

AT Guidance Request Form

<https://forms.office.com/r/x2SZx6ZK0y>

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This form is designed to help campuses receive specific guidance for student supports in the area of Assistive Technology. After completion of this form, you should know what your next steps for your student's AT needs are and a member of the AT Team will be in contact to help with any additional questions or concerns.

The *AT Consideration Resource Guide* may help you complete this form. This guide can be located in Schoology Course: FXPXV-HXCK5 under the AT Forms & General Resources folder. Please don't hesitate to contact the AT Team with any questions or concerns. Thank you for your time.

^ required

1. Please provide date completing the form. *



2. Name of person completing the form? *

3. Student name? *

4. Student ID #? *

5. Student campus? *

6. Student's current program setting? *

7. Student's grade level? *

8. What are the REQUIRED tasks and activities (IEP goals/objectives or classroom expectations) that the student is currently unable to complete?

9. What are the *specific* barriers that are keeping your student from being successful with the above mentioned tasks/goals? (e.g. Fine motor skills or memory or speech or motivation, etc. and then describe what that looks like)

10. Are you asking this student to complete all the tasks that the other students are doing in class? If not, please explain.

11. Is the student able to access the curriculum and complete required tasks using the standard classroom tools available to all students? If YES - stop here NO AT is required. If NO, continue the form.

☐ Yes

☐ No

12. Is the student able to complete the required tasks independently with the accommodations or modifications? If YES - stop here NO AT is required. If NO, continue the form.

☐ Yes

☐ No

13. What area/s is the student struggling to meet expectations or progress on goals?

- ☐ Oral Communication/Language
- ☐ Motor aspects of writing (handwriting legibility/speed)
- ☐ Written Composition/Spelling
- ☐ Reading
- ☐ Math
- ☐ Study/Organizational Skills
- ☐ Other

14. Have you reviewed the most current AT Supplement, FIE or AT Evaluations for this student?

- ☐ Yes
- ☐ No
- ☐ Other

15. Based on your review of the above information, please indicate if the current recommendations are appropriate for the student or if changes need to be considered. Please explain below.

16. Is the student currently utilizing any AT tools or devices to address the area of concern? *If YES, please list tools, describe the student's current abilities related to the tools and what needs are not being met with current AT.*

17. Are there any Level 1 (no-low tech) tools that have *not* been considered or tried that may result in student progress? If YES, stop this form here and complete the trials with those tools. Update AT Supplement as appropriate.

- ☐ Yes
- ☐ No
- ☐ Maybe

18. Are there any Level 2 (mid tech) tools that have *not* been considered or tried that may result in student progress? If YES, complete trials with those tool. Update AT Supplement as appropriate. An AT Team member will contact you to determine if an AT Staffing is required. (TIP: Software options such as speech to text or text to speech are considered Level 2/Mid Tech)

- ☐ Yes
- ☐ No
- ☐ Maybe

19. Does your campus require training on any of the Level 1 or Level 2 AT tools?

- ☐ Yes
- ☐ No

20. Are there Level 3 (high tech) tools that should be considered or tried that may result in student progress? If YES, a formal AT evaluation should be requested. Please contact the AT Program Manager for further assistance. (Tip: Level 3 is a tablet, computer or dedicated speech device that plugs in to charge.)

- ☐ Yes
- ☐ No

21. Please list any specific tools that you would like to trial with this student based on your answers above.

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Microsoft Forms

FORM 2: ANALYSIS OF INSTRUCTIONAL AND PERSONAL SUPPORT NEEDS

Q: What level and type of instructional support, if any, will the student need in order to participate in the classroom activity? Please use multiple sources of data to answer this question and complete this form. Data sources may include test results, benchmarks, student interviews, grades, observations, and behavioral data.

Current School: _____ Receiving School: _____ Student: _____
 Case Manager (if applicable): _____ Grade (upcoming school year): _____ ID #: _____

SUBJECT/COURSE	INSTRUCTIONAL SUPPORT Attach Accommodations Sheet or BIP					PERSONAL SUPPORT					NOTES	
	As Designed	With Accommo- dations		With Curricular Modifications		Behavior Intervention	External Support	In-Class Support		Specialized Support		
		YES	NO	YES	NO		Supports Prior to Instruction	Peers	In-Class Support	Co-Teach	Outside Gen Ed Classroom	
	Yes											
	No											
	Yes											
	No											
	Yes											
	No											
	Yes											
	No											
	Yes											
	No											
	Yes											
	No											
	Yes											
	No											

Accommodation: A change made to HOW content is taught and/or learning is assessed in order to provide a student with access to information and to create an equal opportunity to demonstrate knowledge and skills. **Modification:** A change in WHAT the student is expected to learn and/or demonstrate. **Co-Teacher (CT):** A formal, yearlong or semester-long commitment between a general education teacher and a special education teacher to jointly plan, deliver, and assess instruction for all students in the general education class. (WHO? Certified and/or licensed personnel partnered with the general education teachers) **Support Facilitator (SF):** An individual who provides a variety of supports, either to students and/or the general education teacher, which meets the needs identified through collaborative planning. (WHO? certified special populations teachers; licensed personnel, such as OT, PT, Speech, Paraprofessionals) **Behavior Interventions** that apply across the school day (if any). **Peer Support** refers to peers who have been formally trained as part of a school-wide peer support or peer assistance program.

Inclusion Sign-In Sheet and Inclusion Support Snapshot

The FBISD Special Education Department is committed to make available quality, evidence-based practices in all program placement decisions through increased guidance to campuses on the ARD committee decision making, case management and progress monitoring systems. In response to teacher feedback regarding the amount of time documenting services and supports reduces instructional time, the department is streamlining the data collection process as it pertains to inclusion support. To document inclusion support, teachers and paraprofessionals will follow the process indicated below.

Part 1—Evidence of Service Delivery

Step 1—Enter the grading period, GE teacher name, period, course name and service delivery type (ICS/CT) into the document.

Inclusion Sign-In Sheet				
9wks		Teacher		ICS
Period		Course Name		

Step 2--Each day the support is provided enter the date, time in, and time out.

Inclusion Support	
Date:	8/12/2022
Time In:	Time Out:
9:15 AM	10:00 AM

Step 3---Document any notes. Notes should not be instructional in nature, but rather address service delivery constraints, i.e. (fire drill, ARD, counselor session, assembly, coverage, etc.) Use initials to document student constraint (SH went to nurse).

Notes

Step 4---Both the GE classroom teacher and the SPED staff support initial to confirm service delivery.

Staff
Sp. Ed. Initials
Gen Ed Initials

Step 5—Logs should be signed and collected at the end of each grading period.

In addition to the *Inclusion Sign in Sheet*, at least 4 times per IEP year the *Inclusion Data Collection Log* will be utilized to obtain level of support, behavior, work sample and teacher information to assist in driving appropriate IEP decision making. The data collection logs are student specific, not class specific. The goal is for each student who receives inclusion support to have a minimum of 4 data points per inclusion subject in an IEP year.

PART 2—Inclusion Snapshot

Step 1---Enter the student's name, course and grade in which the support is provided.

FBISD INSPIRE • EQUIP • IMAGINE		Data Collection Log			
				9wks:	
Student Name:				Grade:	
Course :					

Step 2---Enter the date and time of the session.

Date:	
Time In:	Time Out:

Step 3—Determine what activity type is being used to present information. There may be several different types during a class session. Use the drop down to place an “x” for each activity type used.

	Small Group
▼	Independent Work
	Whole Group
	Work Stations
	Other: _____

Step 4—Indicate the level of support needed for the activity type. Each activity type used should have a level of support. Use the Level of Support Key to determine support level.

Activity	Level of Support Key
Level of Support	0 No Support Needed
Level of Support	1 Minimal Support
Level of Support	2 Moderate Support
Level of Support	3 Maximum Support
Level of Support	4 Modified Content

Step 5—If there are interfering behaviors, document using the drop downs.

Interfering Behaviors	Behavior Key	
	OT	Off Task
	WC	Work Completion
	NC	Non-Compliance
	FA	Frequent Absences
	NA	No Behavior
	Other	

Step 6— Obtain anecdotal GE teacher information and information from any support staff that works with the student during that course. Enter it into the narrative section.

Teacher Narrative

Step 7---Under the notes section, indicate the effectiveness of the supports used. If a support level 3 or 4 is used, document what was provided. Use the Notes Key for assistance.

Notes		Notes Key
MT		

SS	Supports Successful
MT	Modified Task
ALT	Alternative Task
MSN	More Support Needed

Step 8-- Create an electronic folder in ONEDRIVE for Work Samples. Upload work samples to the folder for reference in the IEP meeting. Work samples should be linked directly to student goals/objectives. For example, if the student's goal is to compose text with a main idea and supporting details, the work sample should reflect progress on that goal. If completing assignments is the goal, the upload could consist of behavior data collection sheets showing assignment completion.

Work Sample Link
Work Sample Folder

Step 9— Once at least 4 data points for the IEP year have been established, the data collector will sign the form and date.

Electronic Signature	Type Full Name	Date Signed

[illegible]

[illegible]

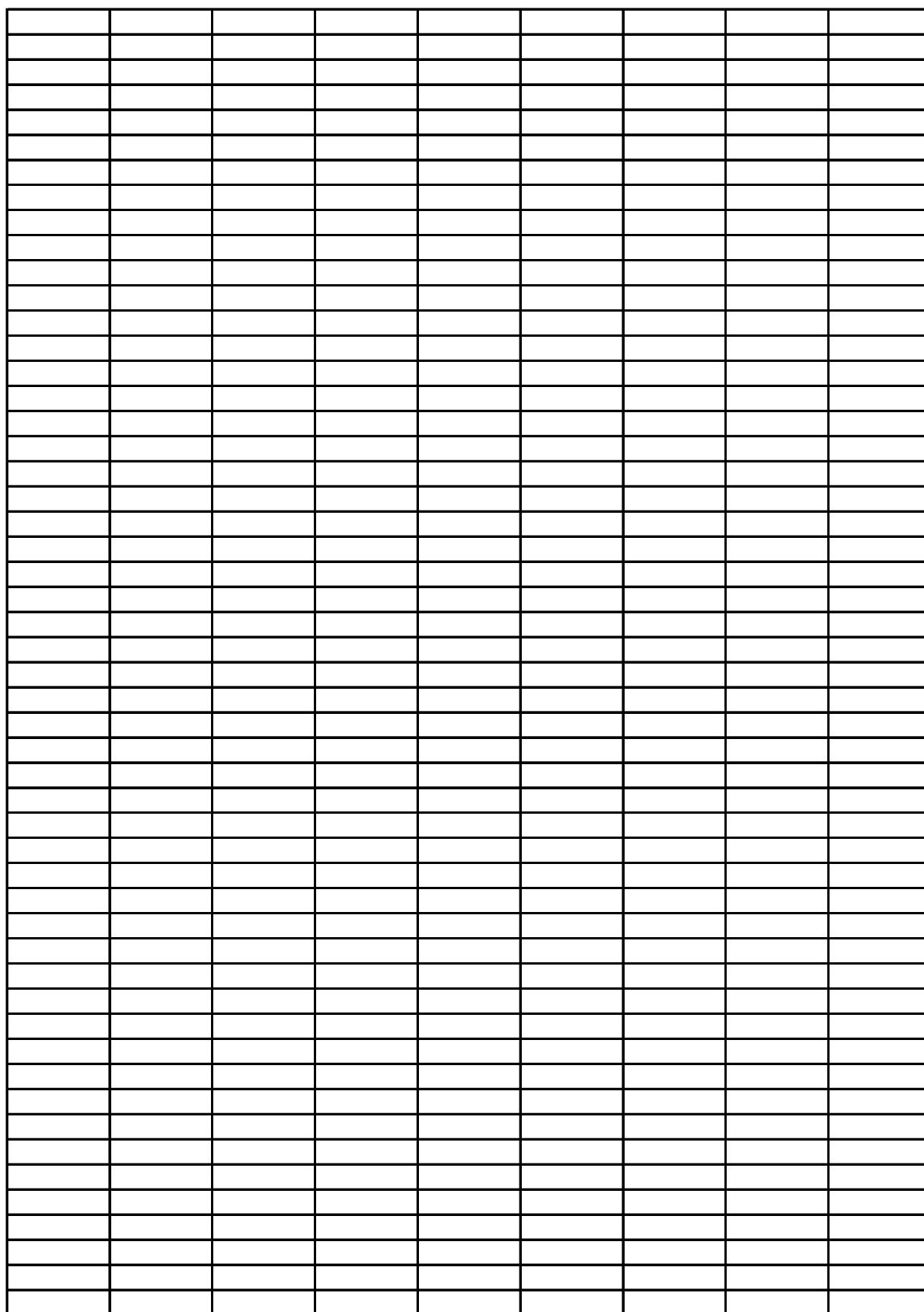
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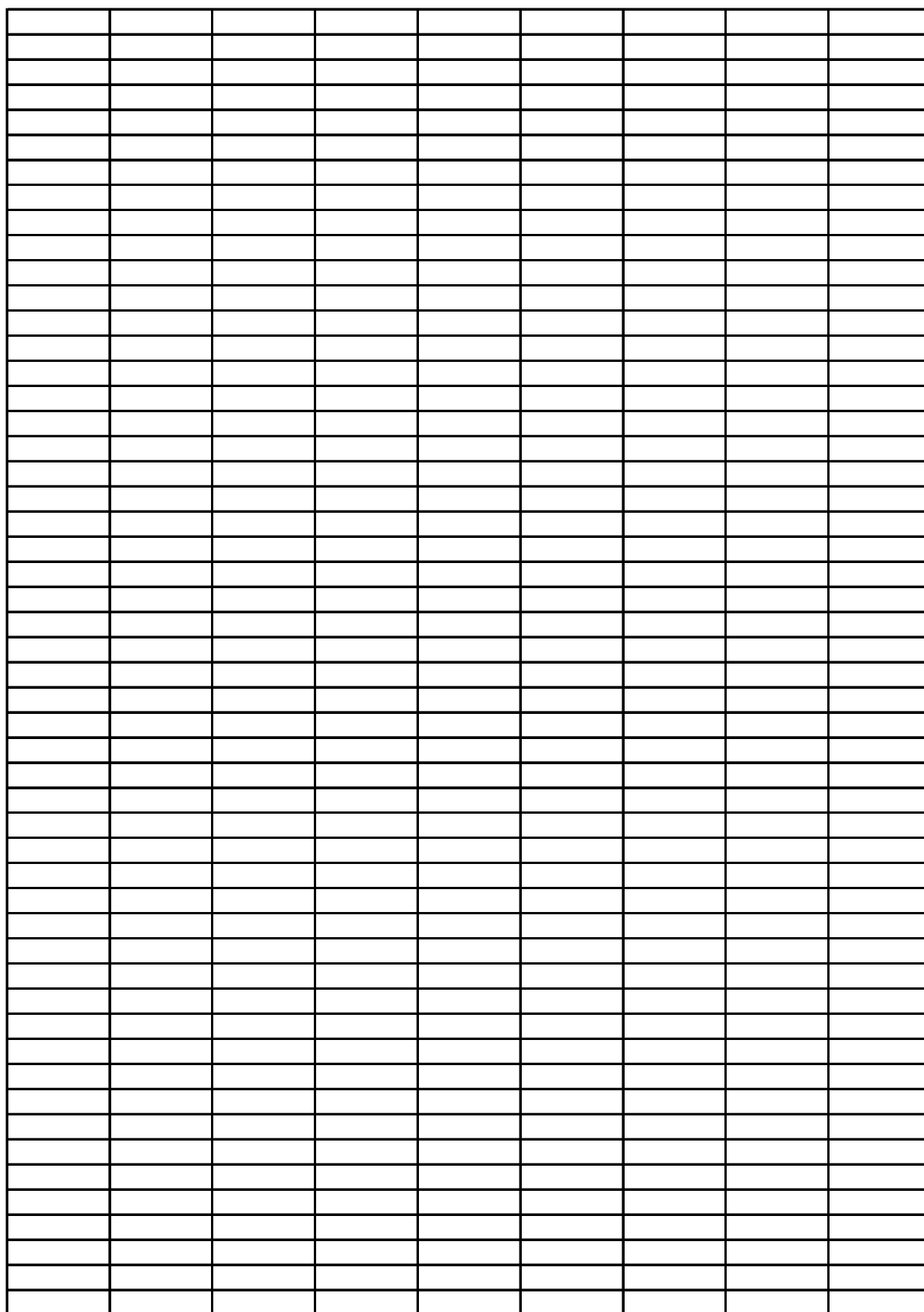
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Campus:

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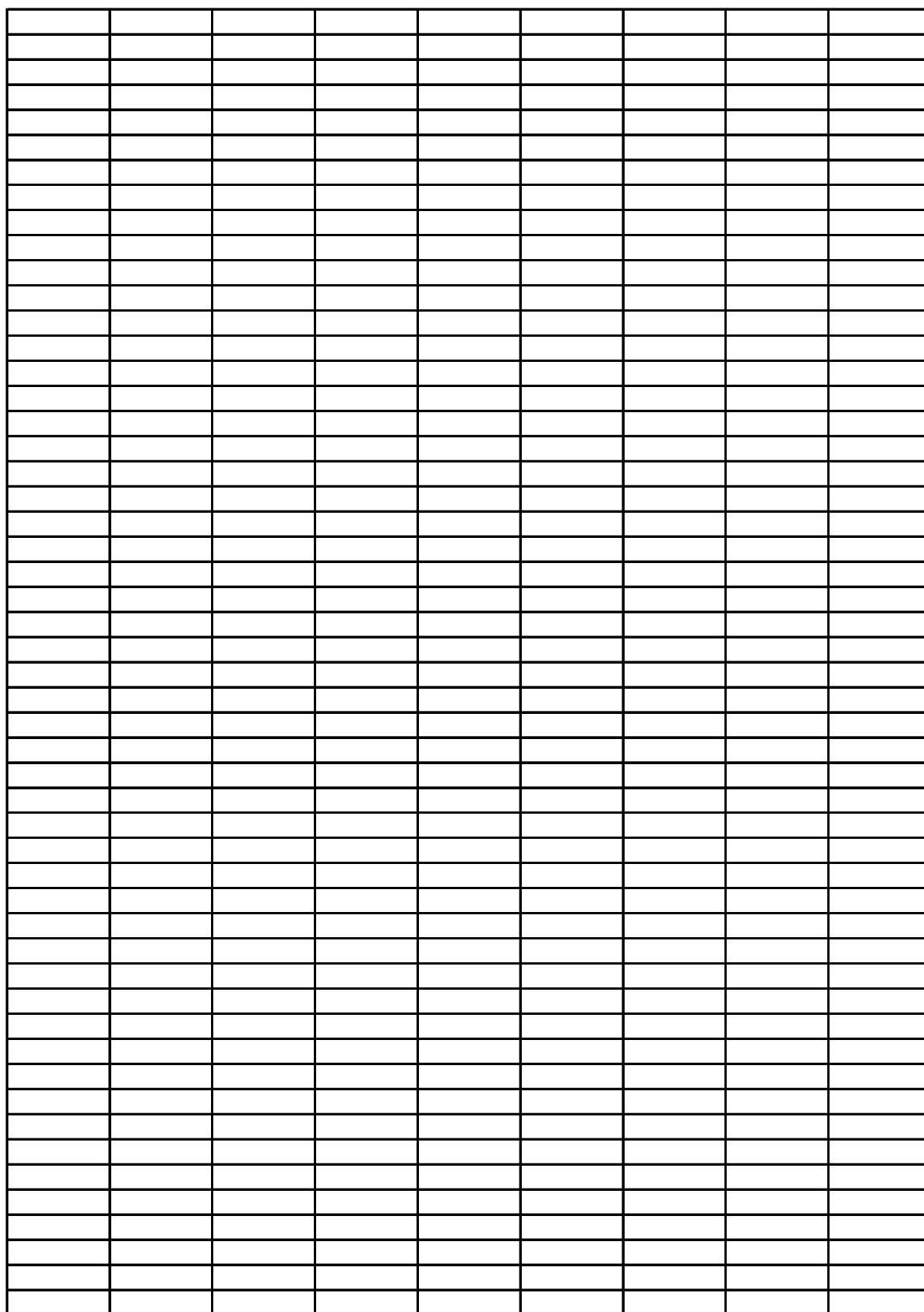


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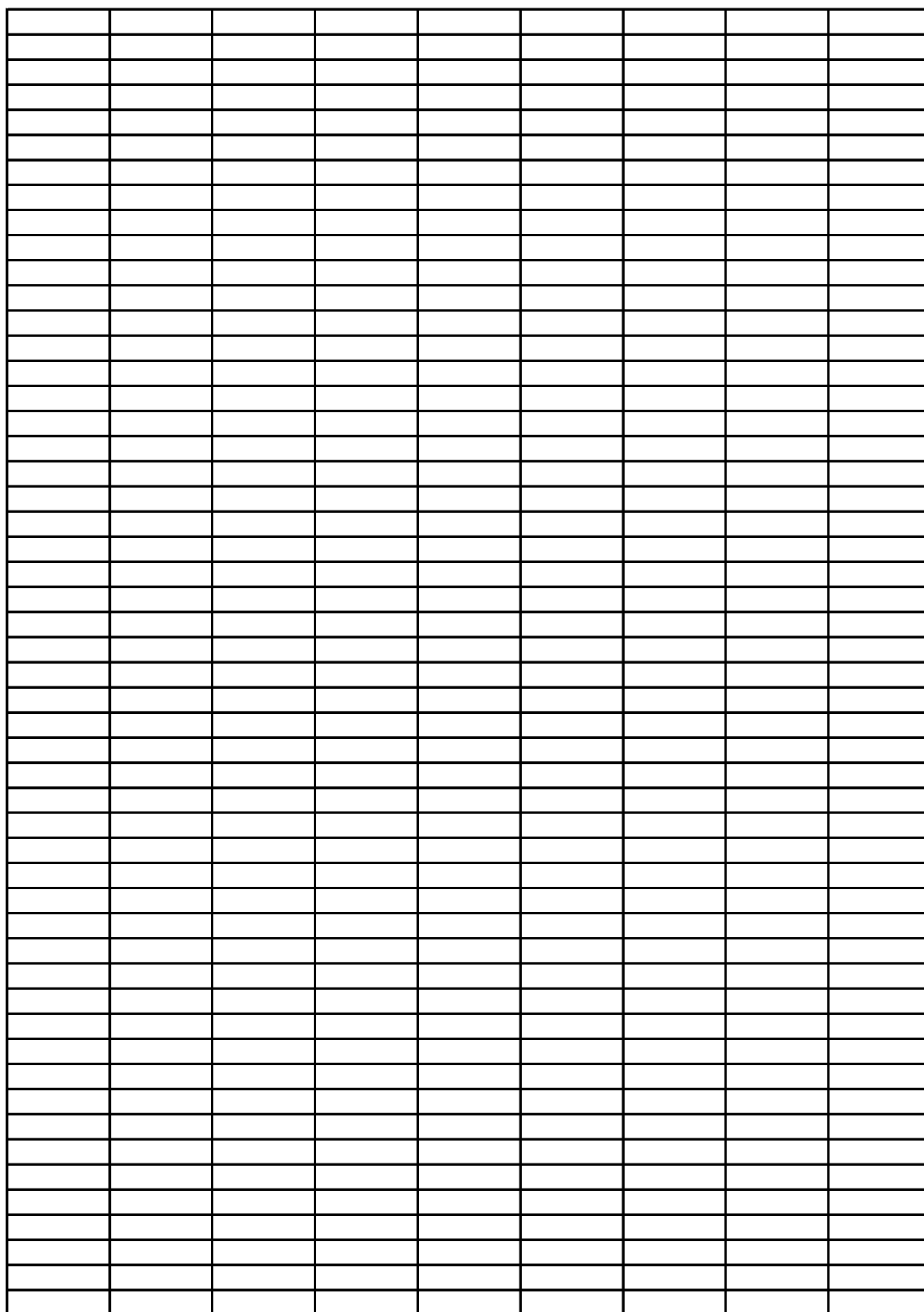
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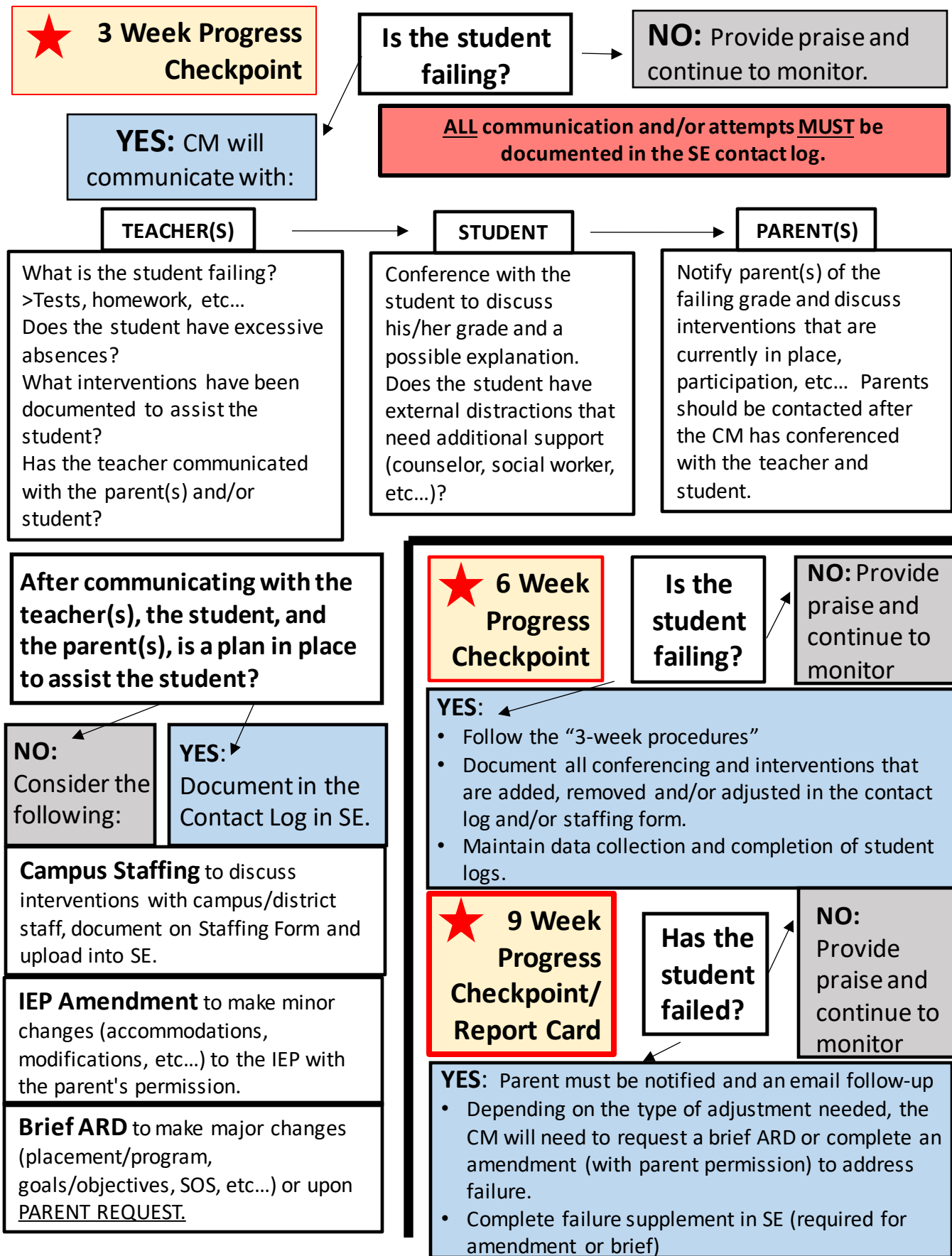
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Case Manager (CM) Progress Monitor Guide



Guidance for Inclusion Sign-In Sheet and Inclusion Support Snapshot

Inclusion Support Snapshot	<p><i>Data collected minimum twice per semester by case manager for each student on caseload. Purpose: to progress monitor, collect data on student level of support needed for ARD decisions, ensure implementation of IEP.</i></p> <p><i>May be used for administrative (central office) walk-throughs and any time additional information is needed for ARD decisions or concerns noted.</i></p>	<p>Level of Support: 0 = No Support Needed; 1 = Minimal (Cueing/prompting/reiterating) checking in or stopping by to check on the student; 2 = Moderate (rewording/chunking) answering Q's or giving tips/verbal guidance to the student; 3 = Maximum (modeling/providing visuals/word banks) working with student or in a small group; 4 = Modified (altering/changing) curriculum/instruction</p>
Inclusion Sign-In Sheet	<p><i>Daily notation of time in and time out for sped staff (teacher/para). Time must be accurately reflected and match student attendance. Each staff member (sped and gen ed) must initial daily. Provide notes regarding student/staff absences, tardies, other notes regarding time spent in class related to student.</i></p>	
DCML	<p><i>Identified students on district caseload will utilize ICS Data Collection Log form daily. These forms are to be checked quarterly for accuracy, data purposes, and when requested, provided to parents.</i></p>	

Inclusion Sign-In Sheet

9wks		Teacher		ICS
Period		Course Name		

Inclusion Support	Staff	Notes	Inclusion Support	Staff	Notes
Date:	Sp. Ed. Initials		Date:	Sp. Ed. Initials	
Time In: Time Out:	Gen Ed Initials		Time In: Time Out:	Gen Ed Initials	
Inclusion Support	Staff	Notes	Inclusion Support	Staff	Notes
Date:	Sp. Ed. Initials		Date:	Sp. Ed. Initials	
Time In: Time Out:	Gen Ed Initials		Time In: Time Out:	Gen Ed Initials	
Inclusion Support	Staff	Notes	Inclusion Support	Staff	Notes
Date:	Sp. Ed. Initials		Date:	Sp. Ed. Initials	
Time In: Time Out:	Gen Ed Initials		Time In: Time Out:	Gen Ed Initials	
Inclusion Support	Staff	Notes	Inclusion Support	Staff	Notes
Date:	Sp. Ed. Initials		Date:	Sp. Ed. Initials	
Time In: Time Out:	Gen Ed Initials		Time In: Time Out:	Gen Ed Initials	
Inclusion Support	Staff	Notes	Inclusion Support	Staff	Notes
Date:	Sp. Ed. Initials		Date:	Sp. Ed. Initials	
Time In: Time Out:	Gen Ed Initials		Time In: Time Out:	Gen Ed Initials	
Inclusion Support	Staff	Notes	Inclusion Support	Staff	Notes
Date:	Sp. Ed. Initials		Date:	Sp. Ed. Initials	
Time In: Time Out:	Gen Ed Initials		Time In: Time Out:	Gen Ed Initials	
Inclusion Support	Staff	Notes	Inclusion Support	Staff	Notes
Date:	Sp. Ed. Initials		Date:	Sp. Ed. Initials	
Time In: Time Out:	Gen Ed Initials		Time In: Time Out:	Gen Ed Initials	
Inclusion Support	Staff	Notes	Inclusion Support	Staff	Notes
Date:	Sp. Ed. Initials		Date:	Sp. Ed. Initials	
Time In: Time Out:	Gen Ed Initials		Time In: Time Out:	Gen Ed Initials	
Inclusion Support	Staff	Notes	Inclusion Support	Staff	Notes
Date:	Sp. Ed. Initials		Date:	Sp. Ed. Initials	
Time In: Time Out:	Gen Ed Initials		Time In: Time Out:	Gen Ed Initials	

Electronic Signature

Type Full Name

Date Signed



Inclusion Support Snapshot

Student Name:	
Course :	

Grade:

		Activity		Intefering Behaviors	Teacher Narrative	Staff	Notes
Date:		Small Group	Level of Support			Sp. Ed. Initials Gen Ed Initials	
		Independent Work	Level of Support				
Time In:	Time Out:	Whole Group	Level of Support				
		Work Stations	Level of Support				
		Other: _____	Level of Support				
9 weeks		Activity				Staff	Notes
Date:		Small Group	Level of Support			Sp. Ed. Initials Gen Ed Initials	
		Independent Work	Level of Support				
Time In:	Time Out:	Whole Group	Level of Support				
		Work Stations	Level of Support				
		Other: _____	Level of Support				
9 weeks		Activity				Staff	Notes
Date:		Small Group	Level of Support			Sp. Ed. Initials Gen Ed Initials	
		Independent Work	Level of Support				
Time In:	Time Out:	Whole Group	Level of Support				
		Work Stations	Level of Support				
		Other: _____	Level of Support				
9 weeks		Activity				Staff	Notes
Date:		Small Group	Level of Support			Sp. Ed. Initials Gen Ed Initials	
		Independent Work	Level of Support				
Time In:	Time Out:	Whole Group	Level of Support				
		Work Stations	Level of Support				
		Other: _____	Level of Support				
9 weeks		Activity				Staff	Notes
Date:		Small Group	Level of Support			Sp. Ed. Initials Gen Ed Initials	
		Independent Work	Level of Support				
Time In:	Time Out:	Whole Group	Level of Support				
		Work Stations	Level of Support				
		Other: _____	Level of Support				
9 weeks		Activity				Staff	Notes

I have filled out this document in it's entiety and ensured that all services listed were completed.

Electronic Signature

Type Full Name

Date Signed

Behavior Key	
OT	Off Task
WC	Work Completion
NC	Non-Compliance
FA	Frequent Absences
NA	No Behavior
Other	

Level of Support Key	
0	No Support Needed
1	Minimal Support
2	Moderate Support
3	Maximum Support
4	Modified Content

Notes Key	
SS	Supports Successful
MT	Modified Task
ALT	Alternative Task
MSN	More Support Needed
LSN	Less Support Needed

Work Sample Link

Work Sample Folder

Teacher Information Form

***Return to:
Teacher:***

***By: ASAP by email
Subject:***

Student Name:

Student: ID#

DOB

Please complete the following information.

GENERAL CONCERNS

What concerns do you have about this student regarding accessing and progressing in the general education curriculum?

COMMUNICATION

In comparison to other students in your classroom, rate this student in the following skills utilizing this rating scale. **1 = Below Average, 2=Average, 3=Above Average**

- Comprehends grade-level word meaning
- Follows oral instructions adequately
- Comprehends classroom discussion adequately
- Recalls story details
- Displays adequate oral vocabulary
- Relates a sequence of events in order
- Uses appropriate sentence structure in conversation

ACADEMIC PERFORMANCE

- Reads grade level materials.
- Comprehends grade level materials read independently
- Comprehends grade level materials read/presented orally
- Performs grade level math computations
- Solves math word problems at grade level
- Applies spelling conventions in daily work
- Writes clearly to express thoughts
- Supports written answers with evidence
- Writes legibly
- Retains instruction over time
- Classroom grades
- Classroom test scores

Criterion referenced test scores (CBM)

WORK HABITS

Exhibits organization in accomplishing tasks

Completes tasks on time

Turns in homework

Attends tutorials regularly

Turns in assignments

Attends class everyday

Attends class on time

Behavior

Cooperates with teacher requests

Adapts to new situations

Accepts responsibility for own actions

Develops friendships

Works cooperatively with peers

Displays appropriate reaction to situation

Is pleased with good work

Initiates activities

Responds appropriately to praise and correction

ACADEMIC AND PROGRAMMING INFORMATION

Please indicate Yes or No

Recommend General Education with accommodations only

Recommend General Education with inclusion support

Recommend General Education with a modified curriculum

Recommend Resource

Does not require Special Education to be successful

If a rating of "1" (Below Average) is given on any item, please explain:

--

What types of accommodations have you found to be effective with this student?

--

What types of accommodations been ineffective with this student?

--

What behavioral interventions have you found to be effective with this student?

--

What behavioral interventions have been in effective with this student?

--

If a student is not being successful in your class, please indicate why:

__homework __daily grades __tests

If other reason, explain:

--