





Instructional Planning Process

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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	Instructional 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 N	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

Directions: 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

	Specialist
Other (e.g., OT, PT, speech)	