

SAMPLE FORM**CHECKLIST TO DETERMINE THE STUDENT'S NEEDS AS THEY MAY RELATE TO
THE NEED FOR A ONE-TO-ONE AIDE¹****Health / Personal Care**

- ☐ Student requires non-medical specialized health care support (e.g., feeding, assistance with braces or prosthesis)².
- ☐ 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.

¹ 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.

² Use of one-to-one aides for health related care must be provided consistent with Department guidance
<https://www.schoolhealthny.com/site/default.aspx?PageType=3&ModuleInstanceId=294&ViewID=7b97f7ed-8e5e-4120-848f-a8b4987d588f&RenderLoc=0&FlexDataID=453&PageID=225>