

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. Record needs from student IEP (Individual Education Plan) and/or LSP (Learner Support Plan)
3. 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.)
4. Decide which additional 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)
5. Prioritize needs for development of classroom support plan

Areas of Need	This is an IEP/LSP needs based area	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	LS, JM <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> X
Anger or Frustration	RR, EM, LS <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> X
Anxiety	ASR, ISP, <input type="checkbox"/> CB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Articulation	LL <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	RR, DB, JH, LL, JM <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistive Technology	ASR, DB, <input type="checkbox"/> FM,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision	ISP <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bullying	BL, JM, LS <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Central Auditory Processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression/Sadness	ISP <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	CT, JM, EM, LS, LL <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating/ Food	FM, ISP <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Regulation	ASR, RR, <input type="checkbox"/> DB, EM, LS, ISP, CB, <input type="checkbox"/> AJ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> X
English Language Skills	ASR, FM, <input type="checkbox"/> CA, SM, DG <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> X
Executive Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine Motor Skills	ASR, CB, LL <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greif Management	LL, BL <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross Motor Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	RR, FM <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Ability	ASR <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low Vision	SM, EAM, CB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory	IW <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	BL, EM, JM, ISP, IW, AJ, LL <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> X
Metacognition	CB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Verbal Reasoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Organization	Everyone! <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Care	ASR <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Safety	ASR, EM, <input type="checkbox"/> LL, AJ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phonological Processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processing Speed	LL, <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Esteem	Everyone <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self- Advocacy	IW, AA, <input type="checkbox"/> VL, CT, AW, <input type="checkbox"/> MW, RG, <input type="checkbox"/> MJ, AJ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Harm/ Suicide Management	ISP <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Regulation	BM, AJ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensory Integration	ASR, everyone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sequencing	ASR <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Skills	ASR, RR, <input type="checkbox"/> DB, everyone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Task Initiation	ASR, JH, <input type="checkbox"/> EM, JM, RR, LS, ISP, <input type="checkbox"/> CB, AJ, LL - x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Management	ASR, JH, <input type="checkbox"/> EM, JM, RR, LS, ISP, <input type="checkbox"/> CB, AJ, LL - x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transition	EM, CB, LS <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Ability	ASR, LL <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual-Motor Skills	EM, CB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Spatial Processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>What are the priority needs (IEP/LSP) for this class?</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p>	<p>What additional needs are impacting learning?</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p>
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