

**Student’s Abilities and Assistance Needs Matrix**

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| **Student name: School:** **Students present grade: Date:** **Area of eligibility: Team Members:****Team Leader: Frequency of Staffings:**

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| Does the student need assistance in the area of self care? | Toileting | Yes | No | Feeding | Yes | No | Mobility problems | Yes | No |
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| Does the student need assistance in the area of communication? | Sign language | Yes | No | Picture schedule | Yes | No | Universal communication systems used | Yes | No |
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| Is the student disruptive in class? | Blurt out | Yes | No | Argue | Yes | No | Refuses to work | Yes | No |
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| Is the student a danger to him/herself or others? | Physical aggression | Yes | No | Threaten  | Yes  | No | Intimidates others | Yes | No |
|  |  |  |  |  |  |
| Does the student need intensive on-going academic support? | Redirection | Yes | No | Re-teaching | Yes | No | Accommodations or modifications | Yes | No |
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Behavior Description:

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| Class or activity and current academic level | How is it taughtWhat is the expectations in this class | What does support look like (what kind of help is the student getting that other students do not get) |  | Is the student currently using any of the following? | If a paraprofessional is being used or being considered-identify the purpose of the paraprofessional and when the paraprofessional **would** or **is** being used |  |
| Behavior Plan  | Assistive technology | Visual Schedules | Peers  | Preferential seating | Scribe | Visual Timer | Small group instruction | Check in check out person | Paraprofessional |
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