

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 immediately | Our classroom community needs support for this soon | Our classroom community does not need support 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"/> |
| Vision | <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"/> |
| Hearing | <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 / Nutrition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional Regulation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| English Language | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Executive Functioning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fine Motor | <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"/> |
| Gifted Ability | | | |
| Gross Motor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Intellectual Disability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Listening Comprehension | <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. _____