



San Mateo
County
SELPA

SPECIAL CIRCUMSTANCE INSTRUCTIONAL
ASSISTANCE (SCIA)

*Pre-Referral
Activities Review
STEP 1*

***Required prior to completion of SCIA
assessment. Send this review to your
SCIA administrator (Assessment Plan
not required).***

Student's Name

Teacher

School

Email

Phone

REQUIRED DOCUMENT PRIOR TO COMPLETION OF SCIA PACKET.
DISTRICT: SEND THIS PORTION TO THEIR SCIA ADMINISTRATOR.
COUNTY: TURN INTO MANAGER
****SEE DISTRICT AUTHORIZATION PAGE FOR NEXT STEPS**

Pre-Referral Activities
Checklist of Environmental Supports

Student Name: _____ CA: _____ Birth date: ___/___/___

School: _____ Grade: _____ Date: ___/___/___

Prepared by Teacher: _____ Psych./Prog. Specialist: _____

<p>A. Classroom Schedule: Is there a posted classroom schedule? YES <input type="checkbox"/> (answer questions below) NO <input type="checkbox"/></p> <p>1. The following elements are included in the classroom schedule: <input type="checkbox"/> times <input type="checkbox"/> students <input type="checkbox"/> activities <input type="checkbox"/> locations <input type="checkbox"/> staff names</p> <p>2. The schedule is: <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> other</p> <p>*Attach sample classroom schedule</p>	<p>Suggestions/Next Steps</p>
<p>B. Schedule for individual student: Is there an individual student schedule? YES <input type="checkbox"/> (answer questions below) NO <input type="checkbox"/></p> <p>1. Student uses the following format for individualized schedule: <input type="checkbox"/> object <input type="checkbox"/> icon <input type="checkbox"/> photograph <input type="checkbox"/> word <input type="checkbox"/> picture <input type="checkbox"/> planner <input type="checkbox"/> computerized homework assignment <input type="checkbox"/> _____ <input type="checkbox"/> _____</p> <p>2. Student ability to follow the schedule: <input type="checkbox"/> independent <input type="checkbox"/> with physical prompts <input type="checkbox"/> with indirect verbal <input type="checkbox"/> inconsistent <input type="checkbox"/> with direct verbal prompts</p> <p>3. Student use of schedule: <input type="checkbox"/> student carries schedule <input type="checkbox"/> student uses transition cards <input type="checkbox"/> student goes to scheduled board <input type="checkbox"/> inconsistent <input type="checkbox"/> teacher carries and shows the schedule <input type="checkbox"/> _____</p> <p>4. Room is arranged with structure to correlate with tasks on schedule (<i>check all that apply</i>): <input type="checkbox"/> areas for one-to-one work <input type="checkbox"/> area for independent work <input type="checkbox"/> area for group work <input type="checkbox"/> area for leisure <input type="checkbox"/> not applicable</p> <p>*Attach sample classroom schedule</p>	<p>Suggestions/Next Steps</p>

<p>C. Curriculum and instruction:</p> <ol style="list-style-type: none"> Are materials and activities differentiated for student's: <ul style="list-style-type: none"> Chronological age? (describe) Ability level? (describe) Interest level? (describe) Check the curricular domains included in the student's program: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> communication</td> <td><input type="checkbox"/> with physical prompts</td> <td><input type="checkbox"/> self-care</td> </tr> <tr> <td><input type="checkbox"/> domestic skills</td> <td><input type="checkbox"/> inconsistent</td> <td><input type="checkbox"/> academics</td> </tr> <tr> <td><input type="checkbox"/> motor skills/mobility</td> <td colspan="2"><input type="checkbox"/> other: _____</td> </tr> </table> <p>List equipment or devices used/available that may relate to the need for assistance (<i>may be low incidence equipment or assistive technology device</i>):</p> <p>Describe an activity which is challenging for the student. If appropriate, attach a sample task analysis form used for a challenging activity with the student (<i>see page 20 for sample form</i>):</p>	<input type="checkbox"/> communication	<input type="checkbox"/> with physical prompts	<input type="checkbox"/> self-care	<input type="checkbox"/> domestic skills	<input type="checkbox"/> inconsistent	<input type="checkbox"/> academics	<input type="checkbox"/> motor skills/mobility	<input type="checkbox"/> other: _____		<p>Suggestions/Next Steps</p>
<input type="checkbox"/> communication	<input type="checkbox"/> with physical prompts	<input type="checkbox"/> self-care								
<input type="checkbox"/> domestic skills	<input type="checkbox"/> inconsistent	<input type="checkbox"/> academics								
<input type="checkbox"/> motor skills/mobility	<input type="checkbox"/> other: _____									
<p>D. Behavior Support:</p> <p>Are there problem behavior(s) interfering with learning of self or others? YES <input type="checkbox"/> (answer questions below) NO <input type="checkbox"/></p> <ul style="list-style-type: none"> Brief description of problem behavior(s) Where behaviors typically occur (list 3 behaviors) When behaviors typically occur (list 3 behaviors) <ol style="list-style-type: none"> Student has a Positive Behavior Support Plan/Behavior Intervention Plan: YES <input type="checkbox"/> (answer questions below) NO <input type="checkbox"/> How effective is the plan in addressing the student's needs? <input type="checkbox"/> Very <input type="checkbox"/> Moderately <input type="checkbox"/> Mildly <input type="checkbox"/> Not at All Describe anticipated level of support to implement plan (i.e., frequency of reinforcement, prompting, redirection): What supports exist for implementing the plan? (i.e., self-monitoring, other adults): <p>*Attach Behavior Support Plan/Behavior Intervention Plan</p>	<p>Suggestions/Next Steps</p>									

<p>E. Current data systems and collection of data: Are there current data on each IEP objective and/or behavior plan? YES <input type="checkbox"/> (answer questions below) NO <input type="checkbox"/></p> <p>1. Data records include: <input type="checkbox"/> date <input type="checkbox"/> level of independence (prompting needed) <input type="checkbox"/> task <input type="checkbox"/> level of progress</p> <p>2. Data are collected: <input type="checkbox"/> daily <input type="checkbox"/> other: _____ <input type="checkbox"/> weekly <input type="checkbox"/> amount of time data collected (determined by dist.) <input type="checkbox"/> monthly <input type="checkbox"/> number of settings data collected (determined by dist.)</p> <p>3. Data are summarized: <input type="checkbox"/> graphed <input type="checkbox"/> other: _____ <input type="checkbox"/> written narrative</p> <p>*Attach sample data collection sheet-sample form on page 19.</p>	<p>Suggestions/Next Steps</p>
<p>F. Planning team meetings: Are team meetings held? (formal or informal meetings to problem solve): YES <input type="checkbox"/> (answer questions below) NO <input type="checkbox"/></p> <p>1. Meetings are held: <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly <input type="checkbox"/> needed <input type="checkbox"/> not applicable</p> <p>2. Meetings include: <input type="checkbox"/> parent(s) <input type="checkbox"/> specialists <input type="checkbox"/> special education teacher <input type="checkbox"/> general education teacher <input type="checkbox"/> yard duty <input type="checkbox"/> other: _____</p> <p>*Attach team meeting format.</p>	<p>Suggestions/Next Steps</p>
<p>G. Explanation of settings where supports may be needed (classroom, playground, lunch room, passing times, locker room). Existing accommodations/modifications:</p> <p>Diagram or describe the arrangement of furniture, small group instruction areas, and/or equipment of the classroom or other setting:</p> <p>*Attach diagram (optional)</p>	<p>Suggestions/Next Steps</p>
<p>H. Check and describe other supports currently provided: Dates:</p> <p><input type="checkbox"/> training for instructional staff _____ _____</p> <p><input type="checkbox"/> consultation for the classroom staff _____ _____</p> <p><input type="checkbox"/> in-classroom coaching _____ _____</p> <p><input type="checkbox"/> other _____ _____</p>	<p>Suggestions/Next Steps</p>

I. Describe Health related issues:	Suggestions/Next Steps
<p><input type="checkbox"/> Seizures Average per day at school_____ per week at school_____</p> <p>Duration of each seizure_____ petit mal____ grand mal_____</p> <p>Other types of seizures_____</p> <p># of classroom staff trained_____</p> <p>Date of last seizure at school_____</p> <p><input type="checkbox"/> Diabetes Type: _____</p> <p>Insulin dependent? Yes No</p> <p>Describe procedure done by staff:_____</p> <p>_____</p> <p>_____</p> <p>Length of time for procedures:_____</p> <p><input type="checkbox"/> Other health related issues:_____</p> <p>_____</p> <p>_____</p> <p># of classroom staff trained_____</p> <p><input type="checkbox"/> g-tube feeding # of classroom staff trained_____</p> <p><input type="checkbox"/> Other procedures_____</p> <p># of classroom staff trained_____</p> <p><input type="checkbox"/> Other procedures_____</p> <p># of classroom staff trained_____</p>	
<p>Please summarize from this form components that need to be developed/implemented and/or where further training/consultation/coaching may be needed before considering need for additional adult support (see notes in “suggestions/next steps” column).</p>	

Student's Current Individual Schedule

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:00-8:30					
8:30-9:00					
9:00-9:30					
9:30-10:00					
10:00-10:30					
10:30-11:00					
11:00-11:30					
11:30-12:00					
12:00-12:30					
12:30-1:00					
1:00-1:30					
1:30-2:00					
2:00-2:30					
2:30-3:00					

PRE-REFERRAL ACTIVITIES REVIEW

REQUIRED

THE DISTRICT ADMINISTRATOR OR COUNTY MANAGER NEEDS TO AUTHORIZE THE CONTINUATION OF THE SCIA PACKET AFTER THE REVIEW OF THE PRE-REFERRAL ACTIVITIES CHECKLIST

Student Name: _____ Grade: _____

School: _____ CA: _____ Birth date: ____/____/____

Teacher: _____

District SCIA Administrator/County Manager: _____

Review Date: ____/____/____

_____ Continue with SCIA packet

_____ See suggestions/next steps in order to continue with SCIA packet. You must re-submit “Pre-Referral Activities” checklist with added suggestions/next steps.

See suggestions/next steps on actual “Pre-Referral Activities” checklist **OR** see comments below:

District Administrator/COE Manager Signature _____ Date _____