

# Intensive Needs Checklist

603.3 E-1

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|----|---|---|
| 1. | Is there a safety concern for self or others? If yes, please describe.  | <b>Yes No</b>   |
| 2. | Does the student require continual teacher prompts during instruction?<br>Does the student require continual teacher prompts after instruction<br>(e.g., during independent work)?  | <b>Yes No</b><br><b>Yes No</b>  |
| 3. | Does the student require assistance with basic functional skills?<br>Toileting;<br>Mobility;<br>Feeding;<br>Dressing;<br>Following basic safety rules.  | <b>Yes No</b><br><b>Yes No</b><br><b>Yes No</b><br><b>Yes No</b><br><b>Yes No</b> |
| 4. | Is the student's performance consistent with his/her aptitude?  | <b>Yes No</b>   |
| 5. | Does his/her peers include the student in classroom activities?<br>Is the student receptive to peer tutoring and support?   | <b>Yes No</b><br><b>Yes No</b>  |
| 6. | Is the student currently receiving specialized small or individualized group instruction in specific academic areas? If yes, please describe.   | <b>Yes No</b>   |
| 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 class-room, pairing with other students). If these interventions are not an option, please explain why. |   |
| 8. | Has an administrator observed the student?  | <b>Yes No</b>   |
| 9. | Does the team recommend that this position be job-shared? If yes, please explain why.   | <b>Yes No</b>   |

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

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

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

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**Approval of Superintendent:**