



Division of Special Education

Student Observation Form for Student Supports and Services

To be completed by staffing specialist prior to a request for paraprofessional assistance.

Student name: _____ **ID#:** _____ **Grade:** _____

School: _____ **Mail code#:** _____ **Regional Center:** _____

Current Related Services: _____

Exceptionality: _____ **Program Delivery Model:** _____

Observation by: _____ **Name** _____ **Date** _____

- Indicate the type of assistance needed:
 - Ongoing supervision for the safety of self and others
 - Physical needs (e. g., feeding, toileting, mobility)
 - Social skills training
 - Instructional Support
 - Other _____

Attach documentation (e.g., anecdotes) to indicate specific needs.
- Describe the specific individual assistance required by the student as it relates to the above-checked items.

- Indicate the time of day that the support is needed:
 - a.m.
 - p.m.
 - all day
 - other _____ (transitions, lunchtime, etc.)
- Describe the current classroom including supports:

If there is an individual para assigned to another student in the classroom, please include that para's plan.

Elementary Secondary

	Per. 1	Per. 2	Per. 3	Per. 4	Per. 5	Per. 6
# General ed. Students						
# ESE Students						
# Classroom paras	PT _____ FT _____	PT _____ FT _____	PT _____ FT _____	PT _____ FT _____	PT _____ FT _____	PT _____ FT _____
# Individual paras	PT _____ FT _____	PT _____ FT _____	PT _____ FT _____	PT _____ FT _____	PT _____ FT _____	PT _____ FT _____
Total # students						
Total # adults						

If the chart above is used for a student in elementary school and additional space is needed, use the secondary columns and label the information accordingly.

5. Explain why current classroom supports cannot be utilized to address the student's specialized needs.

6. Indicate the steps taken prior to this request:

- The FAB is current and the BIP, dated ____/____/____, is being implemented.
- The BIP has been revisited and interventions are being implemented.
- Accommodations that are listed on the IEP have been provided.
- Accommodations have been revisited and revised, and are being provided.
- The IEP was reviewed on ____/____/____.

7. The following specialized training has taken place:

<i>Trainings</i>	<i>Persons trained</i>	<i>Dates trained</i>	<i>Trainers</i>	<i>N/A</i>
Inclusion				
Behavior Management				
Autism/Asperger Syndrome				
Assistive Technology				
Other:				

*Please attach the complete IEP and a newly requested individual paraprofessional plan.
Attach the most recent BIP, if appropriate.*

To be completed by Local Education Agency (LEA) representative:

Recommendations	Recommendations	
<ul style="list-style-type: none"> <input type="checkbox"/> Initiate the services of an individual paraprofessional assistant. <input type="checkbox"/> Increase the number of hours of paraprofessional support. <input type="checkbox"/> Continue assistance for the school year _____. <input type="checkbox"/> Review prior to: _____. 	<ul style="list-style-type: none"> <input type="checkbox"/> Individual paraprofessional assistance is not recommended at this time. <p>Prior to submitting a subsequent paraprofessional request, please:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Review the IEP. <input type="checkbox"/> Provide the accommodations. <input type="checkbox"/> Develop a BIP. <input type="checkbox"/> Review and update the BIP. <input type="checkbox"/> Other _____ 	
_____ Print name Local Education Agency (LEA) representative	_____ Signature	_____ Date
_____ Print name Business/Personnel Director	_____ Signature	_____ Date