

# Determining the Need for Special Circumstance Instructional Assistance (SCIA)

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The purpose of this handbook is to provide Local Education Agency (LEA) personnel information and guidance in determining a student with a disability's need for special circumstance instructional assistance (SCIA) support. A recommendation for a SCIA is a significant programmatic decision and one that should only be made after a comprehensive discussion of other options considered and clear documentation of as to why those options are not appropriate. While, some students may temporarily need the support of a SCIA to receive a free appropriate public education (FAPE), for other students, the assignment of a SCIA may be unnecessary and inappropriately restrictive.

A goal for all students with disabilities is to promote and maximize independence. LEAs are responsible for developing and implementing individualized education programs (IEPs) that promote such independence. When an IEP team determines that a student needs a SCIA, it should always be considered a time-limited recommendation and specific conditions/goals must be established to fade the use of a SCIA.

California Education Code states,

***E.C. § 56363** (a) As used in this part, the term “designated instruction and services” means “related services” as that term is defined in Section 1401(26) of Title 20 of the United States Code and Section 300.34 of Title 34 of the Code of Federal Regulations. The term “related services” means transportation, and such developmental, corrective, and other supportive services (including speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, social work services, school nurse services designed to enable an individual with exceptional needs to receive a free appropriate public education as described in the individualized education program of the child, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services, except that such medical services shall be for diagnostic and evaluation purpose only) as may be required to assist an individual with exceptional*

*needs to benefit from special education, and includes the early identifications and assessment of disabling conditions in children.*

## **A. Rationale**

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Every LEA within the Desert/Mountain Special Education Local Plan Area (SELPA) is required to provide a full continuum of placement options for students with identified disabilities who are receiving special education services. The Individuals with Disabilities Education Act (IDEA 2004) and California laws and regulations describe a continuum of alternative placements such as instruction in regular classes, special classes, special schools, home instruction, and instruction in hospitals and institutions [Title 34 of the Code of Federal Regulations (CFR) 300.551(b)(1)]. Both federal and state laws also contain provisions to ensure that children with disabilities are educated to the maximum extent possible with children who are not disabled, and that children are removed from the general education environment only when the nature and severity of the disability is such that education in the regular classroom cannot be satisfactorily achieved with the use of related services.

## **B. Least Restrictive Environment (LRE)**

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By law, services to students with special needs must be delivered in the "least restrictive environment." When an IEP team is considering special circumstance support for a student, all aspects of the student's program must be considered with the intent of maximizing student independence. The teacher(s) is responsible for the design and implementation of the student's program.

## **C. Factors for Special Circumstances**

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Whenever special circumstance support is being considered by an IEP team for a student with special needs, the following factors need to be considered:

### *Personal Independence*

First and foremost, an important goal for all special education students is to encourage, promote, and maximize independence. If not carefully monitored, special circumstance assistance can easily and unintentionally foster dependence. A student's total educational program must be carefully evaluated to determine where support is indicated. Natural support and existing staff support should be used whenever possible to promote the least restrictive environment.

The general categories to be considered for special circumstance instructional assistance include:

1. Health/Personal Care Issues

2. Behavioral Support
3. Instruction
4. Inclusion/Mainstreaming

## **D. Special Circumstance Assistance/Support**

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1. IEP teams should identify the need for related services based on appropriate documentation and assessment. If the IEP team recommends such services, the following statements must be considered for inclusion in the IEP:
  - a) The related service is necessary to the child to benefit from his/her special education program;
  - b) The program modifications or supports for school personnel are necessary to assist the child; and
  - c) The related service will assist the child to:
    1. Advance appropriately toward the annual goals;
    2. Be involved in and progress in the general curriculum;
    3. Participate in extracurricular and other nonacademic activities; and
    4. Be educated and participate with other disabled and non-disabled children.
2. The IEP team shall address the means for reviewing and evaluating the necessity of continuing special circumstance instructional assistance services to the student.
3. The IEP team shall also include a statement of the anticipated frequency and duration for the services and modifications.
4. If it is determined that additional personnel support is required, the IEP team should periodically review the effectiveness of this additional support. A systematic, written plan needs to address how additional personnel support will be monitored.
5. For services requiring additional personnel support as a result of a student's behavioral difficulties, the student's IEP needs to include appropriate goals. In addition, a behavioral intervention plan (BIP) should be developed in accordance with Sections 3001 and 3052 in Title 5 of the California Code of Regulations (CCR). The BIP needs to include a provision describing how and when support, including personnel, will be utilized to implement the plan, and when the plan will be reviewed and modified.
6. When determining the need for additional personnel support due to an instructional need, the IEP team must utilize appropriate assessment information to support this recommendation. The written plan must be developed by a general and/or special education teacher specifying how the additional personnel will be utilized to support the teacher in implementing the student's goals and objectives and what attempts will be made to transition other available classroom resources and supports.
7. When a need for additional support is due to medical need, a specialized health care plan will need to be developed. (Utilize D/M SELPA Form 93, 94, and 95, as appropriate)

8. When special circumstance assistance is being considered for a specific student, a LEA representative shall be required to participate in the decision-making process of the IEP meeting.

## **E. Procedures for Requesting SCIA**

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A SCIA may be provided for students with disabilities when additional support is necessary to the student in order to meet his or her goals and to benefit educationally. Whenever possible, additional assistance is assigned to a school environment, class, or case manager. Occasionally, however, a student requires individual support for a designated period of time to address a unique need. By law, services to students with special needs must be delivered in the "least restrictive environment." When the IEP team is considering a SCIA, all aspects of the student's program must be considered. A request for SCIA is made only after other site interventions have proven to be ineffective. A student's educational program must be carefully evaluated to determine when and where the additional support is required. Additionally, the IEP team must plan for periodic reviews to assess the continued need for this type of individualized assistance.

It is expected that students enrolling in a non-public school (NPS) will not require SCIA support. For students currently in NPS, if the need for SCIA becomes evident, the NPS should contact the student's LEA of residence to initiate a referral for a SCIA evaluation. The LEA will evaluate the student and present findings and recommendations to the IEP team. Whether in public school or NPS, if the student already has a SCIA, it is recommended that the LEA conduct an evaluation to determine the continued need for a SCIA prior to the next annual IEP meeting. When a student new to the LEA enrolls with an existing IEP that indicates assistance is needed, a temporary substitute should be assigned until the evaluation process is completed.

- **Step 1: Referral for SCIA**

If the principal and special education team at the site believe extra support may be necessary to meet the student's goals, they must conduct an evaluation of the student's needs prior to an IEP meeting, at which time this topic will be considered. The ***Referral for Special Circumstance Instructional Assistance (D/M 157B)*** needs to be completed. Use the ***Student Needs for Additional Support Rubric (D/M 157C)*** to assist in quantifying the severity of student need. Supporting documentation should include ***Review of IEP Goals (D/M 157E)***, ***Review of Behavioral Intervention Plan (BIP) (D/M 157F)*** and review of other documents as appropriate, such as a nurse's assessment, health report, discipline records, independent assessments, etc.

If the parent requests additional support, the school principal, designee, or special education director shall confer with the parent to clarify his or her concerns, discuss options, and assist the parent in completing the Reason for Referral and Other Unique Needs sections of the ***Referral for Special Circumstance Instructional Assistance (D/M 157B)***. The parent should sign as the person requesting referral. The 15-day timeline for developing the evaluation plan begins on the date of the parent signature.

If SCIA is requested during an IEP meeting without a previous referral, the procedure for requesting SCIA must be initiated at that time. The IEP meeting should be completed and the referral for SCIA should be indicated in the IEP notes. Another IEP meeting will need to be scheduled to review the results of the evaluation.

Submit the *Referral for Special Circumstance Instructional Assistance (D/M 157B)*, *Student Needs for Additional Support Rubric (D/M 157C and 157D)*, *Review of IEP Goals (D/M 157E)*, and *Review of Behavioral Intervention Plan (BIP) (D/M 157F)* if appropriate, with additional supplemental documentation, if necessary, to the director of special education.

- **Step 2: Assessment Plan and Parent Permission**

The director of special education will assign the referral to appropriate staff who will be responsible for securing written parent permission/consent on an Assessment Plan (D/M 66), within 15 days of completion of the referral.

- **Step 3: Parent/Teacher/Student Interviews**

Best practices would be for the interviews to be completed at the beginning of the evaluation process. The SCIA case manager/coordinator should complete the *SCIA Parent Interview (D/M 157G)* and the *SCIA Teacher Interview (D/M 157H)* to identify specific areas of concern. It is usually appropriate to also complete the *SCIA Student Interview (D/M 157I)*.

- **Step 4: Complete Evaluation including Observational Evaluation**

It is the responsibility of the SCIA case manager/coordinator to ensure that the observation is completed, using the *Observational Evaluation for SCIA (D/M 157J)*. The SCIA case manager/coordinator, in addition to the other appropriate assessors, will review strategies, materials, modifications, and/or accommodations currently in place to assist the student toward achieving goals and objectives.

- **Step 5: Develop SCIA Evaluation Report**

When an IEP team is considering SCIA for a student, all aspects of the student's program must be considered with the intent of maximizing student independence. The *SCIA Evaluation Report (D/M 157K)* should address the areas of concern identified in the referral, assessments, interviews, and observations. The SCIA case manager/coordinator will ensure the *SCIA Evaluation Report (D/M 157K)* is developed.

- **Step 6: Review Evaluation at IEP Meeting**

Within 60 days following the receipt of parent consent to evaluate for SCIA, an IEP team shall review the results of the evaluation and recommendations at an IEP meeting. If the IEP team determines a need for SCIA, it is written on the IEP with specific goals, monitoring strategies, fading strategies, and review dates. Regardless of the circumstances that may indicate the need for support, it is imperative for every IEP to address the skills that will be taught in order for SCIA to be faded. The level of support required for the student to advance appropriately toward annual goals needs to be defined. A systematic, written plan should specify how additional support should be utilized and monitored. An IEP meeting should be convened if necessary to modify SCIA. Discussion at this meeting should be

concluded with a written plan outlining the team's criteria and possible timeline for phasing out the necessity for SCIA.

- **Step 7: Request/Assign SCIA**

When an IEP team has determined that SCIA is required, the special education director or designee will process the appropriate paperwork in accordance with LEA procedures.

- **Step 8: Observational Review**

The goal for any student with special needs is to encourage, promote, and maximize independence. Periodic observations and review of data may be required to assess the effectiveness of this additional support and to monitor the duration of services. The ***Observational Review to Determine Continued Need for SCIA (D/M 157L)*** is used if direct observation of the student is required. The IEP team should identify the next scheduled observation date, often within six months and no later than the next annual IEP review, to continually monitor the effectiveness of SCIA provided to the student.

## **F. Training**

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It is critical that all staff receive appropriate training on the student's health issues, curriculum modifications, the student's instructional environment, behavioral interventions, using and fading prompts, data collection and reporting, etc.



## SCIA Checklist

### STUDENT INFORMATION

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Disability: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:  Male  Female  
 School Site: \_\_\_\_\_ Program/Placement: \_\_\_\_\_  
 General Education Teacher: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
 Special Education Teacher: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
 SCIA Case Manager/Coordinator: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**DIRECTIONS:** The following information to be completed by the school site staff. Initial and date as items are completed.

	Initial	Date
<b>STEP 1: Make Referral</b>		
<input type="checkbox"/> Complete SCIA Rubric (D/M 157C & D)	_____	_____
<input type="checkbox"/> Complete Review of IEP Goals (D/M 157E)	_____	_____
<input type="checkbox"/> Complete Review of BIP (D/M 157F)	_____	_____
<input type="checkbox"/> Review other records, as appropriate	_____	_____
<input type="checkbox"/> Complete Referral for SCIA (D/M 157B)	_____	_____
<input type="checkbox"/> Send Packet to district Director of Special Education	_____	_____
<b>STEP 2: Complete Assessment</b>		
<input type="checkbox"/> Complete Assessment Plan (D/M 66)	_____	_____
<input type="checkbox"/> Obtain written parent permission to assess and provide parents with a copy of the Procedural Safeguards (D/M 77)	_____	_____
<b>STEP 3: Complete Interviews</b>		
<input type="checkbox"/> Complete Parent Interview (D/M 157G)	_____	_____
<input type="checkbox"/> Complete Teacher Interview (D/M 157H)	_____	_____
<input type="checkbox"/> Complete Student Interview (D/M 157I)	_____	_____
<b>STEP 4: Complete Evaluation</b>		
<input type="checkbox"/> Complete Observational Evaluation for SCIA (D/M 157J)	_____	_____
<input type="checkbox"/> Complete Assessments	_____	_____
<b>STEP 5: Develop Evaluation Report</b>		
<input type="checkbox"/> Develop SCIA Evaluation Report (D/M 157K)	_____	_____
<b>STEP 6: Review Evaluation at IEP Meeting</b>		
<input type="checkbox"/> Hold IEP meeting (within 60 days of receipt of consent)	_____	_____
<input type="checkbox"/> SCIA Not Recommended - process ends as per IEP	_____	_____
<input type="checkbox"/> SCIA Recommended - develop IEP goals to be supported by SCIA	_____	_____
<b>STEP 7: Request / Assign SCIA</b>		
<input type="checkbox"/> Request/Assign SCIA (LEA Personnel Forms)	_____	_____
<b>STEP 8: Observational Review</b>		
<input type="checkbox"/> Observational Review to Determine Continued Need for SCIA (D/M 157L)	_____	_____
will be completed by _____	_____	_____
Name/Title	Date	



## Referral for SCIA

### STUDENT INFORMATION

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Disability: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:  Male  Female  
School Site: \_\_\_\_\_ Program/Placement: \_\_\_\_\_  
General Education Teacher: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
Special Education Teacher: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
SCIA Case Manager/Coordinator: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**DIRECTIONS:** Please complete the following information. Submit the Referral for SCIA and the following forms: SCIA Rubric (D/M 157C and D), Review of IEP Goals (D/M 157E), and Review of Behavioral Intervention Plan (BIP) (D/M 157F) to the special education office.

Reason for referral:

Areas of student need based on SCIA Rubric (D/M 157C and D):

Concerns identified on Review of IEP Goals (D/M 157E):

Concerns identified on Review of BIP (D/M 157F):

Previous interventions and results: *(including frequency, duration, and location)*

Other unique needs:

This referral is made at the request of the:

Teacher  Case Manager  Parent/Guardian  Other: \_\_\_\_\_

Individual Requesting Referral: \_\_\_\_\_ Date: \_\_\_\_\_

Site Administrator/Designee: \_\_\_\_\_ Date: \_\_\_\_\_





## SCIA Student Needs for Additional Support Rubric

### STUDENT INFORMATION

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Review Date: \_\_\_\_\_  
 Disability: \_\_\_\_\_ Program/Placement: \_\_\_\_\_ Teacher: \_\_\_\_\_

Health/Personal Care Rating	Behavior Rating	Instruction Rating	Inclusion/Mainstreaming Rating	
<b>0</b>	General good health. No specialized health care procedure, medications taken, or time for health care. Independently maintains all "age appropriate" personal care. <input type="checkbox"/>	Follows adult directions without frequent prompts or close supervision. Handles change and redirection. Usually gets along with peers and adults. Seeks out friends. <input type="checkbox"/>	Participates fully in whole class instruction. Stays on task during typical instruction activity. Follows direction with few to no additional prompts. <input type="checkbox"/>	Participates in some core curriculum within general education class and requires few modifications. Can find classroom. Usually socializes well with peers. <input type="checkbox"/>
<b>1</b>	Mild or occasional health concerns. Allergies or other chronic health conditions. No specialized health care procedures. Medication administration takes less than 10 minutes. Needs reminders to complete "age appropriate" personal care activities. <input type="checkbox"/>	Follows adult direction but occasionally requires additional encouragement and prompts. Occasional difficulty with peers or adults. Does not always seek out friends but plays if invited. <input type="checkbox"/>	Participates in groups at instructional level but may require additional prompts, cues or reinforcement. Requires reminders to stay on task, follow directions, and to remain engaged in learning. <input type="checkbox"/>	Participates with modifications and accommodations. Needs occasional reminders of room and schedule. Requires some additional support to finish work and be responsible. Needs some social cueing to interact with peers appropriately. <input type="checkbox"/>
<b>2</b>	Chronic health issues, generic specialized health care procedure. Takes medication. Health care intervention for 10-15 minutes daily (diet, blood sugar, medication). Requires reminders and additional prompts or limited hands-on assistance for washing hands, using bathroom, wiping mouth, shoes, buttons, zippers, etc. Occasional toileting accidents. <input type="checkbox"/>	Has problems following directions and behaving appropriately. Can be managed adequately with a classroom behavioral management plan, but unable to experience much success without behavioral intervention plan implementation. <input type="checkbox"/>	Cannot always participate in whole class instruction. Requires smaller groups and frequent verbal prompts, cues, or reinforcement. On task about 50% of the time with support. Requires more verbal prompts to follow directions. <input type="checkbox"/>	Participates with visual supervision and occasional verbal prompts. Requires visual shadowing to get to class. Needs modifications and accommodations to benefit from class activities. Regular socialization may require adult facilitation. <input type="checkbox"/>
<b>3</b>	Very specialized health care procedure and medication. Limited mobility. Physical limitations requiring assistance (stander, walker, gait trainer, or wheelchair). Special food prep or feeding. Health related interventions 15-45 minutes daily. Frequent physical prompts and direction assistance for personal care. Food prep required regularly. Requires toilet schedule, training, direct help, and diapering. <input type="checkbox"/>	Serious behavioral problems almost daily. Defiant and /or prone to physical aggression. Requires a Behavioral Intervention Plan (BIP) and behavioral goals and objectives on the IEP. Requires close visual supervision to implement BIP. Medication for ADD/ADHD or other behaviors. <input type="checkbox"/>	Difficult to participate in a large group. Requires low student staff ratio, close adult proximity and prompts including physical assistance to stay on task. Primarily complies only with 1:1 directions and monitoring. Cognitive abilities and skills likely require modifications not typical for class as a whole. Needs additional support(s) as determined by the IEP team. <input type="checkbox"/>	Participation may require additional staff for direct instructional and behavioral support. Requires direct supervision going to and from class. Always requires modifications and accommodations for class work. Requires adult to facilitate social interaction with peers. <input type="checkbox"/>
<b>4</b>	Specialized health care procedure requiring care by specially trained employee (G tube, tracheotomy, cauterization). Takes medication, requires positioning or bracing multiple times daily. Health related interventions 45 minutes daily. Direct assistance with most personal care. Requires two-person life. Direct 1:1 assistance 45 or more minutes daily. <input type="checkbox"/>	Serious behavioral problems with potential for injury to self and others, runs away, aggressive on a daily basis. Functional Behavioral Analysis (FBA) has been completed and the student has a well-developed BIP, which must be implemented to allow the student to safely attend school. Staff has been trained in the management of assaultive behaviors. <input type="checkbox"/>	Cannot participate in a group without constant 1:1 support. Requires constant verbal and physical prompting to stay on task and follow directions. Regularly requires specific 1:1 instructional strategies to benefit from the IEP. Cognitive abilities and skills require significant accommodations and modifications not typical for the class group. <input type="checkbox"/>	Always requires 1:1 staff in close proximity for direct instruction, safety, mobility, or behavior monitoring. Requires 1:1 assistance to go to and from class 80% of the time. Requires adult to facilitate social interaction with peers and remain in close proximity at all times. <input type="checkbox"/>

**\*Attach a copy of documentation indicating frequency and duration over a period of time to determine further consideration of special circumstance instructional assistant.  
 If mostly ratings of 3's and 4's, in two or more areas, continue with needs assessment process.**



## Summary of SCIA Rubric

### STUDENT INFORMATION

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Disability: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:  Male  Female  
 School Site: \_\_\_\_\_ Program/Placement: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**DIRECTIONS:** Please mark the boxes that best describes the health/personal care, behavior, instruction, and program supports for the student.

HEALTH / PERSONAL CARE			
<input type="checkbox"/> Specialized Health Plan	<input type="checkbox"/> G-Tube	<input type="checkbox"/> Medications	<input type="checkbox"/> Suctioning
<input type="checkbox"/> Diaper Changing	<input type="checkbox"/> Feeding Full Support	<input type="checkbox"/> Seizures Weekly	<input type="checkbox"/> Food Preparation
<input type="checkbox"/> Other: _____			
BEHAVIOR			
<input type="checkbox"/> Behavior Plan in Place	<input type="checkbox"/> Physically Aggressive Weekly	<input type="checkbox"/> Non-compliant in Class	<input type="checkbox"/> Non-compliant on Campus
<input type="checkbox"/> Runs Away Weekly	<input type="checkbox"/> ADHD Medicated	<input type="checkbox"/> Mental Health Client	
<input type="checkbox"/> Other: _____			
INSTRUCTION			
<input type="checkbox"/> Discrete Trial / ABA	<input type="checkbox"/> Physical Prompts 80% +	<input type="checkbox"/> Verbal Prompts 80% +	<input type="checkbox"/> Structured Teaching
<input type="checkbox"/> Assistive Technology	<input type="checkbox"/> PECS	<input type="checkbox"/> Signing 80% +	
<input type="checkbox"/> Other: _____			
INCLUSION / MAINSTREAM			
<input type="checkbox"/> Direct Adult Instruction	<input type="checkbox"/> Physical Support/Positioning	<input type="checkbox"/> Safety Supervision 80% +	<input type="checkbox"/> Close Visual Supervision 80% +
<input type="checkbox"/> Other: _____			

Describe each area of intensive need marked above and indicate if there is an IEP goal/objective written to address the area. Use additional paper if needed to describe all of the needs.

Describe interventions used to support referred student in each of the areas marked above. Provide data that documents the prior success or failure of interventions and attach. School day description and assistance needed.



## SCIA Review of IEP Goals

### STUDENT INFORMATION

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Disability: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:  Male  Female  
 School Site: \_\_\_\_\_ Program/Placement: \_\_\_\_\_  
 General Education Teacher: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
 Special Education Teacher: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
 SCIA Case Manager/Coordinator: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

* PROGRESS CODE	
1 = No Progress	2 = 1 - 50% Met
3 = 51 - 99% Met	4 = Goal Met

** LEVELS OF ASSISTANCE	
P = Physical Prompt	M = Modeling
V = Verbal Cue	I = Independent

AREA	Measurable Goal	Progress Code *	Assistance Levels **	Comments (Including frequency, duration, location of assistance requested)
ACADEMIC				
MOTOR				
COMMUNICATION				
SELF-HELP				
SOCIAL / EMOTIONAL AND BEHAVIOR				
PRE-VOCATIONAL				
OTHER				



## SCIA Review of BIP

### STUDENT INFORMATION

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Disability: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:  Male  Female  
 School Site: \_\_\_\_\_ Program/Placement: \_\_\_\_\_  
 General Education Teacher: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
 Special Education Teacher: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
 Behavioral Case Manager: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**DIRECTIONS:** The following information to be completed by the school site staff. Initial and date as items are completed.

What are the targeted behaviors in the Behavioral Intervention Plan (BIP)?

- |                          |     |                          |    |  |
|--------------------------|-----|--------------------------|----|--|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | The request for SCIA is related to the identified targeted behaviors in the BIP.             |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | All interventions are developmentally appropriate for the student.                           |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | BIP is written with enough clarity and detail for any new staff to understand and implement. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | All implementers have a copy of the plan.  |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | The BIP is being fully implemented.  |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | All implementers understand and/or have training in the strategies contained in the plan.    |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Behavior support for the plan is adequate.   |

The student is making progress in the targeted behaviors. Indicate supporting evidence (e.g., grades, rate of homework completion, duration of on-task behavior, frequency and quality of social interactions).

Actions:

- BIP is appropriate, and no modifications are needed
- Revise BIP
- Develop BIP
- Additional staff training needed. Describe: \_\_\_\_\_
- Other: \_\_\_\_\_

Comments:



## SCIA Parent Interview

### STUDENT INFORMATION

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Disability: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:  Male  Female  
School Site: \_\_\_\_\_ Program/Placement: \_\_\_\_\_  
General Education Teacher: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
Special Education Teacher: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
SCIA Case Manager/Coordinator: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Interviewee Name: \_\_\_\_\_ Interviewed By: \_\_\_\_\_

What does your child's typical school day look like?

What's working? When is he/she successful?

What are areas of difficulty or concern?

What staff supports are provided?

What natural supports from other students and/or other school programs does your child respond to?

What skills would you like your child to develop to be more independent?

Is there anything else you would like us to consider?



## SCIA Teacher Interview

### STUDENT INFORMATION

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Disability: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:  Male  Female  
School Site: \_\_\_\_\_ Program/Placement: \_\_\_\_\_  
General Education Teacher: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
Special Education Teacher: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
SCIA Case Manager/Coordinator: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Interviewee Name: \_\_\_\_\_ Interviewed By: \_\_\_\_\_

What does the child's typical school day look like?

What's working? When is he/she successful?

What are areas of difficulty or concern?

What staff supports are provided?

What natural supports from other students and/or other school programs does the child respond to?

What skills would you like the child to develop to be more independent?

Is there anything else you would like us to consider?



## SCIA Student Interview

### STUDENT INFORMATION

Student/Interviewee Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Disability: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:  Male  Female  
School Site: \_\_\_\_\_ Program/Placement: \_\_\_\_\_  
General Education Teacher: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
Special Education Teacher: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
SCIA Case Manager/Coordinator: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**Interviewed By:** \_\_\_\_\_

What does your typical school day look like?

What do you like about school? When are you successful?

When do you have problems during your school day?

How do school staff members help you during the day?

Who else helps you in school?

What programs do you participate in that help you?

What are some things you would like to learn to help you to be more independent?

Is there anything else you would like us to know about you?



## Observational Evaluation for SCIA

### STUDENT INFORMATION

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Disability: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:  Male  Female  
School Site: \_\_\_\_\_ Program/Placement: \_\_\_\_\_  
General Education Teacher: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
Special Education Teacher: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
SCIA Case Manager/Coordinator: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Observation Setting: \_\_\_\_\_

Observed By: (Name/Title) \_\_\_\_\_

**A. Classroom: Please review the visual and the physical structure of the classroom, curriculum design, data collection, and planning.**

1. Is the individual student/classroom schedule visually posted?  Yes  No

2. Is the transition between activities quick and smooth?  Yes  No *(Explain)*

3. Is the room organized with work areas defined and materials readily available for instruction?  Yes  No *(Describe)*

4. Do students follow the established classroom procedures and routines?  Yes  No *(Describe)*

5. Indicate the level of prompt needed for the student to follow the schedule:

- Independent  Physical Prompt  Indirect Verbal or Gesture Prompt  
 Direct Verbal Prompt  Other: \_\_\_\_\_

*Describe:*

6. Indicate the student's use of the schedule:

- Student Carries Schedule  Schedule Not Used At All  Teacher Carries and Shows the Schedule  
 Student Goes to Schedule Board  Student Goes to Schedule Board  Other: \_\_\_\_\_

*Describe:*

*Comments:*



**Observational Evaluation for SCIA**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**B. Curriculum and Instructional Planning: Check the curricular domains included in the student's program.**

1. Is the transition between activities quick and smooth?  Yes  No *(Explain)*

2. Is the room organized with work areas defined and materials readily available for instruction?  Yes  No *(Describe)*

3. Do students follow the established classroom procedures and routines?  Yes  No *(Describe)*

4. Indicate level of prompt needed for the student to follow the schedule:  
 Independent  Physical Prompt  Indirect Verbal or Gesture Prompt  
 Direct Verbal Prompt  Other: \_\_\_\_\_  
*Describe:*

5. Student's use of the schedule:  
 Student Carries Schedule  Schedule Not Used At All  Teacher Carries and Shows the Schedule  
 Student Goes to Schedule Board  Student Goes to Schedule Board  Other: \_\_\_\_\_  
*Describe:*

*Comments:*

**C. Current Data Systems and Collection of Data**

1. Has data been collected on student performance?  Yes  No  
2. How often is data collected?  Daily  Weekly  Bi-weekly  Monthly  
3. How is data summarized?  Graphed  Written Narrative  Other: \_\_\_\_\_

4. What evidence is there that accommodations and/or modifications are being used? *(Describe)*

**Observational Evaluation for SCIA**

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

*Comments:*

**D. Behavior and Safety**

1. Describe the behavior management system in the classroom, including positive re-enforces and consequences. Is it appropriate for the student or does it need to be modified?

2. Are specific positive behavior supports utilized for the student?  Yes  No (*Describe*) \_\_\_\_\_

3. Is there appropriate safety equipment in place?  Yes  No

4. Are appropriate safety and medical procedures being used?  Yes  No

5. Does it appear appropriate training has been provided?  Yes  No

*Comments:*

**E. Student Behavior In Independent Activities**

1. Describe the student's interaction with peers.

2. Describe the student's interaction with non-classroom staff in a less structured environment.

3. What activities does the student choose during break?

4. What problems are evident?

**Observational Evaluation for SCIA**

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

*Comments:*

**F. Describe the school day and assistance now provided. Include natural supports such as peers, school staff, volunteers, etc.**

**G. How is existing assistance utilized?**

**H. Can current conditions be modified to meet the student's goals and objectives and/or personal care needs?**

**I. What other types of assistance is needed? Why?**

**J. Are there any other issues that need to be addressed?**

*Comments:*



## SCIA Evaluation Report

### STUDENT INFORMATION

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Disability: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:  Male  Female  
School Site: \_\_\_\_\_ Program/Placement: \_\_\_\_\_  
General Education Teacher: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
Special Education Teacher: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
SCIA Case Manager/Coordinator: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
Psychologist: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Evaluation Report Prepared By: \_\_\_\_\_

Date Completed: \_\_\_\_\_

**1. Background Information and Educational Setting:** *(Summarize previous interventions and outcomes, include information regarding educationally relevant health, developmental, and medical findings; and include the results of any independent educational evaluations.)*

**2. Assessment Procedures:** *(Include information regarding the administration of tests in the primary language of the student by qualified personnel, the validity of the evaluation, and the validity of tests for the purposes in which they were used.)*

**3. Summary of Interviews and Observations:** *(Summarize results of the parent, teacher, and student interviews, include information regarding relevant behavior noted during the observation of the student.)*

**4. Assessment Results:** *(Summary the results of standardized and/or curriculum-based testing.)*

**5. Recommendations:** *(Include information regarding the need for specialized services, materials, and equipment and indicate if the student's needs can be met in the regular education classroom with the current level of support.)*



## Observational Review to Determine Continued Need for SCIA

### STUDENT INFORMATION

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Disability: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:  Male  Female  
School Site: \_\_\_\_\_ Program/Placement: \_\_\_\_\_  
General Education Teacher: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
Special Education Teacher: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**Observation Setting:** \_\_\_\_\_ **Observer's Name/Title:** \_\_\_\_\_  
**Start Time:** \_\_\_\_\_ **End Time:** \_\_\_\_\_ **Previous Observation Date:** \_\_\_\_\_

Name(s) and positions of SCIA provider(s):

Current status per teacher, support staff, and student:

Description of current SCIA provided: (*time, setting, specific tasks*)

Observation of student behavior:

Description of results of efforts to increase student independence and/or progress on goal(s):

Comments: