)***. An *IEP Progress Report* should also be included in the referral for SCI Assistance packet.

When the parent initiates the referral, a member of the *IEP* team should confer with the parent to clarify his or her concerns, discuss options, and assist the parent in completing the “Reason for Referral” and “Other Unique Needs” sections of the ***Referral for Special Circumstances Instructional Assistance (Step 1-Form I)***. The parent should sign as the “Person Requesting the Referral.” The 15 day timeline for developing a ***Notification and Plan for Assessment*** begins on the date the district receives the parent signature.

After gathering information in Step 1, the *IEP* meeting is held. The *IEP* team considers the information gathered in Step 1, and makes a decision to: leave the program intact, provide additional strategies, amend the *IEP* to include additional supplementary aides, services and supports, and/or amend to change or add goals, and/or change the *BSP/BIP* or services.

It is important at this stage for the team to clarify that the assessment examines the need for a variety of forms of additional assistance. The SCI Assistance process is not for the sole purpose of determining the need for a 1:1 aide. However, additional aide support is one of the possible outcomes of a SCI Assistance evaluation.

At this point the *IEP* team may also proceed to Step 2 of the SCI Assistance evaluation process.

### **Step 2-Notification/Permission**

The *IEP* case manager or SCI Assistance facilitator together with the *IEP* team develops a *Notification and Plan for Assessment*. They obtain informed permission from the parent, clarifying the purpose of the assessment(s). The timeline for completion of the evaluation (60 calendar days) begins the date the district receives the signed *Notification and Plan for Assessment*.

### **Step 3-Interviews, Observations, Evaluation**

The *IEP* case manager and/or SCI Assistance facilitator proceed as outlined in the assessment plan to obtain assessment information relevant to the student's functioning per *IEP* goals and *BSP/BIP*. The ***Parent Interview (Step 3 - Form 1)***, ***Teacher Interview (Step 3 - Form 2)***, and ***Student Interview (Step 3 - Form 3)*** are used at this time. These interviews are best completed at the beginning of the evaluation. Teams are encouraged to complete multiple teacher interviews, when possible or appropriate, in order to obtain the most generalizable information about the student. The student interview can be conducted with students of all abilities, as determined by the assessor. Often, when asked, students have insights about their own needs, and can point the team in a valuable direction about the need for or types of supports to support learning.

The ***Observational Evaluation for SCI Assistance (Step 3 – Form 4)*** is used at this step as a foundation for thorough observation of the school setting(s). As with the ***Teacher Interview (Step 3 - Form 2)***, use of this form in multiple school settings is advisable.

Finally, after all assessments are completed, the SCI Assistance facilitator summarizes information using the ***SCI Assistance Evaluation Report (Step 3 – Form 5)***. When an *IEP* team is considering SCI Assistance for a student, all aspects of the student's *IEP* must be considered with the intent of promoting student independence. The ***SCI Assistance Evaluation Report (Step 3 – Form 5)*** should address the areas of concern identified in the referral, assessment, interviews, and observations. The SCI Assistance facilitator will ensure that the ***SCI Assistance Evaluation Report (Step 3 – Form 5)*** is developed prior to the *IEP* meeting.

### **Step 4-Share Results with IEP Team**

The *IEP* team will review the results of the evaluation and resulting recommendations at an *IEP* meeting. If the *IEP* team does not identify a need for SCI Assistance, the team may instead review and refine natural supports, accommodations, and/or modifications in the student's existing *IEP*. They may add *IEP* goals and objectives, if appropriate. They may also revise or create a *BSP/BIP*, if needed.

If additional SCI Assistance is recommended, the *IEP* team should add goals to specify the needs addressed. Regardless of the circumstances that may indicate the need for support, it is imperative for every *IEP* to address

the skills that will be taught in order for SCI Assistance to be faded. SCI Assistance may be written on the *IEP Offer of FAPE Services* page under Supplementary Aids, Services, Program Accommodations/Modifications and/or Supports. In some cases, where intensive support is indicated, an *IEP* team may choose to add specific services in the service grid of the *IEP*.

If the *IEP* team develops a *BSP*, the *Special Factors* page of the *IEP* must be amended.

More specific details on implementation should be included in the ***Independence Plan (Step 4 – Form 1)***. The ***Independence Plan*** is a required form for any *IEP* team recommending SCI Assistance as a result of the SCI Assistance evaluation process. The details for implementing and fading support are included in this plan. The team should carefully consider the adaptations/accommodations that will promote and sustain independence as the SCI Assistance is gradually diminished. Any time an ***Independence Plan*** is modified, an *IEP* meeting should be convened. The ***Independence Plan*** serves as a guide for SCI Assistance.

If parents are not in agreement with the need for SCI Assistance, consult with the special education director regarding the need for *Prior Written Notice* or further action.

#### **Step 5-Follow-up Action** (if required)

Staffing adjustments, if needed, will be addressed by district administration. In all cases copies of the *IEP*, ***SCI Assistance Report, Independence Plan, BSP***, behavioral data, and copy of the completed ***Special Circumstances Instructional Assistance Process Checklist*** (with initials) are gathered as a packet and submitted to the district administration. If adjustments in staffing occur, the *IEP* case manager, SCI Assistance facilitator and relevant special education staff assist in training the assistance personnel to implement the *IEP* and ***Independence Plan***. The *IEP* case manager and SCI Assistance facilitator collaborate with the site administrator to utilize new or existing staff.

#### **Step 6 -Review and Move to Independence** (must be followed for all *Independence Plans*)

The goal for any student with a disability is to encourage and promote independence. Periodic observations and review of data are required, both to assess the effectiveness of this additional support, and to monitor the duration of services. It is recommended that the reviews of the ***Independence Plan*** align with dates for Progressing Reporting. The ***Observational Review of Independence Plan to Determine SCI Assistance (Step 6 – Form 1)*** is used to determine continued need for SCI Assistance, and the ***Independence Plan*** is reviewed and revised as needed. *IEP* team involvement and documentation is conducted as indicated. Any change to the *IEP* requires an Amendment to the current *IEP*.

## Consideration for Special Circumstances Instructional Assistance FLOW CHART

Following discussion/request and prior to formal referral for SCI Assistance evaluation the *IEP* team will:

- Review *IEP* and *BSP* to ensure goals and strategies in place address all areas of need
- Review and exhaust all existing and available supports
- Gather and review records
- Make a determination of necessity of SCI Assistance evaluation and/or provide recommendations in lieu of evaluation
- If SCI Assistance evaluation is recommended then proceed to Step One

**Preliminary**  
*IEP* Team

### SCI Assistance Referral and Evaluation Process

#### Initiate SCIA Referral

- Complete/review SCIA referral forms, rubrics, *IEP* progress reports, packet
- Communicate with district office and site administrator
- Revise existing program as needed or move to Step 2

**Step One\***  
Program Spec  
Spec Ed Coord  
School Psych

#### Notification/Permission

- Complete and send *Notification and Plan for Assessment*
- Obtain and clarify parent permission to determine need for overall assistance

**Step Two\***  
Program Spec  
Spec Ed Coord  
School Psych

#### Interviews, Observations, Evaluation

- Complete *Parent Interview*, *Teacher Interview*, and *Student Interview*
- Complete observations and evaluations
- Develop *SCI Assistance Report*
- Complete *Class Weighting Worksheet*
- Complete *Summary of Evaluation for Additional Support*

**Step Three\***  
Program Spec  
Spec Ed Coord  
School Psych

#### Share Results with IEP Team

- Hold *IEP* meeting and review results
- Make a determination of need for additional or alternative assistance/support
- Amend *IEP/BSP/BIP* as needed
- Create *Independence Plan*

**Step Four\***  
Program Spec  
Spec Ed Coord  
School Psych  
*IEP* Team

#### Follow-Up Action

- Request additional staff, if needed
- Share *IEP*, *Independence Plan*, and other documents with district offices
- Train staff to implement *IEP/Independence Plan* and collect data
- Communicate/Collaborate with site administrator

**Step Five\***  
Program Spec  
Spec Ed Coord  
School Psych  
*IEP* Team/Staff

#### Review and Move to Independence

- Continue to conduct observations
- Continue to collect data
- Review *Independence Plan*, analyze and revise with *IEP* team, as needed

**Step Six\***  
Program Spec  
Spec Ed Coord  
School Psych  
*IEP* Team/Staff

\*Circle Appropriate Lead

**Special Circumstances Instructional Assistance  
PROCESS CHECKLIST**

Student:	ID #:	Date:
Age: Grade: DOB:	Eligibility:	Gen Ed Teacher:
School:	Sp Ed Teacher:	IEP Case Manager:

**I. Instructional Intervention** (Completed by *IEP* case manager/psychologist/program specialist prior to referral)

Prior to considering a SCI Assistance referral, *IEP* team has exhausted all existing and natural supports (may complete

**Observational Evaluation Step 3-Form 4** and/or **Current Functioning and Supports Rubric (Step 1- Form 2)**, if appropriate, to assist in providing additional information)

All relevant behavior and academic data collected and gathered prior to referral (frequency, duration, severity)

*Behavior Support/Intervention Plan* implementation data reviewed, if appropriate:

*BSP/BIP* – Data and strategies used to increase replacement behaviors; implementation for at least three months or as determined by *IEP* team, with revisions as needed

Records gathered:

Academic Progress/Interventions and Behavioral Data \_\_\_\_\_ (initial)

Student Schedule (including grades and attendance) \_\_\_\_\_ (initial)

Psycho-Educational and DIS Reports (s) \_\_\_\_\_ (initial)

Discipline Referral Information/Behavioral History \_\_\_\_\_ (initial)

Health Records \_\_\_\_\_ (initial)

Attendance Records \_\_\_\_\_ (initial)

Formal SCI Assistance evaluation recommended by *IEP* team:

Yes (move to Section II)     No (see recommendations)

Recommendations (attach additional as needed):

**II. Referral and Evaluation Process** Completed by SCI Assistance facilitator (e.g. psychologist, program specialist behavior specialist, etc.) SCI Assistance facilitator name: \_\_\_\_\_

**Step 1 – Initiate Referral**

Complete *Referral for SCI Assistance (Step 1 - Form 1)*

\_\_\_\_\_  
date/initial

Multiple teachers/providers complete *Current Functioning and Supports Rubric (Step 1 – Form 2a/b)*

\_\_\_\_\_  
date/initial

If student has *BSP/BIP*, complete *Review of BSP/BIP (Step 1 – Form 3)*

\_\_\_\_\_  
date/initial

Complete *IEP Progress Report* (print/attach all current progress reports)

\_\_\_\_\_  
date/initial

Packet completed and received by SCI Assistance facilitator

\_\_\_\_\_  
date/initial

Copy of packet sent to site administrator/sp ed director (per district guidelines)

\_\_\_\_\_  
date/initial

**Revise existing program. Call *IEP* team meeting to amend *IEP/BSP/BIP*.**

**OR proceed to Step 2.**

\_\_\_\_\_  
date/initial

**Step 2 – Notification/Permission** (Completed by *IEP* case manager and/or SCI Assistance facilitator)

Complete and send *Notification and Plan for Assessment*

\_\_\_\_\_  
date/initial

Obtain and clarify parent permission to determine need for assistance

\_\_\_\_\_  
date/initial

**Step 3 – Interviews, Observation, Evaluation** (Completed by *IEP* case manager and/or SCI Assistance Lead)

- Complete *Parent Interview(s) (Step 3 – Form 1)* \_\_\_\_\_  
date/initial
- Complete *Teacher Interview(s) (Step 3 – Form 2)* \_\_\_\_\_  
date/initial
- Complete *Student Interview, as appropriate (Step 3 – Form 3)* \_\_\_\_\_  
date/initial
- Complete *Observational Evaluation for SCI Assistance (Step 3 – Forms 4a-d)* \_\_\_\_\_  
date/initial
- Complete *Class Weighting Worksheet (Step 3 – Form 5)* \_\_\_\_\_  
date/initial
- Complete *Summary of Evaluation for Additional Support (Step 3 – Form 6)* \_\_\_\_\_  
date/initial
- Complete evaluations per *Notification and Plan for Assessment*, if indicated \_\_\_\_\_  
date/initial
- Develop *SCI Assistance Evaluation Report (Step 3 – Form 7)* \_\_\_\_\_  
date/initial

**Step 4 – Share Results with IEP Team** (Completed by *IEP* case manager and/or SCI assistance facilitator)

- Hold *IEP* meeting, review results of evaluation with *IEP* team \_\_\_\_\_  
date/initial
- If additional SCI Assistance **IS NOT** recommended: \_\_\_\_\_  
date/initial
  - Review/refine natural supports/accommodations/modifications in student’s existing *IEP*
  - Add *IEP* goals and objectives, if appropriate
  - Revise/create BSP/BIP, if necessary
- If additional SCI Assistance **IS** recommended \_\_\_\_\_  
date/initial
  - Identify *IEP* goals and objectives to be supported by SCI Assistance
  - Complete/amend *Special Factors IEP* page, if appropriate
  - Complete/Amend *Services IEP* page: Supplementary Aids, Services and Other Supports and/or Services
- Include start/end dates, frequency, duration and location of SCI Assistance
- Develop *Independence Plan (Step 4 - Forms 1a/b)* and type of documentation to be collected
- If parent(s) not in agreement, consult with sp ed director regarding need for *Prior Written Notice* \_\_\_\_\_  
date/initial

**Step 5 – Follow-Up Action** (if required)

- Request additional SCI Assistance to provide support, if needed \_\_\_\_\_  
date/initial
- Send *IEP, Independence Plan, BSP*, behavioral data, copy of this completed *Checklist* to district offices, and follow district procedures to adjust staffing \_\_\_\_\_  
date/initial
- IEP* case manager and SCI Assistance facilitator coordinate to train staff for implementation \_\_\_\_\_  
date/initial
- Collaborate with site administrator to utilize new/existing staff for *Independence Plan* \_\_\_\_\_  
date/initial

**Step 6 – Review and Move to Independence** (must be followed for **all** *Independence Plans*)

- Conduct observation, necessary interviews and progress toward independence using *Observational Review to determine continued need for SCI Assistance (Step 6 – Form 1a/b)* \_\_\_\_\_  
date/initial
- Review *Independence Plan (Step 4 - Forms 1a/b)* – analyze and revise, as needed \_\_\_\_\_  
date/initial
- Review *BSP/BIP, Independence Plan (Step 4 - Forms 1a/b)* and documentation with parent and *IEP* team, *as indicated* \_\_\_\_\_  
date/initial

**Referral for Special Circumstances Instructional Assistance**

Student:	ID #:	Date:
Age: Grade: DOB:	Eligibility:	Gen Ed Teacher:
School:	Sp Ed Teacher:	IEP Case Manager:

Reason for referral:

Previous interventions and results (including frequency, duration, and location):

Other unique needs:

How is existing staff in the classroom or site utilized (e.g. proximity, prompting, staff schedule, shared responsibilities, basic needs etc.)?

Attach the following information:

<input type="checkbox"/>	SCI Assistance Rubric (Step 1 – Form 2)
<input type="checkbox"/>	Review of BSP or BIP (Step 1 – Form 3)
<input type="checkbox"/>	Review of IEP goals with <u>progress toward goals noted</u>
<input type="checkbox"/>	Behavioral data (data collection on frequency, duration, and severity of behavior)
<input type="checkbox"/>	Student’s BSP or BIP, if appropriate
<input type="checkbox"/>	Academic progress/assessments (current informal and/or curriculum-based assessments)
<input type="checkbox"/>	Student’s schedule and class schedule if they differ
<input type="checkbox"/>	Psycho-Educational report(s)
<input type="checkbox"/>	Discipline referral information
<input type="checkbox"/>	Health records
<input type="checkbox"/>	Attendance Records

This referral is made at the request of the: (check all that apply)

<input type="checkbox"/>	Teacher:	<input type="checkbox"/>	IEP Case Manager:
<input type="checkbox"/>	Parent/Guardian:	<input type="checkbox"/>	Other:

\_\_\_\_\_   
 Person Completing Referral

\_\_\_\_\_   
 Date



### Current Functioning and Supports Rubric

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Disability: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Teacher: \_\_\_\_\_ Current Program: \_\_\_\_\_ Person Completing Rubric (Name/Title): \_\_\_\_\_

**Please rate the student's current level of functioning by selecting the number that best describes the student in each rubric category that is appropriate. Optional totals below.**

	<i>Health/Personal Care/Rating</i>	<i>Behavior/Rating</i>	<i>Instruction/Rating</i>	<i>Inclusion/Mainstreaming/Rating</i>
<b>No Concerns</b> (0)	General good health. No specialized health care procedure or medications taken. No time required for health care. Independently maintains all "age appropriate" personal care needs. <input type="checkbox"/>	Follows adult directions without frequent prompts or close supervision. Handles change and redirection. Usually gets along with peers and adults. Seeks out friends. <input type="checkbox"/>	Participates fully in whole class instruction. Stays on task during typical instruction activity. Follows direction with few to no additional prompts. <input type="checkbox"/>	Participates in some core curriculum within general education class and requires few modifications. Can find classroom. Usually socializes well with peers. <input type="checkbox"/>
<b>Mild</b> (1)	Mild or occasional health concerns. Allergies or other chronic health conditions. No specialized health care procedure. Medication administration takes less than 10 minutes time. Needs reminders to complete "age appropriate" personal care activities. <input type="checkbox"/>	Follows adult direction but occasionally requires additional encouragement and prompts. Occasional difficulty with peers or adults. Does not always seek out friends but plays if invited. <input type="checkbox"/>	Participates in groups at instructional level but may require additional prompts, cues, or reinforcement. Requires reminders to stay on task, follow directions and to remain engaged in learning. <input type="checkbox"/>	Participates with modifications and accommodations. Needs occasional reminders of room expectations and schedule. Requires some additional support to finish work and be responsible. Needs some social cueing to interact with peers appropriately. <input type="checkbox"/>
<b>Moderate</b> (2)	Chronic health issues (ear infections, ADD, diabetes, bee sting allergy). Generic specialized health care procedure and takes medication. Health care intervention for 10-15 min. daily (diet, blood sugar, medication). Requires reminders and occasional additional prompts or limited hands-on assistance for washing hands, going to the bathroom, wiping mouth, shoes, buttons, zippers, etc. Occasional toileting accidents. <input type="checkbox"/>	Has problems following directions and behaving appropriately. Can be managed adequately with a classroom behavior management plan, but unable to experience much success without behavior support plan implementation. <input type="checkbox"/>	Cannot always participate in whole class instruction. Requires smaller groups and frequent verbal prompts, cues or reinforcement. On-task about 50% of the time with support. Requires more verbal prompts to follow directions. <input type="checkbox"/>	Participates with visual supervision and occasional verbal prompts. Requires visual shadowing to get to class. Needs modifications and accommodations to benefit from class activities. Regular socialization may require adult facilitation. <input type="checkbox"/>
<b>Significant</b> (3)	Very specialized health care procedure and medication. Limited mobility or physical limitations requiring assistance (stander, walker, gait trainer or wheelchair). Special food prep or feeding. Health related interventions 15-45 min. daily. Frequent physical prompts and direction assistance to participate in personal care. Food prep required regularly. Requires toilet schedule, training, direct help, diapering, etc. <input type="checkbox"/>	Serious behavior problems almost daily. Defiant and/or prone to physical aggression. Requires a Behavior Intervention Plan (BIP) and behavior goals and objectives on the IEP. Requires close visual supervision to implement BIP. Medication for ADD/ADHD or other behaviors. <input type="checkbox"/>	Difficulty participating in a large group. Requires low student staff ratio, close adult proximity and prompts including physical assistance to stay on task. Primarily complies only with 1:1 directions & monitoring. Cognitive abilities & skills likely require modifications not typical for class as a whole. Needs individualized methodologies (ABA, DTT, etc.). Requires signing over 80% of the time. <input type="checkbox"/>	Participation may require additional staff for direct instructional and behavioral support. Requires direct supervision going to & from class. Always requires modifications & accommodations for class work. Requires adult to facilitate social interaction with peers. <input type="checkbox"/>
<b>Severe</b> (4)	Specialized health care procedure requiring care by specially trained employee (G tube, tracheotomy, catheterization). Takes medication requires positioning or bracing multiple times daily. Health related intervention 45 min. daily. Direct assistance with most personal care. Requires two-person lift. Direct 1:1 assistance 45 or more minutes daily. <input type="checkbox"/>	Serious behavior problems with potential for injury to self and others, runs-away, aggressive on a daily basis. Functional Analysis of Behavior or Hughes Bill has been completed and the student has a well-developed BIP, which is implemented to allow the student to safely attend school. Staff has been trained in the management of assaultive behaviors. <input type="checkbox"/>	Cannot participate in a group without constant 1:1 support. Requires constant verbal and physical prompting to stay on-task and follow directions. Regularly requires specific 1:1 instructional strategies to benefit from the IEP. Cognitive abilities and skills require significant accommodations and modifications not typical for the class group. <input type="checkbox"/>	Always requires 1:1 staff in close proximity for direct instruction, safety, mobility or behavior monitoring. Requires 1:1 assistance to go to and from class 80% of the time. Requires adult to facilitate social interaction with peers and remain in close proximity at all times. <input type="checkbox"/>

*Recommended that this rubric be completed by or with multiple teachers. You may average scores or examine responses for patterns or differences.*

Summary: Health Care \_\_\_\_\_ + Behavior \_\_\_\_\_ + Instruction \_\_\_\_\_ + Inclusion \_\_\_\_\_ = Total Score \_\_\_\_\_  
Score Score Score Score

## Current Functioning and Supports Rubric

### Environment

- Clarify rules
- Active rule teaching
- Change seating
- Change groups
- Reduce distractions
- Special study area
- Peer supports
- Visual/posted schedule followed
- Rearrange physical environment
- Other:

### Assignments

- Shorten
- Individual contracts
- Extended time
- Use of tape recorder
- Daily assignment sheet
- Assignment notebook/calendar
- Start buddy
- Other:

### Requests for Assistance

- Conference with parents
- Confer with other school staff (i.e., counselor, administrator, reading specialist, etc.)
- Behavior support plan
- Classroom team meetings
- Other:

### Curriculum/Materials

- Change instructional materials
- High-interest reading materials
- Use of computer
- Calculator
- Books on tape, taped notes
- Learning games
- Assistive devices
- Reinforcers
- Reinforcement schedule (variety) in place
- Lesson plans clearly written
- IEP objectives address deficit areas
- Other:

### Teaching Techniques

- Consistent rules and consequences (consistency across staff)
- Teach note-taking & study skills
- Strategies instruction
- Repeat instructions, assignments
- Verbal praises
- Frequent feedback
- Eye contact
- Use of visual aids, hands-on
- Small-group instruction
- Cross-age tutor
- Other:

### Communication

- Student has ways to communicate need appropriately
- Staff recognizes communication attempts (encourages)
- Home/school communication (logs, email, etc.)
- Other:

**SCI Assistance Review of Behavior Support Plan (BSP) or Behavior Intervention Plan (BIP)**

Form must be completed when SCI Assistance is requested due to **behavioral issues**.

(Attach a copy of the student’s *BSP or BIP* to this form.)

Student:	ID #:	Date:
Age: Grade: DOB:	Eligibility:	Gen Ed Teacher:
School:	Sp Ed Teacher:	IEP Case Manager:

What are the target behaviors in the BSP or BIP?

- Yes  No All interventions are developmentally appropriate for student.
- Yes  No The request for SCI Assistance is related to identified target behaviors in the BSP/BIP.
- Yes  No BSP or BIP is written with sufficient clarity and detail for staff to understand and implement.
- Yes  No All implementers have a copy of the plan.
- Yes  No All implementers understand and/or have training in strategies outlined in the plan.
- Yes  No The BSP or BIP is being fully implemented.
- Yes  No Support for the plan provided by the Case Manager is adequate.
- Yes  No Student is making progress on the target behaviors. Indicate supporting evidence (e.g., grades, rate of homework completion, duration of on-task behavior, frequency, and quality of social interactions).

Comments:

**Action(s):**

- BSP or BIP is appropriate, and no modifications are needed.
- Revise BSP or BIP.
- Develop BSP or BIP.
- Train support staff. Describe:
- Other.

Comments:

**Special Circumstances Instructional Assistance  
PARENT INTERVIEW**

Student:	ID #:	Date:
Age: Grade: DOB:	Eligibility:	Gen Ed Teacher:
School:	Sp Ed Teacher:	IEP Case Manager:

1. When is your child successful during his/her school day? What is working?

2. What areas are difficult for your child? During which activities do these difficulties occur?

3. What special education services and/or other assistance does your child currently receive?

4. What other school programs, support from other staff, or students does your child benefit from?

5. What skills would you like your child to develop to become more independent?

6. Is there anything else you'd like us to consider?

**Parent Initials: \_\_\_\_\_ Date: \_\_\_\_\_**

**Or completed by phone interview on \_\_\_\_\_ by \_\_\_\_\_**  
date name/title

**Completed with the assistance of a translator. Comments:**

**Special Circumstances Instructional Assistance**  
**TEACHER INTERVIEW**

Student:	ID #:	Date:
SCI Assistance Facilitator:	Interviewer:	Interviewee/Title:

1. When is the student successful during his/her school day? What is working? (include data)

2. What areas are difficult for the student? During which activities do these difficulties occur? (include data)

3. What assistance does the student currently receive?

4. What other school programs, support from other staff, or students does the student benefit from?

5. What skills would you like the student to develop to become more independent?

6. Is there anything else you would like us to consider?

**Special Circumstances Instructional Assistance**  
**STUDENT INTERVIEW**

Student:	ID #:	Date:
SCI Assistance Facilitator:	Interviewer:	

*\*Questions may be adapted to match the student's needs and/or methods of communication.*

1. What do you like about school? When are you successful?

2. When do you have problems during your school day?

3. How do school staff members help you during the day?

4. Who else helps you during school?

5. What programs do you participate in that help you in school?

6. What are some things you would like to learn to become more independent?

7. Is there anything else you would like us to know about you?

## Observational Evaluation for SCIA Assistance

Student:	ID #:	Date:
Age: Grade: DOB:	Eligibility:	Gen Ed Teacher:
School:	Sp Ed Teacher:	IEP Case Manager:

*Form shall be used repeatedly to conduct observations in varied settings*

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

**A. Classroom/Setting** (please specify): (e.g. playground, computer lab, science classroom, etc.):

1. Are individual student/classroom schedules and procedures, visually posted?  Yes  No

Describe schedule/procedures:

2. Are transitions between activities

a. achieved successfully?  Yes  No

b. accessed/executed independently?  Yes  No

Describe:

3. Is setting 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

5. Are student expectations clearly understood, defined or posted?  Yes  No

6. Levels of prompting observed:

Independent (no prompt)       Proximity       Gestural       Visual

Model (model beh. Physically)       Verbal Model (i.e. say it the way they should say it)

Indirect Verbal (e.g. comment to encourage, comment on other student's desired behavior, etc.)

Verbal (e.g. re-stating the direction)       Tactile       Hand Over Hand

Comments:

7. 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/other staff person carries and shows the schedule

Other:

Comments:

**B. Curriculum and instructional planning:**

1. Check the curricular domains included in student's program:  
 Academics             Functional academics             Pro-vocational/vocational  
 Behavior             Health             Self care  
 Communication             Motor skills/mobility             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 (e.g. low incidence equipment, assistive technology devices):
4. Are materials and activities age appropriate?  Yes  No
5. Are materials and activities instructionally appropriate?  Yes  No
6. Describe lessons observed:

**C. Current data systems and collection of data:**

1. Has data been collected on student performance?  Yes  No
2. How often is data collected?  
 Daily             Bi-weekly             Weekly             Monthly
3. How is data summarized?  
 Graphed             Written narrative             Other; Describe:
4. What evidence is there of accommodations and/or modifications being used?
5. How is data used to inform instruction?

Comments:



**D. Behavior and safety:**

1. Describe the behavior management system in the classroom, including positive reinforcers and consequences. Is it appropriate for the student or does it need to be modified?
2. Are specific positive behavior supports utilized for the student?  Yes  No
3. Is appropriate safety equipment in place?(e.g. helmet or harness, wheelchair, etc.)  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 in independent activities:**

1. Describe the student's interaction 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 problems are evident?

Comments:

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

**G. How is existing assistance utilized?**

- Behavior management     Medical assistance  
 Curriculum adaptation and preparation     Supervision  
 Instruction - Individual     Instruction – Group     Other:

**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 are needed? Why?**

**J. Are there other issues that need to be addressed?**

**Comments:**

**Observation conducted by:**

# Class Weighting Worksheet

School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade/Age: \_\_\_\_\_

Total Number of Students: \_\_\_\_\_ Disability: \_\_\_\_\_ Total IAs: \_\_\_\_\_

	Health/Personal Care	Behavior	Instruction	Inclusion/Mainstreaming	
	___ A. Specialized health plan ___ B. G-tube ___ C. Medications ___ D. Suctioning ___ E. Food preparation ___ F. Diaper changing ___ G. Feeding-full support ___ H. Seizures weekly ___ I. Other: _____	___ A. Behavior plan in place ___ B. Physically aggressive weekly ___ C. Non-compliant in class ___ D. Non-compliant on campus ___ E. Runs away weekly ___ F. ADHD medicated ___ G. Mental health client ___ H. Other: _____	___ A. Individual methodology ___ B. Physical prompts 80%+ ___ C. Verbal prompts 80%+ ___ D. Structured teaching ___ E. Assistive technology ___ F. Signing 80%+ ___ G. Other: _____	___ A. Direct adult instruction ___ B. Physical support/positioning ___ C. Safety supervision ___ D. Close visual supervision ___ E. Other: _____	
<b>Student Names</b>	_____	_____	_____	_____	<b>Total</b>

**Rating System:**

1. Write the "letter" for each of the items that apply to students in the columns above.
  2. Tally and enter the number of individual items for all students in the area provided next to the items at the top of the columns. Example: If five students have a "specialized health plan" in place, mark a "5" on the line next to "A." Specialized health plan in the first column.
  3. Please provide data for each item marked.
- Form to be completed by Coordinator/Principal or Psychologist.

### Summary of Evaluation for Additional Support Informal Meeting

Student: \_\_\_\_\_ District: \_\_\_\_\_ DOB: \_\_\_\_\_

Age: \_\_\_\_\_  Male  Female Grade Level: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Based on documentation and observation the following is recommended:

- Implementing alternative strategies
- Structuring the environment
- Using existing staff members (specify time and activity)
- Increasing training
- Special circumstance instructional support in the following areas of intensive need:

<b>Health/Personal Care</b>	<b>Behavior</b>	<b>Instruction</b>	<b>Inclusion/Mainstreaming</b>
<input type="checkbox"/> Implementation of specialized health plan	<input type="checkbox"/> Implementing individualized behavior plan	<input type="checkbox"/> Provide physical prompts	<input type="checkbox"/> Direct adult instruction
<input type="checkbox"/> G-tube	<input type="checkbox"/> Implementing crisis intervention techniques	<input type="checkbox"/> Provide verbal prompts	<input type="checkbox"/> Provide physical support/positioning
<input type="checkbox"/> Suctioning	<input type="checkbox"/> Redirecting/removing from class	<input type="checkbox"/> Structured teaching/ assignments	<input type="checkbox"/> Provide safety/close visual supervision
<input type="checkbox"/> Providing physical support/positioning	<input type="checkbox"/> Prohibiting elopement of student	<input type="checkbox"/> Support use of assistive technology	<input type="checkbox"/> Facilitating social interaction with peers
<input type="checkbox"/> Toileting	<input type="checkbox"/> Providing safety supervision	<input type="checkbox"/> Implement individualized methodologies	<input type="checkbox"/> Adapting materials
<input type="checkbox"/> Feeding-full support	<input type="checkbox"/> Supervision during breaks	<input type="checkbox"/> Provide signing	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	

Describe how assistant will be provided training.

For EACH area of intensive need marked above indicate which IEP goal objective addresses the area of intense need. Use additional paper if needed to describe all the needs.

Describe school day description and assistance needed. Specify time(s) and activity(ies). Use additional paper if needed.

### Special Circumstances Instructional Assistance Evaluation Report

<b>Student:</b>	<b>ID#:</b>	<b>Date:</b>
<b>Age:</b>	<b>Grade:</b>	<b>Eligibility:</b>
<b>DOB:</b>	<b>Gen Ed Teacher:</b>	<b>Placement:</b>
<b>School:</b>	<b>Sp Ed Teacher:</b>	<b>Contact Phone:</b>
<b>IEP Case Manager:</b>	<b>Psychologist:</b>	<b>SCI Assistance Facilitator:</b>
<b>Evaluation Report Prepared By:</b>		

**I. Reason for Referral and SCI Assistance Rubric**

**II. Background Information and Educational Setting** (*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 BSP or BIP; and disciplinary referral information*)

**III. Evaluation Procedures** (*include information regarding administration of tests in primary language of student by qualified personnel; validity of the evaluation; validity of tests for the purpose for which they were used*)

**IV. Summary of Interviews and Observations** (*summarize results of the parent/teacher/student interviews and include information regarding relevant behavior noted during observation of the student*)

**V. Summary of Standardized and/or Curriculum-Based Assessments (if applicable)**

**VI. Recommendations** (*include information regarding the need for specialized services, materials, and equipment; indicate if the student's needs can be met in the regular education classroom with the current level of support*)

Respectfully Submitted,

#### **Step 4: Documenting Special Circumstances Instructional Assistance in the IEP**

California Education Code (EC 56033.5) defines Supplementary Aids and Services as “aids, services and other supports that are provided in the regular education class and other education-related settings and in extracurricular and nonacademic settings, to enable individuals with exceptional needs to be educated with nondisabled children to the maximum extent appropriate in accordance with Section 1412(a)(5) of Title 20 of the United States Code and Sections 300.114 to 300.116, inclusive of Title 34 of the Code of Federal Regulations.” SCI Assistance should be addressed in the *IEP* on the *Offer of FAPE- Services* page under either “Supplementary Aids, Services and Other Supports for School Personnel, or for Student, or on Behalf of the Student” **or** in the Direct Services section of that page or both. *IEP* teams are instructed to include start and end dates, frequency, duration, district of service, provider, and location. Any additional language clarifying SCI Assistance should be written on the ***Independence Plan (Step 4-Form 1)***.

In addition, sample language on the *IEP Meeting Notes* might state: “In conjunction with natural supports an existing staff support in the classroom, additional special circumstances instructional assistance will be provided for (student’s name) as described on the ***Independence Plan*** (see attached ***Independence Plan (Step 4-Form 1)***).  
“

Language in the *IEP Team Meeting Notes* might be more specific, including, for example the specific classes or subjects in which the support is provided, the skills connected to the specific *IEP* goals, and/or the skills in the *Behavior Support Plan*.

#### **Writing an Independence Plan and Attaching it to the IEP Team Meeting Notes**

An ***Independence Plan (Step 4-Form 1)*** is written specifically to address the needs of the student, current supports, schedule for assistance, and details for implementing and fading the support. The ***Independence Plan*** should be clearly written with specific timelines so that the information is understood by the entire team. It is important that everyone, especially the parent(s), understand the ***Independence Plan*** and timelines. Additional observations should be completed, and this information should be reviewed at the next *IEP* meeting (within 3-6 months) to determine the effectiveness of SCI Assistance.

Reports and ***Independence Plans*** are a part of the student’s *IEP*. Checklists and observation forms are not necessarily part of the student’s record, but may be if shared at *IEP* meetings. **This Independence Plan is attached to IEP date: \_\_\_\_\_**

### SCI Assistance Independence Plan

This Independence Plan is attached to IEP Date: \_\_\_\_\_

Student:	ID #:	Date:
Age:    Grade:    DOB:	Eligibility:	Gen Ed Teacher:
School:	Sp Ed Teacher:	IEP Manager:

Behavior Support Plan/Behavior Intervention Plan: Yes  No

Current supports available in the school environment (*natural supports, student-teacher ratio, itinerant staff...*):

Specific schedule of assistance provided (*specify times, class subjects, and activities*):

*What are the replacement behavior and/or academic goals for the student?*

*Describe the activities or environments where the replacement behaviors should occur.*

	<i>Current baseline of desired behavior/skills (per this plan date)</i>	<i>Level and types of supports currently required for student to perform desired behavior/skills</i>
<i>IEP Goal #</i>		
<i>IEP Goal #</i>		
<i>IEP Goal #</i>		

Procedures: What will be taught so the student learns the replacement behavior/skills? ( <i>task analysis of skill development</i> )	Arrangements: (where/when/materials, e.g. structured setting, math class, cue cards, etc.)	Person(s) responsible:
IEP Goal #		
IEP Goal #		
IEP Goal #		
Measurement/Progress Monitoring Method: ( <i>who, how often, and how will the data be collected</i> ) If using documentation sheet(s), please attach.	How will the data be evaluated to determine if intervention is working?( <i>who/how often?</i> )	
	Criteria for fading and a description of the level of SCI Assistance:	
What are the adaptations/accommodations that will be used to promote and sustain independence:		



**Observational Review of Independence Plan to Determine  
Special Circumstances Instructional Assistance**

Student:	ID #:	Date:
Age:    Grade:    DOB:	Eligibility:	Gen Ed Teacher:
School:	Sp Ed Teacher:	<i>IEP</i> Case Manager:

Observational Setting:

Observer’s Name/Position or Title:

Name(s)/Position of SCI Assistance provider(s):

Current status per teacher/support staff/student:

Description of current SCI Assistance provided (*time, settings, specific tasks such as health, personal care, behavior, instruction, inclusion/mainstream support*):

Observation of student behavior, preferably a range of interactions as noted on ***Independence Plan*** (*including non teacher-directed, teacher-directed, structured, less structure, as appropriate*):

Description of results or efforts to increase student independence and/or progress on goal(s):

Description of SCI Assistance provider(s) training:

Recommendations for increasing generalization (e.g. change time, or tasks; move to less structured settings; additional opportunity for student independence; staff training, etc.):

Comments/Additional Recommendations: