

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:	DOB:	GR/TCHR:	SCHOOL YEAR:	DATE:
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 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:	TITLE:	<input type="checkbox"/> Case Manager	<input type="checkbox"/> Service Provider	<input 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:			
Student is referred for screening.	NOTE:			
This student requires an initial evaluation or a 3-yr re-evaluation this year (180 minutes within 60 days, one time during the year = 20 mpm).	NOTE:			
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:			
DIRECT INTERVENTION SERVICES 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:			
Scheduling students for therapy services, evaluations, classroom observations, etc., as needed.	NOTE:			
Case Management responsibilities: scheduling meetings, preparing paperwork, maintaining files, etc. (only for those students the SLP case manages).	NOTE:			
Record-keeping: evaluation report writing, progress monitoring, progress updates/reports.	NOTE:			
Individualized/specialized therapy program, materials, &/or devices needed (eg. social language stories, picture/visual cues and/or schedules, low tech PROMPT, AAC/AT programming & maintenance). Translation of materials, documents into home language.	NOTE:			
Academic supports (e.g. curriculum modifications, team meetings, teacher/support staff consultations and/or trainings).	NOTE:			
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:			
TOTAL DIRECT + INDIRECT WORKLOAD MINUTES PER MONTH REQUIRED TO PROVIDE FAPE FOR THIS STUDENT =				