



San Mateo  
County  
SELPA

SPECIAL CIRCUMSTANCE INSTRUCTIONAL  
ASSISTANCE (SCIA)

*SCIA*  
*Assessment*

*STEP 2*

***Pre-Referral Activities Review (Step 1)***  
***MUST be completed and approved by SCIA***  
***administrator prior to this assessment***  
***(Assessment Plan also required).***

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Student's Name

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Teacher

\_\_\_\_\_New Authorization      \_\_\_\_\_Re-Authorization

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Email

Phone

**SCIA REQUIRED DOCUMENTATION  
BY AREA OF NEED**

<input type="checkbox"/> Initial <input type="checkbox"/> Re-Authorization
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Student Name: \_\_\_\_\_ CA: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Pre-Referral Activities Checklist Completed (Initial Referral Only)**

<p align="center"><b><u>HEALTH</u></b></p> <p><u>Required</u></p> <p><input type="checkbox"/> SCIA Rubric – All 4 sections  <input type="checkbox"/> Student Schedule  <input type="checkbox"/> Health Records  <input type="checkbox"/> Specialized health care plan  <input type="checkbox"/> School Day Analysis (use Health form)</p>	<p align="center"><b><u>BEHAVIOR</u></b></p> <p><u>Required</u></p> <p><input type="checkbox"/> SCIA Rubric – All 4 sections  <input type="checkbox"/> Student Schedule  <input type="checkbox"/> Psycho-Educational Reports  <input type="checkbox"/> Goals: Progress Reports  <input type="checkbox"/> Academic progress assessments *  <input type="checkbox"/> Behavior Support/Intervention Plan  <input type="checkbox"/> Review BSP/BIP  <input type="checkbox"/> Behavioral Data  <input type="checkbox"/> Discipline Referrals  <input type="checkbox"/> School Day Analysis            *Optional</p>
<p align="center"><b><u>INSTRUCTION</u></b></p> <p><u>Required</u></p> <p><input type="checkbox"/> SCIA Rubric – All 4 sections  <input type="checkbox"/> Student Schedule  <input type="checkbox"/> Psycho-Educational Reports  <input type="checkbox"/> Goals: Progress Reports  <input type="checkbox"/> Academic progress assessments  <input type="checkbox"/> School Day Analysis</p>	<p align="center"><b><u>INCLUSION (Social interaction)</u></b></p> <p><u>Required</u></p> <p><input type="checkbox"/> SCIA Rubric – All 4 sections  <input type="checkbox"/> Student Schedule  <input type="checkbox"/> Psycho-Educational Reports  <input type="checkbox"/> Goals: Progress Reports  <input type="checkbox"/> Academic progress assessments  <input type="checkbox"/> Behavior Support/Intervention Plan  <input type="checkbox"/> Review BSP/BIP  <input type="checkbox"/> Behavioral Data  <input type="checkbox"/> Discipline Referrals  <input type="checkbox"/> Health Records  <input type="checkbox"/> School Day Analysis</p>

Date: \_\_\_\_\_



## SAN MATEO COUNTY SELPA SCHOOL DAY ANALYSIS

**Over 3 observations, over 3 days in 3 different settings**

Student:	DOB:
Case Manager:	Psych./Program Specialist:
Completed by:	Title:

Time (15 minute increments)	Activity	What student can do without assistance	What student needs accommodation/ assistance to complete	What adults support is currently available (specify and include ratio)	Can peer support be provided (specify)
Date: ___/___/___					
Date: ___/___/___					
Date: ___/___/___					

## IEP GOALS AND OBJECTIVES CHARTING

Student: \_\_\_\_\_

School Year: \_\_\_\_\_

Levels of Assistance
1 = Independent
2 = Gesture/Non-Verbal Cue
3 = Verbal Cue
4 = Model
5 = Physical Prompt

Goals/Objectives	Dates:										
Trainer's Initials											

Comments:


## TASK ANALYSIS DATA

Student: \_\_\_\_\_

Goal: \_\_\_\_\_

Activity: \_\_\_\_\_

School Year: \_\_\_\_\_

Levels of Assistance
1 = Independent
2 = Gesture/Non-Verbal Cue
3 = Verbal Cue
4 = Model
5 = Physical Prompt
NA = Not Applicable

**Steps:**

**Dates:**

<b>SCORE</b>										
<b>Trainer's Initials</b>										

Comments (*Environmental Setting, Location, Peer Grouping, Specific Data, Unusual Situation, etc.*):

**Draft IEP Goal for SCIA OR attach existing IEP goal that addresses need**

**Target Behavior:**

Describe the **behavior** of the student that you want to increase/decrease:

Describe the current **frequency** of the behavior, including times of day and circumstances when the behavior occurs:

**Criteria** for fading SCIA:

**Develop a draft IEP goal and benchmarks for progress reporting**

Area of Need:

Measurable Annual Goal:

Baseline:

Short term objective:

Short term objective:

Short term objective:

Reviewed: \_\_\_\_\_ Approved: \_\_\_\_\_ Date: \_\_\_\_\_

## Student Needs for Additional Support Rubric

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Disability:** \_\_\_\_\_ **Date Reviewed:** \_\_\_\_\_  
**Case Manager:** \_\_\_\_\_ **School:** \_\_\_\_\_ **District:** \_\_\_\_\_

Select the number that best describes the student in each rubric category that is appropriate.

	Health/Personal Care/Rating	Behavior/Rating	Instruction/Rating	Inclusion/Mainstreaming/Rating
0	General good health. No specialized health care procedure, medications taken, or time for health care. Independently maintains all "age appropriate" personal care. <input type="checkbox"/>	Follows adult directions without frequent prompts or close supervision. Handles change and redirection. Usually gets along with peers and adults. Seeks out friends. <input type="checkbox"/>	Participates fully in whole class instruction. Stays on task during typical instruction activity. Follows direction with few to no additional prompts. <input type="checkbox"/>	Participates in some core curriculum within general education class and requires few modifications. Can find classroom. Usually socializes well with peers. <input type="checkbox"/>
1	Mild or occasional health concerns. Allergies or other chronic health conditions. No specialized health care procedure. Medications administration takes less than 10 minutes time. Needs reminders to complete "age appropriate" personal care activities. <input type="checkbox"/>	Follows adult directions but occasionally requires additional prompts. Occasional difficulty with peers or adults. Does not always seek out friends but plays if invited. <input type="checkbox"/>	Participates in groups at instructional level but may require additional prompts, cues, or reinforcement. Requires reminders to stay on task, follow directions and to remain engaged in learning. <input type="checkbox"/>	Participates with modification and accommodation. Needs occasional reminders of room and schedule. Requires some additional support to finish work and be responsible. Needs some social cueing to interact with peers appropriately. <input type="checkbox"/>
2	Chronic health issues, generic specialized health care procedure. Takes medication. Health care intervention for 10-15 minutes daily (diet, blood sugar, medication). Requires reminders and additional prompts or limited hands on assistance for washing hands, using bathroom, wiping mouth, shoes, buttons, zippers, etc. Occasional toileting accidents. <input type="checkbox"/>	Has problems following directions and behaving appropriately. Can be managed adequately with a classroom behavior management plan, but unable to experience much success without an individual behavior chart, checklist and behavior goal. <input type="checkbox"/>	Cannot always participate in whole class instruction. Requires smaller groups and frequent verbal prompts, cues, or reinforcement. On task about 50% of the time with support. Requires more verbal prompts to follow directions. <input type="checkbox"/>	Participate with visual supervision and occasional verbal prompts. Requires visual shadowing to get to class. Needs modifications and accommodations to benefit from class activities. Regular socialization may require adult facilitation. <input type="checkbox"/>
3*	Very specialized health care procedure and medication. Limited mobility. Physical limitations requiring assistance (stander, walker, gait trainer or wheelchair). Special food preparation or feeding. Health related interventions 15-45 minutes daily. Frequent physical prompts and direction assistance for personal care. Food preparation required regularly. Requires toilet schedule, training, direct help, diapering. <input type="checkbox"/>	Has behavior problems almost daily. Defiant and/or prompt to physical aggression. Requires a Behavior Support Plan (BSP) and behavior goals and objectives on the IEP. Requires close visual supervision to implement BIP. Medication for ADD/ADHD or other behaviors. <input type="checkbox"/>	Difficulty to participate in large group. Requires los student staff ration, close adult proximity and prompts including physical assistance to stay on task. Primarily complies only with SCIA directions and monitoring. Cognitive abilities and skills likely require modifications not typical for class as a whole. Needs Discrete Trial, ABA, Structured Teaching, PECS. Requires signing over 80% of the time. <input type="checkbox"/>	Participation may require additional staff for direction instruction and behavioral support. Requires direct supervision going to and from class. Always requires modifications and accommodations for class work. Requires adult to facilitate social interaction with peers. <input type="checkbox"/>
4*	Specialized health care procedure requiring care by specially trained employee (G tube, tracheotomy, cauterization). Takes medication, requires positioning or bracing multiple times daily. Health related interventions 45 minutes daily. Direct assistance with most personal care. Requires two-person lift. Direct SCIA assistance 45 or more minutes daily. <input type="checkbox"/>	Serious behavior problems with potential for injury to self and others, runs away, aggressive on a daily basis. Functional Analysis of Behavior (FAA) or 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 (NCPI, ProAct, etc.) <input type="checkbox"/>	Cannot participate in group without SCIA support. Requires constant verbal and physical prompting to stay on task and follow directions. Regularly requires specific 1:1 instructional strategies to benefit from the IEP. Cognitive abilities and skills require significant accommodation and modification not typical for the class group. <input type="checkbox"/>	Always requires 1:1 staff in close proximity for direct instruction, safety, mobility or behavior monitoring. Requires SCIA assistance to go to and from class 80% of the time. Requires adult to facilitate social interaction with peers and remain in close proximity at all time. <input type="checkbox"/>

Attach a copy of documentation indicating frequency and duration over a period of time to determine further consideration of special circumstance instructional assistance. If mostly ratings of 3's & 4's in to or more areas, continue with needs assessment process.



## Special Circumstance Instructional Assistance Support Summary Sheet

Student: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Disability: \_\_\_\_\_ Teacher: \_\_\_\_\_  
 Program Need: \_\_\_\_\_ Program/School: \_\_\_\_\_ Completed By: \_\_\_\_\_ Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

*Check the areas of intensive need that might require additional paraprofessional support. Attach data.*

Health/Personal Care	Behavior	Instruction	Inclusion
<input type="checkbox"/> G-tube feeding* <input type="checkbox"/> Medication* <input type="checkbox"/> Suctioning* <input type="checkbox"/> Food preparation <input type="checkbox"/> Diaper changing <input type="checkbox"/> Feeding-full support <input type="checkbox"/> Seizures* <input type="checkbox"/> Lifting/Transfers <input type="checkbox"/> Other: _____ <small>*Specialized physical health care plan or emergency plan</small>	<input type="checkbox"/> Behavior plan implementation or documentation <input type="checkbox"/> Physically aggressive <input type="checkbox"/> Non-compliant in class <input type="checkbox"/> Non-compliant on campus <input type="checkbox"/> Runs away <input type="checkbox"/> Self-injurious <input type="checkbox"/> Other: _____	<input type="checkbox"/> Unique strategies not typical for class <input type="checkbox"/> Visual communication system <input type="checkbox"/> Structured teaching <input type="checkbox"/> High level of physical prompts <input type="checkbox"/> High level of verbal prompts <input type="checkbox"/> Assistive technology support <input type="checkbox"/> Sign language <input type="checkbox"/> Other: _____	<input type="checkbox"/> Instructional support <input type="checkbox"/> Physical support/positioning <input type="checkbox"/> Safety supervision <input type="checkbox"/> Social support <input type="checkbox"/> Transitions <input type="checkbox"/> Recess/lunch <input type="checkbox"/> Other: _____

	Prioritize Areas of Need	Baseline	Draft Goals
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

*For each area of need in which further independence is possible, develop an IEP goal and a plan for frequent monitoring for the purpose of fading in the paraprofessional support. Other ongoing supports should be noted on the Accommodations page of the IEP.*

**SAN MATEO COUNTY OFFICE OF EDUCATION SELPA**  
**SPECIAL CIRCUMSTANCE INSTRUCTIONAL ASSISTANCE (SCIA)**

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**School:** \_\_\_\_\_ **CA:** \_\_\_\_\_ **Birth date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Teacher:** \_\_\_\_\_

**District SCIA Administrator/County Manager:** \_\_\_\_\_

\_\_\_\_\_ **APPROVED**

\_\_\_\_\_ **SENT TO HR DEPARTMENT (DISTRICT)**

**DATE:** \_\_\_\_\_

\_\_\_\_\_ **AUTHORIZATION SIGNED AND RETURNED TO COUNTY** (only for students in SMCOE placements)

**DATE:** \_\_\_\_\_

\_\_\_\_\_ **NOT APPROVED**

\_\_\_\_\_ **SENT BACK TO CASE MANAGER**

**DATE:** \_\_\_\_\_

**Review the Success of SCIA Support**

**Student Name** \_\_\_\_\_ **DOB** \_\_\_\_\_

**School** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Teacher** \_\_\_\_\_ **Room** \_\_\_\_\_

What worked?

What didn't work?

What contributed to the success of the student?

What impeded the success?

What needs to happen next?

Comments:

**Please Print:**

**District/County Representative** \_\_\_\_\_ **Date** \_\_\_\_\_

**Teacher** \_\_\_\_\_ **Date** \_\_\_\_\_