



CLOSE ADULT SUPERVISION REQUEST WORKSHEET
 (To be completed by school staff when requesting additional support personnel)

School Year: _____ Renewal _____ New Request _____

1. Review rubric for each student with CAS.
2. Complete form only for students that require additional staff to implement CAS.

Name of Student: _____ Requesting School: _____

Current Grade of Student: _____ Age: _____ Student will be attending: _____ for upcoming/current school year.

Student Characteristics:

List educational disability _____

Behavior Plan: Yes _____ No _____ (If yes, does BIP include restraint _____ seclusion _____)

List activities when additional staff is needed (hallway transition, writing, wheelchair transfer, toileting...)

Health Personal Care Rubric Score:	Communication Rubric Score:	Behavior/Learning Behavior Rubric Score:	Instruction Rubric Score:

Preference for additional support personnel: Male: _____ Female: _____ Either: _____

Number of days/hours per week for temporary employees. Cannot exceed student school day.

	Monday	Tuesday	Wednesday	Thursday	Friday	
# of Hours	_____	_____	_____	_____	_____	Total Hrs: _____

Person Completing Form: _____ Title: _____

This request reflects the student's needs as identified on the student's IEP.

Administrator Signature: _____ Date: _____

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(To be completed by the Department of Special Education Instructional Facilitator)

Recommendation for: SA: _____ TE: _____ None: _____

Recommended by (IF): _____ Date of Recommendation: _____

Approved by: _____ Date of Approval: _____