

## Section Two: WORKLOAD ANALYSIS--INDIVIDUAL STUDENT PROFILE

NOTE: Complete ONE form per student on caseload. This form is for SERVICE PROVIDER USE ONLY, and is not intended to become part of the student's permanent record.				
STUDENT NAME: <b>SAMPLE 3rd Grader</b>	DOB: <b>2/20/2018</b>	GR/TCHR: <b>3/ROUSH</b>	SCHOOL YEAR: <b>2025-26</b>	DATE: <b>2/20/2026</b>
SPECIAL EDUCATION and/or ADDITIONAL SERVICES (per IEP, 504, etc. check all that apply):	<input type="checkbox"/> Sp-Language Impaired <input type="checkbox"/> Specific Learn. Dis. <input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Other Health Impaired <input type="checkbox"/> Autism Spectrum Dis. <input checked="" type="checkbox"/> Social Work	<input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Vision Itinerant <input type="checkbox"/> Hearing Itinerant	<input type="checkbox"/> Physical Therapy <input type="checkbox"/> Orient. & Mobility <input type="checkbox"/> Other (specify):
SSP NAME: <b>KAREN KOCKLER</b>	TITLE: <b>SLP</b>	<input type="checkbox"/> Case Manager	<input type="checkbox"/> Service Provider	<input checked="" type="checkbox"/> Both CM + SP
Factors that influence need, frequency, duration, and intensity of service(s). MARK/IDENTIFY ALL THAT APPLY TO THIS STUDENT. Add details in NOTES if warranted/helpful.				ACTUAL TIME NEEDED in minutes per month
Student is referred for consultation with teacher and/or observation.		NOTE: <b>MTSS/Rtl, 2 6-weeks consult; minimal progress (1.7+1.1 mpm)</b>		<b>2.8</b>
Student is referred for screening.		NOTE: <b>Rtl data indicated screening and possible eval needed.</b>		<b>2.2</b>
This student requires an <b>initial evaluation</b> or a 3-yr re-evaluation this year (180 minutes within 60 days, one time during the year = 20 mpm).		NOTE: <b>Initial evaluation completed.</b>		<b>20</b>
Communications/networking with parents, outside agencies. Attendance and participation in meetings (i.e. domain, eligibility and/or initial IEPs, annual reviews, P/T conferences, transition meetings, etc.).		NOTE: <b>Communications with parents, DR, Elig/IEP, P/T Conference.</b>		<b>25.5</b>
<b>DIRECT INTERVENTION SERVICES</b> as determined by utilizing the Eligibility Guide and clinical judgment. Choose the amount of time most appropriate for this student (total monthly minutes for direct services). If a varied service delivery is documented on the IEP, enter a total amount of time allotted for direct services (eg. group and individual services, push-in, etc.).		From Section 1: Mild = 120 mpm; Moderate = 240 mpm; Substantial = 360 mpm; Profound = mpm based on student need. This will be the amount subtracted from the total to calculate the INDIRECT minutes required. NOTE: <b>Moderate SLI deficits in receptive &amp; expressive language.</b>		<b>240</b>
Scheduling students for therapy services, evaluations, classroom observations, etc., as needed.		NOTE:		<b>1.7</b>
Case Management responsibilities: scheduling meetings, preparing paperwork, maintaining files, etc. (only for those students the SLP case manages).		NOTE:		<b>60</b>
Record-keeping: evaluation report writing, progress monitoring, progress updates/reports.		NOTE: <b>Evaluation report, progress monitoring, progress reports.</b>		<b>36.6</b>
Individualized/specialized therapy program/materials/devices needed (eg. social language stories, picture/visual cues and/or schedules, low tech PROMPT, AAC/AT programming & maintenance).		NOTE:		
Academic supports (e.g. curriculum modifications, team meetings, teacher/support staff consultations and/or trainings).		NOTE: <b>Weekly team meetings with teacher, aide, and social worker.</b>		<b>120</b>
Behavioral factors; student may exhibit chronic and/or severe aggression which has required the development of and/or implementation of a Behavioral Intervention Plan (BIP).		NOTE:		
<b>TOTAL DIRECT + INDIRECT WORKLOAD MINUTES PER MONTH REQUIRED TO PROVIDE FAPE FOR THIS STUDENT =</b>				<b>508.8</b>