**Intensive Needs Checklist** Based on the Mueller Model

Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is there a safety concern for self or others? Yes No

 Please describe.

2. Does the student require continual teacher prompts:

during instruction Yes No

after instruction (e.g., during independent work)? Yes No

3. 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

4. Is the student’s performance consistent with his or her aptitude? Yes No

5. Do his or her peers include the student in classroom activities? Yes No

Is the student receptive to peer tutoring and support? Yes No

6. Is the student currently receiving specialized small or individualized group instruction in specific academic areas? Yes No

Please describe.

7. Please note what interventions or program changes you have tried and describe their rate of success (e.g., cooperative learning, behavior management plan, re-grouping within the classroom, pairing with other students).

If these interventions are not an option, please explain why.

8. Has an administrator observed the student? Yes No

9. Does the team recommend that this position be job-shared? Yes No

If yes, why?

Date of Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Amended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Members:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_