

ONE TO ONE AIDE DETERMINATION FORM

Determining the Appropriateness of a Personal Student Aide

(This form is to be completed and submitted with the application for enrollment and reviewed collaboratively by the sending district Case Manager and CMCSSD Supervisor or Case Manager)

Date: _____ District: _____

Name of Person Completing this Form:

Print Name

Signature

Name of Student: _____

The purpose of this form is to determine whether a student with a disability needs the assistance of a one-to-one aide. A recommendation for an individual aide is a significant programmatic decision and one that should only be made after a comprehensive discussion of other options considered and clear documentation as to why those options are not appropriate. While some students may temporarily need the support of a one-to-one aide to receive a free appropriate public education, for other students the assignment of a one-to-one aide may be unnecessarily and inappropriately restrictive.

A goal for all students with disabilities is to promote and maximize independence. When a child study team determines that a student needs a one-to-one aide, it should always be considered a time-limited recommendation and specific conditions/goals must be established to fade the use of the one-to-one aide.

Please complete the following questions:

A. Functional Life Skills Concerns

1. Is the student having severe difficulties with functional life skills? YES NO

If YES, please complete the rest of section A — If NO, proceed to section B

2. What type of support does the student need in order to be successful in the following areas?

Check the appropriate boxes for the following skills listed

Skill	Independent	Adult Prompts	Physical Support	Other Supports
Toileting				
Mobility				
Eating				
Dressing				
Self-Care				
Personal Safety				
Other – Please Specify:				

3. What other less restrictive alternatives other than a 1:1 Aide may be appropriate to address the student's needs in this area?

4. Have the benefits of a shared aide versus a one-to-one aide been discussed during the IEP meeting with the sending district and parent/guardian? (i.e. movement toward the LRE, increased independence, greater socialization with peers, less isolation, more opportunities for transition planning?)

5. What are the current goals and objectives in the IEP that move the student toward greater independence and less reliance on a one-to-one aide?

B. Communication Concerns

1. Are there concerns with the student's communication? YES NO

If YES, please complete the rest of section B — If NO, proceed to section C

2. Does the student receive services from a Speech Language Pathologist? YES NO

3. Does the student have a functional, accessible method of communication at all times?
 YES NO

If YES, please describe the student's communication method, including technology currently used to support communication, learning, and classroom interaction:

4. Does the student use the communication method(s) independently to communicate needs and wants? Please explain.

C. Behavioral Concerns

1. Does the student have severe behaviors that interfere with his/her learning or the learning of others?
YES NO

If YES, please complete the rest of section C — If NO, proceed to section D

2. Does the student have a Functional Behavioral Assessment (FBA)? YES NO
3. Are there concerning behavior(s) interfering with learning of self or others?
4. Does the student have a Behavior Intervention Plan (BIP)? YES NO
5. Have behavioral interventions stated in the BIP been consistently implemented for at least 6 weeks?
YES NO
6. What other less restrictive alternatives other than a 1:1 Aide may be appropriate to address the student's needs in this area?
7. Have the benefits of a shared aide versus a one-to-one aide been discussed during the IEP meeting with the sending district and parent/guardian? (i.e. movement toward the LRE, increased independence, greater socialization with peers, less isolation, more opportunities for transition planning?)
8. What are the current goals and objectives in the IEP that move the student toward greater independence and less reliance on a one-to-one aide?
9. What goals and objectives can be added to the IEP to move the student toward greater independence and less reliance on a one-to-one aide?

D. Other Areas of Consideration

Check all that apply for the following other areas of consideration:

Medical/Functional

- G-Tube Feeding*
- Medication*
- Suctioning*
- Food Preparation
- Other: Specialized Physical Health Care Plan or Emergency Plan

- Feeding (full support)
- Seizures*
- Lift/Transfer
- Diaper Changing
- Other: _____
- _____

Communication/Instruction

- Visual Communication System
- Assistive Technology Support
- Sign Language

- High Level of Physical Prompts
- High Level of Verbal Prompts
- Other: _____
- _____

Social/Emotional/Behavior

- Self-Regulation
- Anger Management
- Impulse Control
- Social-Pragmatic Language
- Physically Aggressive
- Non-Compliant In Class

- Runs Away
- Self-Injurious
- Behavior Plan Implementation or Documentation
- Other: _____
- _____

Other

- Instructional Support
- Physical Support/Positioning
- Safety Supervision
- Social Support

- Transitions
- Recess/Lunch
- Other: _____
- _____

—Official Use Only—Do Not Write Below This Line

Reviewed by CMCSSSD Director of Related Services:

Date/Signature

Approved: YES NO Reason:

Shared Aide: YES NO Rationale:

Single Aide: YES NO Rationale:

No Aide Required Rationale:

1:1 Aide Start Date: 1:1 Aide End Date:

Reviewed by CMCSSSD Supervisor of 1:1 Aides:

Date/Signature

**Please complete the following recommendations at the beginning of each quarter.
Recommendation should be supported by data from progress monitoring.**

Quarter 2 Recommendation

Shared Aide: YES NO Rationale:

Single Aide: YES NO Rationale:

No Aide Required Rationale:

Quarter 3 Recommendation

Shared Aide: YES NO Rationale:

Single Aide: YES NO Rationale:

No Aide Required Rationale:

Quarter 4 Recommendation

Shared Aide: YES NO Rationale:

Single Aide: YES NO Rationale:

No Aide Required Rationale:

Annual Observation of Assigned 1:1 Aide Interactions Conducted by Supervisor on:

Observation Notes: