Guidelines for Determining the Need for Paraprofessional Support (1-1)

The need for paraprofessional services is determined in the response to the question that guides the determination of all special education and related services available under IDEA: Are the services necessary to provide the individual with a free, appropriate public education?

The following guidelines may help provide clarification in determining the need for educational support services:

- All students with disabilities deserve access to, and their primary instruction from, highly qualified teachers and special educators.
- Support services should be both educationally necessary and relevant.
- Teams should explore natural supports (e.g. general education supports, peer supports) before considering more restrictive supports, especially considering the assignment of a one-to-one paraprofessional.
- In situations where paraprofessionals are utilized, they must be trained, have appropriate roles, (e.g. implementing teacher-planned supplemental instruction, not be expected to make instructional decisions), and be adequately supervised.
- Schools avoid unhelpful double standards whereby students with disabilities receive supports in ways that would be unacceptable for students without disabilities (e.g. receiving primary instruction from a paraprofessional instead of a highly qualified educator).
- If a one-to-one paraprofessional is determined to be needed for the student to access their educational environment, plans are established to evaluate its impact and fade the supports as much and as soon as possible to encourage student independence and appropriate interdependence.

The utilization of paraprofessional support services:

- Should only be considered after less restrictive supports have been documented
- Should be considered a highly restrictive support
- Should be considered <u>only</u> if the student has demonstrated an inability to acquire skills in a group situation or generalize skills across multiple settings as evidenced by data
- Is used to promote the student's independence and assist the student in generalizing IEP goals and objectives, when not making satisfactory progress towards IEP goals.

The IEP team should <u>NOT</u> document the need for paraprofessional support until:

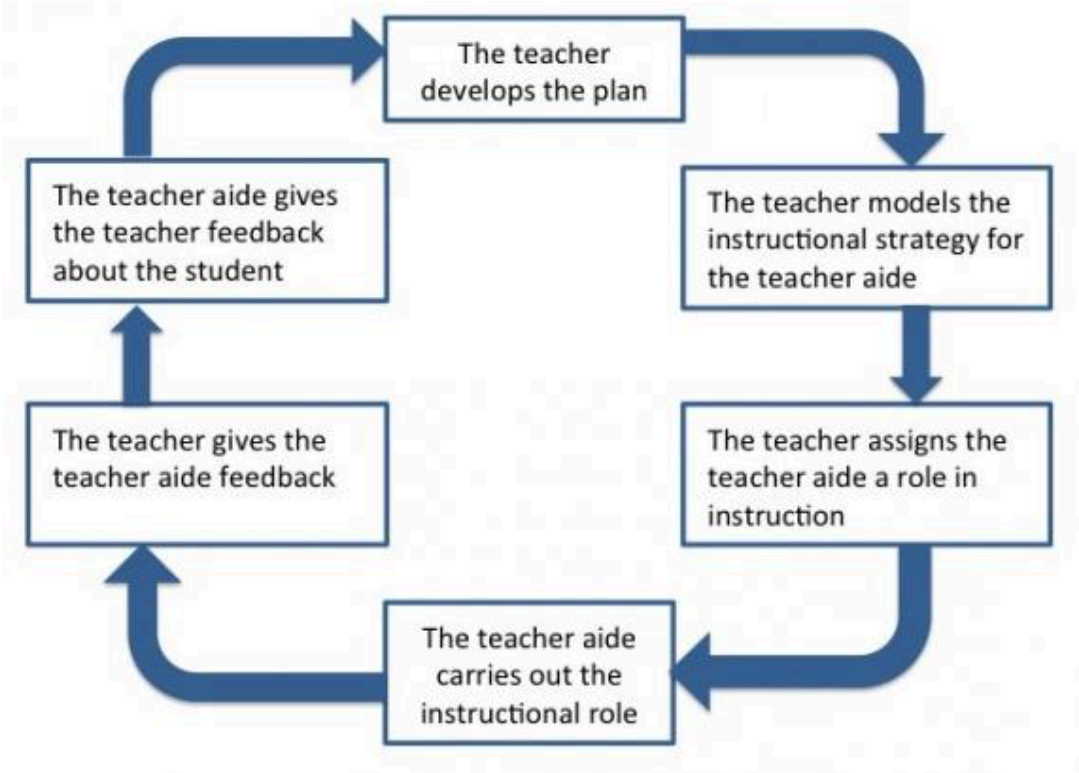
- A special education administrator has observed and given feedback
- Less restrictive classroom supports have been implemented
- Required Documentation has been completed:
    1. Student Information
    2. Individual Student Supports Matrix
    3. Paraprofessional Support Checklist
    4. Plan for Fading Paraprofessional Support
- A special education administrator is present at the IEP meeting

Adapted from Paraprofessional Supports for ESE Students, Alachua County Public Schools (2020); Matrix of Services, Florida Dept. of Education (2017); Supports Intensity Scale-Children's Version, AAIDD (2016); and Developing a Plan for Facilitating Independence and Fadin Support, New Jersey Coalition for Inclusive Education (2018)

The Cycle of Paraprofessional Support

According to the National Resource Center for Paraprofessionals, the definition of a paraprofessional is an employee: 1.) "Whose position is either instructional in nature or who provides other direct or indirect services to students and/or their families; or 2.) Who works under the supervision of a teacher or another professional staff member who has the ultimate responsibility for the design, implementation, and evaluation of education programs and related services."

Paraprofessionals provide invaluable support services to students such as helping a student learn new skills using lessons the teacher has prepared or practice these previously-learned skills. Paraprofessionals also can assist students with a wide variety of tasks, from organization to physical mobility, translation, even job coaching.



Doyle, M.B., 2008. The paraprofessional's guide to the inclusive classroom: Working as a team. Baltimore, MD: Paul H. Brookes Publishing Co.

Request for Consideration of Paraprofessional Support Services

This document is to be used as a tool for schools to collect and analyze data and to discuss if more information is needed in order for the IEP team to determine if supplementary paraprofessional support services are needed. *It is not to be used to pre-determine services on the IEP.*

- Please complete the following documents and return to your special education administrator or supervisor:
    1. Student Information
    2. Individual Student Supports Matrix
    3. Paraprofessional Support Checklist
    4. Plan for Fading Paraprofessional Support
- Observations will be conducted by the special education administrator
- If deemed appropriate and all necessary paperwork is completed (including data), an IEP meeting will be held to review the consideration of the need for paraprofessional support

1. Student Information

Name: _____ Grade: _____

Date of Birth: _____ School: _____

Teacher: _____ Date Completed: _____

Person(s) Completing Form: _____

_____

Does student have an IEP or 504 Plan: _____

Areas of Disability: _____

_____

Related Services: _____

_____

Purpose of Request:

- ☐ **Request for new paraprofessional support**
  *Administrator observation required
- ☐ **Annual IEP Paraprofessional Consideration**

  **Must complete Plan for Fading Paraprofessional Support

2. Individual Student Supports Matrix

Directions: Indicate the TYPE of support, FREQUENCY of support, and DAILY support time need for the following areas:

Independent Functioning and Daily Living
Communication
Social Skills
Behavior
Curriculum/Learning Environment/Academic

Individual Student Supports Matrix

3. Paraprofessional Support Checklist

Student: _____ Date: _____

A. Activities of Daily Living Skills Concerns

Check the areas of intensive need that may require additional support:

- ☐ G-tube feeding*
- ☐ Medication*
- ☐ Suctioning*
- ☐ Food preparation
- ☐ Diaper changing
- ☐ Feeding- full support
- ☐ Seizures*
- ☐ Lift/Transfer
- ☐ Other:

* Health care plan or emergency plan.

1. Is the student having severe difficulties with daily living skills? Yes ☐ No ☐ If **YES**, please complete the rest of section A.
   If **NO**, proceed to section B.

2. What type of support does the student need in order to be successful in the following areas?

Check the appropriate boxes:

	Independent	***Visual Prompts***	***Verbal Prompts***	***Physical Prompts***	***Other Supports***
Toileting					
Mobility					
Eating					
Dressing					
Self-Care					
Personal Safety					

Other:_____					

3. Has data been collected consistently for at least 10 days on the student's of daily living skills? Yes ☐ No ☐ activities

If **NO**, continue the student's current educational program and collect relevant data (see appendices for examples of data sheet).

3a. Summarize and attach the baseline data that identifies the student's skill level on each area of concern. Include a description of what the student currently can do, in what settings, and how often the student will attempt the skill (example: student does not have bladder control and must have diaper changed at least hourly throughout the school day).

4. Are visual supports in place for activities of daily living skills that require prompting? Yes ☐ No ☐

If **YES**, list visual supports that are in place for skills that require prompting.

If **NO,** assign a team member to review the possibility of increasing mini schedules or visual supports for the student in each of the areas listed in #2.

B. Communication Concerns

Check the areas of intensive need that may require additional support:

- ☐ Visual communication system
- ☐ Structured teaching
- ☐ High level of physical prompts
- ☐ High level of verbal prompts
- ☐ Assistive technology support
- ☐ Sign language
- ☐ Other:

1. Are there concerns regarding the student's communication skills? *(ie., pragmatics receptive language, expressive language, articulation, or hearing)* Yes ☐ No ☐

   If **YES**, please describe and then complete the rest of section B.

   If **NO,** proceed to section C.

2. Has data been collected consistently throughout a 10-day period? Yes ☐ No ☐

   If **YES,** please attach data summary.

   If **NO**, continue the student's current educational program and collect relevant data.

3. Does the student have a communication goal in their IEP? Yes ☐ No ☐

   If **NO**, please hold an IEP team meeting to review/revise the IEP.

4. Does the student receive services from the Speech Language Pathologist? Yes ☐ No ☐

   If **NO**, please collaborate with the SLP regarding the concerns in #B1.

5. Does the student have a functional, accessible method of communication at all times for both expressive and receptive language? (Prompted responses or providing answers to questions is not an adequate level of communicative ability to prevent problem behaviors). Yes ☐ No ☐

   If **YES**, please describe the student's communication method, including technology currently used to support communication, learning, and classroom interaction:

   If **NO,** consult and collaborate with the SLP.

6. Does the student use the communication method(s) independently to communicate needs and wants? Yes ☐ No ☐

7. Does the student use the communication method(s) independently to communicate needs and wants? Yes ☐ No ☐

C. Social Skills Concerns *(This section to be completed with input from the special education teacher, SW/Counselor, SLP, OT or others with relevant knowledge and data.)*

Check the areas of intensive need that may require additional support:

- ☐ Student requires direct instruction in social skills
- ☐ Self-regulation
- ☐ Anger management
- ☐ Impulse control
- ☐ Social-pragmatic language
- ☐ Other:

1. Identify the specific social skills difficulties that the student is currently presenting (i.e. List the skills that present the student challenges that are interfering with his functioning, e.g. handling teasing, accepting criticism, relating and interacting with peers, etc.)

In what settings are these difficulties present?

2. Does the student have opportunities to interact with typically developing peers? Yes ☐ No ☐
Provide an overview of current opportunities to interact:

If **NO**, describe the potential areas of interaction that would allow the student to have opportunities to engage with typically developing peers:

3. Does the student currently have social skills goals and objectives in his/her IEP that address the needs identified above? Yes ☐ No ☐

If **NO**, convene the IEP meeting to discuss the student's need for social skills goals and objectives.

4. Have the social skills goals and objectives been addressed consistently for at least 6 weeks with data collected? Yes ☐ No ☐

If **YES**, please attach data summary.

If **NO**, review/revise the BIP to include social skills goals, social skills instruction, a generalization plan, and collect relevant data.

D. Behavioral Concerns *(This section to be completed with input from the special education teacher, SW/Counselor, OT, or others with relevant knowledge and data.)*

Check the areas of intensive need that may require additional support:

- ☐ BIP Implementation or documentation
- ☐ Physically aggressive
- ☐ Non-compliant
- ☐ Elopes
- ☐ Self-injurious
- ☐ Other:

1. Does the student have severe behaviors that interfere with academic achievement? (i.e. significant prompting and cueing dependence, elopement, organizational concerns, disrobing, physical or verbal aggression, etc.) Yes ☐ No ☐

   If **YES**, please complete the rest of section D.

   If **NO**, proceed to the Summary section.

2. Does the student have measurable behavior goals in the IEP? Yes ☐ No ☐

   If **NO**, convene an IEP team meeting to review/revise the IEP.

3. Does the student have a Functional Behavioral Assessment (FBA) and a Behavior Intervention Plan (BIP)? Yes ☐ No ☐

   If **NO,** begin the process to complete an FBA for the student.

4. Have behavioral interventions stated in the BIP been consistently implemented for at least 6 weeks? Yes ☐ No ☐

   If **YES,** please attach data summary.

   If **NO,** review/revise BIP and collect relevant data.

   Has the implementation of the BIP resulted in a decrease in the target behavior? Yes ☐ No ☐

5. Describe the supports in place to implement the behavior intervention plan.
   (For example, if a reinforcement schedule tied to student access to the computer is being implemented after every 30 minutes of work, list that under the reinforcement schedule category below).

   Visual Supports:

   Prompt/Cues:

   Reinforcement Schedule:

   Changes to Environment:

E. Academic Concerns *(This section to be completed with input from the special education teacher, general education teacher and others with relevant knowledge and data.)*

1. Is the student receiving modifications to the general education curriculum? Yes ☐ No ☐

2. Check the level of assistance that the student needs in order to be able to engage in academic tasks.

- ☐ Verbal prompts
- ☐ Gestural or visual prompts
- ☐ Modeling of tasks from adults
- ☐ Partial physical prompts
- ☐ Full physical prompts

3. Check areas of intensive need that may require additional support:

- ☐ The student's level of academic assistance is within the partial to full physical prompt range.
- ☐ The student's present level in reading is 3 or more years below their chronological grade level.
- ☐ The student's present level in math is 3 or more years below their chronological grade level.
- ☐ The student requires multiple (greater than 5) exposures to concepts before beginning to demonstrate skill acquisition.

4. Describe the academic support you envision the paraprofessional providing:

5. Does the student have measurable annual goals in their IEP within the area of curriculum & learning that address the academic concerns? Yes ☐ No ☐

If **NO**, convene an IEP team meeting to review/revise the IEP.

6. Describe what the student's specially designed instruction looks like:

7. Have academic interventions been consistently implemented for at least 6 weeks? Yes ☐ No ☐

If **YES,** please attach data summary and describe the interventions:

If **NO,** collect relevant data.

Assessing the Need for Paraprofessional Support

Student: _____ Date: _____

Activity/Time	What does student do that differs from expectations?	What supports are currently in place?	What other supports can be added?	What specific tasks will the paraprofessional do?	What can the student do <u>independently</u> during each of the scheduled activities?

4. Plan for Fading Paraprofessional Support

Step One: Schedule team meetings to facilitate/support the fading process.

Step Two: Identify the types and levels of student assistance currently being provided.

- Complete Tally Form
- Complete Staff Input Form

Step Three: Review the assistance currently provided and brainstorming alternatives.

- Use observational data and staff input provided to clarify the current levels of adult support being provided across all subjects and activities, then work as a team to brainstorm less intrusive alternatives.
- Complete Brainstorming Form
    - Questions to consider when brainstorming might include:
        - If the student needs 1:1 help from an adult because a lesson is going too fast or seems too difficult, are other modifications needed?
        - If close adult support is for attention or behavior issues--what less intrusive strategies can be tried?
        - Can peer supports be tried instead of relying on the adult for support?
        - Can praise or reinforcement be used to help motivate the student stay on task (instead of an adult continually re-directing the student)?

Step Four: Outline the plan to reduce the types and levels of adult support and assistance provided.

- Complete Reduction Plan Outline

Step Five: Incorporate the plan to reduce paraprofessional support into the IEP.

- Develop goals and objectives that contain reduced levels of support and prompting to be used as measures of need for close adult support.
- Determine if a specific plan for motivating the student to work as independently as possible needs to be developed and added to the IEP as accommodations or listed as behavioral interventions or a behavior intervention plan (BIP).
- Specify accommodations/modifications to be provided as needed or as requested by student (in place of the direct adult support). Indicate the specific activities and times in the day when the student may still require close adult support in the IEP (as a service or elsewhere).

Step Two: Identifying Types and Levels of Student Assistance Being Currently Provided (Tally Form)

Directions: Place tallies in corresponding column to indicate what support was given and the time of day the support was provided

Student: _____ Date: _____

Time	Period/ Subject	Helped student organize materials	Redirected student	Provided verbal cues to refocus	Sat next to student to refocus	Assisted with writing task	Other (specify)
8:30							
8:45							
9:00							
9:15							
9:30							
9:45							
10:00							
10:15							
10:30							
10:45							
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12:30							
12:45							
1:00							
1:15							
1:30							
1:45							
2:00							
2:15							
2:30							

Identifying Types and Levels of Student Assistance Being Currently Provided (Staff Input Form)

Student: _____ Date: _____

1. During what routines, activities, time periods, or tasks is it truly necessary to be physically next to this student? (check all that apply)
   - ____During hallway transitions
   - ____In social situations
   - ____Beginning a task (getting started)
   - ____Completing a new/unfamiliar task
   - ____Helping student organize materials
   - ____To prevent aggressive behavior
   - ____To address the student if upset or anxious
   - ____Providing cue to refocus the student
   - ____During school arrival or dismissal routine
   - ____While riding to/from school on the bus
   - ____If assisting with a specific kind of task (such as writing, reading, etc.); please specify_____
   - ____Other: _____
     _____

2. For the skills, activities or time period(s) during which you believe close adult support is necessary, is the goal for this student independence (i.e., done by the student) or interdependence (i.e., done with the support of a peer)?

3. What types of cues or prompts do educators typically use with the student and how often?
   - ____Modeling: frequency: _____
   - ____Indirect or natural cues: frequency: _____
   - ____Visual cues/supports: frequency: _____
   - ____Gestures/signals: frequency: _____
   - ____Verbal prompts: frequency: _____
   - ____Physical prompts: frequency: _____
   - ____Other: _____

4. Can anyone else provide more natural supports for the student?

5. What next step(s) might reduce the type and level of support given to the student?
   (i.e., move from more intrusive to less intrusive cues; teach the student to use natural cues in the environment; Ask questions of the student rather than directly giving the student prompts, etc.)

6. What material, content, or classroom structures/schedules might need to be developed to allow the student to experience more independence?

Step Three: Reviewing Assistance Currently Provided and Brainstorming Alternatives (Brainstorming Form)

Directions: Discuss the following questions with key stakeholders, including the student, his/her family, the student's teachers, related service providers, paraprofessionals (if involved), and any other support staff currently assisting this student.

Student: _____ Date: _____

1. When is it truly necessary to be physically next to this student? (Use the data collected to answer this question.)

2. For the skill, activity or time period, is the goal independence (i.e., done by the student) or interdependence (i.e., done with the support of a peer)?

3. What types of cues are educators using with the student? With what level of intensity, duration and frequency?

4. Can anyone else provide more natural supports for the student?

5. What next step(s) would reduce the type and level of support given to the student (i.e., move from more intensive to less intrusive cues; use natural cues in the environment; ask questions of the student rather than directly giving the student prompts, etc.)?

6. What material, content, or classroom structures/schedules might need to be developed to allow the student to experience more independence?

Step 4: Outlining a Plan to Reduce the Types and Levels of Student Assistance Provided (Reduction Plan Outline)

Directions: Use the data and information gathered with the forms on the previous pages to develop a plan for reducing the types and levels of assistance provided to the student in order to increase independence.

Student: _____ Date: _____

Time/Period	Routine/Activity	Needs Assistance With	Type of Assistance Currently Provided	Steps to Reduce Levels of Assistance