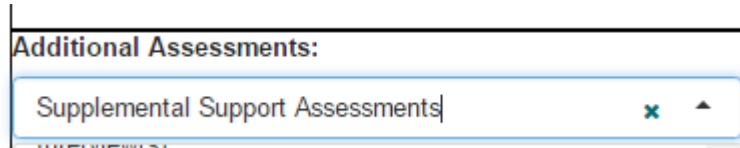


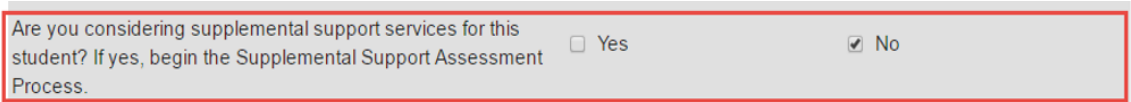
TIP OF THE WEEK

Documentation of Supplemental Support Assessment and Outcome in the IEP

- 1) **Assessment Plan-** Open an Assessment Plan and add Supplemental Support Assessment.



Additional Assessments:
Supplemental Support Assessments

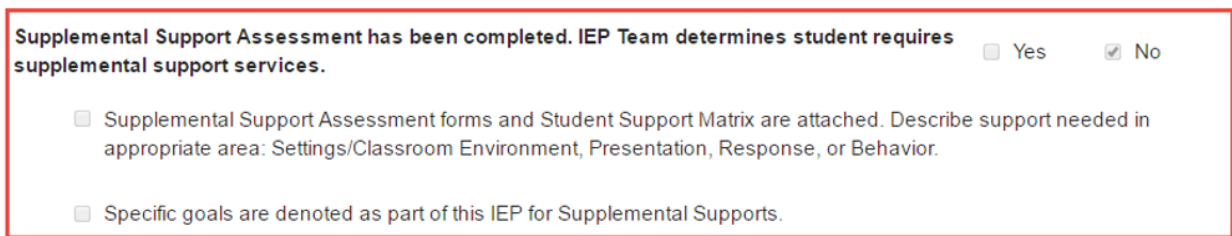


Are you considering supplemental support services for this student? If yes, begin the Supplemental Support Assessment Process. Yes No

- 2) **Assessment-** Complete required assessment when parental consent is obtained. (see [SPED Supplemental Support Process](#) for additional instructions)
- 3) **IEP Meeting-** The IEP Team will meet within 60 days to review and discuss the Supplemental Support Assessment Report and determine whether or not the student requires Supplemental Support Services.

Documentation of the Outcome in the IEP

- 4) **Special Factors-**
- a. **If the student does NOT require Supplemental Support Services at this time→**
Document the determination in Special Factors Page 2 then proceed to # 5.



Supplemental Support Assessment has been completed. IEP Team determines student requires supplemental support services. Yes No

Supplemental Support Assessment forms and Student Support Matrix are attached. Describe support needed in appropriate area: Settings/Classroom Environment, Presentation, Response, or Behavior.

Specific goals are denoted as part of this IEP for Supplemental Supports.

Documentation of Supplemental Support Assessment and Outcome in the IEP

b. If the student DOES require Supplemental Support Services at this time→

1. Document the determination in Special Factors page 2 then proceed to step #5.

Supplemental Support Assessment has been completed. IEP Team determines student requires supplemental support services. Yes No

Supplemental Support Assessment forms and Student Support Matrix are attached. Describe support needed in appropriate area: Settings/Classroom Environment, Presentation, Response, or Behavior.

Specific goals are denoted as part of this IEP for Supplemental Supports.

2. Determine the specific area(s) in which the student requires support
Setting/Classroom Environment, Instruction, Response, Behavior
3. Describe the specific support that the student requires in each specific area e.g., visual/verbal supports, transition support, visual schedules, study carol for independent work, reinforcement system, etc.
4. Detail the **anticipated** frequency, duration and location for the support
Frequency, Duration, Duration Type, Location

SETTING/CLASSROOM ENVIRONMENT

Specify the Supplementary Aids, Supports and Program Accommodations and Modifications that are required for the student to make progress in the student's instructional setting.

| Instructional setting | Description | Start Date | End Date | Anticipated Frequency daily / weekly / monthly / yearly | Anticipated Duration (number of minutes / hours) | Duration type | Anticipated Location | + |
|-----------------------|-------------|------------|----------|---|--|---------------|----------------------|---|
| Select | | 201 | 201 | Select | | Select | Select | |

5) Team Action-

a. If the student DOES NOT require Supplemental Support Services at this time→

Document the determination on Team Action #4

| Action | Topic | Outcome | Responsible for Follow-Up |
|---------------------|-------|---------|---------------------------|
| 4. Additional Items | | | |

Supplemental Support Assessment. Team discussed.

IEP team determined that Supplemental Support is not required at this time.

Documentation of Supplemental Support Assessment and Outcome in the IEP

b. If the student DOES require Supplemental Support Services at this time→

Document the determination on Team Action #4

| Action | Topic | Outcome | Responsible for Follow-Up |
|------------------------|-------|---------|---------------------------|
| LJ 4. Additional Items | | | |

Supplemental Support Assessment.
Team discussed.

IEP Team reviewed and discussed the assessment report and determined that, in addition to natural and existing supports in the classroom, (student) requires supplemental support for ___ hours/day. The supplemental support will be provided to (student) to support _____ (general terms e.g., academic/ behavior/ medical/ physical needs).

In order to promote (student's) independence, when direct supports are not required, the staff member providing supplemental support to (student) will remain in the same classroom but may work with other students or complete other tasks. The staff member will still be available to support (student), if necessary.

At the next Annual IEP meeting there will be a review of the level and effectiveness of the supplemental support, and a determination as to the current level of need.

NOTE: DO NOT WRITE THE CLASSIFICATION TYPE OF PARAEDUCATOR ALLOCATION IN THE IEP!!

6) Obtain Level of Consent from Parent/Guardian

7) Submit Documentation to the Special Education Division (Nancy Guinn)→

- a. [REQUEST FOR PARAEDUCATOR ALLOCATION and/or SUPPLEMENTAL SUPPORT NOTIFICATION FORM](#)
- b. Any additional paperwork required as outlined on the *Request for Paraeducator Allocation and/or Supplemental Support Notification Form*

Documentation of Supplemental Support Assessment and Outcome in the IEP

Additional information and forms →

sandiegounified.org > Departments > Special Education > Special Education Procedures Manual > Forms and Links > Chapter 4

- [SAI Special Education Service Delivery Model](#)
- [Master Schedule of SAI Services K-8](#)
- [Master Schedule of SAI Services Middle-High](#)
- [Master Schedule of SAI Services Elementary](#)
- [Flowchart Supplemental Support Request Process](#)
- [SPED Supplemental Support Process](#)
- [Student Support Matrix](#)
- [MPC Supplemental Support Process Cheat-Sheet](#)
- [Supplemental Support Process for Students with Pervasive Physical & Health Conditions](#)
- [Supplemental Support Eval. Report Sample](#)
- [Supplemental Support Eval. Report Template](#)
- [REQUEST FOR PARAEDUCATOR ALLOCATION and/or SUPPLEMENTAL SUPPORT NOTIFICATION FORM](#)