SUPPLEMENTAL SUPPORT EVALUATION REPORT					
STUDENT'S LAST NAME	FIRST NAME	M.I.	BIRTH DATE	GENDER	STUDENT ID
D.	J.		01/01/2006	Male	12356789

Page 1

**DEMOGRAPHIC INFORMATION** 

Name: J.D.
Chronological Age: 10.5
Grade: 5.8
Primary Language: English
Federal Disability Code(s): Autism
Assessment Plan Date: 3/22/2016
Last Initial/Triennial Date: 11/16/2015

Assessment Team Members: XX Administrator; XX, School Psychologist; XX Speech/Language Pathologist; XX, Nurse;

XX, Education Specialist; XX General Education Teacher; XX, Occupational Therapist; XX, Physical Therapist; XX, Mental Health Clinician, XX, Behavior Support Resources; XX,

Assistive Technology

#### REASON FOR SUPPLEMENTAL SUPPORT REQUEST

The purpose of the present report is to identify if student requires supplemental support assistance to receive educational benefit from their Individualized Educational Program.

## **Primary Areas of Educational Concern:**

- Health/Personal Care
- Behavioral/Mental Health Aggression
- ☑ Instructional Engagement/Access to the General Curriculum Reading, Math, and Written Language

#### **Brief History of Current Educational Concerns:**

JD is currently experiencing significant behavioral concerns in the classroom. When escalated JD has displayed physical behaviors including throwing items, biting, hitting, and spitting. Escalation incidents He also has difficulty staying on task throughout the school day. JD is below grade level in core areas and has difficulty with peer relations.

#### **SOURCES OF DATA REVIEWED**

The following sources of information, marked with an "X," have been reviewed:

- PRIOR ASSESSMENTS (e.g., initial, triennial, supplemental, outside evaluations, etc.)
- PARENTS (e.g., interview, meetings, email, parent-provided assessments, documents, and reports)
- SCHOOL RECORDS (electronic or hard copy of other records such as IEPs, attendance, behavior, health & developmental history, grades, classroom-based and State assessments, transcript, credits, and GPA)
- □ CLASSROOM OBSERVATION OF STUDENT
- OBSERVATION of STUDENT OUTSIDE CLASSROOM
- NFORMATION FROM SCHOOL PERSONNEL (e.g., teachers, case manager, related service providers, counselor, nurse)
- STUDENT (e.g., interview, self-rating, work samples)
- **⋈** INTERVENTIONS
- STUDENT RESPONSE TO HIERARCHY OF INSTRUCTIONAL PROMPTING (e.g., IEP goals, Matrix, etc.)
- ☑ OTHER: Consultation with Behavior Support Resources

SUPPLEMENTAL SUPPORT EVALUATION REPORT					
STUDENT'S LAST NAME	FIRST NAME	M.I.	BIRTH DATE	GENDER	STUDENT ID
D.	J.		01/01/2006	Male	12356789

Page 2

EDUCATIONAL SERVICES
Provide detailed information in all relevant sections
Documentation of Interventions:  ☐ SST (Student Study Team) or IEP meeting dates related to request:  ☐ Interventions Implemented (describe): Communication system, behavioral intervention plan to address transitions and aggressive behavior with hourly data monitoring.  ☐ BSR (Behavioral Support Resources) consultation request date (if relevant): See attached plan Outcomes: JD has responded to the interventions but requires significant monitoring for success (see attached data sheet)
Specialized Academic Instruction (SAI): General Education (hours): 5 Outside General Education (hours): 5
Related Services/Indicate Number of Hours:  MHRS Services: Psychological Services: Counseling and Guidance Services: Speech-Language: 20 hours/yr Occupational Therapy: 20 hours/yr Physical Therapy: Adapted Physical Education: Low Incidence Physical Hand. Itinerant Services: Nursing Services: Assistive Technology Consultation (including Augmentative Alternative Communication [AAC]): Ipad Other:
Outside Services/Hours:  Outside Therapy Services: Outside Psychiatry Services: SD Regional Center – case worker: A. D. CA Dept. of Rehabilitation – contact person: Other (please list name of contact person and phone number):
Student/Class Schedule Review: (Comprehensive Schedules created and maintained by Education Specialists - attach)  ☐ Student support requirements reviewed by subjects/periods/non-instructional activities  ☐ Staff support available reviewed by subjects/periods/non-instructional activities
Attendance:  Attendance is a concern - number of absences: tardy/leave early:  SARB process initiated:

## **Medical Concerns:**



# San Diego Unified School District

EUGENE BRUCKER EDUCATION CENTER 4100 Normal Street, San Diego, CA 92103-2682 (619) 725-7600

SUPPLEMENTAL SUPPORT EVALUATION REPORT						
STUDENT'S LAST NAME	FIRST NAME	M.I.	BIRTH DATE	GENDER	STUDENT ID	
D.	J.	ASS	01/01/2006 ESSMENT R	Male REPORT D	12356789 <b>ATE:</b> 5/16	/2016
Page 3						
<ul><li></li></ul>	with the following: Autism the following medication(s) and healthcare procedure (plane needs (please describe). Healthcare Plan (s) (attach	lease describe):				
	8: r Intervention Plan (BIP) (A r Intervention Plan (BIP) w		ehavior Assessm	nent (FBA) (A	ttach)	
Adaptive:  Not applicable Toileting needs (please Mobility needs (please Feeding needs (please Comments:		support 2x per da	ay with clothing			
Mental Health Concerns  Student has history of Comments:	: mental health concerns/issu	ies				
☐ Incidents indicated on ☐ Suspensions/Expulsion ☐ Manifestation Determi ☐ Juvenile Hall – dates: ☐ Probation Department	ns nation/s	(JCCS) – dates	:			

#### SUMMARY OF STUDENT NEEDS

INCLUDE a summary of indicating the history of unique support requirements and rationale for the need for supplemental supports. Summarize results of assessments, interviews, observations and information from the supplemental support matrix. Describe portions of the student's instructional day based on individual, class, and school site schedules where supplemental support is required. Indicate a strong summary as to why student cannot obtain educational benefit and achieve relevant IEP goal attainment without supplemental support.

JD has been at ABC elementary school since Kindergarten. JD has been receiving Special Education services since the age of 4 through the Early Childhood Special Education department under the Autism category. He has had excellent attendance and has made progress since starting in Kindergarten. Progress notes show that progress on goals has been met each year. Recent goals



SUPPLEMENTAL SUPPORT EVALUATION REPORT					
STUDENT'S LAST NAME	FIRST NAME	M.I.	BIRTH DATE	GENDER	STUDENT ID
D.	J.		01/01/2006	Male	12356789

#### Page 4

have focused on reading comprehension, multiplication, communication of basic needs, writing mechanics, coping skills, and social communication with peers. JD receives a significant amount of support on tasks across subject areas and unstructured activities. According to his FBA he utilized protest for non-preferred activities and when he is not sure of the expectations. He has a high level of anxiety that increases his avoidant and somewhat aggressive behavior. The new communication device was introduced this year and he has struggled to utilize it independently, constant prompting is required. However, it has been more effective in reducing some of the behavioral outbursts. Academically JD is functioning approximately 2 grade levels behind in core academic areas. He is a concrete thinker and struggles with higher-level concepts.

#### ☐ Interviews with parent/teacher:

Both JD's teacher and mother/father were interviewed through this process. JD's parents, Mr. and Mrs. D. noted that he experiences many of the same behaviors at home. He has difficulty with transitions and prefers to focus on preferred activities. He is a picky eater and they are constantly trying to support a variety of foods in his diet. They have utilized the same strategies at home and school with some success. However the progress is very slow and he requires significant supervision and scaffolding to support his functioning.

JD's teacher, Ms. F, noted that JD had many strengths in the classroom. He was an excellent artist and had amazing focus on preferred activities. It was difficult to communicate with JD outside of the iPad that was still sometimes challenging for him to use. At this time a large part of her day was used to support JD with the support of the special education team. Although she enjoyed having him in the classroom there was a need for a high level of support to continue his growth in participation and transitions.

#### Assessment Results

JD has participated in three evaluations including an initial and two triennial reviews. Cognition, social emotional, adaptive, communication, adaptive and motor abilities were examined. Results from the evaluations noted delays in social interaction, communication, fine motor abilities, and daily living skills. JD had relative strengths in visual processing and crystallized intelligence. He showed relative weakness in all other areas.

#### Observations across relevant settings where supplemental support is required:

JD was observed on 4 different occasions across each setting of this day including core instructional time, P.E., Lunch, and during SAI. JD continued to have difficulty with transitions consistent with the FBA that was conducted. During core instructional time when the communication device was used, he showed less disruptive behaviors. It was noted that usage of the Ipad utilized significant prompting from the adult support. JD had difficulty accessing the program on the device and choosing the various communication phrases. With guidance he was able to better express his needs. At lunch he had difficulty opening his lunch, staying within the seating area, and appeared frustrated by the noise and movement. He was seated near the edge of the lunch court and did not interact with his peers. During one observation JD became frustrated that he was transitioning away from a preferred drawing activity. The teacher utilized the timer with verbal and visual cues but JD became upset when the class moved activities. He ripped up the paper and turned over the chair. The teacher reminded him of his cool down strategies and within 5 minutes he was able to rejoin the class on the next activity.

JD has been making progress in school, but recent behaviors of aggression have increased. He is adjusting to a new communication system that requires significant prompting and supports. He is displaying physical aggression that has reduced with interventions, but requires a significant amount of prompting and supervision to implement. The educational specialist and aide currently provide 10 hours of service a week to support his needs with the general education supporting his additional needs. At this time additional support is required to support full implementation of the communication system, monitoring of his

SUPPLEMENTAL SUPPORT EVALUATION REPORT					
STUDENT'S LAST NAME	FIRST NAME	M.I.	BIRTH DATE	GENDER	STUDENT ID
D.	J.		01/01/2006	Male	12356789

## Page 5

behavior, and teaching of coping and social skills for access to his learning environment. These intensive supports have shown a positive impact on his behavior.

## WEEKLY INDIVIDUALIZED STUDENT SCHEDULE

Subject	GE (Hrs/Wk)	GE SAI (Hrs/Wk)	Separate Setting (Hrs/Wk)	Related Service (Hrs/Wk)	Additional Recommended Need (Hrs/Wk)
English Language Arts					
Guided Reading	1.5				1.5
Literacy	.5	2.0			2.5
Passage Comp/Infer.	.5		2.0		
Written Language					
Writer's Block			2.0		
Mathematics	3.0		2.0		3.0
Social Studies	2.5				2.5
Sciences	1.75				1.75
Physical Education	1.0				
Art	2.0				
Lunch/ Recess	3.75				3.75
Related Services- SLP			1.0		
Related Services - APE					
Related Services - OT			1.0		
Related Services - PT					
Related Services -				1	
Nurse					
Total Hours	16.5	2	8	1	15
%	60%	7%	30%	3%	

<sup>\*\*\*</sup>Account for ALL hours in the student day (27.5 HOURS)

#### SUPPLMENTAL SUPPORT MATRIX

Directions: Use current data and progress notes when completing the matrix. Academic/Behavior to be collaboratively completed by Case manager, School Psychologist and Gen Ed Teacher; RCSN to complete health/personal care column; PHI teacher to complete physical impairment column.



# San Diego Unified School District

EUGENE BRUCKER EDUCATION CENTER 4100 Normal Street, San Diego, CA 92103-2682 (619) 725-7600

SUPPLEMENTAL SUPPORT EVALUATION REPORT					
STUDENT'S LAST NAME	FIRST NAME	M.I.	BIRTH DATE	GENDER	STUDENT ID
D.	J.		01/01/2006	Male	12356789

**ASSESSMENT REPORT DATE:** 5/16/2016

# Page 6

Needs Related to Behavior:	Needs Related to Instruction:	Needs Related to Health/Personal Care:	Needs Related to Physical Impairment:
Follows adult directions with minimal prompts/supervision. Handles change and redirection with ease. Displays developmentally appropriate social skills.	Participates in the general or separate education setting for all core grade level content and academic achievement standard areas with minimal and occasional support.  No concerns at this time.	Student is in general good health. No specialized health care procedure or medication taken. Student has full range of motion, communicates, and independently performs all developmentally appropriate personal care.	Participates without adult support for needs related to physical impairment. Able to ambulate the classroom and school campus independently. Can participate in curriculum with minimal accommodation.
Follows adult direction but occasionally requires positive verbal prompts. Has occasional difficulty with transitions. Mild challenges with social skills (interactions with peers and adults). Can be managed adequately with a classroom management plan.	Participates in the general or separate education setting for most core grade level content and academic achievement standard areas with occasional special education supports and accommodations to support student's educational performance.	Student has mild or occasional health concerns. (ex: Allergies or other health conditions) Medication administration takes less than 10 minutes time. Student needs reminders to complete developmentally appropriate personal care activities. Student does not require a Nursing IEP Services [Specialized Physical Health Care Procedure (SPHCS) or Health Nursing Services (HNS)].	Participates independently with accommodations in and outside the classroom. Minimal support from the teacher or peers to access the curriculum and school campus.
Has problems following directions and behaving appropriately. Unable to experience much success without individual Behavior Intervention Plan (BIP) implementation.	Participates in the general or separate education setting for core grade level content and academic achievement standard areas with regular/routine special education supports and accommodations to support student's educational performance.	Student has chronic health issues that require medication and/or Nursing IEP Services (SPHCS/HNS). Student is able to verbalize health concerns. Health related interventions 10-30 min. daily (diet, blood sugar, medication). May require hands-on assistance for personal care/toileting. May have Individualized Student Health Plan (ISHP).	Participates with intermittent standby assistance, adult supervision and/or adult prompting when ambulating the school campus and when in the classroom.
Serious behavior problems almost daily. Defiant and/or prone to physical aggression. Requires a Behavior Intervention Plan (BIP) with behavior goals and objectives in the IEP. Requires close visual supervision to implement BIP. Safety issues are present.	Participates in the general or separate education setting for some core grade level content and academic achievement standard areas with moderate special education supports and accommodations to support student's educational performance.	Student has SPHCS/HNS and medication(s). Student presents with limited mobility and communication. Physical limitations requiring assistance (e.g., stander, wheelchair). Special food prep or feeding. Health related interventions 30-60 min. daily. Frequent physical prompts and assistance for personal care/toileting. Has	Participates with adult assistance when walking about the school campus and/or when using the bathroom. Requires adult support during lunch and/or snack time. Requires some accommodations and assistance to access the curriculum in the classroom.



# San Diego Unified School District

EUGENE BRUCKER EDUCATION CENTER 4100 Normal Street, San Diego, CA 92103-2682 (619) 725-7600

SUPPLEMENTAL SUPPORT EVALUATION REPORT					
STUDENT'S LAST NAME	FIRST NAME	M.I.	BIRTH DATE	GENDER	STUDENT ID
D.	J.		01/01/2006	Male	12356789
	•				

**ASSESSMENT REPORT DATE:** 5/16/2016

#### Page 7

Serious behavior problems with potential for injury to self and others, runs-away, aggressive on a daily basis. Functional Behavior Assessment (Hughes Bill) has been completed and the student has a well- developed BIP, which must be implemented to allow the student to safely attend school. Staff has been trained in the management of assaultive behaviors.

Participates in the general or separate education setting for some core grade level content and some academic achievement standard areas and/or functional curriculum with significant special education supports and modifications to support student's educational performance.

Student has an ISHP and SPHCS/HNS that requires care by specially trained employee(G tube, tracheostomy, catheterization). Student may present with limited mobility and communication and require direct assistance with positioning, bracing and personal care. Requires two-person lift. Direct adult assistance 60 or more minutes daily.

Requires adult assistance for all transfers/mobility needs throughout educational environment. Requires adult assistance with accessing classroom materials, work production, self-care needs including feeding and or toileting and hygiene.

#### RECOMMENDATIONS FOR SUPPLEMENTAL SUPPORT HOURS

It is recommended that JD receive an additional 2 hours per day/8 per week of additional support. This is beyond the 10 hours currently being supported through the educational specialist and special education assistant. This will support JD four days a week to continue work on his communication system, transitions, and coping skills. The assistance will include unstructured times including lunch and recess. Supplemental Supports from staff and para educators will assist with goals for communication of basic needs, coping skills, and social communication with peers. Please see the attached schedule for daily supports.

Respectfully Submitted,			
Xxxxx Xxxxxx. School Psychologist	_		

#### **ATTACHMENTS**

$\bowtie$ IEP	(Include)
---------------	-----------

☑ BIP/FBA (if applicable)

☐ ISHP (if applicable)

Current Evaluation (Include most recent evaluations for all service providers, including school psychologist)

Reports: Behavior Support Resources Consultation

Student Class Schedule and Matrix (Embedded in assessment report)