**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.