

PROJECTED LEVEL OF SUPPORT/NEED

APRIL 2012/SEPT. 2012 (circle one)

STUDENT NAME: _____ CURRENT CODE: _____

SCHOOL: APRIL _____ GRADE _____

SEPTEMBER _____ GRADE _____

| LEVEL OF SUPPORT | Specialized | Targeted | Universal |
|--|-------------|----------|-----------|
| INSTRUCTION | | | |
| MODIFIED (programming where learning outcomes are significantly different from grade level curriculum – supported through assessment) | | | |
| 1. LIFE SKILLS | | | |
| • majority of programming taken from Book 2 - Programming For Students With Special Needs | | | |
| • some programming taken from Book 2 | | | |
| • no life skills outside those taught to typical child of same age | | | |
| 2. FUNCTIONAL ACADEMICS (level at which the student is actually functioning) | | | |
| • ALL core curriculum is at a FUNCTIONAL level | | | |
| • some curriculum is at a FUNCTIONAL level to assist with daily living | | | |
| • vocational academics required | | | |
| 3. SUBJECT SPECIFIC MODIFICATIONS (learning outcomes are significantly different from the provincial curriculum) | | | |
| • modifications to all four core curriculum | | | |
| • two/three curriculum areas are modified | | | |
| • one or no curriculum areas are modified | | | |
| ACCOMMODATED (e.g., changes to instructional strategies, assessment procedures, materials, resources, facilities or equipment) | | | |
| • significant (hourly) support required to access and manage necessary accommodations | | | |
| • moderate (daily) support required to access and manage necessary accommodations | | | |
| • Minimal (weekly/occasional) support required to access & manage necessary accommodations | | | |
| TECHNOLOGY | | | |
| • high Assistive Technology with significant (hourly) support required to access and/or manage | | | |
| • Specify technology used: | | | |
| • high Assistive Technology with moderate (daily) support required to access and/or manage | | | |
| • Specify technology used: | | | |
| • high Assistive Technology with limited (weekly) support required to access and/or manage | | | |
| • Specify technology used: | | | |
| SOCIAL/EMOTIONAL/BEHAVIOURAL (anecdotal supported) | | | |
| • pervasive & severe challenges throughout the day requiring out of class intervention | | | |
| • frequent challenges throughout the week | | | |
| • occasional challenges | | | |
| COMMUNICATION (supported by documentation) | | | |
| 1. SIGN LANGUAGE – requires sign language interpreter | | | |
| 2. BRAILLE – meets code 46 designation | | | |
| 3. VISUAL COMMUNICATIONS AIDES | | | |
| • uses PECS (Picture Exchange Communication Strategies) as primary form of communication | | | |
| • visual symbols are used to augment communication | | | |
| • visual aides are used with infrequent support | | | |
| 4. ORAL COMMUNICATION | | | |
| • severely impaired intelligibility | | | |

| LEVEL OF SUPPORT | Specialized | Targeted | Universal |
|--|-------------|----------|-----------|
| PHYSICAL (supported by documentation) | | | |
| MEDICAL NEEDS – requires a specific medical plan under the direction of a health professional | | | |
| • requires constant monitoring and support to manage medical needs | | | |
| • requires frequent monitoring and support to manage medical needs | | | |
| • requires infrequent monitoring and support to manage medical needs | | | |
| BASIC CARE – dressing, feeding, toileting, hygiene | | | |
| • requires constant monitoring and support | | | |
| • requires frequent monitoring and support | | | |
| • requires a low level of monitoring and support | | | |
| CARE & MANAGEMENT OF EQUIPMENT – hearing aids, FM systems, wheelchair, OT/PT equipment Specify: | | | |
| • requires constant monitoring and support | | | |
| • requires frequent monitoring and support | | | |
| • requires a low level of monitoring and support | | | |
| SUPERVISION/INSTRUCTIONAL SUPPORT | | | |
| FULL DAY – requires 1:1 support for entire school day Specific duties: | | | |
| PART DAY – requires either 1:1 support or supervision in small clustered groups for 25 – 75% of the day : specify hours/day | | | |
| - direct support/monitoring required less than 25% of day | | | |
| CASE MANAGEMENT (supported by documentation) | | | |
| School staff are involved in an extraordinary # of meetings or communications with multiple agencies/specialist to coordinate, plan and manage supports (7 – 10 /year) | | | |
| School staff are involved in regular meetings/communications with multiple agencies/specialists to coordinate, plan and manage supports (4 – 6/year) | | | |
| School staff are involved in occasional meetings/communications with multiple agencies/specialists to coordinate, plan and manage supports (2 – 3/year) | | | |
| SUPPORT TEAM: List all expected members of this student’s support team for the 2012-2013 school year. | | | |
| | | | |
| IMPACT STATEMENT: Indicate how the student’s needs impact him/her in the learning environment. (please attach additional pages if needed) | | | |
| | | | |

Principal's signature – spring 2012

Principal's signature/verification – September 2012