



2019-2020 ANNUAL REVIEW

Please enter staff position for 1.1 rationale (i.e. para)

1:1 RATIONALE

Student Name:	Date of Request:
Date of Birth:	Current Program:
Case Manager:	School:
Disability:	Grade:

FOR A NEW REQUEST, ADMINISTRATION WILL CONTACT THE DISTRICT TO MAKE ARRANGEMENTS FOR A DISTRICT REPRESENTATIVE TO OBSERVE, IF REQUESTED.

1. Background information pertinent to request:

2. Detailed description of student's current functioning, including strengths and needs:

3. Detailed description of current strategies used to meet student needs including behavioral data with strategies, if applicable:

4. Please provide a detailed description of any medical, program, or safety needs for this student, including documentation and descriptions of specific incidents or examples:

5. Provide a specific and detailed description of the proposed 1:1 aide duties:

5a. Identify the time(s) of day, specific setting(s), and /or specific circumstances(s) in which the students requires additional support:

6. Describe the training and ongoing support that will be provided to the staff member(s) for the implementation of the additional adult support:

7. Identify how the support of an additional adult might enable the student to remain in the least restrictive environment:

8. Identify any possible harmful effects on the student or the quality of the student's program/services that may result from the provision of an additional adult support:

9. Provide a specific and detailed description of the recommended goals and services designed to develop student skills in order to fade/eliminate the 1:1 aide services in the future and how data will be collected and shared:

Program Administrator (*print*)

Signature

Date