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| **DESERT/MOUNTAIN SPECIAL EDUCATION LOCAL PLAN AREA**  **DESERT/MOUNTAIN CHARTER SPECIAL EDUCATION LOCAL PLAN AREA**  17800 HIGHWAY 18 • APPLE VALLEY, CA 92307  (760) 552-6700 • (760) 242-5363 FAX  **Observational Evaluation for SCIA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **STUDENT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student Name: | | | | |  | | | | | | | | | | | | | Date of Birth: | | | | | |  | | | | | | Age: | |  | |
| Disability: | | |  | | | | | | | | | | Grade: | | | | | |  | | | | | | | | Gender: | Male | | | Female | | |
| School Site: | | | |  | | | | | | | | | | | Program/Placement: | | | | | | | | | |  | | | | | | | | |
| General Education Teacher: | | | | | | |  | | | | | | | | | | | | | | | | Contact Phone: | | | | | |  | | | | |
| Special Education Teacher: | | | | | | |  | | | | | | | | | | | | | | | | Contact Phone: | | | | | |  | | | | |
| SCIA Case Manager/Coordinator: | | | | | | | | | |  | | | | | | | | | | | | | Contact Phone: | | | | | |  | | | | |
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| **Observation Setting:** | | | | | |  | | | | | | | | **Observed By: (Name/Title)** | | | | | | | | | | | |  | | | | | | | |
| 1. **Classroom: Please review the visual and the physical structure of the classroom, curriculum design, data collection, and planning.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Is the individual student/classroom schedule visually posted?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Is the transition between activities quick and smooth?  Yes  No *(Explain)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Is the room organized with work areas defined and materials readily available for instruction?  Yes  No *(Describe)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Do students follow the established classroom procedures and routines?  Yes  No *(Describe)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Indicate the level of prompt needed for the student to follow the schedule:  |  |  |  |  | | --- | --- | --- | --- | | Independent | Physical Prompt | | Indirect Verbal or Gesture Prompt | | Direct Verbal Prompt | Other: |  | | |  |  |  | | | *Describe:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Indicate the student’s use of the schedule:  |  |  |  |  | | --- | --- | --- | --- | | Student Carries Schedule | Schedule Not Used At All | Teacher Carries and Shows the Schedule | | | Student Goes to Schedule Board | Student Goes to Schedule Board | Other: |  | |  |  |  |  | | *Describe:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *Comments:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Curriculum and Instructional Planning:** **Check the curricular domains included in the student’s program.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Is the transition between activities quick and smooth:  Yes  No *(Explain)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Is the room organized with work areas defined and materials readily available for instruction?  Yes  No *(Describe)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Do students follow the established classroom procedures and routines?  Yes  No *(Describe)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Indicate level of prompt needed for the student to follow the schedule:  |  |  |  |  | | --- | --- | --- | --- | | Independent | Physical Prompt | | Indirect Verbal or Gesture Prompt | | Direct Verbal Prompt | Other: |  | | |  |  |  | | | *Describe:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Student’s use of the schedule:  |  |  |  |  | | --- | --- | --- | --- | | Student Carries Schedule | Schedule Not Used At All | Teacher Carries and Shows the Schedule | | | Student Goes to Schedule Board | Student Goes to Schedule Board | Other: |  | |  |  |  |  | | *Describe:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *Comments:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Current Data Systems and Collection of Data** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Has data been collected on student performance?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. How often is data collected? | | | | | | | | | Daily | | | Weekly | | | | | Bi-weekly | | | | | | | Monthly | | | | |  | | | | |
| 1. How is data summarized? | | | | | | | | | Graphed | | | Written Narrative | | | | | Other: | | | |  | | | | | | | | | | | | |
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| 1. What evidence is there that accommodations and/or modifications are being used? *(Describe)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *Comments:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Behavior and Safety** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Describe the behavior management system in the classroom, including positive re-enforces and consequences. Is it appropriate for the student or does it need to be modified? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Are specific positive behavior supports utilized for the student?  Yes  No *(Describe)* | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| 1. Is there appropriate safety equipment in place?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Are appropriate safety and medical procedures being used?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Does it appear appropriate training has been provided?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *Comments:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Student Behavior In Independent Activities** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Describe the student’s interaction with peers. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Describe the student’s interaction with non-classroom staff in a less structured environment. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. What activities does the student choose during break? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. What problems are evident? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *Comments:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Describe the school day and assistance now provided. Include natural supports such as peers, school staff, volunteers, etc.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **How is existing assistance utilized?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **Can current conditions be modified to meet the student’s goals and objectives and/or personal care needs?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **What other types of assistance is needed? Why?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **Are there any other issues that need to be addressed?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *Comments:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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