
POUGHKEEPSIE CITY SCHOOL DISTRICT

Office of Family and Student Support Services

55 College Avenue, Poughkeepsie, N.Y. 12603 (845) 437-3473 FAX (845) 437-3477

*Delivering on the promise of a high-quality education
"Every scholar. Every day. Every classroom."*

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ASSISTANT SUPERINTENDENT FOR
FAMILY AND STUDENT SUPPORT SERVICES

YVONNE PALMER, M.S., C.A.S.
DIRECTOR OF
ELEMENTARY INSTRUCTIONAL SUPPORT

Intensive Needs Checklist

Student Name: _____ School/ Teacher/Grade: _____

Person Submitting form: _____ Date: _____

Intensive Needs Checklist is Required to Establish the Need for a 1:1 Aide.

Part 1: To be Completed and Submitted to the PPS Office Prior to the Initial Request for a 1:1, or to Establish the Need for the Continuation of the 1:1..

Is there a safety concern for the student or others? Please describe. Yes No

Does the student require assistance with basic functional skills?

- | | | |
|--------------------------------|------------|-----------|
| • Toileting | Yes | No |
| • Mobility | Yes | No |
| • Feeding | Yes | No |
| • Dressing | Yes | No |
| • Following Basic Safety Rules | Yes | No |

Describe:

Is the student's performance consistent with his or abilities? Yes No

Explain:

Is the student currently receiving specialized instruction?

Yes No

Describe:

Please describe the interventions or program modifications you have tried with this student (e.g., cooperative learning, FBA, behavior management plan, etc)

Intervention	Describe the effectiveness of the intervention

Activity	Tasks the student can perform independently.	Tasks the student can perform with assistance that is similar to what is available to all students in the class.	Tasks the student can perform only with 1:1 adult assistance	Tasks the student can not perform	Level of assistance rating (1 = low level of assistance needed. 5 = high level of assistance needed)
Time/Task					
Time/Task					
Time/Task					

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Plan for a 1:1 Teaching Assistant

Specify the activity in which the 1:1 TA will be used, including the amount of time the TA will spend with the student.	Describe what the 1:1 TA will be doing with the student.	Describe how the Teacher and TA and will help the student to become independent in this activity	Total Anticipated Time Reduction in 1:1 Teaching Assistant Support by Annual Review

**Part 2: To Be Completed for When Requesting and Extension for a Prior Approved
1:1. Observations Must Have been Conducted and
Supporting Documentation Submitted .**

List the people who have conducted structured observations of this student. Please attach copies of their observations and their supporting documentation.

Name

Position

Based on direct observation and data collection, what percentage of instructional time does this student receive direct, 1:1 assistance from an adult?

Activity	Tasks the student can perform independently.	Tasks the student can perform with assistance that is similar to what is available to all students in the class.	Tasks the student can perform only with 1:1 adult assistance	Tasks the student can not perform	Level of assistance rating (1 = low level of assistance needed. 5 = high level of assistance needed)
Time/Task					
Time/Task					
Time/Task					

Based on direct observation and data collection, what percentage of instructional time does this student work without 1:1 adult assistance?