

## STUDENT'S CURRENT LEVEL OF FUNCTIONING

|                                    |                |   |
|------------------------------------|----------------|---|
| <b>Student Name:</b>               | <b>School:</b> | <b>Grade:</b>   |
| <b>Person Completing the Form:</b> | <b>Date:</b>   | <b>Page 1</b> <input type="checkbox"/> <b>Page 2</b> <input type="checkbox"/> |

**Support for Academics/Electives/Life Skills/Community Activities: Use n/a if not applicable**

| 0   | 1  | 2  | 3   | 4   | 5  |
|-----|--|--|---|---|--|
| n/a | <input type="checkbox"/> Needs cueing prompting, monitoring to participate<br><input type="checkbox"/> Needs differentiated instruction: multiple ways to represent learning<br><input type="checkbox"/> Uses technology to participate<br><input type="checkbox"/> Participates in class life skills and community activities<br><input type="checkbox"/> Other | <input type="checkbox"/> Needs assistance to organize materials<br><input type="checkbox"/> Needs some adaptations to learning materials in order to participate<br><input type="checkbox"/> Needs monitoring to access life skills or community IEP goals<br><input type="checkbox"/> Other | <input type="checkbox"/> Needs more intensive adaptations<br><input type="checkbox"/> Needs modifications to learning materials – including specialized SET-BC technology in order to participate<br><input type="checkbox"/> Participates in weekly group life skills activities, such as cooking, recycling<br><input type="checkbox"/> Other | <input type="checkbox"/> Needs constant intensive adaptations<br><input type="checkbox"/> Needs modifications – including specialized SET-BC technology in order to participate<br><input type="checkbox"/> Participates in group community outings and recreation with supervision<br><input type="checkbox"/> Other | <input type="checkbox"/> Needs intensive one-on-one support for any learning activity (even with intensive adaptations or modifications)<br><input type="checkbox"/> Participates in community outings with intensive one-on-one support<br><input type="checkbox"/> Other |

**Sensory Intervention/Regulation/Sensory Needs: Use n/a if not applicable**

| 0   | 1  | 2  | 3  | 4   | 5   |
|-----|--|--|--|---|---|
| n/a | <input type="checkbox"/> We/prompt as student works toward independence in self-regulation<br><input type="checkbox"/> Other | <input type="checkbox"/> Provide class sensory regulation strategies<br><input type="checkbox"/> Provide student with access to individualized strategies during class<br><input type="checkbox"/> Other | <input type="checkbox"/> Provide student with access to out of class sensory breaks<br><input type="checkbox"/> Student able to request out of class sensory regulation breaks<br><input type="checkbox"/> Other | <input type="checkbox"/> Student accesses daily out of class individualized sensory regulation breaks<br><input type="checkbox"/> Other | <input type="checkbox"/> Student accesses out of class individualized sensory regulation breaks more than 3 times a day<br><input type="checkbox"/> Other |

**Safety/Behaviour: Use n/a if not applicable**

| 0   | 1   | 2   | 3  | 4  | 5  |
|-----|---|---|--|--|--|
| n/a | <input type="checkbox"/> May need reminders, prompts, or cues<br><input type="checkbox"/> Other | <input type="checkbox"/> May disrupt learning environment at times<br><input type="checkbox"/> May need prompts to transition<br><input type="checkbox"/> May retreat to another area of the class away from activity | <input type="checkbox"/> Disrupts each learning environment daily<br><input type="checkbox"/> Leaves assigned areas to go to pod/area outside of class<br><input type="checkbox"/> Other | <input type="checkbox"/> Leaves assigned areas<br><input type="checkbox"/> Remains on school/site<br><input type="checkbox"/> Some sense of danger<br><input type="checkbox"/> Other | <input type="checkbox"/> Injures self or others (strike or grab)<br><input type="checkbox"/> May need two or more trained people to intervene<br><input type="checkbox"/> Departs school/site<br><input type="checkbox"/> No sense of danger |

**Social Skills: Use n/a if not applicable**

| 0   | 1  | 2  | 3  | 4  | 5  |
|-----|--|--|--|--|--|
| n/a | <input type="checkbox"/> Needs some cueing<br><input type="checkbox"/> Needs some monitoring<br><input type="checkbox"/> Needs some coaching<br><input type="checkbox"/> Other | <input type="checkbox"/> Needs frequent prompting, monitoring and coaching<br><input type="checkbox"/> Needs reminders using social stories, scripts<br><input type="checkbox"/> Other | <input type="checkbox"/> Needs direct, hand over hand assistance, prompting, monitoring<br><input type="checkbox"/> Direct weekly social skill instruction<br><input type="checkbox"/> Other | <input type="checkbox"/> Needs more intensive, formalized direct social skill instructions<br><input type="checkbox"/> on a daily (2-3 x a day) activity<br><input type="checkbox"/> by activity basis<br><input type="checkbox"/> Other | <input type="checkbox"/> Needs intensive one-on-one support for each social activity (may strike or grab others)<br><input type="checkbox"/> Other |

**Communication Needs: Use n/a if not applicable**

| 0   | 1  | 2  | 3   | 4   | 5  |
|-----|--|--|---|---|--|
| n/a | <input type="checkbox"/> Needs reminders to use language appropriately<br><input type="checkbox"/> Check for understanding<br><input type="checkbox"/> Other | <input type="checkbox"/> Difficulty using social language<br><input type="checkbox"/> May need social stories, scripts, visual schedules<br><input type="checkbox"/> Other | <input type="checkbox"/> Some difficulty expressing needs and wants<br><input type="checkbox"/> Some difficulty understanding instructions<br><input type="checkbox"/> Uses visual schedules<br><input type="checkbox"/> Uses social stories<br><input type="checkbox"/> Uses scripts<br><input type="checkbox"/> Other | <input type="checkbox"/> Expressive language is limited<br><input type="checkbox"/> Very difficult to understand<br><input type="checkbox"/> Poor receptive language; difficulty processing language<br><input type="checkbox"/> Difficulty understanding basic 3-5 record instructions<br><input type="checkbox"/> Other | <input type="checkbox"/> Non-verbal<br><input type="checkbox"/> Uses an augmentative communication system /SET-BC specialized equipment<br><input type="checkbox"/> Uses ASL<br><input type="checkbox"/> Other |

**Other information you need to tell us about this student's current level of functioning:**

**Medical Needs/Medication:** Use n/a if not applicable

| 0   | 1   | 2  | 3   | 4   | 5  |
|-----|---|--|---|---|--|
| n/a | <input type="checkbox"/> Monitor student who self-administers medication-no intervention<br><input type="checkbox"/> Cue/prompt as student works toward independence in self-care<br><input type="checkbox"/> Other | <input type="checkbox"/> Provide a daily prescribed medication<br><input type="checkbox"/> Other | <input type="checkbox"/> Monitor glucose levels as part of plan of care<br><input type="checkbox"/> Other | <input type="checkbox"/> Daily medical procedure/plan of care<br><input type="checkbox"/> Other | <input type="checkbox"/> Seizure Plan/Care Plan in place –continuous monitoring and/or intervention<br><input type="checkbox"/> Sterile medical procedures that require nursing support health care plan<br><input type="checkbox"/> Other |

Comments:

**Toileting/Personal Hygiene/Dressing Needs:** Use n/a if not applicable

| 0   | 1   | 2  | 3   | 4   | 5   |
|-----|---|--|---|---|---|
| n/a | <input type="checkbox"/> Needs reminders /monitoring when going to bathroom | <input type="checkbox"/> Routine Trained<br><input type="checkbox"/> Other | <input type="checkbox"/> Learning Routine<br><input type="checkbox"/> Other | <input type="checkbox"/> Diapers/Pull-Ups<br><input type="checkbox"/> Other | <input type="checkbox"/> Catheter/ Colostomy care<br><input type="checkbox"/> Other |

Comments:

**Transfer Needs:** Use n/a if not applicable

| 0   | 1  | 2  | 3  | 4   | 5   |
|-----|--|--|--|---|---|
| n/a | <input type="checkbox"/> Requires supervision as student assists in transfer | <input type="checkbox"/> Prompted<br><input type="checkbox"/> Assisted in transfer<br><input type="checkbox"/> Other | <input type="checkbox"/> 1 person lift<br><input type="checkbox"/> Other | <input type="checkbox"/> 2 person lift 2x per day<br><input type="checkbox"/> Other | <input type="checkbox"/> 2 person lift 3x or more per day<br><input type="checkbox"/> Other |

Comments:

**Feeding Needs:** Use n/a if not applicable

| 0   | 1  | 2  | 3  | 4   | 5  |
|-----|--|--|--|---|--|
| n/a | <input type="checkbox"/> Requires supervision while feeding self | <input type="checkbox"/> Learning to feed self<br><input type="checkbox"/> Other | <input type="checkbox"/> Assistance required in all areas of feeding<br><input type="checkbox"/> Other | <input type="checkbox"/> Difficult feed (Risk of Choking) plan of care in place<br><input type="checkbox"/> Other | <input type="checkbox"/> G Tube fed Gastronomy<br><input type="checkbox"/> Other |

Comments:

**Physical Mobility/Hallway Transitions Needs:** Use n/a if not applicable

| 0   | 1  | 2   | 3   | 4   | 5   |
|-----|--|---|---|---|---|
| n/a | <input type="checkbox"/> Some balance issues<br><input type="checkbox"/> May require limited supervision between classes<br><input type="checkbox"/> May participate in PE with some adaptations<br><input type="checkbox"/> Other | <input type="checkbox"/> Mobile with supervision<br><input type="checkbox"/> May require some supervision in hallway<br><input type="checkbox"/> Adapted PE Program<br><input type="checkbox"/> Other | <input type="checkbox"/> May fall if not supported<br><input type="checkbox"/> Requires support getting from class to class<br><input type="checkbox"/> Other | <input type="checkbox"/> Uses wheelchair or walker with assistance<br><input type="checkbox"/> Needs assistance moving through hallways and around school grounds<br><input type="checkbox"/> Other | <input type="checkbox"/> Non mobile<br><input type="checkbox"/> Needs physiotherapy exercises/positioning<br><input type="checkbox"/> Needs 1 – 1 assistance for mobility<br><input type="checkbox"/> Other |

Comments:

**(Complete Only if Needed)**