Form 3 *Planning Grid to Determine Staffing Needs*

School: _____ Grade Level/Department: _____ Timeframe: _____

Student	Class/ Subject	Gen Ed Teacher	Support Needs (√)					Indicate Proposed Names of Support Provider(s)				
			External Support	In-Class Support			Specialized Support	5	Teeshall	Dava	Other	Analysis
				Peer	SF	СТ		Peers	Teacher	Para	Other	

SF = Support Facilitator

CT = Co-Teacher

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