

## Classroom Support Plan: Need Based Reflection

**Target Classroom:** \_\_\_\_\_ **Classroom Teacher(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

1. Look at the following areas of need as a school team (classroom teacher, support teacher, outside/community consultants, educational assistants, etc.)
2. You can refer to individual assessments & recommendations as well as specific areas of expertise to determine need(s) (e.g. SLP, OT, D/HH Teacher etc.)
3. Decide which needs are affecting learning in the classroom (needs can reflect one or more students, but are not disabilities. For example, "Autism" is not a need)
4. Determine the priority of needs-based support that this classroom community needs
5. Target five areas of need to start with, to construct a classroom support plan

Areas of Need	Our classroom community needs support for this <b>immediately</b>	Our classroom community needs support for this <b>soon</b>	Our classroom community <b>does not need support</b> for this right now
Aggression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anger or Frustration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Articulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistive Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blind/Vision Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Central Auditory Processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deafness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression/Sadness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Regulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English Language Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Executive Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine Motor Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greif Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross Motor Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metacognition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Verbal Reasoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phonological Processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processing Speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self- Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Harm/ Suicide Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Regulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensory Integration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sequencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Task Initiation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual-Motor Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Spatial Processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What top five areas of need are we going to target in our classroom support plan

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_