

Request for Paraprofessional Support for Intensive Individual Intervention

Submit to Director, Student Support Services
mailto: studentsupportservices@gov.yk.ca

What are individual supports?

Intensive support from educational assistants may be required when a student requires continuous assistance with mobility while in school; requires intensive interventions on a continuous basis to prevent harm to self and/or others due to extremely aggressive behaviours and/or be severely intellectually and/or sensory impaired such as extensive personal care assistance is required.

Individual Education Plan or Student Learning Plan and/or Behaviour Support Plan and/or Safety Plan goals outline needs that require educational assistant support.

School: _____ Date (yyyy/mm/dd): _____

Student: _____

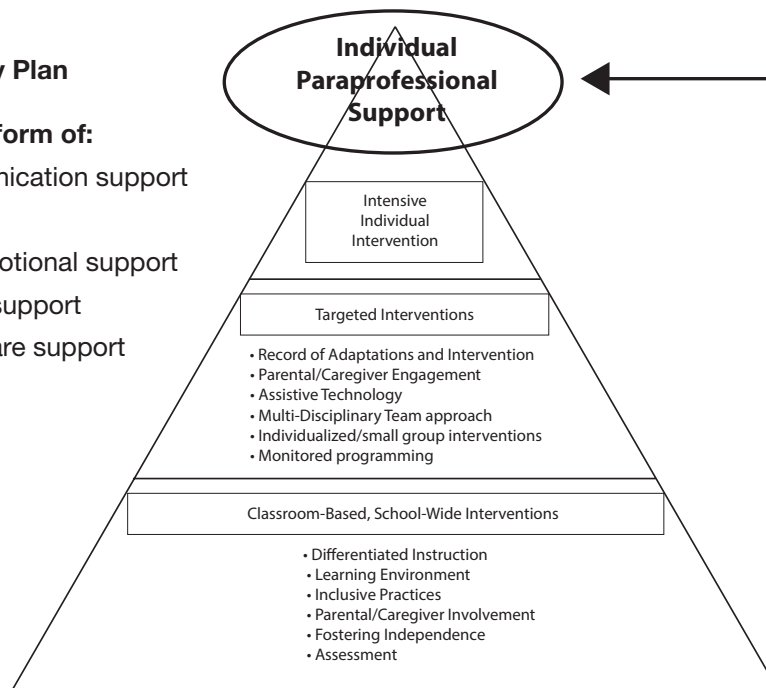
Gender: _____ Birth Date (yyyy/mm/dd): _____ Grade Entering: _____

The following documentation must be attached to this request:

- ☐ Attendance summary (current school year)
- ☐ IEP / StLP
- ☐ Behaviour / Safety Plan

Support can take the form of:

- ☐ Academic/Communication support
- ☐ Physical/Motor
- ☐ Sensory/Social-emotional support
- ☐ Safety/Behavioral support
- ☐ Health/Personal Care support



Completed by: Principal _____ Date (yyyy/mm/dd): _____

Reviewed by: Superintendent _____ Date (yyyy/mm/dd): _____

OFFICE USE ONLY

Received: _____

The Director of Student Support Services approves that the needs of the students and programming provided are reflective of the needs for paraprofessional support for intensive individual intervention.

☐ Consistent - School year: _____ Provisional - Dates: _____

☐ Approved by: _____ Date: _____

Student Name: _____ Grade Entering: _____ Type of IEP: _____

CURRENT AREAS OF IMPACT

CURRENT AREAS OF SUPPORT

Student Skills					Who provides support?				Student Support Services Involvement					Other agencies, resources and Community Supports Involvement (list)				Comments
					Classroom Teacher	Learning Assistance Teacher	Educational Assistant or Support Worker	Other	Behavior Support	Speech Language Pathologist	Educational Psychologist	Occupational Therapist/ Physical Therapist	Other					
Indicate which best describes the present functioning of the student within each of the following areas of impact:																		
Independence	<input type="checkbox"/> Completes tasks and follows instructions in a manner similar to same-age peers	<input type="checkbox"/> Completes tasks and follows instructions with occasional assistance and supervision.	<input type="checkbox"/> Completes tasks and follows instructions with frequent assistance and supervision.	<input type="checkbox"/> Completes tasks with continuous assistance and supervision.														
Personal/ Social Well-being	<input type="checkbox"/> Generally demonstrates positive age-expected emotional health and social skills.	<input type="checkbox"/> Occasionally benefits from support in developing age-expected emotional health and social skills.	<input type="checkbox"/> Frequently benefits from support in developing age-expected emotional health and social skills.	<input type="checkbox"/> Requires intensive support in developing age-expected emotional health and social skills.														
Communication (Speech and/or language and/or alternative forms of communication)	<input type="checkbox"/> Effectively understands and expresses ideas, thoughts, and needs in a manner similar to same-age peers.	<input type="checkbox"/> Occasionally has difficulty understanding and/or expressing ideas, thoughts, and needs; requires prompts and supports.	<input type="checkbox"/> Frequently has difficulty understanding and/or expressing ideas, thoughts, and needs; requires prompts and supports.	<input type="checkbox"/> Requires intensive support to communicate basic needs and wants.														
Health/Medical Needs/ Personal Care	<input type="checkbox"/> No health needs and/or medical condition is currently well-managed.	<input type="checkbox"/> Requires occasional monitoring and/or assistance with health and/or personal care needs.	<input type="checkbox"/> Requires frequent monitoring and/or assistance with health and/or personal care needs.	<input type="checkbox"/> Requires intensive monitoring and/or assistance with health and/or personal care needs.														
Academic Achievement	<input type="checkbox"/> Performing at or above expected achievement based on individual learning capacity.	<input type="checkbox"/> Performing at expected achievement with specific adaptations and supports based on individual learning capacity.	<input type="checkbox"/> Performing below expected achievement with specific adaptations and supports based on individual learning capacity.	<input type="checkbox"/> Unable to demonstrate expected achievement with intensive adaptations and supports based on individual learning capacity.														
Safety	<input type="checkbox"/> No threat or harm to self or others.	<input type="checkbox"/> Requires occasional supervision to ensure no harm to self or others.	<input type="checkbox"/> Requires frequent supervision and prompting to ensure no harm to self or others.	<input type="checkbox"/> Requires intensive supervision and behavioural intervention to ensure no harm to self or others.														
Sensory	<input type="checkbox"/> Readily regulates sensory information presented in the environment.	<input type="checkbox"/> Occasionally experiences difficulty regulating sensory information.	<input type="checkbox"/> Frequently experiences difficulty regulating sensory information.	<input type="checkbox"/> Continuously requires intensive, individual sensory programming to regulate sensory information.														
Motor Skills	<input type="checkbox"/> Does not require assistance for age-expected motor activities.	<input type="checkbox"/> Occasionally requires assistance with age-expected motor activities.	<input type="checkbox"/> Frequently requires assistance with age-expected motor activities.	<input type="checkbox"/> Continuously requires assistance with age-expected motor activities.														
Transition (_____)	<input type="checkbox"/> Does not require assistance during transitioning.	<input type="checkbox"/> Requires occasional assistance during transitioning.	<input type="checkbox"/> Requires frequent assistance during transitioning.	<input type="checkbox"/> Requires continuous assistance during transitioning.														
Other																		

Requested level of support:

What portion of the day does the student attend?

_____ 0.25 _____ 0.50 _____ 0.75 _____ 1.0

Student to adult supervision ratio: _____ student(s) to 1 adult

Learning Assistance Teacher

Frequently: Every day or on a regular schedule, at least 2-3 times per week
Occasionally: Scheduled blocks, at least once per week
Periodically: Less than once per week or consultation

Educational Assistant

Frequently: Regularly scheduled
Occasionally: Regularly scheduled events (e.g. small group work)
Periodically: Specific activities or times of need (e.g. swimming or field trips)

F frequently **O** occasionally **P** periodically

S support in place
R referral in process