**Special Circumstance Educational Support**

SCES Form Four

**Annual Update (Assessment Plan not required)**

Student:      DOB:       Disability:

Teacher:      Program/School:

Completed by:      Title:      Date:

*Check the areas of intensive need that might require additional paraprofessional support:*

|  |  |  |  |
| --- | --- | --- | --- |
| Health/Personal Care | Behavior | Instruction | Inclusion/Independence/Social Functioning |
| [ ]  G-tube feeding\*[ ]  Medication \*[ ]  Suctioning \*[ ]  Food preparation[ ]  Diaper changing[ ]  Feeding-full support[ ]  Seizures \*[ ]  Lifting/Transfers[ ]  Other:      \* Specialized physical health care service. Individual Health or Emergency plan. | [ ]  Behavior plan implementation or documentation[ ]  Physically aggressive[ ]  Non-compliant in class[ ]  Non-compliant on campus[ ]  Runs away[ ]  Self-injurious[ ]  Intense sensory needs[ ]  Other:       | [ ]  Unique strategies not typical for class[ ]  AAC[ ]  Structured teaching [ ]  High level of physical prompts [ ]  High level of verbal prompts [ ]  Assistive technology support[ ]  Other:       | [ ]  Instructional support[ ]  Physical support/positioning[ ]  Safety supervision [ ]  Social support[ ]  Transitions[ ]  Recess/lunch[ ]  Other:       |
| *Summary:* |
|  |

*For each area of need in which further independence is possible, develop an IEP goal & a plan for frequent monitoring for the purpose of fading the paraprofessional support. Other ongoing supports should be noted on the Accommodations and Modifications Page and/or Least Restrictive Environment Page of the IEP.*