





**Instructional Planning Process** 

### **Table of Contents**

| Section One: Student Information                     | 01   |
|--|------|
| Section Two: Statements for Consideration            | 03   |
| Section Three: Prioritization of Instructional Needs | 05   |
| Section Four: Assistive Technology (AT)              | . 11 |
| Section Five: Team Members and Implementation        | 13   |

### **Section One: Student Information**

**Directions:** Report student information and assessment results. Additional reports can be linked or summarized.

| Name:                           |
|---------------------------------|
| School/Grade:                   |
| Reading Level/Academic Courses: |
|                                 |
| Extracurricular Activities:     |
|                                 |
| Community Involvement:          |
|                                 |
| Other:                          |
|                                 |
| Medical History:                |
|                                 |
|                                 |
|                                 |

#### **Assessment Results**

| rections: Limit to 1,400 characters or link to full report. |  |
|---|--|
| Functional Vision Assessment (FVA)                          |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| Learning Media Assessment (LMA)                             |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| Orientation and Mobility Assessment                         |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |

### **Section Two: Statements for Consideration**

| Directions: Consider the following statements. Describe the need and what information the team must gather. Limit to 850 characters.               |  |
|--|--|
| The student has immediate needs.   |  |
| ☐ Yes ☐ No   |  |
|  |  |
|  |  |
|  |  |
|  |  |
| The student has access to the school curriculum.   |  |
| ☐ Yes ☐ No   |  |
|  |  |
|  |  |
|  |  |
|  |  |
| The student needs instruction in ways to access their curriculum. (For example, braille, improving listening comprehension, or technology skills.) |  |
| ☐ Yes ☐ No   |  |
|  |  |
|  |  |
|  |  |
|  |  |

| The stude | ent needs support for mental/emotional health.  |
|-----------|---|
| Yes       | □ No  |
|           |   |
|           |   |
|           |   |
|           |   |
| There are | additional medical concerns. (For example, upcoming surgeries or therapies, possible effects of medications.) |
| Yes       | □ No  |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           | ent needs to travel within the home, school, and community.   |
| Yes       | □ No  |
|           |   |
|           |   |
|           |   |
|           |   |
| The team  | has additional concerns.  |
| Yes       | □ No  |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |

### **Section Three: Prioritization of Instructional Needs**

Directions: Use the expanded core curriculum categories to begin to identify and prioritize instruction. Does the area or sub-area need to be addressed within the first 30 days, 1 year, or within 3 years? Choose the location of where there is an instructional need and write the location in the corresponding time box. Add comments about the instructional need. **Curriculum Access: Reading** Instructional Need: Home School Community □ N/A **Brief Summary of Instructional Needs** Time 30 Days 1 Year 3 Years **Curriculum Access: Writing** Instructional Need: Home School Community □ N/A **Brief Summary of Instructional Needs** Time 30 Days 1 Year 3 Years

| Curriculum Access: Listening |                                      |  |  |
|------------------------------|--------------------------------------|--|--|
| Instructional N              | Need: Home School Community N/A      |  |  |
| Time                         | Brief Summary of Instructional Needs |  |  |
| 30 Days                      |                                      |  |  |
| 1 Year                       |                                      |  |  |
| 3 Years                      |                                      |  |  |
|                              | Orientation and Mobility             |  |  |
| Instructional N              | Need: Home School Community N/A      |  |  |
| Time                         | Brief Summary of Instructional Needs |  |  |
| 30 Days                      |                                      |  |  |
| 1 Year                       |                                      |  |  |
| 3 Vears                      |                                      |  |  |

| Assistive Technology |  |  |  |
|----------------------|--|--|--|
| Instructional N      | Instructional Need:  Home School Community N/A |  |  |
| Time                 | Brief Summary of Instructional Needs           |  |  |
| 30 Days              |  |  |  |
| 1 Year               |  |  |  |
| 3 Years              |  |  |  |
|                      | Compensatory Skills                            |  |  |
| Instructional N      | Need: Home School Community N/A                |  |  |
| Time                 | Brief Summary of Instructional Needs           |  |  |
| 30 Days              |  |  |  |
| 1 Year               |  |  |  |
| 3 Years              |  |  |  |

| Independent Living Skills  |                                      |  |
|--|--------------------------------------|--|
| Instructional N  | Need: Home School Community N/A      |  |
| Time   | Brief Summary of Instructional Needs |  |
| 30 Days  |                                      |  |
| 1 Year   |                                      |  |
| 3 Years  |                                      |  |
| Recreation and Leisure  Instructional Need:  Home School Community N/A |                                      |  |
| Time   | Brief Summary of Instructional Needs |  |
| 30 Days  |                                      |  |
| 1 Year   |                                      |  |
| 3 Vears  |                                      |  |

| Social Skills   |   |  |  |
|-----------------|---|--|--|
| Instructional N | nstructional Need:  Home School Community N/A |  |  |
| Time            | Brief Summary of Instructional Needs          |  |  |
| 30 Days         |   |  |  |
| 1 Year          |   |  |  |
| 3 Years         |   |  |  |
|                 |   |  |  |
| Career Educa    | ation   |  |  |
| Instructional N | leed:  Home School Community N/A              |  |  |
| Time            | Brief Summary of Instructional Needs          |  |  |
| 30 Days         |   |  |  |
| 1 Year          |   |  |  |

3 Years

| Sensory Efficiency   |                                      |  |
|--|--------------------------------------|--|
| Instructional Need:  Home School Community N/A                     |                                      |  |
| Time   | Brief Summary of Instructional Needs |  |
| 30 Days  |                                      |  |
| 1 Year   |                                      |  |
| 3 Years  |                                      |  |
| Self Determination  Instructional Need:  Home School Community N/A |                                      |  |
| Time   | Brief Summary of Instructional Needs |  |
| 30 Days  |                                      |  |
| 1 Year   |                                      |  |
| 3 Years  |                                      |  |

## **Section Four: Assistive Technology (AT)**

**Directions:** Answer the questions as they relate to identifying the instructional needs for AT. Limit to 850 characters.

| A | T Identification   |
|---|--|
|   | What technology is the student expected to use for school, home, or community involvement? (For example, online learning platform, keyboard, computer, Wi-Fi.) |
|   |  |
|   |  |
|   | What technology does the student have that can still be used with added features? (For example, phone, computer.)  |
|   |  |
|   |  |
|   | What does the technology need to do for the student?   |
|   |  |
|   |  |
|   | What special features does the device need to have?  |
|   |  |
|   |  |
|   |  |

#### **AT Instructional Needs**

| What instruction is needed for additional features of current devices?                 |
|--|
|  |
|  |
|  |
| Are there new devices that would be beneficial?  |
|  |
|  |
|  |
| Team Considerations: Budget, trial periods, availability of equipment, access to Wi-Fi |
|  |
|  |
|  |

# **Section Five: Team Members and Implementation**

| <b>Directions:</b> Who is responsible for implementation? Indicate the team members, their role, and contact information. |  |  |  |  |
|---|--|--|--|--|
| Teacher for the Visually Impaired   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| ☐ Orientation and Mobility Specialist   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| Resource Room Teacher   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| Guidance Counselor  |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| ☐ Paraprofessional  |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |

| AT Specialist                |  |  |
|------------------------------|--|--|
|                              |  |  |
|                              |  |  |
|                              |  |  |
| Other (e.g., OT, PT, speech) |  |  |
|                              |  |  |
|                              |  |  |