

## **Procedures for Requesting Special Circumstances Instructional Assistance (SCIA)**

Special Circumstances Instructional Assistance (SCIA) is provided for students with disabilities when additional support is necessary for the student to meet his or her goals and objectives. Whenever necessary, additional assistance may be assigned to a school environment or class. Occasionally, however, a student may require individual support for a designated period of time to address a unique need. By law, services to students with special needs must be delivered in “the least restrictive environment.” When the IEP team is considering SCIA, all aspects of the student’s program must be considered. A SCIA request is made only after other documented site interventions have proven unsuccessful. A student’s educational program must be carefully evaluated to determine when and where the additional support is required. Natural support and existing staff should be used whenever possible to promote educational benefit in the least restrictive environment. A primary goal for all students with special needs is to encourage, support, and maximize independence. If not carefully monitored, additional assistance can easily and unintentionally foster dependence. As a result, the IEP team must periodically review the continued need and effectiveness of this additional support.

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## South East SELPA SCIA Forms

### **Form 1: Pre-Referral Process**

This flow chart assists with determining if there is a need to complete a SCIA process, or if other interventions can be put into place instead (e.g., Behavior Intervention Plan).

### **Form 2: Referral for Special Circumstances Instructional Assistance Checklist**

This form is completed by the evaluation team/referring party to include documentation of previous and current interventions, as well as the purpose/need for the SCIA

### **Form 3: Records Review/ Referral**

This form complements Form 2.

### **Form 4: Classroom Adaptations and Modifications**

This form identifies the various adaptations and modifications that are currently being implemented in the classroom. This can be completed by the classroom teacher or a member of the evaluation team.

### **Form 5: Special Circumstances Instructional Assistance Observation Evaluation**

Either a coordinator/assistant principal, psychologist or objective evaluation team member will complete this form. This assists with identifying needs relating to classroom structure, curriculum, classroom environment and classroom team planning and preparation.

### **Form 6: Special Circumstances Instructional Assistance Rubric**

This rubric should be filled out by the classroom teacher and include additional documentation identifying the level of support needed by the student.

### **Form 7: Observational Review of Independence Plan to Determine Special Circumstances Instructional Assistance**

Once a student has been approved for a SCIA and one has been put into place, the evaluation team should continue to observe the student to determine appropriateness and monitor student progress.

### **Form 8: Special Circumstances Instructional Assistance Independence Plan**

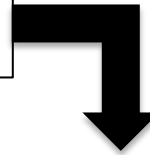
An independent plan should be included in the IEP to determine how the SCIA will be faded, including generalization. The plan should include goals, timelines, and progress monitoring methods.

## Pre-Referral Process

Teacher, Parent, and/or IEP Team expresses concern regarding a need for additional support



Confirm if the IEP/BIP has goals developed in the area of concern



Yes, but they are not being met

If not, STOP. Develop IEP goals to address the area of concern



Assess classroom accommodations and modification and the need for additional staff training



Adjustments and/or trainings are successful



Adjustments and additional trainings are not successful



Develop or revise behavior intervention plan (BIP), if applicable



Adjustments are successful



Adjustments are not successful-  
**Complete SCIA Request**

## Referral for Special Circumstances Instructional Assistance Checklist

Student:	Placement:	School:												
DOB:                      Age:	Sp Ed Teacher:	Form completed by:												
Grade:	Gen Ed Teacher:	Date:												
<p><b>Attach the following information:</b></p> <p><input type="checkbox"/> IEP goals with the progress toward the goals noted specific to areas of needed support</p> <p><input type="checkbox"/> Student's BIP with behavioral documentation (data collection on frequency, duration, and severity of behavior)</p> <p><input type="checkbox"/> Special Circumstances Instructional Assistance Rubric (Step 1 – Forms 2a &amp; 2b)</p> <p><input type="checkbox"/> Documentation of concerns noted in box 3 and/or 4 of rubric (i.e., logs, charts, written narratives)</p> <p><input type="checkbox"/> Student's schedule including related services</p> <p><input type="checkbox"/> Health records (if necessary)</p>														
<p><b>Check the areas of intensive need that might indicate SCIA support:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 16.6%;">Health</th> <th style="width: 16.6%;">Personal Care</th> <th style="width: 16.6%;">Behavior</th> <th style="width: 16.6%;">Instruction</th> <th style="width: 16.6%;">Inclusion</th> <th style="width: 16.6%;">Pragmatics</th> </tr> </thead> <tbody> <tr> <td> <input type="checkbox"/> Health Plan  <input type="checkbox"/> G-Tube  <input type="checkbox"/> Medication  <input type="checkbox"/> Suctioning  <input type="checkbox"/> Food Prep  <input type="checkbox"/> Monitoring  Health Status  <input type="checkbox"/> Other: </td> <td> <input type="checkbox"/> Full toilet care  <input type="checkbox"/> Diapers  <input type="checkbox"/> Toilet training  <input type="checkbox"/> Dressing  <input type="checkbox"/> Eating  <input type="checkbox"/> Hygiene  <input type="checkbox"/> Positioning  <input type="checkbox"/> Other: </td> <td> <input type="checkbox"/> Aggressive  <input type="checkbox"/> Assaultive  <input type="checkbox"/> Non-compliant  <input type="checkbox"/> Over-active  <input type="checkbox"/> Runs away  <input type="checkbox"/> Disruptive  classroom  behavior  <input type="checkbox"/> Other: </td> <td> <input type="checkbox"/> Physical  assistance  <input type="checkbox"/> Constant verbal  prompts  <input type="checkbox"/> TEACHH/DTT  <input type="checkbox"/> Assistive  Technology  <input type="checkbox"/> PECS  <input type="checkbox"/> Other: </td> <td> <input type="checkbox"/> Direct  instruction  <input type="checkbox"/> Physical support  <input type="checkbox"/> Safety  <input type="checkbox"/> Close visual  supervision  <input type="checkbox"/> Mobility  <input type="checkbox"/> Other: </td> <td> <input type="checkbox"/> Initiates social  interactions  <input type="checkbox"/> Developed peer  relationships  <input type="checkbox"/> Social  engagement  <input type="checkbox"/> Rigid interests  <input type="checkbox"/> Social conflict  <input type="checkbox"/> Transitions  <input type="checkbox"/> Other: </td> </tr> </tbody> </table>			Health	Personal Care	Behavior	Instruction	Inclusion	Pragmatics	<input type="checkbox"/> Health Plan <input type="checkbox"/> G-Tube <input type="checkbox"/> Medication <input type="checkbox"/> Suctioning <input type="checkbox"/> Food Prep <input type="checkbox"/> Monitoring Health Status <input type="checkbox"/> Other:	<input type="checkbox"/> Full toilet care <input type="checkbox"/> Diapers <input type="checkbox"/> Toilet training <input type="checkbox"/> Dressing <input type="checkbox"/> Eating <input type="checkbox"/> Hygiene <input type="checkbox"/> Positioning <input type="checkbox"/> Other:	<input type="checkbox"/> Aggressive <input type="checkbox"/> Assaultive <input type="checkbox"/> Non-compliant <input type="checkbox"/> Over-active <input type="checkbox"/> Runs away <input type="checkbox"/> Disruptive classroom behavior <input type="checkbox"/> Other:	<input type="checkbox"/> Physical assistance <input type="checkbox"/> Constant verbal prompts <input type="checkbox"/> TEACHH/DTT <input type="checkbox"/> Assistive Technology <input type="checkbox"/> PECS <input type="checkbox"/> Other:	<input type="checkbox"/> Direct instruction <input type="checkbox"/> Physical support <input type="checkbox"/> Safety <input type="checkbox"/> Close visual supervision <input type="checkbox"/> Mobility <input type="checkbox"/> Other:	<input type="checkbox"/> Initiates social interactions <input type="checkbox"/> Developed peer relationships <input type="checkbox"/> Social engagement <input type="checkbox"/> Rigid interests <input type="checkbox"/> Social conflict <input type="checkbox"/> Transitions <input type="checkbox"/> Other:
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<p><b>Previous Interventions and Results:</b> Describe interventions used to support the student in each of the areas marked above. Provide data that documents the success or failure of interventions. Attach additional pages as necessary.</p>														
<p><b>How are existing staff in your classroom or on your site utilized?</b>      Student/Staff Ratio: _____</p> <p>Number of students needing direct assistance in:  Health: _____ Personal Care: _____ Behavior: _____ Instruction: _____ Inclusion: _____ Pragmatics: _____</p> <p>Other specific classroom and/or unique needs:</p>														
<p>Request Made by:    <input type="checkbox"/> Case Manager    <input type="checkbox"/> Parent/Guardian    <input type="checkbox"/> Teacher    <input type="checkbox"/> Other:</p>														

Signature of Person Requesting Referral: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of School Site Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

## Records Review/Referral

<b>Student:</b>	<b>DOB:</b>
<b>School:</b>	<b>Grade:</b>
<b>Teacher:</b>	<b>Date:</b>

**Reason for referral:**

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

**Other unique needs:**

**How is existing staff in your classroom or site utilized?**

**Describe the student's daily schedule:**

**Summarize relevant records** (e.g., Psycho-Educational report(s), Discipline referral information, Health records):

**This referral is made at the request of the:**

- General Education Teacher
- Special Education Teacher
- Parent/Guardian
- Other: \_\_\_\_\_

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

\_\_\_\_\_  
**Date**

## Classroom Adaptations and Modifications

	<b>Health/Personal Care</b>	<b>Behavior</b>	<b>Instruction</b>	<b>Inclusion/Mainstreaming</b>	<b>Social Pragmatics</b>
<b>1</b>	Mild or occasional health concerns. Allergies or other chronic health concerns. No specialized health care procedures. Medications administered takes less than 10 minutes per day. Needs reminders to complete personal care activities.	Mild or occasional behavior incidents. Follows adult direction but occasionally requires additional encouragements and prompts. Occasional difficulty with peers and adults but behaviors are not typically considered dangerous	Participants in individual, small group, and whole class instructional level, but may require additional prompting or reinforcement. Requires reminders to stay on task, follow directions, and to remain engaged in learning. Specialized instructional strategies are not required	Developed IEP goals can be met through partial and full inclusion in general education with the use if accommodations and/or modifications. Needs occasional reminders of room and schedule. Requires some additional support to finish work and be responsible.	Mild social cueing, able to initiate, turn-take, and maintain interactions. Participants in joint activities but may require additional prompts or cues. Peripheral peer relationships, does not seek others out but plays when invited. Occasional difficulty with transition or changes in routine.
<b>2</b>	Chronic health issues. Generic specialized health care procedure and takes medication. Intervention for 10-15 minutes daily. Requires reminders and prompts or limited hands on assistance for washing hands, using the bathroom, wiping mouth, etc. Occasional toileting accidents	Moderate level of behavioral incidents. Has problems following directions and behaving appropriately. Adult intervention is required daily, but can be managed adequately with a classroom behavior management plan. May require behavior support plan implementation.	Cannot always participate in whole class instruction without modifications. Smaller groups and frequent verbal prompts, cues, or reinforcements. On task about 50% of the time with support. Requires more verbal prompts to follow directions. Specialized instructional strategies are not required.	IEP goals can be met through partial or full inclusion in gen. ed with the use of accommodations and/or modifications. Participates with visual supervision and occasional verbal prompts. Requires visual shadowing to get to class. Requires adult shadowing for short periods of time daily.	Socialization may require facilitation. Requires small groups and 1:1 with frequent adult prompts for successful interactions. Exhibits parallel play but reciprocal play requires adult facilitation. Transitions and changes in routine may require generic intervention.

### **Environment**

- Clarify Rules
- Active rule teaching
- Change seating
- Change groups
- Reduce distractions
- Special study area
- Peer supports
- Posted visual schedule
- Rearrange physical environment

### **Assignment**

- Shorten
- Individual contracts
- Extended time
- Daily assignment book
- Start buddy

### **Request for Assistance**

- Conference with parents
- Confer with other school staff
- Additional staff training
- Behavior support plan
- Classroom team meeting

### **Communication**

- Student has access to communication system
- Student has predictable means of communication
- Staff recognizes communication attempts (encourages)
- Home/School Communication (log, email)

### **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
- Lesson plan clearly written
- IEP objectives address deficit areas

### **Other Accommodations:**

- \_\_\_\_\_
- \_\_\_\_\_

### **Teaching Techniques**

- Consistent rules & consequences (across staff)
- Teach study skills
- Strategies instruction
- Repeat instructions, assignments
- Verbal praise
- Frequent feedback
- Eye Contact
- Use of multiple modalities (visual, aids, hands on)
- Small group instruction
- Cross-age tutoring

### **Other Modifications:**

- \_\_\_\_\_
- \_\_\_\_\_

**Special Circumstances Instructional Assistance  
Observation Evaluation**

Student:	DOB:
School:	Grade:
Observation Setting:	Date:            Start/End Times:            /
Observer Name:	Observer Position:
Number of Students in Class:	Number of Adults in Class:

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

**A. Classroom**

1. Is individual student/classroom schedule visually posted?  Yes  No

A. Student use of the schedule:

- Student carries schedule
- Student goes to schedule board
- Student uses transition cards
- Teachers carries and shows the schedule
- Schedule not used at all
- Other: \_\_\_\_\_

B. Levels of prompt needed for student to follow schedule:

- Independent
- Indirect verbal or gestural prompt
- Physical prompt
- Direct Verbal prompt
- Other

Describe:

2. Is transition between activities quick and smooth?  Yes  No

Explain:

3. Is 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:

**Special Circumstances Instructional Assistance  
Observation Evaluation**

**B. Curriculum and instructional Planning**

1. Check the curriculum domains included in student's program:

<input type="radio"/> Academics	<input type="radio"/> Motor skills/mobility
<input type="radio"/> Behavior	<input type="radio"/> Pre-vocational/vocational
<input type="radio"/> Communication	<input type="radio"/> Self-care
<input type="radio"/> Functional Academics	

2. What curriculum 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 age-appropriate?  Yes  No

5. Are materials and activities instructionally appropriate?  Yes  No

6. Describe lessons observed:

**C. Classroom 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  
Describe:

3. Is there 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 to staff?  Yes  No  
Comments:



**Special Circumstances Instructional Assistance  
Observation Evaluation**

**D. Describe the student's behavior in independent activities.**

1. Describe the student's interaction with peers
  
2. Describe the student's interactions with non-classroom staff in a less structured environment?
  
3. What activities does the student choose during breaks?
  
4. What problems are evident?

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

**F. What assistance currently exists?**

- Behavior management?
- Medical assistance
- Curriculum adaptation and preparation
- Supervision
- Instruction- individual
- Instruction- group
- Other: \_\_\_\_\_

**G. Can current conditions be modified to meet the student's goals and objectives and/or personal care needs? O Yes O No**

**Explain:**

**H. Are other types of assistance needed? Describe:**

**I. Are there any other issues that need to be addressed, and/or any additional comments?**

## Special Circumstances Instructional Assistance Rubric

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Rubric Completed by:** \_\_\_\_\_

	<b>Health/Personal Care</b>		<b>Behavior</b>		<b>Instruction</b>
0	General good health and developmentally appropriate personal care skills. Health care procedures and/or personal care interventions are not typically required.	0	Exhibits age or developmentally appropriate behavior. Interventions are not typically required. Follows directions and handles redirection appropriately.	0	Participates fully in individual, small group, and whole class instruction. Accommodations and modifications beyond those routinely provided for the class are not required.
1	Mild or occasional health concerns. Allergies or other chronic health concerns. No specialized health care procedure. Medications administered takes less than 10 minutes per day. Needs reminders to complete personal care activities.	1	Mild or occasional behavior incidents. Follows adult directions but occasional requires additional encouragement and prompts. Occasional difficulties with peers and adults, but behaviors are not typically considered dangerous.	1	Participates in individuals, small group, and whole class instruction at instructional level, but may require additional prompting or reinforcement. Requires reminders to stay on task, follow directions, and to remain engaged in learning. Specialized instructional strategies are not required.
2	Chronic health issues (ear infections, ADD, bee sting allergy). Generic specialized health care procedure and takes medication. Intervention for 10-15 minutes daily. Requires reminders and occasional additional prompts or limited hands-on assistance for washing hands, using the bathroom, wiping mouth, etc. Occasional toileting accidents.	2	Moderate level of behavior incidents, Has problems following directions and behaving appropriately. Adults intervention is required daily, but can be managed adequately with a classroom management plan. May require behavior intervention plan implementation.	2	Cannot always participate in whole class instruction without modifications. Requires smaller groups and frequent verbal prompts, cues, or reinforcement. On task about 50% of the time with support. Requires frequent verbal prompts to follow directions. Specialized instructional strategies are not required.
3*	Very specialized healthcare 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 to 45 minutes daily. Frequent physical prompts to participate in personal care. Requires toilet schedule, training, direct help, diapering, etc.	3*	Serious level of behavioral incidents. Requires routine adult monitoring and intervention in order to prevent escalation into dangerous situations. Defiant and prone to physical aggression. Requires a behavioral intervention plan and behavior goals and objectives in the IEP	3*	Participation in individual, small group, and whole class instruction requires close adult proximity and monitoring daily. Requires low student staff ratio and prompts including physical assistance to stay on task. Primarily complies only with 1:1 directions and monitoring. Require specialized strategies such as ABA, structured teaching, DTT, etc.
4*	Specialized healthcare procedures requiring care by specially trained adult (G-tube, tracheotomy, cauterization). Takes medication, requires positioning by bracing multiple times daily. Health related intervention and direct 1:1 assistance at least 45 minutes daily. Direct assistance with most personal care. Requires two-person lift.	4*	Severe level of behavioral incidents. Behavior problems with potential for injury to self and others, runs away, aggressive on a daily basis. Analysis of behavior has been completed and the student has a well-developed BIP. Requires constant and focus supervision and intervention from a specially trained adult in order to prevent escalation into dangerous situations.	4*	Participation in any setting requires constant 1:1 support. Regularly requires specific 1:1 instructional strategies such as ABA, structured teaching, and DTT to benefit from the IEP. Cognitive abilities and skills required if it's accommodation and modification.

\*Attach a copy of documentation indicating frequency and duration over a period of time to determine future considerations of special circumstances instructional assistance.

## Special Circumstances Instructional Assistance Rubric

**Student Name:** \_\_\_\_\_

**Rubric Completed by:** \_\_\_\_\_

	<b>Inclusion/Mainstreaming</b>		<b>Social Pragmatics</b>
0	Developed IEP goals can be met through partial or full inclusion in general education. Participates in some poor curriculum with the general education setting and requires a few accommodations. Independently goes to and successfully participates in a sign general education classes.	0	Usually socializes with peers appropriately. Able to initiate, turn take, and maintain social interactions. Participates independently in enjoyed activities across educational settings. Developed significant, reciprocal pure friendships. Readily accepts transition and adapts to changes in routine.
1	Developed IEP goals can be met through partial or full inclusion in general education with the use of accommodations and/or modifications. Needs occasional reminders of room in schedule. Requires some additional support to finish work and be responsible	1	Needs mild social queuing to interact with peers appropriately. Able to initiate, turn take, maintain social interactions. Participates in joint activities across educational settings but may require additional prompts, cues or reinforcement. Developed peripheral peer relationships, does not seek others out but please when invited. Occasional difficulty with transition and or changes in routine.
2	Developed IEP goals can be met your partial or full inclusion in general education with use of accommodations and/or modifications. Participates with visual supervision and occasional verbal prompts. Requires visual shadowing to get to class. Requires adult shadowing for short period of time daily.	2	Regular socialization may require adult facilitation. Requires small groups and 1:1 with frequent adult prompts for successful initiation, turn taking, and engagement in social interactions. Exhibits parallel play but reciprocal play requires adult facilitation and reinforcement. Transitions and changes in routine may require generic interventions such as reinforcement schedule or visual schedule.
3*	Developed IEP goals can be met through partial or full inclusion in the general education with the frequent use of accommodations and/or modification. Requires adult to monitor success in accessing curriculum. Participate with direct instructional and behavioral support. Requires direct supervision going to and from class.	3*	Requires adult to facilitate social interactions with peers. Requires proximity and direct specialized interventions (social stories, scripts, framing) in all settings for initiation, turn taking, and engagement of social interactions. Exhibits some parallel play mixed with restricted, repetitive and stereotyped behavior patterns unless direct and specialized interventions are used with a trained adult. Primarily requires 1:1 monitoring and specialize interventions during transitions and changes in routine.
4*	IEP goals can be met to partial or full inclusion in general education with extensive use of accommodations and/or modifications. Requires constant adult supervision in order to access curriculum. Always requires 1:1 staff in close proximity for direct instruction, safety, mobility, or behavioral monitoring. Requires 1:1 assistance to go to and from class	4*	Requires adult at the silicate social interactions with peers and remain in close physical proximity at all times. Requires direct, extensive intervention strategies (social stories, scripting, ABA) to initiate or participate in social interactions. Primary play involves restricted, repetitive and stereotyped behavior patterns unless direct and specialize interventions are used with a trained adult. 50% of all transition and changes in routine are so disruptive even with specialize interventions that the learner is not better fitting from the IEP.

\* Attach a copy of documentation indicating frequency and duration over a period of time to determine further consideration a special circumstances instructional assistance

**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:	IEP 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*):

**Observational Review of Independence Plan to Determine Special Circumstances Instructional Assistance (cont'd)**

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:

## Special Circumstances Instructional 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 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 students?*

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

GOAL	<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>		



