

## EDUCATIONAL ASSISTANT WORKSHEET

Student Name:

Current Grade:

Date:

School:

Disability:

To identify the areas in which the IEP student requires support and the devised plan for growth towards independence.

Potential Areas	Areas to be Supported	Transition	In one year
<b>TRANSITIONAL NEEDS:</b>			
To/From Bus	<input type="checkbox"/>		
To/From Specials: PE/Art/Music/Computers	<input type="checkbox"/>		
To/From Restroom	<input type="checkbox"/>		
To/From Recess	<input type="checkbox"/>		
To/From Related Services: SL/OT/PT	<input type="checkbox"/>		
Other:	<input type="checkbox"/>		
<b>ACADEMIC NEEDS:</b>			
Reading	<input type="checkbox"/>		
Math	<input type="checkbox"/>		
Writing	<input type="checkbox"/>		
Social Studies	<input type="checkbox"/>		
Science	<input type="checkbox"/>		
Other:	<input type="checkbox"/>		
<b>SPECIAL EVENTS NEEDS:</b>			
Class celebrations	<input type="checkbox"/>		
Field Trips	<input type="checkbox"/>		
Assemblies	<input type="checkbox"/>		
Other:			
<b>SELF HELP NEEDS:</b>			
Range of Motion	<input type="checkbox"/>		
Toileting	<input type="checkbox"/>		
Physical Transfers	<input type="checkbox"/>		
Feeding	<input type="checkbox"/>		
Personal Care	<input type="checkbox"/>		
Social Cueing	<input type="checkbox"/>		
Other:			