



San Diego Unified School District
 EUGENE BRUCKER EDUCATION CENTER
 4100 Normal Street, San Diego, CA 92103-2682 (619) 725-7600

SUPPLEMENTAL SUPPORT EVALUATION REPORT

STUDENT'S LAST NAME	FIRST NAME	M.I	BIRTH DATE	GENDER	STUDENT ID

ASSESSMENT REPORT DATE: _____

DEMOGRAPHIC INFORMATION

Name: _____

Chronological Age: _____

Grade: _____

Primary Language: _____

Federal Disability Code(s): _____

Assessment Plan Date: _____ Last Initial/Triennial Date: _____

Assessment Team Members: _____

REASON FOR SUPPLEMENTAL SUPPORT REQUEST

The purpose of the present report is to identify if student requires supplemental support assistance to receive educational benefit from their Individualized Educational Program.

Primary Areas of Educational Concern:

- Health/Personal Care
- Behavioral/Mental Health – Aggression
- Instructional Engagement/Access to the General Curriculum – Reading, Math, and Written Language

Brief History of Current Educational Concerns:



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SOURCES OF DATA REVIEWED

The following sources of information, marked with an "X," have been reviewed:

- PRIOR ASSESSMENTS (e.g., initial, triennial, supplemental, outside evaluations, etc.)
- PARENTS (e.g., interview, meetings, email, parent-provided assessments, documents, and reports)
- SCHOOL RECORDS (electronic or hard copy of other records such as IEPs, attendance, behavior, health & developmental history, grades, classroom-based and State assessments, transcript, credits, and GPA)
- CLASSROOM OBSERVATION OF STUDENT
- OBSERVATION of STUDENT OUTSIDE CLASSROOM
- INFORMATION FROM SCHOOL PERSONNEL (e.g., teachers, case manager, related service providers, counselor, nurse)
- STUDENT (e.g., *interview, self-rating, work samples*)
- INTERVENTIONS
- STUDENT RESPONSE TO HIERARCHY OF INSTRUCTIONAL PROMPTING (e.g., IEP goals, Matrix, etc.)
- OTHER: Consultation with Behavior Support Resources

EDUCATIONAL SERVICES

Provide detailed information in all relevant sections

Documentation of Interventions:

- SST (Student Study Team) or IEP meeting dates related to request: _____
- Interventions Implemented (*describe*):

- BSR (Behavioral Support Resources) consultation request date (if relevant): _____
Outcomes:

Specialized Academic Instruction (SAI):

General Education (hours): _____

Outside General Education (hours): _____

Related Services/Indicate Number of Hours:

- MHRS Services: _____
- Psychological Services: _____
- Counseling and Guidance Services: _____



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- Speech-Language: _____
- Occupational Therapy: _____
- Physical Therapy: _____
- Adapted Physical Education: _____
- Low Incidence: _____
- Physical Hand. Itinerant Services: _____
- Nursing Services: _____
- Assistive Technology Consultation (including Augmentative Alternative Communication [AAC]): _____
- Other: _____

Outside Services/Hours:

- Outside Therapy Services: _____
- Outside Psychiatry Services: _____
- SD Regional Center – case worker: _____
- CA Dept. of Rehabilitation – contact person: _____
- Other (please list name of contact person and phone number): _____

Student/Class Schedule Review: (Comprehensive Schedules created and maintained by Education Specialists - attach)

- Student support requirements reviewed by subjects/periods/non-instructional activities
- Staff support available reviewed by subjects/periods/non-instructional activities

Attendance:

- Attendance is a concern - number of absences: _____ tardy/leave early: _____
- SARB process initiated: _____

Medical Concerns:

- Student is diagnosed with the following: _____
- Student is prescribed the following medication(s): _____
- Student has a specialized healthcare procedure (please describe): _____
- Student has personal care needs (please describe): _____
- Individualized Student Healthcare Plan(s) (attach): _____
- Other / Comments: _____



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Behavioral Interventions:

- Student has a Behavior Intervention Plan (BIP) (attach)
- Student has a Behavior Intervention Plan (BIP) with Functional Behavior Assessment (FBA) (attach)
- Comments:

Adaptive:

- Not applicable
- Toileting needs (please describe): _____
- Mobility needs (please describe): _____
- Feeding needs (please describe): _____
- Comments:

Mental Health Concerns:

- Student has history of mental health concerns/issues
- Comments:

Discipline Record:

- Not applicable
- Number of office referrals in the past 12 months: _____
- Incidents indicated on Power School
- Suspensions/Expulsions
- Manifestation Determination/s
- Juvenile Hall – dates: _____
- Probation Department – dates: _____
- Attended Juvenile Court and Community Schools (JCCS) – dates: _____
- Other / Comments:



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SUMMARY OF STUDENT NEEDS

INCLUDE a summary of indicating the history of unique support requirements and rationale for the need for supplemental supports. Summarize results of assessments, interviews, observations and information from the supplemental support matrix. Describe portions of the student's instructional day based on individual, class, and school site schedules where supplemental support is required. Indicate a strong summary as to why student cannot obtain educational benefit and achieve relevant IEP goal attainment without supplemental support.

Summary

Interviews with parent/teacher:

Assessment Results



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Observations across relevant settings where supplemental support is required:

WEEKLY INDIVIDUALIZED STUDENT SCHEDULE

Subject	GE (Hrs/Wk)	GE SAI (Hrs/Wk)	Separate Setting (Hrs/Wk)	Related Service (Hrs/Wk)	Additional Recommended Need (Hrs/Wk)
English Language Arts					
Guided Reading					
Literacy					
Passage Comp/Infer.					
Written Language					
Writer's Block					
Mathematics					
Social Studies					
Sciences					
Physical Education					
Art					
Lunch/ Recess					
Related Services- SLP					
Related Services - APE					
Related Services - OT					
Related Services - PT					
Related Services - Nurse					
Total Hours					
%					

*** Account for ALL hours in the student day (e.g. 27.5 HOURS/WK)

2016-2017 Student Support Matrix

Student Name: _____

Student ID _____

Directions: Use current data and progress notes when completing the matrix. Academic/Behavior to be collaboratively completed by Case manager, School Psychologist and Gen Ed Teacher; RCSN to complete health/personal care column; PHI teacher to complete physical impairment column.

<i>Needs Related to Behavior:</i>	<i>Needs Related to Instruction:</i>	<i>Needs Related to Health/Personal Care:</i>	<i>Needs Related to Physical Impairment:</i>
<input type="checkbox"/> Follows adult directions with minimal prompts/supervision. Handles change and redirection with ease. Displays developmentally appropriate social skills. By checking the box above, you are in agreement that no concerns exist at this time.	<input type="checkbox"/> Participates in the general or separate education setting for all core grade level content and academic achievement standard areas with minimal and occasional support. By checking the box above, you are in agreement that no concerns exist at this time.	<input type="checkbox"/> Student is in general good health. No specialized health care procedure or medication taken. Student has full range of motion, communicates, and independently performs all developmentally appropriate personal care. By checking the box above, you are in agreement that no concerns exist at this time.	<input type="checkbox"/> Participates without adult support for needs related to physical impairment. Able to ambulate the classroom and school campus independently. Participates in curriculum with minimal accommodation. By checking the box above, you are in agreement that no concerns exist at this time.
<input type="checkbox"/> Follows adult direction but occasionally requires positive verbal prompts. Has occasional difficulty with transitions. Mild challenges with social skills (interactions with peers and adults). Can be managed adequately with a classroom management plan.	<input type="checkbox"/> Participates in the general or separate education setting for most core grade level content and academic achievement standard areas with occasional special education supports and accommodations to support student's educational performance.	<input type="checkbox"/> Student has mild or occasional health concerns. (ex: Allergies or other health conditions) Medication administration takes less than 10 minutes time. Student needs reminders to complete developmentally appropriate personal care activities. Student does not require a Nursing IEP Services Specialized Physical Health Care Procedure (SPHCS) or Health or Nursing Services.	<input type="checkbox"/> Participates independently with accommodations in and outside the classroom. Minimal support from the teacher or peers to access the curriculum and school campus.
<input type="checkbox"/> Has problems following directions and behaving appropriately. Unable to experience much success without individual Behavior Intervention Plan (BIP) implementation.	<input type="checkbox"/> Participates in the general or separate education setting for core grade level content and academic achievement standard areas with regular/routine special education supports and accommodations to support student's educational performance.	<input type="checkbox"/> Student has chronic health issues that require medication and/or Nursing IEP Services (SPHCS/HNS). Student is able to verbalize health concerns. Health related interventions 10-30 min. daily (diet, blood sugar, medication). May require hands-on assistance for personal care/toileting. May have Individualized Student Health Plan (ISHP).	<input type="checkbox"/> Participates with intermittent standby assistance, adult supervision and/or adult prompting when ambulating the school campus and when in the classroom.
<input type="checkbox"/> Serious behavior problems almost daily. Defiant and/or prone to physical aggression. Requires a Behavior Intervention Plan (BIP) with behavior goals and objectives in the IEP. Requires close visual supervision to implement BIP. Safety issues are present.	<input type="checkbox"/> Participates in the general or separate education setting for some core grade level content and academic achievement standard areas with moderate special education supports and accommodations to support student's educational performance.	<input type="checkbox"/> Student has SPHCS/HNS and medication(s). Student presents with limited mobility and communication. Physical limitations requiring assistance (e.g., stander, wheelchair). Special food prep or feeding. Health related interventions 30-60 min. daily. Frequent physical prompts and assistance for personal care/toileting. Has ISHP.	<input type="checkbox"/> Participates with adult assistance when walking about the school campus and/or when using the bathroom. Requires adult support during lunch and/or snack time. Requires some accommodations and assistance to access the curriculum in the classroom.
<input type="checkbox"/> Serious behavior problems with potential for injury to self and others, run-away, aggressive on a daily basis. Functional Behavior Assessment (Hughes Bill) has been completed and the student has a well- developed BIP, which must be implemented to allow the student to safely attend school. Staff has been trained in the management of assaultive behaviors.	<input type="checkbox"/> Participates in the general or separate education setting for some core grade level content and some academic achievement standard areas and/or functional curriculum with significant special education supports and modifications to support student's educational performance.	<input type="checkbox"/> Student has an ISHP and SPHCS/HNS that requires care by specially trained employee (G tube, tracheostomy, catheterization). Student may present with limited mobility and communication and require direct assistance with positioning, bracing and personal care. Requires two-person lift. Direct adult assistance 60 or more minutes daily.	<input type="checkbox"/> Requires adult assistance for all transfers/mobility needs throughout educational environment. Requires adult assistance with accessing classroom materials, work production, self-care needs including feeding and or toileting and hygiene.



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ATTACHMENTS

- IEP (Include)
- BIP/FBA (if applicable)
- ISHP (if applicable)
- Current Evaluation (Include most recent evaluations for all service providers, including school psychologist)
- Reports: Behavior Support Resources Consultation
- Student Class Schedule and Matrix (Embedded in assessment report)