

INTENSIVE REVIEW WORKSHEET

Student _____

ASD Student # _____

Date _____

- _____ A. Does this student receive special education services by a certified special education teacher daily?
- (pg 9)_____ (pg 6)_____ (pg 2) _____
(provider must state SPED Teacher, not SPED Staff)
- _____ B. Does this student receive multiple services, including related services?
- (pg 9)_____ (pg 6)_____ (pg 2) _____
(e.g. OT, PT, SLP, Mobility, counseling, orientation, school health services, APE etc. Please also note that related services provided through consult model also qualify.)
- _____ C. Are all special education services provided to the student by one of the following: special education teacher, **supervised** special education TA or related service provider?
- (pg 9)_____ (pg 6)_____
- _____ D. Does this student receive continuous special education programming?
- (pg 9)_____ (pg 2) _____
- _____ E. Does this student receive assistance and training in two or more basic self-help, daily living or adaptive skills appropriate to the age of the student?
- (pg 2)_____ (pg 6)_____ (pg 8)_____ (pg 4)_____
- _____ F. Is individual care provided to the student for his or her entire day by staff trained to meet the student's individual needs?
- (pg 2)_____ (pg 8)_____
- _____ G. Does the student qualify for special education transportation?
- (pg 9)_____
 - A team should utilize page 8 and a PWN to provide further information for those students who qualify for transportation but whose parents have elected not that access transportation.

Exceptions to Criteria:

- _____ Deaf or deaf blind student receives full-time services of a deaf education teacher, TA or interpreter
- _____ Blind or deafblind student accessing instruction via Braille
- _____ Placement in an out-of-state residential facility by the IEP team.
- _____ The IEP team has determined that a home-based or health-care facility based instructional program is appropriate to meet the student's needs.

Completed by: _____ Date _____

Note: In order to count students that are receiving home-care or health-care-facility-based instructional program, the placement must have been made by the IEP team and documented in the IEP.

Contact Records Supervisor for more information on exceptions or other matters related to the documentation of Intensive Claims. Phone 742-6136