

Figure 1.

**I. INTENSIVE NEEDS CHECKLIST**

1.	Is there a safety concern for self or others? Please describe.	Yes	No
2.	Does the student require continual teacher prompts: <u>during</u> instruction and/or <u>after</u> instruction (e.g., during independent work)?	Yes Yes	No No
3.	Does the student require assistance with basic functional skills?		
	toileting	Yes	No
	mobility	Yes	No
	feeding	Yes	No
	dressing	Yes	No
	following basic safety rules	Yes	No
4.	Is the student's performance consistent with his/her aptitude?	Yes	No
5.	Do his/her peers include the student in classroom activities?	Yes	No
	Is the student receptive to peer tutoring & support?	Yes	No
6.	Is the student currently receiving specialized small or individualized group instruction in specific academic areas? Please describe.	Yes	No

7. Please note what interventions or program changes you have tried and describe their rate of success (e.g., cooperative learning, behavior management plan, re-grouping within the classroom, pairing with other students)?

If these interventions are not an option, please explain why.

- |    |   |     |    |
|----|---|-----|----|
| 8. | Has an administrator observed the student?                                | Yes | No |
| 9. | Does the team recommend that this position be job-shared?<br>If yes, why? | Yes | No |

**Date of Review:** \_\_\_\_\_

**Date Amended:** \_\_\_\_\_

**Team Members:** \_\_\_\_\_

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