

NAME: <Student's Name>  
 RE: Needs Assessment for Kindergarten  
 FROM: Parent's name(s)  
 DATE:

## I. DIAGNOSIS

Cerebral Palsy, left Hemiplegia, s/p Hemispherectomy, Hemianopsea.

Cerebral Palsy and Visual Impairment are his primary disabilities. Due to a stroke in utero, <Student's Name> has hemiplegic cerebral palsy, causing weakness in the entire left side of his body, and affecting his strength, balance and mobility, as well as fine and gross motor issues. Additionally, he is visually impaired with a complete hemianopia, which means he has no visual field on the left side of both eyes (blindness in one half of the visual field). <Student's Name> underwent a hemispherectomy to control seizures, which means that he does not have one half of his brain, which affects him in myriad ways. He has sensory issues, in particular auditory sensitivity as a result of Central Auditory processing damage from the stroke and subsequent surgeries.

While <Student's Name> is an intelligent, verbal, highly functioning kid, he has many disabilities to deal with: orthopedic (trunk strength, coordination, scoliosis, leg and arm length discrepancies), gross motor, fine motor (handwriting/drawing) and visual impairment. He is so adept at compensating for his disabilities they can sometimes be forgotten. <Student's Name> is highly resourceful and adaptive.

<Student's Name> is thriving at <name of preschool> because he currently has the proper supports in place. When he transitions from this small group environment to a large classroom and a large school, he will need tremendous support. <Student's Name> has only proven himself to learn in one-on-one situations, so we don't know how he will learn in a large group setting. His auditory processing in group settings is weak. His ideal setting is alone with adults, and he struggles mightily with his peers for a variety of reasons. (See below)

We expect <Student's Name> to meet the requirements of a Kindergarten curriculum, with support. However, one Kindergarten teacher overseeing 20 kids will not be appropriate to support our child or meet his identified needs.

## II. NEEDS IN THE CLASSROOM:

- <Student's Name> needs constant supervision for his own safety due to his visual impairment and his poor coordination and balance, and for the safety of others due to his overwhelming sensory issues.
- <Student's Name> has a lack of awareness of what is safe for himself and others.
- <Student's Name> has difficulty with gross and fine motor issues
- <Student's Name> has SEVERE problems with all classroom skills: writing, drawing, cutting, gluing, opening containers, holding paper, etc.

- <Student's Name> needs constant attention, reminders and support to deal with his left-side neglect, both to help him with what he is unable to do, and to encourage him to be more bilateral.
- <Student's Name> has poor posture and without support he cannot receive instruction and if his posture slips he may lose function in his hand, arm, and the entire left side of his body, affecting his entire body schema.
- <Student's Name> has sensory integration issues, which can result in him being quite disorganized, particularly in a busy environment.
- <Student's Name> is socially motivated but does not know how to engage/initiate with other kids. He struggles to connect with his peers in appropriate ways and he risks injuring other children.
- <Student's Name> needs some time to respond to questions and visual cues to help him to understand what is being asked (slower processing/response time).
- <Student's Name> has difficulty interpreting non-verbal responses, sarcasm and intonations (language processing) – he does not 'get' subtleties at all.
- <Student's Name> can be confused during transitions and might get upset if he cannot understand what is happening. Support during this time is crucial to help him to stay organized and engaged with his classmates.
- Because <Student's Name> can be overloaded by sensory stimuli, he has issues with attention and sometimes 'tunes out.'
- Because of <Student's Name>'s multiple disabilities, he gets incredibly tired. He does not have the stamina of a typical child.
- <Student's Name> is a very affectionate and loving child who responds well to adults who are warm and tuned into him.

### III. NEEDS TO BE IN AN ENVIRONMENT WHERE:

- He can observe and learn from 'typical' children
- He can establish a circle of friends for support, and become an accepted and celebrated part of the school community
- He needs a structured curriculum that can be modified for him as needed
- Teachers/paras are very warm and patient with the children
- Individual sensory integration issues and needs of the kids are noticed and addressed
- Transitions are organized and support is provided to kids who have difficulty following the routine
- The routine is structured, yet flexible to allow for increased tolerance to change.
- One-to-one support is provided for therapeutic, sensory, social and emotional issues

### IV. WHY A 1:1 SUPPORT IS NEEDED

<Student's Name>'s Physical Therapist/Sensory Integration specialist recently wrote the following in a letter: "I had the opportunity to observe <Student's Name> at Eureka Learning Center the other day. <Student's Name> is thriving in this environment and one of the successful factors is his support aid. The aid provides a quiet foundation for <Student's Name> to learn about his world. The aid encourages his world to be more bilateral. He fluidly facilitates weight shifting, optimal seating on floor or chair, places objects in <Student's Name>'s visual field for optimal fine motor success, and keeps <Student's Name>'s left hand as part of his body schema. He monitors how <Student's Name> is processing sensory input

and he assists <Student's Name> to feed his sensory diet for continued focus and attention and interaction with the other children. He also keeps <Student's Name> safe. Due to the asymmetry and visual field deficit, <Student's Name> is at greater risk for falls and bumps.”

## V. SPECIFIC AREAS WHERE 1:1 SUPPORT IS NEEDED

### I. WORK TIME

- <Student's Name> needs an accessible classroom and regular help navigating it due to his physical and visual impairments. <Student's Name>'s aide has said: “I've seen <Student's Name> get almost stuck when he's seated in a chair at a table. He may get his leg caught behind a table leg or there may not be room to push back away from the table. So just navigating the furniture in the classroom can be a challenge.” In addition, he frequently trips or falls over things in his path due to his visual impairment. He needs constant monitoring for his own safety and that of those around him.
- <Student's Name> needs one-to-one support during work time. He does not actively engage his left hand (or the left side of his body) without CONSTANT reminders and support. Without these constant (every few minutes) reminders and support, he will lose motor ability, trunk strength and balance, and his left arm and hand will atrophy. It has been shown that the more he uses his left hand/left side, the stronger it is. But somebody has to be paying attention to him and encouraging him throughout the day.
- He cannot sit properly for more than a few minutes without verbal and physical reminders about his posture. Scoliosis is a likely result of asymmetry and if his posture is not constantly addressed then his scoliosis will worsen, and may increase the needs for hip surgery in the future, as well as affect his daily mobility/ability in the classroom.
- <Student's Name>'s handwriting is illegible because of fine motor deficits, as well as his inability to use his left hand (holding paper) and his trunk weakness (posture). He needs support/therapy to improve his pencil grip and his handwriting/drawing skills. He needs CONSTANT reminders/help/support to hold paper down for writing, hold/position paper for cutting, open and close pens, glue, etc. <Student's Name> needs to be encouraged to try to do things on his own, but he needs support when he can't do it so that he won't be frustrated or unable to participate in classroom work. He cannot use small objects easily, he has poor coordination, and he cannot open containers. He needs accommodations, but he also needs to be challenged, and reminded to use his affected side as much as possible.
- <Student's Name> needs to be continually monitored to make sure that he is on task. He needs assessment on how well he is processing information and learning because of his auditory processing disorder, visual impairment, fine and gross motor impairments, and sensory issues. We don't yet know what kind of a learner he is going to be in a classroom setting. When he is expected to learn in the classroom, he will need to be closely monitored to assess how well he pays attention and how well he absorbs information so that appropriate supports are in place to help him if needed.

- <Student's Name> needs plenty of practice learning new things, and he needs to receive much encouragement and praise. He benefits from watching a peer do the same task, and from working with a small group of friends.
- <Student's Name> has difficulty working independently. He needs very defined parameters and structured guidelines.
- <Student's Name> has a great desire to be "part of the group" and does not like to be singled out. Therefore, a cooperative learning environment works best for him. He is aware of being treated differently in terms of accommodations, so those accommodations that are necessary must be done in a way that feels comfortable to him and which he will accept. He needs a skilled aide in this area.

## 2. OTHER CLASSROOM TIME

- <Student's Name> needs one-to-one support for self-care. <Student's Name> has many challenges in the area of self-care that affect his independence in the classroom, including toileting (wiping), pulling up pants, putting on and taking off his jacket/sweater, washing hands, blowing his nose, putting on and taking off shoes and socks. He currently needs 1 on 1 attention to complete these tasks.
- <Student's Name> wears an orthotic brace on his left foot that requires a bilateral adult to take off and put on. In addition, he has a functional hand splint that he needs to wear periodically throughout the day to improve his left hand position and give him a chance to hopefully establish functional use of that hand. He also wears Theratogs to give trunk support and needs adult assistance to monitor and manage it.

## 3. TRANSITIONS

- <Student's Name> needs one-to-one support during transitions for his safety and emotional well-being. Because of <Student's Name>'s trunk weakness and asymmetry, he is incredibly unstable and falls easily. Stairs are particularly dangerous. In addition, he lacks his left visual field in both eyes so he cannot see things or people coming at him from the left, meaning the playground or any situation where people or objects are moving will be dangerous. He is overwhelmed with sensory stimuli; particularly noise, so the bustle of crowded hallways would be frightening and overwhelming for him. He needs extra time to process and adjust to each new environment.
- <Student's Name> is unable to navigate stairs safely without support and supervision.

**4. MEAL TIMES:** <Student's Name> needs one-to-one support for meals because of the following issues:

- SAFETY: he has a history of choking and needs to be supervised while eating (I have personally administered the Heimlich maneuver to him 3 times while eating).
- The OT states: "With all feeding (<Student's Name>) requires a structured environment, cues to focus and visually attend."
- Distractible: <Student's Name> needs to have one-to-one support in the cafeteria: he is highly distractible so he will not eat without coaching (and he gets overwhelmed by a lot of auditory stimulus).
- SENSORY: he is sensitive to most food textures.

- Physical limitations due to left-side neglect: He needs help just opening containers or packaging, his lunch box, etc.

**5. PLAYGROUND:** <Student's Name> needs one-to-one support in the playground or free play times for the following reasons:

- SAFETY/visual impairment: Because of his visual field loss, <Student's Name> is unable to see a person coming at him from the left so he can walk into/be walked into. Also, if he is walking/running and not actively scanning to the left he will crash into things.
- SAFETY/motor impairment: Because of his motor disability he has severe weakness in the trunk, which affects his balance and mobility. He falls easily, and he falls hard. Since he never crawled he does not have an instinctive way to fall softly, he goes rigid and often arches his back. In addition, he cannot 'catch' himself with his left hand/side. He also cannot climb a ladder or a play structure unassisted, but he will try because he is very determined and he can get hurt easily. His physical therapist highlights in her report: "Risk for falls secondary to limitations in balance, equilibrium reactions and safety awareness."
- Physical limitations: <Student's Name> is physically unable to climb a play structure or ladder without assistance and he will be frustrated watching his peers participate in activities that he is not able to do without support.
- Social skills: <Student's Name> does not have the social skills to interact with other children in an appropriate manner (see below).

## 6. SOCIAL SKILLS

<Student's Name> needs one-to-one support throughout the day to learn proper social interactions with peers. <Student's Name> is socially motivated but does not know how to engage/initiate with other kids. <Student's Name> expresses empathy and relates well to adults, however he struggles to connect with his peers in appropriate ways. <Student's Name> shows affection inappropriately: he does not know who or how to hug properly, and he risks injuring other children due to chinning, head butting, touching, grabbing, pushing and hitting, etc. He needs coaching on how to observe kids playing, join their play, share ideas and sustain ongoing one-on-one or small group activities.

## 7. SELF-REGULATION

<Student's Name> needs one-to-one support throughout the day to manage his self-regulation issues:

- <Student's Name> has poor impulse control. He has deep, intense proprioceptive needs and, particularly when he is excited, he will dig his chin into a child or adult, or grab at their arms or clothes. He is not being aggressive or mean; he is trying to satisfy his sensory needs. He needs constant monitoring so that he will not hurt other children, and so that his proprioceptive needs are met (with jumping, running, swinging, deep pressure hugs, chinnies, chewing gum, etc.). This will enable him to participate fully in his learning in a way that is SAFE for him and his peers.
- <Student's Name> has a hard time negotiating solutions. He is still primarily focused on adults and has a hard time understanding how his peers operate. He needs a LOT of consistency, and kids are inconsistent! He gets frustrated easily and forgets to use

his words. He will cry, shout or hit when he gets frustrated. He has a hard time with sharing.

- <Student's Name> struggles with entering into group play, particularly when a group of kids is already cooperating on a project. His current teacher said they have to continually go back to the basics with him about how to even enter play. He has a very difficult time when he doesn't know the end result of a project, game, etc. He needs to know the outcome in order to enjoy and fully participate. He needs help with imaginary play, he needs to be guided or he will be unable to participate. He has a hard time using his imagination.
- <Student's Name> is very good at expressing his feelings, but he is a kid with big emotions and big energy so he needs a chance to get that out: to do some yelling and screaming and jumping around.

## 8. SENSORY ISSUES

<Student's Name> needs one-to-one support throughout the day to manage his sensory issues:

- <Student's Name> has sensory integration issues, which can result in him being quite disorganized, particularly in a busy environment. He becomes more organized with strong sensory input. He will need support throughout the day to ensure that he can have 'sensory breaks' when he needs them, and to receive proprioceptive input to help calm and organize him (jumping, running, swinging, deep pressure hugs, chinnies, chewing gum, hand 'fidget', etc.)
- <Student's Name> has energy levels that make it hard for him to concentrate (from low to high, depending on the situation, time of day, etc.)
- He should not be pushed to the limit of his visual, auditory, physical and processing capabilities. School will be overwhelming for him.

## 9. AUDITORY PROCESSING

<Student's Name> needs one-to-one support throughout the day to help with his auditory processing issues:

- <Student's Name> has had a stroke and has had brain surgery to control seizures. Both of these have resulted in Auditory Processing Damage (see doctor's letter, attached).
- <Student's Name> has challenges with both auditory and visual cues. He has an auditory sensitivity (he is hyper acoustic due to Central Auditory processing damage) but he may be an auditory learner because of his visual impairment. He may be highly distractible, especially if there is noise in the classroom that he has to try to filter through. He needs to be able to attend in order to learn. Noisy, chaotic environments will restrict his ability to make meaningful educational progress.
- Since his auditory processing is damaged, he is sometimes excessively loud. He has a hard time regulating his own volume.
- He is slower to respond than other kids. He needs to be allowed time to process and respond to information or questions. He needs to hear short directions repeated often and he benefits from seeing graphic picture that illustrate an activity or task.

## 10. IDENTITY

As <Student's Name> moves through school, it will be critical for him to feel a part of the class and connected to other kids in the classroom. As <Student's Name> becomes more aware of his differences and challenges, the importance of feeling "a part of" vs. "different than" will be crucial in his own self-identification. (Are psychological services for disabled children in this area?) (in-service on his disabilities in the school)

## 11. ACADEMICS

- Academically, <Student's Name> is a star. He recognizes all of his shapes, colors, letters and numbers. He can count up to 40 or 50 with ease. He loves to be read to and is starting to 'read' books on his own. He recognizes a few words, including his name, his brother's name, Mommy, Daddy, etc. He can recognize rhyming words. He loves patterns and is quite good at them. He likes academic work because it has structure and boundaries.
- Cognitively he is on par with his peers and has such potential. If we can continue to give him the kind of support he currently receives, his chances for success are excellent.

## VI. ONGOING SPECIFIC NEEDS:

### 1. OCCUPATIONAL THERAPY

- <Student's Name> has no functional use of his left hand or arm, and he has fine motor delays in the use of his right hand.
- <Student's Name> cannot perform basic pre-K tasks such as writing, drawing, cutting, gluing, and taping. He is unable to do representational drawings or write legibly. He needs complete assistance for all writing, drawing and other classroom projects. Additional OT services may be required to help <Student's Name> develop his skills in these areas.
- <Student's Name> has many challenges in the area of self-care that affect his independence in the classroom, including toileting (wiping), pulling up pants, putting on and taking off jacket, washing hands, putting on and taking off shoes and socks. He currently needs 1 on 1 attention to complete these tasks. Additional OT services may be required to help <Student's Name> develop his skills in these areas.
- Almost all of <Student's Name>'s skills are functional only with support (verbal or physical)
- The OT states: "With all feeding he requires a structured environment, cues to focus and visually attend."
- <Student's Name>'s current OT has addressed his fine motor issues, especially that his left side neglect is of SIGNIFICANT CONCERN (control, strength and awareness) and that he has right side delays as well in his fine motor skills. She also addressed how <Student's Name>'s lack of using his left arm/hand will affect his whole body eventually – it is all connected. She states: "If <Student's Name> is allowed to neglect the use of his Left Upper Extremity (LUE), he may develop more asymmetries throughout the rest of his body. For example, if he begins to use his LUE less, he may begin to lose range of motion and hold his LUE in a flexion synergy posture (shoulder depressed and adducted, elbow flexed, forearm pronated, wrist and hand/fingers

flexed). He may position and posture himself with the right side forward or leading (he does this often already). His spine may be affected and scoliosis may progress. This correlates with his hip alignment as well, and leg length discrepancy.”

## 2. PHYSICAL THERAPY

- <Student's Name> may need on site physical therapy because of the many challenges he will face in school.
- PT is concerned about SAFETY on stairs and uneven surfaces. His physical therapist highlights in her report: “Risk for falls secondary to limitations in balance, equilibrium reactions and safety awareness.”
- PT also emphasized that sitting is very difficult to him due to his trunk weakness.
- <Student's Name>'s PT states he needs CONSTANT verbal cues to be aware of the left side.

## 3. VISUAL IMPAIRMENT

- <Student's Name> is visually impaired with a complete hemianopia, which means he has no visual field on the left side of both eyes (blindness in one half of visual field).
- <Student's Name> has binocular vision deficits; he does not use both eyes together and he lacks depth perception.
- He should be seated as close to the teacher as possible, angled so that his full visual field is turned towards the teacher and away from distractions.

## 4. O&M & Vision

- He will need the support of Orientation & Mobility and Vision specialists for the reasons outlined above.

## 5. BEHAVIOR:

- Due to <Student's Name>'s Sensory Issues, he can be physically inappropriate with children: chinning, head butting, grabbing, pushing, pulling, or throwing himself on top of other children. We feel he needs a Behavioral Assessment and a Behavior Management Plan to ensure that he can participate in his school environment in an appropriate manner.

## 6. ASSISTIVE TECHNOLOGY

- Children with hemiplegia/hemispherectomies have difficulty with handwriting because it is such a bilateral brain activity. He will probably need to learn how to use a computer at a very young age and be allowed to use that and other alternatives to writing/drawing to complete his work.

## 6. TEACHER

- He needs an animated, outgoing teacher. He is much more engaged and attentive to people who are vibrant.
- <Student's Name> needs an experienced teacher who can be creative in working with a very complex child. Even an experienced teacher could take the whole year to figure out how to work with <Student's Name>. (If <Student's Name> is in a classroom with a newer teacher, we would like that teacher to receive consultation from a more

experienced teacher throughout the year, as well as support from the Inclusion Specialist/Resource Specialist.)

- <Student's Name> has half a brain. He is slower to respond than most kids. He needs a patient teacher who understands this and allows him to go at his pace while still maintaining his place as a part of the classroom. He needs constant repetition and reinforcement help him to learn.
- <Student's Name>'s performance and participation fluctuates particularly related to tasks involving fine motor, visual attention and auditory processing that are difficult for him.

## **8. CLASSROOM**

- <Student's Name> needs an organized, quiet, accessible environment with modifications for his needs (slant board, proper seating, etc.).
- He needs a handrail on both sides of every staircase.