

**SAMPLE FORM****CHECKLIST TO DETERMINE THE STUDENT'S NEEDS AS THEY MAY RELATE TO  
THE NEED FOR A ONE-TO-ONE AIDE<sup>1</sup>****Health / Personal Care**

- ☐ Student requires non-medical specialized health care support (e.g., feeding, assistance with braces or prosthesis)<sup>2</sup>.
- ☐ Student requires positioning or bracing multiple times daily.
- ☐ Student requires health-related interventions multiple times daily.
- ☐ Student requires direct assistance with most personal care.

**Behavior**

- ☐ Student presents with serious behavior problems with ongoing (daily) incidents of injurious behaviors to self and/or others or student runs away and student has a functional behavioral assessment and a behavioral intervention plan that is implemented with fidelity.

**Instruction**

- ☐ Student cannot participate in a group without constant verbal and/or physical prompting to stay on task and follow directions.

**Inclusion in General Education Classes**

- ☐ Student needs an adult in constant close proximity for direct instruction.
- ☐ Student requires individualized assistance to transition to and from class more than 80 percent of the time.
- ☐ Student needs an adult in close proximity to supervise social interactions with peers at all times.

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<sup>1</sup> This checklist does not present an exhaustive list nor is it intended to mean that every student with these needs would require individualized assistance by a one-to-one aide.

<sup>2</sup> Use of [one-to-one aides](#) for health related care must be provided consistent with Department guidance