

Matrix of Services

Student Name: _____

Domain A—Curriculum and Learning Environment

Domain B—Social/Emotional Behavior

<p>Level 1 <input type="checkbox"/></p> <p>Requires no services or assistance beyond that which is normally available to all students</p>	<p>___ Requires no services or assistance beyond that which is normally available to all students</p>
<p>Level 2 <input type="checkbox"/></p> <p>Requires simple adaptations to curriculum or learning environment</p>	<p>___ Adaptation to the general curriculum</p> <p>___ Curriculum compacting</p> <p>___ Electronic tools (e.g., tape recorders, word processors)</p> <p>___ Adapted textbooks, materials (e.g., large print, Braille, audio format)</p> <p>___ Modified assessment procedures/materials</p> <p>___ Specially prepared notes, materials</p> <p>___ Referrals to agencies</p> <p>___ Consultation on a monthly basis with teachers, family, agencies, or others</p>
<p>Level 3 <input type="checkbox"/></p> <p>Requires modified curriculum and/or learning environment</p>	<p>___ Differentiated curriculum</p> <p>___ Modifications to curriculum content, process, product</p> <p>___ Specialized instructional approaches</p> <p>___ Low-vision aids or use of electronic tools with assistance</p> <p>___ Alternate textbooks, materials, assessments, or equipment</p> <p>___ Special assistance in mainstream requiring weekly consultation</p> <p>___ Assistance for some learning activities</p> <p>___ Direct, specialized instruction and/or curriculum for some learning activities</p> <p>___ Collaboration with teachers, family, agencies, or others</p>
<p>Level 4 <input type="checkbox"/></p> <p>Requires different curriculum and/or extensive modification to learning environment</p>	<p>___ Extensive creation of special materials</p> <p>___ Direct, specialized instruction and/or curriculum for the majority of learning activities</p> <p>___ Instruction delivered within the community</p> <p>___ Assistance for the majority of learning activities (e.g., low pupil-teacher ratio)</p> <p>___ Use of assistive technology with supervision for majority of learning activities</p>
<p>Level 5 <input type="checkbox"/></p> <p>Requires different curriculum and substantial modifications to learning environment</p>	<p>___ Instruction in reading Braille</p> <p>___ Intensive curriculum or instructional approach for most learning activities (e.g., supported employment, very small group, or one-to-one assistance)</p> <p>___ Group instruction at home or hospital (e.g., teleclass)</p> <p>___ Individual instruction at home or hospital</p> <p>___ Ongoing, continuous assistance for participation in learning activities</p>

Domain A Rating: _____

<p>Level 1 <input type="checkbox"/></p> <p>Requires no services or assistance beyond that which is normally available to all students</p>	<p>___ Requires no services or assistance beyond that which is normally available to all students</p>
<p>Level 2 <input type="checkbox"/></p> <p>Requires periodic assistance and/or behavior management</p>	<p>___ Consultation on a monthly basis with teachers, family, agencies, or others</p> <p>___ Specialized training in self-advocacy and understanding of exceptionality</p> <p>___ Special behavior system in general class</p> <p>___ Monthly counseling or guidance</p> <p>___ Monthly assessment of behavior or social skills</p>
<p>Level 3 <input type="checkbox"/></p> <p>Requires weekly personal assistance, behavior management, or intervention</p>	<p>___ Small group training in social skills, self-regulatory behavior, self-advocacy, conflict resolution, dealing with authority, and socialization</p> <p>___ Weekly counseling or guidance</p> <p>___ Behavior contract, including behavior outside the classroom (e.g., lunch, bus, home)</p> <p>___ Weekly family counseling, assessment, interventions</p> <p>___ Referral and follow-up for transitions to and from community-based programs</p> <p>___ Weekly assessment of behavior as part of special behavior system</p> <p>___ Collaboration with teachers, family, agencies, or others</p>
<p>Level 4 <input type="checkbox"/></p> <p>Requires daily personal assistance, monitoring, and/or intervention</p>	<p>___ Highly structured behavior management plan infused throughout the school day</p> <p>___ Daily counseling or specific instruction on social or emotional behavior (e.g., self-regulatory behavior, self-advocacy, conflict resolution, dealing with authority, socialization)</p> <p>___ Daily reports to family, agencies, or others</p>
<p>Level 5 <input type="checkbox"/></p> <p>Requires continuous personal assistance, monitoring, and intervention</p>	<p>___ Intensive, individualized behavior management plan that requires very small group or one-on-one intervention</p> <p>___ Therapeutic treatment infused throughout the educational program</p> <p>___ Wraparound services for up to 24-hour care</p>

Domain B Rating: _____

Matrix of Services

Student Name: _____

Domain C—Independent Functioning

Domain D—Health Care

Level 1 <input type="checkbox"/>	Requires no services or assistance beyond that which is normally available to all students	Level 1 <input type="checkbox"/>	Requires no services or assistance beyond that which is normally available to all students
Level 2 <input type="checkbox"/>	Monthly personal assistance with materials or equipment Consultation on a monthly basis with teachers, family, therapists, service coordinator, or others Organizational strategies or adaptations for independent functioning Special equipment, furniture, strategies, or adaptations for motor control in the classroom	Level 2 <input type="checkbox"/>	Monthly personal health care assistance Consultation on a monthly basis with teachers, family, agencies, or others Monthly monitoring of health status, procedures, or medication Specialized administration of medication Monthly assistance with agency referrals/coordination
Level 3 <input type="checkbox"/>	Specially designed organizational strategies or adaptations for independent functioning Supervision to ensure physical safety during some activities Weekly training in self-monitoring of independent living skills Weekly monitoring of, or assistance with, independent living skills, materials, or equipment Collaboration with teachers, family, agencies, or others	Level 3 <input type="checkbox"/>	Weekly monitoring or assessment of health status, procedures, or medication Weekly counseling with student or family for related health care needs Weekly communication with family, physician, agencies, or other health-related personnel Intrusive/specialized administration of medication (e.g., Epi-pen injections, suppositories) Collaboration with family, physicians, agencies, or others
Level 4 <input type="checkbox"/>	Supervision to ensure physical safety during most activities Personal assistance or supervision in activities of daily living, self-care, and self-management for part of the day Special equipment/assistive technology for personal care with frequent assistance Regularly scheduled occupational therapy, physical therapy, or orientation and mobility training	Level 4 <input type="checkbox"/>	Daily assistance with, or monitoring and assessment of, health status, procedures, or medication Daily assistance with, or monitoring of, equipment related to health care needs Administration of parenteral medication Daily communication with family, physician, agencies, or other health-related personnel
Level 5 <input type="checkbox"/>	Continuous supervision to ensure physical safety Personal assistance or supervision in activities of daily living, self-care, and self-management for most or all of the day Occupational therapy, physical therapy, or orientation and mobility training more than once a week Multiple therapies and services (physical therapy, occupational therapy, or orientation and mobility training)	Level 5 <input type="checkbox"/>	Daily assistance with procedures such as catheterization, suctioning, tube feeding, or other school health services Continuous monitoring and assistance related to health care needs

Domain C Rating: _____

Domain D Rating: _____

Matrix of Services

Domain E—Communication

Level 1 <input type="checkbox"/>	Requires no services or assistance beyond that which is normally available to all students
Level 2 <input type="checkbox"/>	Requires periodic assistance and/or minor interventions Monthly assistance with communication Occasional assistance with personal amplification or communication system Consultation on a monthly basis with teachers, family, agencies, or others
Level 3 <input type="checkbox"/>	Requires weekly intervention and/or assistance which may include alternative and augmentative communication systems Weekly intervention or assistance with language or communication Weekly speech/language therapy or instruction Weekly assistance with personal amplification or communication system Weekly supervision of augmentative or alternative communication systems Collaboration with teachers, family, agencies, or others
Level 4 <input type="checkbox"/>	Requires daily intervention and/or assistance which may include alternative and augmentative communication systems Daily assistance and/or instruction with communication equipment (e.g., augmentative or alternative communication systems) Daily integrated intervention and assistance related to communication needs Instruction in sign language for use as the primary method of communication Interpreting services for part of the school day
Level 5 <input type="checkbox"/>	Requires multiple interventions and assistance which may include alternative and augmentative communication systems Continuous assistance and/or instruction with communication equipment (e.g., augmentative or alternative communication systems) Interpreting services for most or all of the school day Multiple, continuous interventions to replace ineffective communication (e.g., selective mutism, echolalia) and establish appropriate communication

Domain E Rating: _____

Student Name: _____

Special Considerations:

- ___ Add 13 points for students eligible for the hospital/homebound program who are receiving individual instruction at home or at a hospital.
- ___ Add 13 points for prekindergarten children with disabilities who are being served in the home or hospital on a one-to-one basis.
- ___ Add 3 points for prekindergarten students earning less than .5 FTE during an FTE survey period.
- ___ Add 3 points for students identified as visually impaired or dual-sensory impaired.
- ___ Add 1 point for students who have a score of 17 total points and who are rated Level 5 in three of the five domains.
- ___ Add 1 point for students who have a score of 21 total points and who are rated Level 5 in four of the five domains.

Special Considerations Rating: _____

Total of Domain Ratings: _____ Special Considerations Rating: _____ Total of Ratings: _____	Cost Factor Scale <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Total of Ratings</td> <td style="text-align: center;">=</td> <td style="text-align: center;">Cost Factor</td> </tr> <tr> <td style="text-align: center;">6 - 9</td> <td style="text-align: center;">=</td> <td style="text-align: center;">251</td> </tr> <tr> <td style="text-align: center;">10 - 13</td> <td style="text-align: center;">=</td> <td style="text-align: center;">252</td> </tr> <tr> <td style="text-align: center;">14 - 17</td> <td style="text-align: center;">=</td> <td style="text-align: center;">253</td> </tr> <tr> <td style="text-align: center;">18 - 21</td> <td style="text-align: center;">=</td> <td style="text-align: center;">254</td> </tr> <tr> <td style="text-align: center;">22 +</td> <td style="text-align: center;">=</td> <td style="text-align: center;">255</td> </tr> </table>	Total of Ratings	=	Cost Factor	6 - 9	=	251	10 - 13	=	252	14 - 17	=	253	18 - 21	=	254	22 +	=	255
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