

One to One Support Request

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If the entire form cannot be completed with current data, progress can be saved on the final tab titled "Submit/Save/Assign Form".

Date

2/25/2026



Student Number *

First Name *

Middle Name

Last Name *

Grade

School

Rimrock Elementary

Qualifying Disabilities *

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Intensive Needs Checklist

To be completed by the IEP team and additional teachers/support staff (if applicable, with parent input).

1. Is there a safety concern for self or others? *

- Yes
 No

2.1 Does the student require continual teacher prompts during instruction? *

- Yes
 No

2.2 Does the student require continual teacher prompts after instruction (e.g., during independent work)? *

- Yes
 No

3. Does the student require assistance with basic functional skills?

- | Toileting * | Mobility * | Feeding * | Dressing * | Following basic safety rules * |
|---------------------------|---------------------------|---------------------------|---------------------------|--------------------------------|
| <input type="radio"/> Yes |
| <input type="radio"/> No |

4. Is the student's academic performance consistent with his/her aptitude? *

- Yes
 No

5. Is the student's behavior consistent with his/her aptitude? *

- Yes
 No

6. Do his/her peers include the student in classroom activities? *

- Yes
 No

7. Is the student currently receiving specialized small or individualized group instruction in specific academic areas? *

- Yes
 No

8. Has an administrator observed the student? *

- Yes
 No

9. Interventions and Program Changes

Please list here what interventions or programs changes you have tried and describe their rate of success (e.g., cooperative learning, behavior management plan, re-grouping within the classroom, pairing with other students). Please provide any available data from the interventions or programs. If these interventions are not an option, please explain why.

Intervention or Program
Change

Rate of Success

Available Data

[+ Add Intervention or Program Change](#)

Comments or Additional Concerns

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Checklist of Existing Environmental Supports

To be completed by the IEP team and additional teacher/support staff (if applicable).

A. Classroom Schedule

Is there a posted classroom schedule? *

- Yes
 No

B. Schedule for individual student:

Is there an individual student schedule?

- Yes
 No

C. Curriculum and Instruction:

1. Are the materials and activities differentiated for the students?

Chronological age *

- Yes
 No

Ability Level *

- Yes
 No

Interest Level *

- Yes
 No

2. Curricular domains included in the student's program: *

- Communications
 Domestic Skills
 Self-care
 Academics
 Social skills
 Motor skills/mobility
 Other

3. List equipment or devices used/available that may relate to the need for assistance. (May be low incidence equipment or assistive technology device):

4. Describe an activity which is challenging for the student. *

If appropriate, upload a sample task analysis form used for a challenging activity with the student.

Drag and drop up to **10** files here to upload or [Choose files](#)

D. Behavior support:

Are there problem behavior(s) interfering with learning for the student or others? *

- Yes
- No

E. Current data systems and collection of data:

Is there current data on each IEP goal and/or BIP?

- Yes
- No

1. Data records include: *

- Date
- Task
- Level of progress
- Level of independence

2. Data is collected: *

- Daily
- Weekly
- Monthly
- Other

Upload sample data collection sheets *

Drag and drop up to **10** files here to upload or [Choose files](#)

F. Additional considerations and comments:

*

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Student Needs Rubric

To be completed by the IEP team and additional teacher/support staff (if applicable).

When considering the Student's Need Rubric, ensure there is input from more than one staff member that is familiar with the student across more than one setting [e.g., paraprofessionals, special education teachers, general education teachers].

	Health/Personal Care	Social and Emotional Behavior	Instruction	Inclusion
1	Specialized healthcare procedures requiring care by specially trained staff (G-tube, etc.) Takes medication, requires positioning or bracing multiple times a day at school. Direct assistance with most personal care. Requires two-person lift.	Serious behavior problems with potential for injury to self and others. Runs away. Aggression on a daily basis. Student has a BIP which must be implemented for student to safely attend school.	Cannot participate in a group without individualized support. Requires constant verbal and physical prompting to stay on task and follow directions. Regularly requires specific instructional strategies to benefit from the IEP. Cognitive abilities and skills require significant accommodations and modifications not typical for others in a group.	Always requires staff in close proximity for direct instruction, safety, mobility, or behavior monitoring. Requires individual assistance to go to and from class. Requires adults to facilitate social interaction with peers and remain in close proximity at all times.
2	Very specialized healthcare procedures and medication at school. Limited mobility of physical limitations requiring assistance (uses stander, walker, gait trainer, wheelchair). Special food prep or feeding is needed. Frequent physical prompts to participate in personal care. Requires bathroom schedule, toilet training, direct help and/or diapering.	Serious behavior problems almost daily. Defiant and/or prone to physical aggression. Requires a BIP. Has behavior goals on IEP. Requires close visual supervision to implement BIP. Medication for attention or other behaviors is required for functioning in school environments.	Difficulties participating in large group. Requires low staff/student ratio, close adult proximity and prompts including physical assistance to stay on task. Needs individualized monitoring. Cognitive abilities and skills likely require modifications not typical for class as a whole. Needs individualized methodologies.	Participation may require additional staff/assistance direct instructional and behavioral support. Requires direct supervision going to and from class. Always requires modifications and accommodations for class work. Requires adults to facilitate social interactions with peers.
3	Chronic health issues (ADHD, diabetes, severe allergies). General specialized healthcare procedures. Takes medication at school. Daily health maintenance needed at school (diet, blood sugar, etc.). Requires reminders/additional prompts or limited hands-on assistance (handwashing, bathroom needs, wiping mouth, shoes zippers, etc.) Occasional toileting accidents.	Has problems following directions and behaving appropriately. Can be managed adequately with a classroom behavior management plan, but unable to experience much success without behavioral support.	Cannot always participate in whole class instruction. Requires smaller groups and frequent verbal prompts, cues or reinforcement. On task about 50% of the time with support. Requires additional verbal prompts to follow directions.	Participates with occasional visual and verbal prompts. Requires visual shadowing to get to class. Needs modifications and accommodations to benefit from classroom activities. Regular socialization may require adult facilitation.

	Health/Personal Care	Social and Emotional Behavior	Instruction	Inclusion
4	Mild or occasional health concerns. Allergies or other chronic health conditions. No specialized healthcare procedures. Needs reminders to complete age appropriate personal care activities.	Follows adult direction but occasionally requires additional encouragement and prompts. Occasional difficulty with peers or adults. Does not always seek out friends but plays/interacts if invited.	Participates in groups at instructional level but may require additional prompts, cues, or reinforcement. Requires reminders to stay on task, follow directions and to remain engaged in learning.	Participates with modifications and accommodations. Needs occasional reminders of room and schedule. Requires some additional support to finish work and be responsible. Needs some social cueing to interact with class peers appropriately.
5	General good health. No time required for healthcare at school. Independently maintains age-appropriate personal care needs	Follows adult directions without frequent prompts or close supervision. Handles change and redirection. Usually gets along with peers and adults. Seeks out friends.	Participates fully in whole class instruction. Stays on task during typical activities. Follows direction with few to no additional prompts.	Participates in all/some core instruction within a general education class and requires few modifications. Can find classroom independently. Usually socializes well with peers.

Scores

Health/Personal Care Score	Social and Emotional Behavior Score	Instruction Score	Inclusion Score	Overall Score
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Form Completed by:

Name

Email

Job Title

[+ Add](#)

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Action

- Save Progress
- Form is complete - Submit
- Form is not complete - Reassign form

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