LAKE SHORE CENTRAL SCHOOL DISTRICT

Special Programs Office

**CRITERIA FOR CONSIDERATION OF**

**SELF-CONTAINED SPECIAL EDUCATION**

**Elementary & Middle School**

*This form should be completed thoroughly and include all team members who work with the student. The information and data collected should be reflected in the students’ IEP and clearly outlined when and how the student will need support in a self-contained special education setting.*

*This form is to be completed for initial requests self-contained placements only. Please submit this form and supplemental paperwork to the Special Education office one month prior to the Annual Review.*

|  |  |  |  |
| --- | --- | --- | --- |
| **STUDENT NAME:** | | | **DATE:** |
| **SCHOOL:** | | | **SCHOOL YEAR:** |
| **TEACHER:** | | | **CURRENT GRADE:** |
| **CURRENT PLACEMENT:** | | | **# of students:** |
| **Grades Repeated:** | | | |
| **Number of Absences to Date:** | | | **Number of School Days to Date:** |
| **Primary Language spoken in home:** | | | **Other Languages spoken:** |
| **Student has a PCA this school year***(circle one):* | **YES** | | **NO** |
| Shared | 1:1 |
| **Recommended by:** *(include all team members involved)* | | | |
| **Paperwork submitted by:** | | | |

*Consideration for self-contained special education placements will only be reviewed with proper documentation, data collection, and with respect to the following guidelines:*

**PLACEMENT IN LRE**

Least restrictive environment means that placement of students with disabilities in special classes, separate schools and other removal from the regular educational environment occurs only when the nature or severity of the disability is such that, even with the use of supplementary aids and services, education cannot be satisfactorily achieved. The placement of an individual student with a disability in the least restrictive environment shall:

1. provide the special education needed by the student;
2. provide for education of the student to the maximum extent appropriate to the needs of the student with other students who do not have disabilities; and
3. be as close as possible to the student's home

* A recommendation for self-contained placement should not be made because a student is not completing work or is failing. Careful consideration should be given to excluding those students whose problems are primarily due to lack of motivation and commitment to learning.
* When being considered for a self-contained placement, a student must be demonstrating global delays (i.e. cognitive, academic, speech/language, social/emotional, adaptive abilities)
* Prior to consideration for a self-contained delivery model for a student, the special education teacher should gather the information noted below and the completed packet should be submitted to the Director of Special Education. Upon receipt of the packet, the special education teacher will be contacted for further information or to establish possible dates for

**STUDENT’S PRESENT LEVEL OF PERFORMANCE**

*The team must complete the questionnaire based on the student’s present abilities and needs. Any correlating data and documentation to support each area should be included/attached.**Data and information should also be included in the IEP to reflect the areas of need. Include plans for monitoring progress towards goals.*

|  |
| --- |
| **Describe the student’s areas of success. Include benefits beyond academics such as social, functional life skills, independence, organization skills, cooperative learning skills, classroom procedures, and opportunities to develop special interests:** |
| **Describe the student’s academic and behavioral frustrations. Be specific:** |
| **Explain the potential benefits of the self-contained setting that is not being met in the student’s current placement:** |
| **List any health concerns that impact the student’s success in school:** |
| **List any behavior concerns that impact the student’s success in school:** |
| **Document the discussion with the student’s parent/guardian about a self-contained placement and his/her reaction:** |

**STUDENT CHECKLIST**

*Check all completed items that apply and attach all necessary documentation, notes, and data.*

* Updated academic achievement testing (within the last year): **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* Current services that the student is receiving *(include the start date of these services)*
* Other support services have been considered in the current setting:
  + Additional related services
  + Additional technology support
  + Additional support services (AIS, RtI, Skills Lab)
  + Review of program modifications
  + Review of testing accommodations
  + Review the appropriateness of the IEP goals and consider updating
* RtI Student Action Plan
* RtI Observation checklist
* Updated OR consideration of FBA/BIP

Creating and implementing an FBA/BIP:

* + could improve motivation
  + could improve attention to task
  + could enhance desired behaviors
  + could increase task completion
  + none of the above
* Outside consultation (psychologists, social workers, counselors, related service providers)
* Referral to Family Support Center (if necessary): **Date referred:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* Progress monitoring data towards IEP goals (includes data tracking to support need):

*Includes data regarding student’s academic performance in each regular class:*

* all specially designed instruction attempts made
* duration of each attempt
* data describing outcomes of each attempt
* Team meeting consisting of special education teacher, building principal, school psychologist, classroom teacher, school counselor, related service provider(s) and Director of Pupil Personnel (if necessary): **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Purpose of this meeting is to review the above information and discuss if a referral to CSE is warranted*

* COMMENTS: