

Kelso School District Special Education

PROCESS FOR SCHEDULING/IDENTIFYING INSTRUCTIONAL ASSISTANT TIME

By completing this process, you will have objective data indication the number of hours each child needs support, the total number of instructional assistant hours your program requires, where the support is being delivered, and the distribution of hours during the day (times where more support is needed).

1. Identify the students currently receiving or who need instructional assistant support. Make sure that the need is documented on the student's individual education plan.
2. Identify the specific tasks or activities. This should also be documented on the plan.
3. Obtain copies of the students' schedules (ask the teachers for specific activities when possible (ie. story, calendar, centers).
4. Indicate when the special education teacher is providing instruction.

Kelso School District

INSTRUCTIONAL ASSISTANT WORK PLAN REQUEST

Student's Name _____ Grade _____ School _____

Case Manager _____ Date _____

Disability Area _____ IEP Date _____ Assessment Date _____

Please document the need for a paraprofessional by answering the following questions and attach a student schedule

What can the student do independently?

What accommodations can be made to assist the student in being independent?

Is there already someone in the building that can provide the services noted above (ie another IA)? Please describe why or why not.

- a. What time during the day will the student not require assistance?
- b. What time of day will the student require assistance? (See attached schedule)
- c. Describe the plan(s) for decreasing and reviewing the use of an instructional assistant and include target dates.

Student Abilities & Assistance Needs Matrix

Student: _____ School: _____ Date: _____

Class(es), Times & Activities	What is the class doing?	What is the student doing independently?	What adaptations or accommodations does the student need?	Identify areas to promote peer connections	Identify areas to target for independence	Adult support, if necessary

Rating Scale for Student Needs

Student Name: _____ Disability Code: _____ School: _____ Date: _____
 Grade: _____ Student ID # _____ DOB: _____

	0	1	2	3	4
Safety	No Support Needed	Low Frequency/Low Intensity as documented on data/routines analysis	High frequency/Low Intensity as documented on data sheet or routines analysis	Low frequency/High intensity as documented on data sheet routines analysis	High frequency/High intensity as documented on data sheet /routines analysis
Access to Curriculum	No Support Needed	Mild/Moderate Language deficits	Moderate language deficits in at least one area (expressive or receptive)	Moderate to severe language deficits in at least one area (expressive or receptive)	Significant deficits in language skills (both expressive and receptive but not ELL issues) and academically behind:

Behavior/ Attention Issues	No Support Needed	Low frequency/Low Intensity behavior	High Frequency/Low Intensity behavior	Behavior impedes either the learning of the student or the functioning of the class	Impedes the learning and functioning of others and classroom
Adaptive Routines	No Support Needed	Mild deficits	Mild – Moderate deficits	Moderate- Severe deficits	Severe deficits