

Northwest Education Services MATRIX of Student's Schedule

STUDENT'S NAME:

UIC:

DATE OF BIRTH:

DATE:

SCHOOL:

Present for Matrix:

DAY: (Check one per sheet)

Monday

Tuesday

Wednesday

Thursday

Friday

Time	Regular Class Activity	Accommodations which foster success in the regular class activity.*	Support provided by**	CHECK APPROPRIATE BOX	
				Independent	Needs Assistance
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

DATE COMPLETED: _____

				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Check which may be appropriate and add accommodations as recommended by the Matrix/IEP committee

*Accommodations may include:

- Adapted curriculum offered by teacher
- Behavioral intervention
- Communication strategies between home and school
- Special materials/visual schedules, etc.
- Technology options
- Communication aids

**Support:

- Classroom teacher
- Special education teacher
- Itinerant staff, OT, PT, speech and language, hearing consultant,
- Volunteer helper
- Instructional assistant
- Peer or cross-age assistance

DATE COMPLETED: _____