**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.*