

Student Abilities and Assistance Needs Matrix**

Student's Name: _____ Grade: _____ Age: _____

IEP Manager: _____

<i>Activity</i>	<i>How did you Assist w/ Behavior?</i>		<i>How did you Assist w/ Academics?</i>		<i>How did you Assist w/ Personal Care?</i>	
Arrival/Time	Teach a skill		Clarify w/ teacher		toileting	
	Verbal prompt		Re-explain directions		feeding	
	Visual prompt					
	Other		Other		Other	
Period 1/Time	Teach a skill		Clarify w/ teacher		toileting	
	Verbal prompt		Re-explain directions		feeding	
	Visual prompt					
	Other		Other		Other	
Period 2/Time	Teach a skill		Clarify w/ teacher		toileting	
	Verbal prompt		Re-explain directions		feeding	
	Visual prompt					
	Other		Other		Other	
Period 3/Time	Teach a skill		Clarify w/ teacher		toileting	
	Verbal prompt		Re-explain directions		feeding	
	Visual prompt					
	Other		Other		Other	
Period 4/Time	Teach a skill		Clarify w/ teacher		toileting	
	Verbal prompt		Re-explain directions		feeding	
	Visual prompt					
	Other		Other		Other	
Period 5/Time	Teach a skill		Clarify w/ teacher		toileting	
	Verbal prompt		Re-explain directions		feeding	
	Visual prompt					
	Other		Other		Other	

**Tally each instance of assistance throughout the day.

Period 6/Time	Teach a skill		Clarify w/ teacher		toileting	
	Verbal prompt		Re-explain directions		feeding	
	Visual prompt					
	Other		Other		Other	
Period 7/Time	Teach a skill		Clarify w/ teacher		toileting	
	Verbal prompt		Re-explain directions		feeding	
	Visual prompt					
	Other		Other		Other	
Departure/Time	Teach a skill		Clarify w/ teacher		toileting	
	Verbal prompt		Re-explain directions		feeding	
	Visual prompt					
	Other		Other		Other	