**Checklist of Existing Environmental Supports**

|  |  |  |
| --- | --- | --- |
| Student: | DOB: | Date: |
| Eligibility: | Teacher: | Program/School: |
| Completed by (include title): |

**A. Classroom schedule: Is there a posted classroom schedule? Yes** [ ]  (If “Yes,” please answer questions below)  **No** **[ ]**

1. The following elements are included in the classroom schedule:

[ ]  Times [ ]  Students [ ]  Activities [ ]  Staff names [ ]  Locations

1. The schedule is: [ ]  Daily [ ]  Weekly [ ]  Other

**B. Schedule for individual student: Is there an individual student schedule? Yes** [ ]  (If “Yes,” please answer questions

 below)  **No [ ]**

1. Student uses the following format for individualized schedule:

[ ]  Object [ ]  Icon [ ]  Photograph [ ]  Word [ ]  Picture

1. Student ability to follow the schedule:

[ ]  Independent [ ]  With indirect verbal or gestural prompts [ ]  With physical prompts

[ ]  Inconsistent [ ]  With direct verbal prompts

1. Student use of the schedule:

[ ]  Student carries schedule [ ]  Student uses transition cards [ ]  Student goes to schedule board

[ ]  Inconsistent [ ]  Teacher carried and shows the schedule

1. Room is arranged with structure to correlate with tasks on schedule: (Check all that apply)

[ ]  Area for one-on-one work [ ]  Area for independent work [ ]  Area for group work

[ ]  Area for leisure [ ]  Not applicable

**C. Curriculum and Instruction:**

Are the materials and activities differentiated for the students?:

* Chronological age (describe):
* Ability level (describe):
* Interest level (describe):

2. Check the curricular domains included in the student’s program:

[ ]  Communications [ ]  Pre-vocational [ ]  Domestic skills [ ]  Recreation/leisure

[ ]  Self-care [ ]  Motor skills/Mobility [ ]  Academics [ ]  Social skills [ ]  Other:

3. List equipment or devices used/available that may relate to the need for assistance. (May be low incidence equipment or assistive technology device.):

4. Describe an activity which is challenging for the student: If appropriate, attach a sample task analysis form used for a challenging activity with the student (see Task Analysis Data):

 **D. Behavior Support:**

 Are there problem behavior(s) interfering with learning of self or others?

[ ]  Yes (If “Yes”, please answer questions below) [ ]  No

* Brief description of problem behavior(s):
* Where behavior(s) typically occur:
* When behavior(s) typically occur:

1. Student has a Positive Behavior Support Plan (PBSP)/Behavior Intervention Plan (BIP): [ ]  Yes (If “Yes,” please answer questions below.) [ ]  No

 2. Behavior plan is based on a Functional Behavioral Analysis (FBA):

 [ ]  Yes [ ]  No [ ]  In the process [ ]  Need to initiate

 3. How effective is the plan in addressing the student’s needs:

 [ ]  Very [ ]  Moderately [ ]  Mildly [ ]  Not at all

4. Describe anticipated level of support to implement plan.(i.e., frequency of reinforcement, prompting, redirection):

 5. What supports exist for implementing the plan; i.e., self-monitoring, other adult:

\***(Please attach Behavior Support Plan/Behavior Intervention Plan):**

**E. Current data systems and collection of data:**

 Are there current data on each IEP objective and/or behavior plan?

 [ ]  Yes (If “Yes”, please answer questions below) [ ]  No

1. Data records include: [ ]  Date [ ]  Level of independence (prompting needed) [ ]  Task [ ]  Level of progress

 2. Data is collected: [ ]  Daily [ ]  Weekly [ ]  Monthly [ ]  Other:

 3. Data are summarized: [ ]  Graphed [ ]  Written narrative [ ]  Other:

**\*Attach sample data collection sheet**: See IEP goals and objectives form.