

Student Support Worksheet - Daily Planning

Student Name: _____ Qualifying IDEA Disability: _____ Grade: ____ Date: _____

Directions: Complete a student support worksheet that can be used as a template for planning supports for a student throughout their day. When possible, peers should be included in all facets of the day. Add in additional rows as needed.

Activity/ Amount of time (in minutes)	Opportunities to Learn	Skills to be taught/ IEP goals addressed	Person Respo- nsible?	Level of support needed for student learning:			Objective Data collection (days and sample)	How will supports be faded?
				Natural Support	Indirect Support (within vision)	Direct Support (1:1)		
Arrival/ Departure ____ min.					<input type="checkbox"/> Visual Prompt <input type="checkbox"/> Verbal Prompt	<input type="checkbox"/> Verbal <input type="checkbox"/> Gesture <input type="checkbox"/> Model <input type="checkbox"/> Partial Physical <input type="checkbox"/> Full Physical		
Transitions ____ min.					<input type="checkbox"/> Visual Prompt <input type="checkbox"/> Verbal Prompt	<input type="checkbox"/> Verbal <input type="checkbox"/> Gesture <input type="checkbox"/> Model <input type="checkbox"/> Partial Physical <input type="checkbox"/> Full Physical		
Lunch/ Recess ____ min.					<input type="checkbox"/> Visual Prompt <input type="checkbox"/> Verbal Prompt	<input type="checkbox"/> Verbal <input type="checkbox"/> Gesture <input type="checkbox"/> Model <input type="checkbox"/> Partial Physical <input type="checkbox"/> Full Physical		
Activity ____ min.					<input type="checkbox"/> Visual Prompt <input type="checkbox"/> Verbal Prompt	<input type="checkbox"/> Verbal <input type="checkbox"/> Gesture <input type="checkbox"/> Model <input type="checkbox"/> Partial Physical <input type="checkbox"/> Full Physical		
Activity ____ min.					<input type="checkbox"/> Visual Prompt <input type="checkbox"/> Verbal Prompt	<input type="checkbox"/> Verbal <input type="checkbox"/> Gesture <input type="checkbox"/> Model <input type="checkbox"/> Partial Physical <input type="checkbox"/> Full Physical		

Activity ____ min.					<input type="checkbox"/> Visual Prompt <input type="checkbox"/> Verbal Prompt	<input type="checkbox"/> Verbal <input type="checkbox"/> Gesture <input type="checkbox"/> Model <input type="checkbox"/> Partial Physical <input type="checkbox"/> Full Physical		
Activity ____ min.					<input type="checkbox"/> Visual Prompt <input type="checkbox"/> Verbal Prompt	<input type="checkbox"/> Verbal <input type="checkbox"/> Gesture <input type="checkbox"/> Model <input type="checkbox"/> Partial Physical <input type="checkbox"/> Full Physical		

Actions suggested to promote movement towards independence and self-advocacy:

Suggestion Areas	Action	Person Responsible (Role):
Accommodations Suggestion:		
Instructional Strategies Suggested:		
Training Suggested:		
Supplemental Materials Suggested:		
Other:		

*Person Responsible: SE=Special Education Teacher; GE=General Education Teacher; SS=Support Staff/Para; RS=Related Service Provider; P=Peer; R=Rotating

This form is based on the work of MCIE, 2006; Young, 2004; Howard County, MD Public Schools, 2008; Adapted Barthold 2008