

**ROCKINGHAM COUNTY PUBLIC SCHOOLS**  
**Intensive Needs Documentation**  
(To Assist in the Determination of the Need for an Individual Assistant)

Student: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

1. Is there a safety concern for the student or others?  Yes  No

Describe: \_\_\_\_\_  
\_\_\_\_\_

2. Does the student require assistance with basic functional skills?
- |                              |                              |                             |
|------------------------------|------------------------------|-----------------------------|
| Toileting                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mobility                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Feeding                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dressing                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Following basic safety rules | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

3. Is the student's performance consistent with his or her ability?  Yes  No

4. Do his or her peers include the student in classroom activities?  Yes  No

5. Is the student receptive to peer tutoring and support?  Yes  No

6. Is the student currently receiving specialized small or individualized group instruction in specific academic areas?  Yes  No

7. Has an administrator observed the student?  Yes  No

Administrator's Observations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Please note what interventions or program changes you have tried and describe their rate of success (e.g., collaborative instructional model, behavior intervention plan, re-grouping within the classroom, pairing with other students):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If these interventions are no longer an option, please explain why:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Is there a determination that an individual assistant is required?  Yes  No

Duration (date range that the assistant will be assigned to the student): \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

(Note: This date range cannot exceed the ending date of the current IEP)