**AIDE JUSTIFICATION FORM**

**STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CLASSIFICATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROGRAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RELATED SERVICES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CASE MANAGER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*Pages 1 through 4 to be completed by case manager/ teacher requesting the aide. Page 5 to be completed by the chairperson following the CSE meeting to recommend the aide.\*\***

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| --- |
| What are the needs of the student which necessitate the assignment of a 1:1 aide?  |
| What skills and goals must the student achieve to reduce or eliminate the need for a 1:1 aide?  |
| What are the potential benefits of the assignment of a 1:1 aide?  |
| What is the potential negative impact of assignment of a 1:1 aide?  |
| What role will 1:1 aide fulfill (e.g., instructional; behavior support; personal hygiene assistance)?  |
| For what specific activities (e.g., toileting) and/or times of day (e.g., transition to and from the bus) is the aide needed?  |
| What qualifications of the individual (i.e., teaching assistant or teacher aide) are necessary to meet the needs of the student?  |
| What is the plan to monitor the student’s progress toward the goals to be addressed by the assignment of the one-to-one aide and the student’s continuing need for the one-to-one aide?  |
| What is the plan for progressively reducing the support provided to the student and his or her dependence on an aide over time?  |
| If student’s one-to-one aide is absent, who will cover in order to ensure the student receives the recommended IEP services of the one-to-one aide or how will substitute staff support be arranged?  |
| Who/how will one-to-one aide have access to a copy of the student’s IEP, and be informed of his or her responsibilities for IEP implementation for the student?  |
| What, if any professional development and supervision will aide need to carry out these responsibilities?  |

**CHECKLIST TO DETERMINE THE STUDENT’S NEEDS AS THEY MAY RELATE TO THE NEED FOR A ONE-TO-ONE AIDE**

**Health / Personal Care**

**Y / N** Student requires non-medical specialized health care support (e.g., feeding, assistance with braces or prosthesis).

**Y / N** Student requires positioning or bracing multiple times daily.

**Y / N** Student requires health-related interventions multiple times daily.

**Y / N** Student requires direct assistance with most personal care.

**Behavior**

**Y/N** Student presents with serious behavior problems with ongoing (daily) incidents of injurious behaviors to self and/or others or student runs away and student has a functional behavioral assessment and a behavioral intervention plan that is implemented with fidelity.

**Instruction**

**Y / N** Student cannot participate in a group without constant verbal and/or physical prompting to stay on task and follow directions.

**Inclusion in General Education Classes**

**Y / N** Student needs an adult in constant close proximity for direct instruction.

**Y / N** Student requires individualized assistance to transition to and from class more than 80 percent of the time.

**Y / N** Student needs an adult in close proximity to supervise social interactions with peers at all times.

**SUPPORT NEEDED:** (check all that apply)

O During some/all classroom instruction (General Education/Special Education Setting) (2-1 aide)

o ELA

o Math

o Science

o Social Studies

O During all specials (1-1 aide)

0 During Related Services: S/L, OT, PT, Counseling

O During cafeteria/recess (1-1 aide)

O During transitions (class-to-class, hallways, bus, etc.)

* Other:

***\*Goals/objectives will be established to address the following:***

1. Specific skills the student needs to reduce/eliminate the need for an aide
2. Criteria needed to indicate progress or lack of progress (i.e. # out of # times, % correct, etc.)
3. Short term periods (objectives) to assess mastery of skills needed to eliminate support provided or dependence on the aide

**GOAL(S)/OBJECTIVES:** (specific, measurable interventions which address behavior(s) targeted)

**Recommendations** *(to be completed by CSE chairperson)*

|  |  |
| --- | --- |
| **Elementary Times** ***Please list time/# of hours next to student’s school of attendance*** | **MS/HS Times*****Please list the time/# of hours next to what the student needs at the secondary level.***  |
| **Morse** | (Full Day) |
| **Krieger** | (No coverage needed for Lunch) |
| **Warring** | (No coverage needed for lunch & breaks-aides) |
| **Clinton** | (as needed per class) |
| **ELC** | - 30 min per related services |

**TOTAL TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LEVEL OF SUPPORT:**

O Shared aide (specify ratio)

O 1:1 Aide

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Chairperson Signature Date of meeting