

### Documentation of Need for Aides

*This form may be required by the administrator when:*

- 1) an initial request for an individual or classroom aide for a student is made,*
- 2) an IEP team is determining the need for continuation of aide support, and/or*
- 3) the amount of aide support needed is in question.*

*Form might also be completed at end of school year to determine staffing needs and to assist in scheduling of aides.*

*If summary data charts available, attach to this form.*

**REQUESTOR(S)' NAME:**

**DATE OF REQUEST:**

**STUDENT'S NAME:**

**DATE OF BIRTH:**

*(If request is for a classroom aide, student name may not be needed unless request relates to only one child in the classroom.)*

**REASON(S) FOR REQUEST:**

*Check what student need will be addressed if an aide were hired.*

- Self-Care Assistance *(Complete Sections 1 & 5)*
- Medical Assistance *(Complete Sections 2 & 5)*
- Safety/Protection *(Complete Sections 3 & 5)*
- Instructional Support *(Complete Sections 4 & 5)*

### **SECTION 1 – SELF-CARE ASSISTANCE**

A. Mark items the student is unable to perform independently.

Toileting

- Student is not toilet trained.
- Student is toilet trained, but requires assistance with wiping.
- Student requires assistance to be lifted onto toilet.
- Other (Describe: \_\_\_\_\_)

List times of day when Toileting Assistance is needed:

Mobility

- Student is in wheelchair.
- Student is blind and unable to navigate independently.
- Other (Describe: \_\_\_\_\_)

List times of day when Mobility Assistance is needed:

List activities when Mobility Assistance is needed:

Feeding

- Student is unable to feed self.
- Student has feeding tube.
- Student requires prompting to feed self.
- Other (Describe: \_\_\_\_\_)

List times of day when Feeding Assistance is needed:

Dressing

- Student is unable to pull up pants when using restroom.
- Student is unable to put on or take off own clothing.
- Other (Describe: \_\_\_\_\_)

List times of day when Dressing Assistance is needed:

List activities when Dressing Assistance is needed:

Following basic safety rules (due to low cognitive ability)

- Student wanders away from school personnel
- Student places inedible objects in mouth (to degree of being safety concern)
- Other (Describe: \_\_\_\_\_)

List times of day when Basic Safety Assistance is needed:

List activities when Basic Safety Assistance is needed:

B. Students Self-Care Needs can be met with the use of accommodations and modifications. Yes  
No If no, list accommodations and modifications attempted:

## SECTION 2 – MEDICAL ASSISTANCE

A. Describe student health concern:



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B. Describe medical assistance needed:

C. Are medical needs able to be addressed by school nurse? Yes No If no, explain why.

D. Has the student previously had a Health Aide? Yes No

E. Is the current Health Aide provided by the District? Yes No If no, explain.

F. List times of day and activities when Medical Assistance, other than that provided by regular school nurse, is needed:

G. Medical needs can be met through the use of accommodations and modifications only. Yes No  
If no, list accommodations and modifications attempted:

### SECTION 3 – SAFETY/PROTECTION

A. Student is safety threat to himself Yes No  
Explain:

Frequency of behavior:

Locations of behavior:

B. Student is safety threat to others Yes No  
Explain:

Frequency of behavior:

Locations of behavior:

C. Student requires supervision during unstructured times Yes No  
Explain:

Frequency of behavior:

Locations of behavior:

D. Functional analysis and behavior intervention plan completed Yes No

E. Student's safety needs can be met by the use of accommodations and modifications and/or the behavior intervention plan. Yes No If No, list accommodations and modifications attempted:

### SECTION 4 - INSTRUCTION

A. Request is for Classroom Aide Yes No

- Class exceeds allowable class size requirement  
     per ISBE guidelines  
     per District Special Educator Workload Plan

List class title and time of class:

- Nature and severity of student needs in classroom  
Explain:

List class title and time of class:

- Individual student requires classroom aide support in order to participate in the general education environment

Explain:

List class title and time of class:

B. Request is for Individual Aide Yes No

- Student has significant academic delays and progress cannot be satisfactorily achieved with the use of accommodations and modifications only

Explain:

- Student has significant deficits in on-task behavior:

Percentage of time student is off-task during instruction

Percentage of time student is off-task during independent work

Other (Describe: \_\_\_\_\_)

**SECTION 5 – PLAN FOR STUDENT INDEPENDENCE**

A. Describe the proposed plan for reducing aide time and fostering student independence.