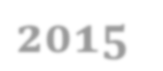


This independence plan is attached to the IEP dated:Click here to enter a date.

|  |  |
| --- | --- |
| **Student Name:** | **Date of Plan**Click here to enter a date. |
| **Next Review Date**Click here to enter a date. |  |

|  |
| --- |
| **Current supports available in the school environment (natural supports, student-teacher ratio, itinerant staff, etc.)** |
|  |
| **Specific schedule of assistance provided (specify times, class subjects, and activities):** |
|  |
| **Specific schedule when assistance is not provided (specify times, class subjects, and activities):** |
|  |



What are the TSNA replacement behavior, education, health and/or safety goals for the student? Describe the activities or environments where the replacement behaviors should occur.

|  |  |  |
| --- | --- | --- |
| Goal 1 | Current Baseline of desired behavior/skills | Current levels of supports used to perform desired behavior/skills |
|  |  |  |

Goal 1:

|  |  |  |
| --- | --- | --- |
| Procedures: What will be taught so the student learns the replacement behavior/skills? (Task analysis of skill development) | Arrangement (Where/When/Material) | Person(s) Responsible |
|  |  |  |
| Measurement/Progress Monitoring: (Who, How often, and How will the data be collected?) If using a documentation sheet please attach. | Decision Rule: How will the data be evaluated to determine if intervention is working? | |
| Criteria for fading and Description of the level of TSNA Assistance | |
|  | |
| What are the adaptations/accommodations that will be used to promote and sustain independence: | | |
|  | | |