

Student Name
School Year 2015-2016

Grade:

Student #:

Level:

Category: Gifted

Special Education Services: monthly consultation with gifted-endorsed teacher

Special Needs as stated in EP:

Curriculum and Learning Environment:

Educational Needs of the Student in the Domain of Curriculum and Learning Environment:

EP Goal(s) and Objective(s):

Support Facilitation Log

LEGEND: Service Type		
SF/I – Support Facilitation in class	C – Consultation	IEP – IEP Meeting
EP – EP Meeting	NS – Student No Show	
SF/E – Support Facilitation outside class	NP – Student Not Present	NA – Student not available

Support Services Provided:

- | | |
|--|---|
| <ul style="list-style-type: none"> A. Instructional Planning B. Instructional Delivery C. Instructional Support D. Behavioral Support E. Monitoring Student Progress | <ul style="list-style-type: none"> F. Observation/Data Collection G. Accommodations H. Modifications I. Other |
|--|---|

Areas Covered/Assessed

- | | | | |
|---|---|--|--|
| <p>Organizational</p> <ol style="list-style-type: none"> 1. Reviewed planner, folders, book bag, etc. 2. Assisted with materials/supplies 3. Provided homework assistance 4. Checked daily/weekly progress 5. Provided other organizational support | <p>Behavioral</p> <ol style="list-style-type: none"> 6. Provided classroom intervention 7. Implemented positive behavior strategies 8. Facilitated conflict resolution 9. Provided social skills training 10. Collaborated with other personnel/parent 11. Implemented FBA/PBIP 12. Provided other behavioral support | <p>Curriculum</p> <ol style="list-style-type: none"> 13. Assisted with class work 14. Modified assignments, tests/quizzes 15. Provided in-class support with test/quiz 16. Provided out-of-class support with test/quiz 17. Administered assessment (DAR, etc.) 18. Provided other curriculum support | <p>Other Support</p> <ol style="list-style-type: none"> 19. Developed IEP/attended IEP meeting 20. Consulted with teacher(s) 21. Collaborated with teacher(s) 22. Consulted with service providers (SLP, OT, PT, SW, etc.) 23. Consulted/collaborated with parent(s) 24. Consulted with student 25. Provided other support |
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Contact Log

DATE	TIME	STUDENT/ PARENT/ TEACHER	Type of Contact/Area Covered	Topic Discussed	Follow Up