Elementary Transition Planning

A Framework for Successful Transition Planning for Young People with Special Needs
Elementary Transition Planning Resource
Acknowledgments

The Department of Education appreciates the efforts of those who have contributed to the development of this resource.

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Care has been taken to acknowledge copyright material used in the development of this resource. Any information that will allow us to rectify any reference in subsequent editions would be gratefully received.

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This resource can be accessed on the Department of Education website at:

http://www.gov.pe.ca/educ

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INTRODUCTION

The purpose of this Resource Binder is to assist in communicating needed information from one school or grade to another as students with special needs make necessary transitions. It is hoped that the binder will create an organizational structure to support the collection of individualized programming information that is essential for student success. The binder can be completed or updated at the end of each school year and passed to receiving educators. This will give them an opportunity to continue to implement successful teaching strategies and effective supports. It is intended that the current classroom teacher completes the binder with input and cooperation from the student, the parents and other involved staff.

The main sections of the Resource Binder include Student Information, Assessment Tracking, Current Issues, Effective Supports and Strategies. Not all sections will be relevant or necessary for each student. Select information to include that provides the most important components for that individual. You may decide to add additional sections based on your knowledge of the student. Feel free to be creative to personalize the binder for each student.

All forms contained in the Resource Binder have been included on the accompanying CD to make the tool user friendly and adaptable. This allows them to be filled out or modified using a computer as well, if this is desired.

This Transition Planning Resource Binder belongs to ____________________________
and has ________
(Student)

been completed or updated by:

________________________________ (Teacher) (Date)

________________________________ (Teacher) (Date)

________________________________ (Teacher) (Date)

________________________________ (Teacher) (Date)
Planning for Successful Transitions Across Grade Levels

Contributed by Cathy Pratt, Ph.D.

(BBB Autism; printable article #36)

Transition is a natural part of all educational programs. Students with and without disabilities are expected to adjust to changes in teachers, classmates, schedules, buildings, and routines. The transition from one grade to the next can be especially challenging for the student with an autism spectrum disorder. However, these students can more easily make this shift if careful planning and preparation occurs. Below are suggestions for facilitating a smooth transition:

**Preparation for transition should begin early in the spring.** Whether a student is moving to a new classroom or to a new building, it is helpful to identify the home room teacher, or general or special educator who will have primary responsibility for the student.

Once the receiving teacher is identified, involve this person in the annual case conference process so that they may gain information about the student’s current level of functioning and can provide input into projected goals.

Written transition plans may facilitate the student’s successful movement. A meeting should be conducted to allow key participants to exchange relevant information. Responsibilities and timelines for individuals involved in the transition should be clearly stated.

Either during the annual case conference or at the transition planning meeting, information should be exchanged about effective instructional strategies, needed modifications and adaptations, positive behavior support strategies, and methods of communication. The receiving teacher should learn about the strategies that have worked in the past so that precious time is not lost at the beginning of the new school year. The receiving teacher may find it helpful to observe the student in his/her current classroom or school setting. This will provide important insight into the student’s learning style and needed supports.

Instructional assistants who will be involved in the student’s daily education should be identified, educated, and informed about their role in the student’s education.

Many teachers may not have precious experience with students with autism spectrum disorders. Therefore, they will need basic information about autism spectrum disorders and about how autism impacts the student with whom they will be working.

Student-specific information about learning styles, communication systems, medical issues and behavior supports is also critical. Remember to include cafeteria workers, custodians, bus drivers, the school secretary, and the school nurse in the training.
Classmates of the new student also may need information. This should be provided in a respectful manner and without stigmatizing the student with autism spectrum disorders.

Before entering a new school, work to alleviate any anxieties the student with autism spectrum disorders may have about the new setting. Preparation for this move can be facilitated by providing the student with a map of the school, a copy of his/her schedule for the fall, a copy of the student handbook and rules, and a list of clubs/extracurricular activities. Develop a videotape about the new school and provide written information about specific situations so that the student can learn and rehearse for the change at his/her pace.

Visitations should be conducted to allow the student and his/her family to meet relevant school staff, locate the student’s locker, and become familiar with the school culture. Identify key people or a mentor the student can contact if she/he is having a difficult time adjusting or understanding a certain situation. It may also be helpful to find a location where the student can go to relax and to regroup. Provide the student with a visual menu of coping strategies.

Parents should receive information about bus schedules, parent-teacher organizations, and available resources (e.g., counselors, social workers, nurses).

Prior to the new school year, it will be helpful to establish methods and a schedule for communicating between home and school. Suggestions for maintaining ongoing communication include journals, daily progress notes, mid-term grades, scheduled appointments or phone calls, informal meetings, report cards, or parent-teacher conferences.

Once in the new school, ask for peers who are willing to help the student with the transition and acclimation to the new school. By gaining the support of a friend without a disability, the student with an autism spectrum disorder may have greater access to social opportunities during and after school.

The ultimate goal is to promote a successful experience for both the student and the rest of the school community. By systematically addressing the transition process, students with autism spectrum disorders can be prepared to participate in their new school experience.

Reprinted with Permission from the Indiana Resource Center for Autism

http://www.iidec.indiana.edu/~irca/frtrainpapers.html
### Personal Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>Parents/Guardians:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth:</td>
<td>Address:</td>
</tr>
<tr>
<td>Diagnosis:</td>
<td>Medical Alert/Allergies:</td>
</tr>
</tbody>
</table>

### Current Level of Support

<table>
<thead>
<tr>
<th>Resource</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teacher Assistant</td>
<td></td>
</tr>
<tr>
<td>Mentor</td>
<td></td>
</tr>
<tr>
<td>Guidance</td>
<td></td>
</tr>
<tr>
<td>Youth Worker</td>
<td></td>
</tr>
<tr>
<td>Tutor</td>
<td></td>
</tr>
<tr>
<td>Peer Helper</td>
<td></td>
</tr>
</tbody>
</table>

#### Does the student have a current IEP?
[if yes, please note location of the IEP here]

#### Does the student need an adapted curriculum?
[if yes, please add information about adaptations in the Staff Notes section]

#### Does the student need a modified curriculum?
[if yes, please add information about modifications in the Staff Notes section]

### School History (please update each year)

<table>
<thead>
<tr>
<th>School</th>
<th>Teacher</th>
<th>Grade</th>
<th>School Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Introduction from the Student

My name is ______________________________________________________________

I am ___________ years old.

I have _________ brothers and ____________ sisters.

I have __________ pets. They are ____________________________________________

My favorite television show is _______________________________________________

My favorite color is ____________________

My favorite book is _______________________________________________________

My favorite foods are _____________________________________________________

I really like to  ____________________________________________________________

I really don’t like to _______________________________________________________

The most fun I have ever had was __________________________________________

Learning is easiest for me when _____________________________________________

________________________________________________________________________

Some things that help me do well in school are ________________________________

________________________________________________________________________

Something I want you to know about me is ___________________________________

________________________________________________________________________
Introduction from the Student

Hi!

I’d like to take this opportunity to introduce myself. My name is __________________________. I am ________ years old. I live in __________________________ with the following members of my family__________________________.

______________________________________________________________________________

In my spare time I like to________________________________________________________

______________________________________________________________________________

My interests include _____________________________________________________________

______________________________________________________________________________

The type of music that I like to listen to is ________________________________ and my

favorite musical performer is______________________________________________________.

When I am with my friends it is important to me that we ________________

______________________________________________________________________________

The most important thing about me that I think you should know is________________________

______________________________________________________________________________

On television, I really like to watch ________________________________

______________________________________________________________________________

My favorite movie is ____________________________________________________________.

One thing I really don’t like to do is ____________________________________________

______________________________________________________________________________
I would also prefer if you didn’t ask me to ____________________________________________
______________________________________________________________________________

However, if you asked me to ____________________________________________, I would love
that!!

Some things that help me do well in school are ____________________________________________

______________________________________________________________________________

Some more things about me that I would like you to know are ____________________________

______________________________________________________________________________

______________________________________________________________________________
Letter of Introduction from the Parent(s)
Introduction from the Student

Examples: (letter, drawing, photos)
### Formal and Informal Assessments Completed

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Date</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mullen Scales of Early Learning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WISC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vineland Adaptive Behavior Scales</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Key Math</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Woodcock Reading Mastery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PIAT-R</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WIAT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABLLS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Skills Checklist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boehm Test of Basic Concepts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brigance Comprehensive Inventory of Basic Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observation Survey</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Important Questions to Ask Families

This worksheet may be useful as a template to communicate with families of students with autism or other special needs. It should not be viewed as an endpoint in itself. It is meant to begin the discussion of classroom issues and challenges between educators and families.

1. What are your child’s areas of strength?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2. What types of things work best for your child in terms of rewards and motivation?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

3. Does your child have any balance, coordination, or physical challenges that impede his or her ability to participate in gym class?
   If yes, describe:
   ______________________________________________________________________

________________________________________________________________________

4. How does your child best communicate with others?
   □ Spoken language   □ Written language   □ Picture Symbols
   □ Sign language    □ Communication device
   □ Combination of the above: ___________________________________________

5. Does your child use echolalia (repeating words without regard for meaning)?
   □ Never        □ Sometimes      □ Frequently

6. Do changes in routine or transitions to new activities affect your child’s behavior?
   □ Never        □ Sometimes      □ Frequently

   If yes, what types of classroom accommodations can I make to help your child adapt to change and transitions?
   ______________________________________________________________________

   ______________________________________________________________________

   ______________________________________________________________________
7. Does your child have any sensory issues that could be an issue in class or at school?
   □ Yes  □ No

A. If yes, what type of sensitivity does the student have?
   □ Visual  □ Auditory
   □ Smells  □ Touch
   □ Taste  □ Other:__________________________________________

B. Describe in more detail: _______________________________________

C. What kinds of adaptations have helped with these sensitivities in the past?
   ____________________________________________________________

8. What behaviors related to autism or your child’s special needs am I most likely to see at school?
   ____________________________________________________________

A. Are there triggers for these behaviors?
   □ Sensory issues  □ Changes in schedule or routine
   □ Social attention  □ Escape a non preferred task
   □ Other: __________________________________________________

B. In your experience, what are the best ways to cope with these challenges and help your child get back on task?
   ____________________________________________________________

   ____________________________________________________________

9. Is there anything else you think I should know about your child?
   ____________________________________________________________

   ____________________________________________________________

10. What is the best approach for us to use in communication with one another about your child’s progress and challenges?
    □ Telephone calls (phone number): ______________________________
    □ E-mail (e-mail address): ______________________________________
    □ Other: ____________________________________________________
Basic Skills Parent Checklist

Please check that column that indicates your child’s current skill in each area.

<table>
<thead>
<tr>
<th>Skill Area:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>EATING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Targets:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>holds glass</td>
<td>Needs Help</td>
<td>Independent</td>
</tr>
<tr>
<td>eats with fingers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>uses spoon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>uses fork</td>
<td></td>
<td></td>
</tr>
<tr>
<td>uses straw</td>
<td></td>
<td></td>
</tr>
<tr>
<td>uses knife to spread</td>
<td></td>
<td></td>
</tr>
<tr>
<td>uses knife to cut</td>
<td></td>
<td></td>
</tr>
<tr>
<td>uses knife to peel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>prepares toast</td>
<td></td>
<td></td>
</tr>
<tr>
<td>prepares cereal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>prepares sandwich</td>
<td></td>
<td></td>
</tr>
<tr>
<td>uses microwave</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

Caregiver Completing Assessment
Basic Skills Parent Checklist

Name: _____________________________ Date: _____________________________

Please check the column that indicates your child’s current skill in each area.

<table>
<thead>
<tr>
<th>Skill Area:</th>
<th>Needs Help</th>
<th>Independent</th>
<th>No Opportunity</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRESSING</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Targets:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Undressing
- removes socks
- removes shoes
- removes jacket
- removes shirt
- removes dress
- removes “pullover” garments

Dressing
- puts on shoes
- puts on socks
- puts on shirt
- puts on dress
- puts on jacket
- puts on shoes

Comments:

_______________________________
Caregiver Completing Assessment

Elementary Transition Planning Resource
Basic Skills Parent Checklist

Name: _____________________________ Date: __________________

Please check the column that indicates your child’s current skill in each area.

<table>
<thead>
<tr>
<th>Skill Area:</th>
<th>Needs Help</th>
<th>Independent</th>
<th>No Opportunity</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROOMING</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Targets:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>puts toothpaste on brush</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>brushes teeth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>turns faucets on /off</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>washes face</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>dries face</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>washes hands</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>dries hands</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>bathes self</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>shampoos hair</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>combs/brushes hair</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>prepares cereal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>wipes/blows nose</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

Caregiver Completing Assessment

__________________________
Basic Skills Parent Checklist
Name: _______________________________ Date: ____________________________

Please check the column that indicates your child’s current skill in each area.

<table>
<thead>
<tr>
<th>Skill Area: TOILETING</th>
<th>Sometimes</th>
<th>Always</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Targets:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>indicates when wet or soiled</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>verbalizes toilet need</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>communicates toilet need nonverbally</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>initiates without reminders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>urinates in toilet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>bowel movement in toilet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>manipulates clothing to use the toilet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>wipes self</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>flushes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>washes hands after toileting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>has urination accidents (how often?)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>has bowel accidents (how often?)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>remains dry at night</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

Caregiver Completing Assessment

______________________________________
**Interpretation Dictionary**

At times communication attempts by students with autism may be misunderstood. If you have particular examples of this student’s communication that would need some interpretation, please fill in the chart below. Examples are provided.

*(Adapted from Teaching Students with Autism: A Resource Guide for Schools)*

<table>
<thead>
<tr>
<th>What the student does</th>
<th>What it might mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXAMPLE: reaches for food item</td>
<td>EXAMPLE: asking for food item</td>
</tr>
<tr>
<td>EXAMPLE: increased restlessness, difficulty with sitting</td>
<td>EXAMPLE: need movement</td>
</tr>
<tr>
<td>EXAMPLE: pulls at hair</td>
<td>EXAMPLE: frustrated, becoming upset</td>
</tr>
</tbody>
</table>
Student Name: ___________________________    Date Completed: ___________________

Medical Issues

☐ Diagnosis? ____________________________________________________________

☐ Current medical issues? __________________________________________________

☐ Allergies? _____________________________________________________________

☐ Medication? If yes, list and indicate if administered at home or school
________________________________________________________________________

☐ Dietary concerns? Eating considerations? ____________________________________
________________________________________________________________________

Physical Issues

☐ Physical limitations? Specify where help is needed. ____________________________
________________________________________________________________________

☐ Hearing and vision normal?

☐ Toilet trained? Independent in self care? ________________________________
________________________________________________________________________

☐ History of seizures? Describe a typical seizure as experienced by this student. What procedure is followed?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Sensory Issues

☐ Unusual response to visual stimuli (reaction to lights, sunlight, visual distraction) 
________________________________________________________________________

☐ Unusual response to auditory stimuli (reaction to loud noises, whispers, echoes, crowds) 
________________________________________________________________________
________________________________________________________________________

☐ Unusual response to tactile stimuli (reaction to touch, pain) ____________________
________________________________________________________________________

☐ Demonstrates self stimulatory or repetitive behaviour: (describe) ________________
________________________________________________________________________
Challenging Behaviors
Please include information about challenging behaviours that may occur with this student. Attach a copy of any Behaviour Support Plans currently in use.

<table>
<thead>
<tr>
<th>Behaviour (Please describe briefly)</th>
<th>Preventive Strategies (effective?)</th>
<th>Current Consequences (effective?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>aggression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>self injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>non-compliance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>disruptive behaviour</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Student: ___________________________  School Year ______________________

Skill Area: Visual Supports

<table>
<thead>
<tr>
<th>Type of Visual Support Needed</th>
<th>Purpose</th>
<th>Example</th>
<th>Stimulus Used (photo, object, picture symbol, words, other?)</th>
<th>Materials Needed</th>
<th>Level of independence</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Daily Activity Schedule</td>
<td>student makes transitions between lessons/rooms following a visual sequence</td>
<td>strip on desk with photo sequence of lessons i.e. music, gym, recess, etc</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Task Specific or Embedded Schedule</td>
<td>student completes one task or routine following a visual sequence</td>
<td>brushing teeth; morning routines; school job; build toys or cook with picture instructions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Independent Activity Schedule</td>
<td>student completes several tasks in sequence using a picture or symbol sequence</td>
<td>small binder or clipboard with a list of tasks (pictures or symbols) to be completed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ outline or picture jigs:</td>
<td>shape, color or outline cues to provide information about the task to be completed</td>
<td>placemat outline for table setting; outline of parts in sequence for assembly task; color coded folders or labels for materials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ labels:</td>
<td>to identify materials, names of items and correct placement</td>
<td>photos, written, color, shape or picture symbols attached to locations or objects</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
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</tbody>
</table>
Organizational and Environmental Supports
( Please check all applicable)

☐ Seat student away from noises and distractions (pencil sharpeners, windows, high traffic areas)
☐ Seat student close to the teacher and board work
☐ Have visual schedule on desk or easily accessible
☐ Provide quiet corner of the room for student to work
☐ Create a variety of structured learning spaces
☐ Seat student next to a peer buddy
☐ Provide extra time for student to transition from one activity to another
☐ Provide quiet time to review daily schedule and discuss any concerns
☐ Give extra time to transition to class or to get dressed to go outside for recess
☐ Provide extra time or visual supports to gather materials and be organized at beginning and end of day
☐ Provide advanced warning of any changes in schedule and routine
☐ Teach “One Binder” concept to organize materials (See: Orchestrating Academic Success by Dawn Reithaug)
☐ Provide checklist to organize materials
☐ Have clearly designated labeled areas for student and teacher belongings
☐ Other_______________________
☐ Other_______________________

Please list below any other organizational strategies or suggestions that have worked with this student.

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Student Name:____________________________ Date completed: ________________
Social Supports

Please check any social supports that are presently being used.

<table>
<thead>
<tr>
<th>Support</th>
<th>Current Frequency</th>
<th>Recommended Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>peer tutors/helpers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>recess buddy</td>
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<tr>
<td>homework buddy</td>
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<td></td>
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<tr>
<td>social skills group</td>
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<tr>
<td>play group</td>
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<tr>
<td>social stories</td>
<td></td>
<td></td>
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<tr>
<td>skill streaming</td>
<td></td>
<td></td>
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<tr>
<td>rehearsal strategies</td>
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<tr>
<td>lunch bunch</td>
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<tr>
<td>friendship club</td>
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<tr>
<td>circle of friends</td>
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<td></td>
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<tr>
<td>intramural sports or special interest clubs</td>
<td></td>
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<tr>
<td>other</td>
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</tbody>
</table>

Please comment on any of the above social supports that are presently being used and add any additional suggestions.

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Student Name: ________________________________

Teaching Strategies
(Please check all applicable)

☐ Label objects or locations in school environment with text or photos
☐ Provide student with a peer model for _________ (E.g. lessons/recess/social skills)
☐ Give short verbal directions
☐ Display daily class schedule on the board
☐ Use frames/border/colored chalk around board work to draw visual attention to information
☐ Provide additional visual cues when giving directions (sign, gesture, photo, written)
☐ Use different colored chalk/highlighter or overhead projector to emphasize concepts
☐ Put stories on tape
☐ Use checklists or self monitoring strips to increase independence
☐ Provide frequent movement breaks
☐ Determine student interests to emphasize these in curriculum
☐ Reduce amount of work or homework required
☐ Use alternative devices for creating written work (computer, graphic organizers)
☐ Speak in a quiet, low tone voice
☐ Monitor the noise level in the classroom
☐ Prepare ahead for special events (fire drills/field trips/assemblies)
☐ Video tape student to document student progress
☐ Get student attention before giving a direction
☐ Use social stories or scripts to explain social situations

Other teaching strategies that may assist this student:
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Name: ______________________

Staff Notes

Please add any additional information that may be helpful for staff working with this student.
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