

EXCEPTIONAL STUDENT EDUCATION/FLORIDA EDUCATION FINANCE PROGRAM (ESE/FEFP)

# MATRIX OF SERVICES HANDBOOK

2015 EDITION  
FLORIDA DEPARTMENT OF EDUCATION



Exceptional Student Education/Florida Education Finance Program (ESE/FEFP)

**MATRIX OF SERVICES  
HANDBOOK**

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# TABLE OF CONTENTS

<b>PREFACE</b> .....	<b>1</b>
<b>INTRODUCTION</b> .....	<b>3</b>
<b>MATRIX OF SERVICES</b> .....	<b>5</b>
OVERVIEW .....	5
MATRIX OF SERVICES FORM.....	5
INSTRUCTIONS FOR USE OF THE MATRIX .....	7
Notes and Cautions .....	7
<b>LEVELS AND DOMAINS</b> .....	<b>9</b>
LEVELS.....	9
Level Descriptions .....	9
DOMAINS .....	11
Notes .....	12
DOMAIN A: CURRICULUM AND LEARNING ENVIRONMENT.....	13
Explanations and Examples by Level .....	13
DOMAIN B: SOCIAL OR EMOTIONAL BEHAVIOR.....	21
Explanations and Examples by Level .....	21
DOMAIN C: INDEPENDENT FUNCTIONING .....	27
Explanations and Examples by Level .....	28
DOMAIN D: HEALTH CARE .....	33
Explanations and Examples by Level .....	33
DOMAIN E: COMMUNICATION .....	38
Explanations and Examples by Level .....	38
SPECIAL CONSIDERATIONS.....	43
<b>MATRIX QUESTIONS AND ANSWERS</b> .....	<b>45</b>
OVERVIEW .....	45
MATRIX OF SERVICES FORM.....	47
INSTRUCTIONS FOR USE OF THE MATRIX.....	47
QUESTIONS – LEVELS.....	48
QUESTIONS – DOMAIN A .....	49
QUESTIONS – DOMAIN B .....	49
QUESTIONS – DOMAIN C .....	51
QUESTIONS – DOMAIN D .....	51
QUESTIONS – DOMAIN E .....	52
QUESTIONS – SPECIAL CONSIDERATIONS .....	52
<b>MATRIX OF SERVICES FORM</b> .....	<b>55</b>
<b>GLOSSARY</b> .....	<b>59</b>



## PREFACE

The Florida Department of Education (FDOE), Bureau of Exceptional Education and Student Services (BEESS), has developed this handbook to provide districts, schools and teachers with information about the Matrix of Services required for selected students with exceptionalities.

Effective July 1, 2000, section 236.081(1)(c), Florida Statutes (F.S.)—now s. 1011.62(1)(e), F.S.—was revised, deleting the program cost factors for the three lowest levels of the matrix. Students formerly reported at those support levels are now reported by grade group without regard to the level of service provided. This reporting is as follows: 111 (prekindergarten (PK)–3 Basic, with exceptional student education (ESE) Services), 112 (4–8 Basic, with ESE Services) and 113 (9–12 Basic, with ESE Services). These programs have the same cost factors as basic programs 101–103. No Matrix of Services is required for these students. In order to provide exceptional education and related services, an Exceptional Student Education Guaranteed Allocation was established by the Legislature in addition to the basic funding. For students at Support Levels 4 and 5, matrixes are still required at the time of initial placement and at least once every three years. These students continue to generate weighted funding.

During the 2001 Legislative session, s. 229.05371, F.S.—now s. 1002.39, F.S.—was amended to require that matrixes be completed for any student participating in the John M. McKay Scholarships for Students with Disabilities Program. For scholarship students who do not have a matrix in accordance with s. 1011.62, F.S., the school district is required to “complete a matrix that assigns the student to one of the levels of service as they existed prior to the 2000-2001 school year” (s. 1002.39(5)(b)1., F.S.). The matrix level determined by the district is then used in determining the scholarship amount for each participating student.

The 2011 Florida Legislature passed House Bill 1255, “Education Accountability.” House Bill 1255 amended section 1011.62, F.S., Funds for operation of schools, requiring the Department to review and revise descriptions of the services and supports included in the Matrix of Services for exceptional students and implement the revisions before the beginning of the 2012–2013 school year. In 2015, the handbook was revised to ensure that the reviews of the matrix are appropriately documented by the IEP team.

Under 2011–2012 estimated funding worksheet procedures, school districts may complete a Matrix of Services for students with disabilities in charter schools or Department of Juvenile Justice programs whose service levels are above Level 1 (Program 251). This information is used to determine an estimated weighted share of the Exceptional Student Education Guaranteed Allocation for each student. By December 31, 2012, the Department of Education will report on the costs associated with the Matrix of Services for students reported and served with funds from the Exceptional Student Education Guaranteed Allocation.





This handbook is intended to be used with the Matrix of Services training and as a reference when completing matrixes on students identified as exceptional.

The handbook is divided into four main sections. The first contains information about the matrix form and its components. This is followed by a section on the five levels used in the matrix to indicate the intensity of support required to meet the needs of students identified as exceptional. The next section addresses the five domains of the matrix and the special considerations section of the matrix. Each domain is described in detail, and examples of services related to the domain are provided. The final section contains frequently asked questions and their answers.

A glossary of terms used throughout this handbook is at the end of the handbook.

In this handbook, the term “individual educational plan (IEP)” also refers to the educational plan (EP) and the individualized family support plan.

Questions about this handbook or about other Exceptional Student Education/Florida Education Finance Program (ESE/FEFP) activities should be addressed to the:

**Bureau of Exceptional Education and Student Services  
Florida Department of Education  
325 West Gaines St.  
Room 614, Turlington Building  
Tallahassee, Florida 32399  
Telephone: 850-245-0475  
Fax: 850-245-0953**



## MATRIX OF SERVICES

This section presents an overview of the Matrix of Services form, along with definitions of selected terms and instructions for the use of the form.

### OVERVIEW

The Matrix of Services is the document used to determine the cost factor for selected exceptional education students based on the decisions made by the IEP team. In the matrix, five domains are used to group the types of services and five levels are used to describe the nature and intensity of services within each domain. The total number of points, determined by adding together the scores for each domain and applicable special considerations points, results in a rating of Support Level 1 (251), Support Level 2 (252), Support Level 3 (253), Support Level 4 (254) or Support Level 5 (255).

Section 1011.62(1)(e), F.S., states “In order to generate funds using one of the two weighted cost factors, a matrix of services must be completed at the time of the student’s initial placement into an exceptional student education program and at least once every 3 years by personnel who have received approved training.”

A Matrix of Services is completed using information found in the student’s IEP by an individual or group of individuals familiar with the student. It should reflect the special services to be provided to the student as documented by the IEP team. For all exceptional education students at Support Levels 4 and 5 (254–255), a new matrix must be completed at initial placement and at least once every three years thereafter. Additionally, districts must ensure that matrixes reflect current services. If services change as a result of an IEP team decision, a new matrix must be completed. If services do not change as a result of an IEP meeting, and the matrix is less than three years old, a new matrix does not have to be completed. However, the review of the matrix must be documented on the front page of the matrix.

Matrixes must also be completed when matrixes are required in selected instances for students other than those at Support Levels 4 and 5. These instances include students receiving a McKay Scholarship.

### MATRIX OF SERVICES FORM

The Matrix of Services form consists of four pages. Information about the student and the student’s current eligibility is recorded on the first page. Terms used on the first page of the matrix are described below.

**District** – the name of the district in which the student is enrolled.

**Date Completed** – the date the matrix is completed.

**Student Name** – the first and last name of the student.

**Student ID** – the student’s social security number or school identification number.

**Date of Birth** – the student’s date of birth.

**Grade** – the student’s grade level (prekindergarten–12).

**School** – the name of the school the student attends.

**Names of Persons Completing Matrix** – include here the names of any individuals who participated in matrix completion. An individual or team may be involved in completing the matrix. The matrix must be completed by someone who has been trained in completing the matrix and is knowledgeable about the services the student is receiving, as reflected in the student’s IEP.

**Areas of Eligibility** – put a “P” next to the student’s primary exceptionality and check all other program and service areas for which the student has been determined eligible. For example, if a student’s primary exceptionality is specific learning disabled and the student also receives speech therapy and physical therapy, a “P” should be placed next to “specific learning disabled” and a check should be placed next to “speech impaired” and “physical therapy.”

Be careful in recording areas of eligibility. On the checklist, speech impaired and language impaired are separate categories, as are physical therapy and occupational therapy. Do not check both areas unless the student is receiving services in both areas. It may be necessary to consult the student’s eligibility determination records to accurately record the areas of eligibility. During the eligibility determination process, a team determines whether the student meets the criteria in the State Board of Education rules for an exceptionality area.

**Total of Ratings** – the sum of the five domain ratings and the special considerations rating from page 4 of the matrix.

**Cost Factor** – the number (251–255) that corresponds to the total of ratings on the cost factor scale from page 4 of the matrix.

**Review Date and Reviewer’s Initials** – In instances where interim IEP meetings are held, services are not changed, and the student’s matrix is less than three years old, the existing matrix must be reviewed but a new matrix does not have to be completed. In these cases, a reviewer must note the review date and put their initials in the space provided on page one of the matrix form.

The remaining three pages of the matrix contain checklists of services in each of the five domains and a special considerations section. On the second page, checklists that address services in Curriculum and Learning Environment (Domain A) and Social or Emotional Behavior (Domain B) are presented. This is followed by Independent Functioning (Domain C) and Health Care (Domain D) on the third page. The final page contains the checklist for Communication (Domain E) and the Special Considerations section in which additional points for selected populations of students are recorded. This

last page also contains space for recording the sum of the domain ratings and special considerations rating and provides the Cost Factor Scale for converting that ratings total to the cost factor for the student.

## **INSTRUCTIONS FOR USE OF THE MATRIX**

Users of the matrix should begin by completing the student information section on the first page and by writing the student's name on all subsequent pages. Following this step, the rater should check all services that will be provided to the student in the area of Curriculum and Learning Environment (Domain A). Once all Domain A services have been checked, the rater should check the box indicating the highest level at which services have been indicated. This is the domain rating and should also be recorded at the bottom of the Domain A checklist. The same procedure is followed for Domains B through E.

Once the information for Domains A through E has been completed, the rater should determine if any additional points will be added to the domain ratings by checking all of the Special Considerations statements that apply. The next step is to sum the five domain ratings and the Special Considerations rating and indicate the total of the ratings on page four of the matrix. Using the Cost Factor Scale on the last page, the rater should then note the cost factor that corresponds to that ratings total. Finally, both the total of ratings and the cost factor should be recorded on the top of the first page of the matrix.

As an example, consider a student who has been rated as follows:

- 2 in Domain A
- 1 in Domain B
- 1 in Domain C
- 1 in Domain D
- 2 in Domain E
- no additional points in the Special Considerations section

The sum of the student's domain ratings and Special Considerations rating is 7. Using the Cost Factor Scale the rater determines that this total of the domain ratings results in a cost factor of 251.

## **Notes and Cautions**

The matrix is completed based upon the decisions made by the IEP team. Federal and State regulations require that the special educational services provided to exceptional students be determined by the IEP team. Because the IEP team determines the services a student will receive, the services checked on the matrix must be based on information contained in a student's IEP. There is no requirement that the full IEP team be present for completion of the matrix.

The services identified on the IEP and subsequently checked on the matrix must be based on individual needs resulting from a student's disability and may not simply

## Matrix of Services Handbook

reflect services offered to all students in a particular class or program. For example, while all students in a particular class or program may participate in a behavior system or receive instruction in organizational strategies, it is a special education service only if it is based on an individual need and is identified and documented by the IEP team.

The services checked on the matrix must be based on the special education and related services identified on the IEP. **Do not check services on the matrix that have not been documented on the IEP.** Documentation to support the special education and related services identified on the IEP means that the student's need for those services is identified through various components of the IEP. Appropriate places for documentation include the present levels of academic achievement and functional performance statements, measurable annual goals and short-term objectives or benchmarks. Documentation may also include statements on the IEP regarding modifications, accommodations or delivery models necessary to provide appropriate special education services. Written phrases that are taken directly from the Matrix of Services form are not considered sufficient documentation.

Each service provided to a student should be checked in only one domain. Raters need to focus on a particular domain and check the services directly related to that domain.

For example, organizational strategies taught for the purpose of allowing a student to function independently in the general education classroom should be checked under Domain C: Independent Functioning, rather than under Domain A: Curriculum and Learning Environment. Consultation conducted for the purposes of ensuring the academic success of a student should be checked under Domain A: Curriculum and Learning Environment—not in other domains where the word “consultation” is listed in a service description.

## LEVELS AND DOMAINS

### LEVELS

The matrix is designed with five **levels** in each of the five domain areas. Level 1 represents the lowest level of service; Level 5 represents the highest level of service. Critical factors that impact decision-making on the appropriate level of service include the frequency and intensity of the service and the qualifications of personnel required to provide the service.

To the extent possible, consistent language regarding the levels has been used from one domain of the matrix to another. For example, consultation services are consistently listed in each domain as Level 2 services, and services delivered on a weekly basis are primarily listed at Level 3.

The provision of specialized services should be considered in relation to a student's same-age peers. For example, while a three-year-old child may need considerable assistance in daily living skills such as toileting, it is possible that the child does not require specialized services and supports in this area beyond what the majority of three-year-old children need. Thus, a rating of Level 1 might be appropriate for this child in Domain C: Independent Functioning, whereas for an older student, the same degree of assistance would be represented by a higher level.

As noted earlier, raters must consider the level of expertise and training needed to deliver the services being checked. Speech therapy, physical therapy, orientation and mobility training, intrusive or specialized administration of medication and medical services for student care and interpreting services are examples of services that require specialized training or qualifications.

### Level Descriptions

Following is a brief description of each level. Detailed information regarding the levels in each domain is included in the domain section.

**Level 1** indicates that the student requires no services or assistance beyond those that are normally available to all students. "Services or assistance normally available to all students" refers to the education, health and other services and assistance made available to all students in the educational setting. These include routine administration of medication, school-wide curricula, an appropriate learning environment with qualified instructional personnel and standard materials and equipment.

Students with a disability should be rated at a level higher than 1 in at least one domain, based on the services required to meet their needs. A rating of Level 1 in all five domains indicates the student is receiving no special services. Florida State Board of Education Rules 6A-6.03011 through 6A-6.03027, Florida Administrative Code (F.A.C.), state that an exceptional student must need exceptional student education in order to

be considered eligible for special education. Students with disabilities who do not require special education services are, therefore, not eligible exceptional students.

Students identified as gifted whose needs are being met through programs such as international baccalaureate, advanced placement or dual enrollment may be rated at Level 1 in all five domains. These students will not be funded under an ESE cost factor program until they are in need of and receive specially designed instruction. Students with a disability who are being monitored in regular education but who are not receiving special education services will also not be funded under an ESE cost factor program.

**Level 2** indicates the student is receiving assistance on a periodic basis or receives minor supports, assistance or services. For example, in Domain A: Curriculum and Learning Environment, the student may require presentation, response, scheduling or setting accommodations; the use of an electronic device to record lectures; or need enrichment activities. Terms used to describe Level 2 services include supports, minimal accommodations to assist in accessing curriculum or learning environment, monthly services and consultation.

The term **consultation**, used consistently at Level 2, refers to **sharing of information** between teachers, family, agencies and other providers in order to address the student's needs. An example of consultation is when a teacher gathers information from a student's family on a regular basis in order to better meet the needs of the student. In this case, the parent is a source of information, while the teacher takes the responsibility for planning and carrying out the interventions determined to be necessary as a result of the information gathering. Consultation is a less intense service than collaboration, which is used in Level 3. In order for consultation to be checked on the matrix, it must be regularly scheduled, consistently documented and conducted through face-to-face or virtual meetings. Virtual meetings are defined as "real time" where participants are actively involved. A meeting conducted via telephone (e.g., a conference call) is considered a virtual meeting. Written exchange among professionals does not constitute a virtual meeting. However, written exchange with families is allowable for consultation at Level 2.

**Level 3** indicates the student is receiving accommodations to the learning environment that are more complex or is receiving services on a more frequent schedule. In Domain B: Social or Emotional Behavior, for example, the student may require weekly assessment of behavior as part of a behavior intervention plan.

Terms used to describe Level 3 services and supports include accommodations, weekly services, collaboration and assistance for some learning activities.

The term **collaboration**, used consistently at Level 3, refers to a **joint effort** among teachers, family, agencies and other providers and involves cooperative, proactive work on the part of all participants. Collaboration, which is more intense than consultation, involves all parties actively planning and carrying out interventions designed to meet a student's needs. An example of collaboration is a speech-language pathologist training a parent in the programming and use of an augmentative communication device for a



nonverbal student. The parent then uses the device at home and offers feedback to the teacher regarding the student's use of the equipment and additional programming needs. In order for collaboration to be checked on the matrix, it must be regularly scheduled, consistently documented and conducted through face-to-face or virtual meetings. Virtual meetings are defined as "real time" where participants are actively involved. A meeting conducted via telephone (e.g., a conference call) is considered a virtual meeting. Written exchange among professionals does not constitute a virtual meeting. At this level of the matrix, written exchange among professionals or families does not constitute collaboration.

**Level 4** indicates that for the majority of learning activities, the student is receiving specialized approaches, assistance or equipment, or is receiving more extensive modifications to the learning environment. Services received on a daily basis are generally included at this level. For example, in Domain C: Independent Functioning, the student may require supervision during the majority of activities for physical safety or assistance with activities of daily living that require frequent assistance from a staff member.

Terms used to describe Level 4 services and supports include very specialized or different programs or approaches, daily or very frequent services and assistance needed for a majority of learning activities.

**Level 5** indicates that the student is receiving continuous and intense (one-on-one or very small group) assistance, multiple services or substantial modifications for the majority of learning activities. In Domain D: Health Care, for example, the student may receive a combination of services, such as suctioning and the delivery of medications that necessitates continuous monitoring and assistance.

Terms used to describe Level 5 services and supports include continuous or constant intervention or assistance, intensive or individualized approaches and services for the majority of the day and multiple services.

## DOMAINS

The Matrix of Services includes five domains that are intended to cover the special services and supports provided in an educational setting.

- Domain A: Curriculum and Learning Environment
- Domain B: Social or Emotional Behavior
- Domain C: Independent Functioning
- Domain D: Health Care
- Domain E: Communication

Each of the following subsections describes one of the five domains and defines terms relevant to that domain. They also provide examples of services at each level.

Following the subsections on the five domains is a subsection that explains the Special Considerations checklist. This checklist is used to determine if additional points should be added to the total of the domain ratings before determining the cost factor.

### Notes

Each student is scored in all five domains, regardless of that student's program eligibility. For domains in which the student does not have a need for special education and related services, the student is scored at a Level 1.

Raters check all special services that will be provided to the student, except for (1) special transportation services and (2) services that are funded by agencies or others outside the school district. The matrix is a funding document and is intended to reflect services funded by the school district. Services checked on the matrix include only those funded by the school district, including contracted staff. Do not include services provided by the student's peers.

Districts will be monitored on services checked on matrix forms. All services checked on the matrix must be clearly documented in the student's IEP. A checkmark on the matrix reflects the district's commitment to provide that service. **When being monitored, schools will be asked to provide evidence that services checked on the matrix are, in fact, being provided.** Evidence may include logs, student and staff schedules, lesson plans, instructional materials, behavior intervention plans, case notes, interviews and other documentation.

In order to check services in any domain, there must be evidence of an individual need resulting from the student's exceptionality documented in the present level of academic and functional performance and annual goals on the IEP (or health care services for Domain D). Further, the IEP must address or identify the special education and related services that will be provided in order to meet the annual goals. The IEP and matrix should be consistent. For example, if an IEP describes a student as having no behavior problems or meeting grade-level expectations, higher levels of support checked in Domains A and B may be considered suspect during a compliance review.

More information about the kinds of services provided at each level in the domains is provided later in this document. The underlined terms are the services found on the matrix form itself. Below each service appears a list that includes two types of items:

- Items marked with a caret (➤) are prerequisites for checking the service or are evidence that will be required for monitoring. **If more than one item in the list is marked with a ➤, all items marked are required and must be in evidence.**
- In contrast, items preceded by checkmarks (✓) are simply examples of the service and should not be considered an exhaustive list.

## DOMAIN A: CURRICULUM AND LEARNING ENVIRONMENT

Domain A addresses services provided to the student in the areas of curriculum, instructional strategies and learning environment.

- **Curriculum** refers to courses, Florida Standards and Next Generation Sunshine State Standards, content and developmentally appropriate curricula (such as those used in prekindergarten programs).
- **Instructional strategies** include specialized approaches and methods for delivering and differentiating instruction, specially designed learning activities and the incorporation of universal design for learning (UDL).
- **Learning environment** includes assessment procedures, materials and equipment including assistive technology and accessible instructional materials (AIM) and classroom settings and schedules.

The nature and intensity of accommodations or modifications and the divergence from the general curriculum, instructional strategies and learning environment are the guiding factors in determining the level of service in this domain. When the majority of the student's instructional materials require extensive modifications or the use of a modified curriculum, the services checked typically fall in higher levels on the matrix.

### Explanations and Examples by Level

#### Level 1—Requires no services or assistance beyond that which is normally available to all students

- ✓ daily assignment notebook kept by the student
- ✓ assignment of only one task at a time
- ✓ remedial, advanced, honors and college classes
- ✓ preferential seating (near the teacher's desk or the blackboard)
- ✓ school-wide curriculum or class-wide curriculum
- ✓ peer tutoring

#### Level 2—Requires minimal accommodations or supports to the curriculum or the learning environment

##### Accommodations or supports to the general curriculum

- **requires evidence of and documented need for accommodations or supplementary aids and supports**
- ✓ adjustments and revisions provided to the regular curriculum, instruction, materials or equipment (e.g., presentation, response, scheduling or setting accommodations)
- ✓ adjustment of instruction or assignments based on the student's needs and learning style
- ✓ increased use of visual cues

## Matrix of Services Handbook

### Domain A: Curriculum and Learning Environment

- ✓ extended time to complete assignments
- ✓ enrichment or acceleration activities
- ✓ individual pacing of the curriculum
- ✓ re-teaching the content in another setting
- ✓ use of visual enhancement (tools and techniques that focus the attention to print or written material, such as color overlays)

#### Curriculum compacting (a strategy used with students identified as gifted)

- **requires evidence of curriculum compacting**
- ✓ elimination of material already known by the students (verified by pre-assessment), providing more time for extension, enrichment or acceleration activities
- ✓ use of individualized, guided, independent study

#### Differentiated instruction

- **requires documentation and evidence of use of differentiated instruction specific to the individual needs of the student**
- ✓ clarify the learning goal or target for students in multiple ways
- ✓ increase instructional time spent on the learning goal or target
- ✓ provide more instructional time for re-teaching
- ✓ reorder the curriculum to review essential or prerequisite skills
- ✓ make content more accessible by focusing on a smaller set of skills at a time
- ✓ vary the schedule to include easy and hard tasks
- ✓ match the type of resource to content and student need (e.g., reading level, preferences for media, print, technology)

#### Electronic tools used independently

- **requires documentation of an assistive technology screening (e.g., checklist)**
- **requires evidence of electronic tools and their use**
- ✓ use of an audio or video recording device to receive or respond to information
- ✓ use of word processors, a digital writing tool or adapted keyboard for students with illegible handwriting or difficulty with the act of writing
- ✓ use of calculators as an accommodation in general education classes
- ✓ use of spelling or grammar checkers as an accommodation in general education classes
- ✓ extensive use of technology for advanced research and product development (e.g., web tools and distance learning) on an ongoing basis

#### Accessible instructional materials

- **requires evidence of provision of accessible instructional materials**

- ✓ use of audio or digital format for presentation of materials or to facilitate the student's response
- ✓ use of large print materials
- ✓ use of available braille materials

#### Accommodations on assessment or accessible assessment materials

- **requires examples and evidence of accommodations on assessment or accessible materials or procedures**
- ✓ tests read to the student
- ✓ responses to an assessment dictated by the student
- ✓ second version of assessment tool with simplified vocabulary
- ✓ breaking down multi-part questions into separate questions
- ✓ changing the format of questions

#### Assistance with note taking and studying

- **requires examples of assistance with note taking and studying**
- ✓ use of individualized study guides
- ✓ copies of teacher's or selected student's notes provided to the student
- ✓ general education materials recreated to reduce reading level, increase white space or otherwise enhance comprehension of material
- ✓ providing the student with a partial outline before a lecture to aid in note taking

#### Referrals to agencies

- **requires documentation of referrals and coordinating activities with outside agencies**
- ✓ referrals to agencies such as, but not limited to: Vocational Rehabilitation, ARC of Florida, Florida Alliance for Assistive Services and Technology, Agency for Persons with Disabilities, Goodwill, Easter Seals, Division of Blind Services, career and technical centers, colleges and universities
- ✓ coordinating assessment and placement activities in preparation for postsecondary education, training or employment
- ✓ coordinating assessment and placement activities for early access to college-level instruction

#### Consultation on a monthly basis with teachers, family, agencies or other providers

- **requires face-to-face or virtual meetings; virtual meetings are defined as "real time" where participants are actively involved: a meeting conducted via telephone (e.g., a conference call) is considered a virtual meeting, while a written exchange among professionals does not constitute a virtual meeting (written exchange with families is allowable for consultation)**

- **requires documentation of regularly scheduled consultation, occurring at least monthly**
- ✓ consultation with monthly meetings between service providers – including teachers – regarding curriculum, instructional strategies or learning environment
- ✓ frequent notes or progress reports sent home
- ✓ team planning activities to address individual student needs
- ✓ teacher or guidance counselor meets individually with the student to discuss academic needs
- ✓ service coordination requiring monthly case management services, including verification of information which may be shared, if applicable

### **Level 3–Requires a differentiated curriculum or extensive use of accommodations**

#### Differentiated curriculum (a strategy used with students identified as gifted)

- **requires evidence of differentiated curriculum**
- ✓ adjustments to instruction to vary the pace and depth of learning
- ✓ inclusion of interdisciplinary enrichment materials
- ✓ guided and independent in-depth studies of special interest areas emphasizing student product development

#### Electronic tools and assistive technology used with assistance

- **requires a written evaluation or assessment with an assessment report for assistive technology or a learning media assessment (vision assessment) and an assessment report**
- **requires evidence of electronic tools or assistive technology**
- **requires evidence of assistance provided for the student**
- ✓ use of an adapted computer (e.g., adaptive keyboard, voice output) to complete assignments
- ✓ use of magnification systems

#### Alternative textbooks, materials, assessments, assignments or equipment

- **requires evidence of and documented need for alternative materials, assessments, assignments or equipment**
- ✓ textbooks with general education content but with a lower reading level
- ✓ parallel assessments (e.g., demonstrations, short-answer or multiple-choice assessments to replace essays)
- ✓ a combination of types of AIM to include braille, audio, large print, digital text and reader services
- ✓ alternate assignments used on a regular basis (e.g., projects, models, oral reports)
- ✓ advanced textbooks and materials

Special assistance in general education class requiring weekly consultation

- **requires face-to-face or virtual meetings; virtual meetings are defined as “real time” where participants are actively involved: a meeting conducted via telephone (e.g., a conference call) is considered a virtual meeting, while a written exchange among professionals does not constitute a virtual meeting**
- **requires documentation of weekly scheduled consultation**
- ✓ consultation between teachers regarding curriculum, instructional strategies and learning environment with weekly meetings

Assistance for some learning activities in the general education setting

- **requires evidence of staff with responsibility for academic assistance**
- ✓ paraprofessionals providing academic support (under the direction of the teacher) in the general education classroom
- ✓ teacher or support facilitator working with a student in the general education classroom on at least a weekly basis

Direct, specialized instruction for some learning activities

- **requires evidence of a special class setting or specialized instruction within a general education class or evidence of student attendance in a learning lab or resource room**
- ✓ individual support and assistance provided weekly (e.g., learning lab or resource room)
- ✓ small group setting with students with similar needs for some of the day or week
- ✓ accelerated coursework for some of the school day or week

Weekly collaboration with family, agencies or other providers

- **requires face-to-face or virtual meetings; virtual meetings are defined as “real time” where participants are actively involved: a meeting conducted via telephone (e.g., a conference call) is considered a virtual meeting, while a written exchange among professionals or families does not constitute a virtual meeting; at this level of the matrix, written exchange among professionals or families does not constitute collaboration**
- **requires documentation of regularly scheduled collaboration occurring at least weekly**
- ✓ general education and exceptional education teachers do joint planning, material preparation or instruction on at least a weekly basis
- ✓ collaboration between personnel providing services related to curriculum, instructional strategies and learning environment through weekly meetings
- ✓ regular training for the caregiver of an infant to provide early intervention or other service in the home

**Level 4—Requires specialized instruction, modified curriculum, extensive modification to the learning environment or assistive technology used with supervision**

Extensive creation of special materials

- **requires evidence of special materials created for a specific student, not a class or group of students**
- ✓ the majority of the student's consumable materials put into braille, large print, digital or audio format by school or district staff to ensure the provision of AIM
- ✓ teacher-designed individualized materials used for the majority of the student's learning activities

Direct, specialized instruction or curriculum for the majority of learning activities

- **requires evidence of direct, specialized instruction or curriculum being used for more than 50 percent of the school day**
- ✓ small group setting with students with similar needs for the majority of the day or week
- ✓ use of a modified curriculum
- ✓ accelerated coursework for the majority of the school day or week
- ✓ use of auditory-oral approaches
- ✓ use of SKI HI, VIISA or INSITE curriculum
- ✓ use of an expanded core curriculum for students who are visually impaired, deaf or hard-of-hearing or dual-sensory impaired

Instruction delivered within the community

- **requires evidence of community instruction occurring at least weekly**
- ✓ community-based instruction
- ✓ on-the-job training
- ✓ training and support for implementation of a graduation plan
- ✓ advanced academic internship or externship

Assistance for the majority of learning activities

- **requires evidence of a special class setting or assistance within a general education class for more than 50 percent of the school day**
- ✓ teacher, behavior specialist or paraprofessional assisting small group of students with instructional activities
- ✓ low student-teacher ratio
- ✓ individual assistance for the majority of learning activities



Assistive technology used with supervision for the majority of learning activities

- **requires a written evaluation or assistive technology assessment and assessment report**
- **requires evidence of an assistive technology device**
- **requires evidence of assistance provided with assistive technology for more than 50 percent of the school day**
- ✓ use of speech output device for a student with visual impairments
- ✓ use of switch (e.g., breath-controlled) for student with orthopedic impairment
- ✓ computer-assisted, performance-based instruction for the majority of learning activities; in this instance, the curriculum and the instructional delivery method are specialized

**Level 5—Requires modified curriculum and substantial modifications to the learning environment**

Instruction in reading braille

- **requires evidence of instructional activities**
- ✓ teaching braille
- ✓ remediation of braille skills

Intensive curriculum or instructional approach for all learning activities

- **requires evidence of a continuous 3:1 or lower ratio that is intentional and maintained for a specific student**
- ✓ job coach services
- ✓ supported employment
- ✓ student-staff ratio of 3:1 or lower (very small group) for academic instruction
- ✓ intensive instructional approach (e.g., individualized daily scheduling based on the student's ability to function or stay on task)

Group instruction at home or hospital

- **requires documentation of the dates and times that hospital or homebound instruction is provided**
- ✓ hospital or homebound student receiving instruction via virtual instruction, teleclass
- ✓ hospital or homebound student receiving instruction with other students in a hospital setting

Individual instruction at home or hospital

- **requires documentation of the dates and times that individual instruction is provided**
- ✓ instruction delivered to the student individually at the student's home or in a hospital setting

## Matrix of Services Handbook

### Domain A: Curriculum and Learning Environment

- ✓ instruction provided in the child's home to prekindergarten child
- ✓ instruction provided in the child's home to the parent of a prekindergarten child under age three

#### Ongoing, continuous assistance for participation in learning activities

- **requires evidence of a continuous 3:1 or lower ratio that is intentional and maintained for a specific student**
- ✓ continuous prompting to initiate, maintain or complete learning activities with a student-staff ratio of 3:1 or lower

## DOMAIN B: SOCIAL OR EMOTIONAL BEHAVIOR

Domain B includes services provided to meet identified social and emotional needs of students with exceptionalities. Services included in this domain address positive behavioral supports, behavioral interventions, social skills development, socialization and counseling as a related service.

- **Behavioral interventions** include the use of behavior analytic techniques such as reinforcement or consequence procedures, teaching replacement behaviors, behavioral contracting, time-out and level systems.
- **Social skills development** includes instruction on relevant social and self-regulatory skills, as well as individual or group counseling.
- **Socialization** includes social skills that must be acquired through specific training or the provision of opportunities for socialization that require substantial planning.
- **Counseling as a related service** refers to counseling that the IEP team determines is necessary in order for the student to benefit from exceptional education and that is provided by qualified personnel.

The factors determining the level of service in the Social or Emotional Behavior domain are frequency, nature and intensity of the intervention or collaboration.

- Interventions that can be carried out in general education settings typically fall in lower levels on the matrix.
- Interventions that require more restrictive settings to manage behavior or additional staff such as psychologists, behavior specialists and mental health specialists typically fall in higher levels on the matrix.

Services in Domain B: Social or Emotional Behavior may be needed by students other than those identified as having an emotional or behavioral disability. For example, some students identified as having an intellectual disability may need training in social skills, and some students with a significant cognitive disability or autism spectrum disorder may require considerable assistance in order to ensure that they participate in social activities. Another example may be a student who is gifted who is achieving significantly below their ability and requires special guidance and counseling to address the causes of the underachievement or a visually impaired student who must be taught social skills normally acquired through incidental observation.

### Explanations and Examples by Level

#### Level 1—Requires no services or assistance beyond that which is normally available to all students

- ✓ frequent informal monitoring
- ✓ supportive attitude
- ✓ seating away from distractions
- ✓ schoolwide positive behavior supports and programs

- ✓ infrequent counseling or guidance
- ✓ informal, nonscheduled counseling or guidance

## **Level 2–Requires periodic assistance or behavior supports**

### Consultation on a monthly basis with teachers, family, agencies or other providers

- **requires face-to-face or virtual meetings; virtual meetings are defined as “real time” where participants are actively involved: a meeting conducted via telephone (e.g., a conference call) is considered a virtual meeting, while a written exchange among professionals does not constitute a virtual meeting (written exchange with families is allowable for consultation)**
- **requires documentation of at least monthly consultation with teachers, families, agencies or other providers**
  - ✓ consultation regarding behavior or social interaction with monthly meetings
  - ✓ regular (at least monthly) discussions with a parent concerning the student’s behavior to ensure generalization of skills
  - ✓ multi-disciplinary team or problem solving team consultation at least monthly (e.g., student and family teams)

### Specialized instruction or activities in self-advocacy and understanding of exceptionality

- **requires evidence of planned scheduled instruction or activities for self-advocacy**
  - ✓ specialized activities focused on goal setting and decision-making
  - ✓ providing specialized college or career guidance relative to the student’s needs
  - ✓ providing transition planning and instruction
  - ✓ using activities beyond the classroom in which the student practices self-advocacy with guidance from the teacher
  - ✓ providing counseling activities to assist students who are gifted from underrepresented groups, low-performing schools or rural communities to establish personal, academic and career goals that match their abilities

### Behavior management system in general class

- **requires evidence of positive behavior supports that address unique student needs**
  - ✓ reinforcement or consequence procedures that are not used for all students in a class

### Monthly counseling or guidance

- **requires evidence of counseling or guidance (date and time and topic) occurring at least monthly**

- ✓ the student meets individually with a teacher, guidance counselor or mental health worker at least monthly to discuss behavior or social skills
- ✓ group counseling occurring at least monthly
- ✓ counseling and guidance at least monthly to address issues such as gifted underachievement, perfectionism, isolation, maximization of talents or interests

Monthly assessment of behavior or social skills

- **requires written documentation (date) of assessment occurring at least monthly**
- ✓ written assessment of behavior based on evidence of targeted skills and shared with teachers, the student or the parent
- ✓ self-monitoring, supervised by teacher, with at least monthly assessment and program review
- ✓ monthly data collection and analysis
- ✓ monthly assessments with program intervention review and adjustment based on the assessment of progress

**Level 3—Requires weekly personal assistance or behavioral intervention**

Small group instruction in social skills, self-regulatory behavior, self-advocacy, conflict resolution, dealing with authority and socialization

- **requires documentation of specific goals and planned activities**
- **requires evidence of small group instruction (date and time and topic) occurring at least weekly**
- ✓ use of a social skills curriculum with small group
- ✓ teaching of prosocial and replacement behaviors
- ✓ experiential, role-playing activities at least weekly
- ✓ students in a group must have been targeted to address specific needs

Weekly counseling or guidance

- **requires documentation of counseling or guidance sessions (date and time and topic) occurring at least weekly**
- ✓ the student meets individually with a teacher, guidance counselor or mental health worker at least weekly to discuss behavior or social skills
- ✓ group counseling occurring at least weekly
- ✓ counseling and guidance at least weekly to address emotional or behavioral issues such as gifted underachievement, perfectionism and isolation

Behavior contract, including behavior outside the classroom

- **requires contingency schedule for targeted behaviors, occurring at least weekly**
- **requires evidence of behavior contract**
- ✓ weekly home-school notes with agreed-upon reinforcers or consequences

Weekly family counseling, assessment or interventions

- **requires documentation of counseling, assessment or intervention (date and time and topic) occurring at least weekly**
- ✓ a parent support group that meets weekly
- ✓ assistance to parent specifically targeted to identified student need
- ✓ providing family counseling in school through a contract with an agency therapist
- ✓ providing parent training

Referral and follow-up for transitions to and from community-based programs

- **requires evidence of referrals and follow-up activities**
- ✓ referral and follow-up to mental health or rehabilitation agencies
- ✓ collaboration with agencies to assist transition of the student from a residential juvenile justice system program back to the school system
- ✓ collaboration between independent living program staff and school-based staff to ensure that the home case plan is followed during the school day

Weekly assessment of behavior as part of behavioral intervention plan

- **requires weekly contingency schedule**
- **requires documentation of assessments occurring at least weekly and application of contingencies**
- **requires documentation of target behaviors and contingencies unique to the student**
- ✓ self-monitoring, supervised by teacher, with at least weekly assessment and program intervention review
- ✓ weekly data collection and analysis of data

Weekly collaboration with teachers, family, agencies or other providers

- **requires face-to-face or virtual meetings; virtual meetings are defined as “real time” where participants are actively involved: a meeting conducted via telephone (e.g., a conference call) is considered a virtual meeting, while a written exchange among professionals or families does not constitute a virtual meeting; at this level of the matrix, written exchange among professionals or families does not constitute collaboration**
- **requires documentation of regularly scheduled collaboration with teachers, family, agencies or other providers occurring at least weekly**
- ✓ behavioral specialists design behavioral strategies and teach school-based staff to implement these in the school setting
- ✓ the teacher trains the parent to carry out a behavior management program during nonschool hours and communicates at least weekly regarding the progress of the program and changes needed

- ✓ case conferencing between ESE teacher or specialist and a psychiatrist, psychologist or other mental health professional regarding behavioral interventions

#### **Level 4–Requires daily personal assistance, monitoring or intervention**

Highly structured, individualized behavioral intervention plan infused throughout the school day

- **requires documentation of functional behavioral assessment**
- **requires documentation of an individualized behavioral intervention plan and its daily use**
- ✓ use of a level system, with behavior recorded at regular intervals throughout the school day
- ✓ observation and assessment of behavior (e.g., self-injurious or aggressive) throughout the day (including school, bus, home, lunch) as part of a behavioral intervention plan
- ✓ daily data collection and analysis
- ✓ individual, specialized, highly structured behavior procedures applied to specific, limited behaviors (e.g., physical aggression, self-injurious behavior)
- ✓ regularly re-engaging a student who withdraws from classroom activities (e.g., covers head, cries, sleeps)
- ✓ intensive refocusing, prompting and cueing for the majority of activities
- ✓ well-defined procedures to deal with major maladaptive behavior

Daily counseling or specific instruction on social or emotional behavior

- **requires that individual or small group counseling or instruction must be targeted to address specific student needs**
- **requires documentation of specific goals and planned activities**
- **requires documentation of daily counseling or instruction (date and time and topic)**
- ✓ small group counseling held on a daily basis
- ✓ daily individualized counseling provided by qualified personnel
- ✓ daily implementation of a therapeutic curriculum designed to teach the student to regulate behavior
- ✓ one-on-one instruction regarding social skills for a student with visual impairments
- ✓ daily self-monitoring, supervised by teacher, with at least daily assessment and program intervention review to monitor progress
- ✓ daily parent training in positive behavioral interventions

Daily reports to family, agencies or others

- **requires evidence of daily contingencies**
- **requires evidence of daily reports required for monitoring (must include information regarding progress on individual goals)**

- **requires documentation of a functional behavioral assessment or evaluation data supporting the need for social skills, cognitive behavioral or other social skills intervention**
- ✓ daily individualized communication with parents or others regarding behavioral interventions or social skills

### **Level 5–Requires continuous personal assistance, monitoring and intervention**

Intensive, individualized behavior management plan that requires very small group or one-on-one intervention

- **requires documentation of a functional behavioral assessment that supports the need for very small group or one-on-one intervention**
- **requires documentation of an individualized behavioral intervention plan**
- **requires evidence of a continuous student-staff ratio of 3:1 or lower that is intentional and maintained for specific students**
- **requires evidence of behavioral contingencies**
- ✓ a student-staff ratio of 3:1 (very small group) or lower for the purpose of managing student's behavior
- ✓ comprehensive, individualized, behavioral intervention plan (e.g., proximity, prompting, contingencies, redirection, coaching, reinforcement, cueing and planned ignoring) applied to an array of behaviors on a continuous basis
- ✓ hourly or more frequent positive behavioral contingencies, including concrete reinforcers, use of crisis management strategies and special privileges

Therapeutic treatment infused throughout the educational program

- **requires documentation of a functional behavioral assessment that supports the need for the therapeutic treatment**
- **requires evidence of qualified personnel working full-time with teachers in a classroom setting to provide services to students with social or emotional needs, with all aspects of the program planned collaboratively**

Wraparound services for up to 24-hour care

- **requires evidence of outside agency involvement and services paid for by the school district**
- ✓ residential treatment paid for by the school district
- ✓ psychiatric services (e.g., crisis intervention) available after school hours, on weekends and holidays
- ✓ therapeutic services for individual students and groups occurring outside of regular school hours



## DOMAIN C: INDEPENDENT FUNCTIONING

Domain C includes services that are necessary for the independent functioning of students with exceptionalities which may be noted in other domains. These services include instruction in organizational strategies, assistance for activities of daily living and self-care, physical therapy, occupational therapy, orientation and mobility training and supervision of students to ensure physical safety.

- **Instruction in organizational strategies** refers to specific instruction or materials determined necessary for a student to be able to function independently in the general education classroom or have access to educational programming. These strategies may include instruction in organizational skills such as time management and the use of organizational checklists or assignment notebooks.
- **Assistance for activities of daily living and self-care** includes reminders, cueing, direct instruction or personal assistance in toileting, eating and personal hygiene.
- **Physical therapy** refers to a specially prescribed program directed toward the development, improvement or restoration of neuromuscular or sensorimotor function, relief of pain, or control of postural deviations to attain functional performance in the educational setting.
- **Occupational therapy** refers to a specially designed program directed toward improvement of a significant dysfunction in daily living skills, academic learning skills or adaptive social or emotional behavior due to physical, motor or neurological deficits.
- **Orientation and mobility training** refers to the teaching of concepts, skills and techniques necessary for a student with a visual impairment to travel safely and efficiently through any environment.
- **Supervision or monitoring of students** includes the observation and reporting of independent behavior, as well as the provision of direct supervision and assistance to ensure the physical safety of the student and compliance with school regulations.

The levels of service are based on the frequency or need for assistance or supervision and the nature and intensity of the interventions.

Services in Domain C: Independent Functioning may be needed by students other than those identified as having an orthopedic or visual impairment or those receiving either physical or occupational therapy. For example, some students identified as having a specific learning disability may require specific instruction in organizational strategies and some students identified as having an emotional or behavioral disability will require supervision to ensure physical safety. Other students may require supervision due to their lack of awareness of dangerous situations, unlike their same-age peers. When rating a student in Domain C: Independent Functioning, it is particularly important to consider the needs of the student in relation to same-age peers. All prekindergarten children require supervision to ensure their physical safety. Services related to

supervision should only be checked when they go beyond what is normally offered to children of the same age without disabilities.

## **Explanations and Examples by Level**

### **Level 1—Requires no services or assistance beyond that which is normally available to all students**

- ✓ reduction of distracting stimuli
- ✓ peer buddy to assist in classroom
- ✓ schoolwide use of daily planners
- ✓ reasonable efforts to protect student from harmful conditions

### **Level 2—Requires periodic personal assistance, monitoring or minor intervention**

#### Monthly personal assistance with materials or equipment

- **requires evidence of monthly assistance**
- ✓ periodic assistance with prosthetic devices
- ✓ periodic assistance with eating, toileting or personal hygiene

#### Consultation on a monthly basis with teachers, family, therapists, service coordinator or other providers

- **requires face-to-face or virtual meetings; virtual meetings are defined as “real time” where participants are actively involved: a meeting conducted via telephone (e.g., a conference call) is considered a virtual meeting, while a written exchange among professionals does not constitute a virtual meeting (written exchange with families is allowable for consultation)**
- **requires documentation of regularly scheduled consultation with teachers, family, therapists, service coordinators or other providers**
- ✓ review of skills and progress by a physical therapist, occupational therapist or service coordinator at least monthly
- ✓ consultation between teachers regarding independent functioning of the student

#### Organizational strategies or supports for independent functioning

- **requires evidence of strategies or supports and their use in the general education classroom by the student**
- ✓ assistance with or monitoring the use of an assignment notebook
- ✓ instruction in organizational strategies such as time management and study skills
- ✓ supports or adaptive equipment for activities of daily living such as toileting, eating and personal hygiene
- ✓ organizational strategies appropriate for students who, without these strategies, would not succeed in the general education classroom

Special equipment, furniture, strategies or supports for motor control in the classroom

- **requires evidence of special equipment or supports**
- ✓ supports to assist with writing (e.g., adaptive writing tools, pencil grips, slant board, paper fixed to writing surface, use of special writing paper with raised lines)
- ✓ supports to assist with eating, toileting and personal hygiene (e.g., handrails, raised toilet seats, special dishes)
- ✓ allowing extra time to get to or between classes
- ✓ cutout tables, mobility walkers, chairs with arms, foot rest
- ✓ furniture adapted to accommodate wheelchairs
- ✓ use of adaptive switches
- ✓ use of flashing alarms for bell changes for students identified as hearing impaired

**Level 3—Requires weekly personal assistance, monitoring or intervention**

Specially designed organizational strategies or supports for independent functioning

- **requires evidence of an individualized strategy or support (specially designed for a particular student) and its use in the general education classroom, occurring at least weekly**
- ✓ instruction in and monitored use of an individualized daily checklist to accomplish independent functioning activities

Supervision to ensure physical safety during some daily activities

- **requires evidence of a plan for supervision and its daily use**
- ✓ escort during transitional or selected activities to minimize risk to physical safety (e.g., from drop-off and pick-up area to classroom)
- ✓ supervision and assistance for students with unstable mobility (e.g., students with braces, walker or orthotics) or students with visual impairments requiring mobility assistance during some activities

Weekly instruction in self-monitoring of independent living skills

- **requires evidence of weekly instruction (date and time and topic)**
- **requires documentation of specific goals and planned activities**
- ✓ instruction in self-care and management of daily living activities
- ✓ weekly instruction in responsible decision-making and cause-and-effect relationships; assistance in generalization of such skills
- ✓ instruction in skills for toileting, eating and personal hygiene

Weekly monitoring of or assistance with independent living skills, materials or equipment

- **requires evidence of weekly monitoring or assistance (documentation of monitoring or staff scheduled to provide assistance)**

Matrix of Services Handbook  
Domain C: Independent Functioning

- ✓ weekly assistance by a physical therapist, occupational therapist or others related to independent living skills
- ✓ weekly monitoring or assistance with toileting, eating and personal hygiene skills

Weekly collaboration with teachers, family, agencies or other providers

- **requires face-to-face or virtual meetings; virtual meetings are defined as “real time” where participants are actively involved: a meeting conducted via telephone (e.g., a conference call) is considered a virtual meeting, while a written exchange among professionals or families does not constitute a virtual meeting; at this level of the matrix, written exchange among professionals or families does not constitute collaboration**
- **requires documentation of regularly scheduled collaboration with teachers, family, agencies or other providers occurring at least weekly**
- ✓ integration of classroom strategies and instructional materials through collaboration between physical therapists, occupational therapists, physical education instructors (including collaboration with teachers in physical education classes), orientation and mobility specialists and regular and exceptional education teachers
- ✓ coordination of services between the school and Children’s Medical Services, private neurologists, orthopedists, private therapists or parents

**Level 4–Requires daily personal assistance, monitoring or intervention**

Supervision to ensure physical safety during the majority of activities

- **requires evidence of a plan for supervision for more than 50 percent of the school day and its use**
- ✓ close supervision or assistance to eliminate or minimize self-injurious or explosive behavior
- ✓ supervision of students with unstable mobility (e.g., students with braces, walker orthotics) or sensory impairments requiring orientation and mobility assistance for the majority of activities

Individual assistance or supervision in activities of daily living, self-care and self-management for part of the day

- **requires evidence of staff assigned for personal assistance or supervision for part of the day**
- ✓ daily assistance with eating, toileting, self-care or moving about campus
- ✓ daily instruction in self-care skills
- ✓ escort for moving between classes, to lunch, to the bathroom and to the bus

Special equipment or assistive technology for personal care with frequent assistance

- **requires a written assistive technology assessment and report**
- **requires evidence of special equipment or assistive device and frequent assistance in its use**
- ✓ provision and use of a supine stander with frequent assistance
- ✓ provision and use of transferring devices (e.g., transfer chair, mechanical lift)

Regularly scheduled occupational therapy, physical therapy or orientation and mobility training

- **requires documentation of therapy occurring at least once per week**
- ✓ any one of the above therapies that is scheduled at least once per week
- ✓ use of specialized curriculum on a daily basis

**Level 5—Requires continuous personal assistance, monitoring or intervention**

Continuous supervision to ensure physical safety

- **requires documentation of student behavior that indicates a pattern of regular outbursts or self-injurious behavior**
- **requires evidence of a plan for supervision for more than 50 percent of the school day and staff identified to provide that service**
- ✓ continuous adult supervision of no more than three students to ensure physical safety of student and others
- ✓ continuous supervision or assistance to eliminate or minimize self-injurious or explosive behavior

Individual assistance or supervision in activities of daily living, self-care and self-management for the majority of the day

- **requires evidence of a specific plan for individual assistance or supervision and staff identified to provide the service for more than 50 percent of the school day**
- ✓ individual aide or assistant assigned to the student to assist with eating, toileting, positioning and moving around class or campus
- ✓ continuous assistance to students with unstable mobility (e.g., students with braces, walker, orthotics) or sensory impairments requiring mobility assistance for the majority of activities for the majority of the day

Occupational therapy, physical therapy or orientation and mobility training more than once a week

- **requires documentation of any one of the above therapies that occur more than one time per school week**

Multiple therapies and services (physical therapy, occupational therapy or orientation and mobility training)

- **requires documentation of two or more of the above therapies, with each therapy occurring at least one time per week**

## DOMAIN D: HEALTH CARE

Domain D addresses services provided to students with exceptionalities who have health care needs. Included in this domain are services related to monitoring and assessment of health conditions, provision of related health care services and interagency collaboration.

- **Monitoring and assessment of health conditions** refers to periodic observation and review by a nurse or regular monitoring of the status of a student's health condition by appropriate school staff.
- **Related health care services** include the management or student-specific administration of medication, suctioning, tube feeding or the provision of other types of needed health care services.
- **Interagency collaboration** includes work with professionals and agencies such as Children's Medical Services, Medicaid, county health units and public-private entities to ensure a cohesive and unified approach to supporting special health care needs for individual students.

Domain D: Health Care levels are based on the frequency, nature and intensity of the services provided **and** on the qualifications of personnel required for services and collaboration. Teachers and instructional aides are not typically qualified to monitor or address health care needs. They may, however, receive training in providing child-specific health care services. Documentation of such training is required in order for health care services provided by a teacher or instructional aide to be checked.

### Explanations and Examples by Level

#### **Level 1—Requires no services or assistance beyond that which is normally available to all students**

- ✓ short-term or routine medication administration
- ✓ feedback provided to the caregiver on a short-term basis or routine basis on the effects of medication or procedures
- ✓ routine adult supervision and dispensing of medication
- ✓ short-term procedures (e.g., dressing changes)

#### **Level 2—Requires periodic personal assistance, monitoring or minor intervention**

##### Monthly personal health care assistance

- **requires evidence of personal health care assistance or training**
- ✓ periodic assistance with, for example, prosthetic devices, orthotics or splints
- ✓ training the student about the importance and implications of medications and medical procedures

Consultation on a monthly basis with student, teachers, family, agencies or other providers

- **requires face-to-face or virtual meetings; virtual meetings are defined as “real time” where participants are actively involved: a meeting conducted via telephone (e.g., a conference call) is considered a virtual meeting, while a written exchange among professionals does not constitute a virtual meeting (written exchange with families is allowable for consultation)**
- **requires documentation of regularly scheduled consultation via phone conversations with families or face-to-face or virtual meetings with other providers occurring at least monthly**
- ✓ monthly reports to family or caregiver, physician or agency regarding health status, procedures or medication
- ✓ monthly communication regarding nutritional and weight assessments

Monthly monitoring of health status, procedures or medication

- **requires written evidence of monitoring, such as nursing or health care service provider notes**
- ✓ monthly visits with school nurse regarding health condition or medication administration
- ✓ monthly monitoring and assessment of weight and nutritional status
- ✓ information provided to the physician at least monthly for the purpose of assessing health status, procedures or medication
- ✓ monthly monitoring and assessment of audiological or visual conditions requiring medical follow-up (e.g., eye patching)
- ✓ monthly monitoring and assessment of vital signs

Specialized administration of medication

- **requires evidence of specialized administration**
- ✓ crushing pills or liquefying, per doctor’s orders
- ✓ mixing medication with food for ease of administration
- ✓ use of medical supplies and equipment (e.g., insulin pump, intravenous pump) with assistance

Monthly assistance with agency referrals or coordination

- **requires documentation of referrals and ongoing coordination of activities with outside agencies**
- ✓ assistance with appointments and follow-up for health care visits
- ✓ coordination with agencies for periodic assessments of health status, procedures or medication



### **Level 3—Requires weekly personal assistance, monitoring or intervention**

#### Weekly monitoring or assessment of health status, procedures or medication

- **requires evidence of at least weekly monitoring or assessment such as nursing or health care service provider notes**
- ✓ weekly visits with school nurse regarding health status, procedures or medication
- ✓ information provided to the physician at least weekly for the purpose of assessing health status, procedures or medication
- ✓ weekly monitoring and assessment of weight and nutritional status
- ✓ weekly monitoring and assessment of audiological or visual conditions requiring medical follow-up
- ✓ weekly monitoring and assessment of vital signs

#### Weekly counseling with student or family for related health care needs

- **requires documentation of specific goals and planned activities for monitoring**
- **requires evidence of instruction or counseling (date and time and topic)**
- ✓ weekly nutritional counseling
- ✓ weekly counseling regarding medication, procedures or health status
- ✓ weekly instruction in self-administration of oral or non-oral medication

#### Weekly communication with family, physician, agencies or other health-related personnel

- **requires evidence of weekly reports (electronic or hand recorded) that include information regarding health status, procedures or medication**
- ✓ weekly reports to the family or caregiver, physician or agency regarding health status, procedures or medication
- ✓ weekly communication regarding nutritional and weight assessments
- ✓ weekly communication between school and parents to address medication administration

#### Invasive or specialized administration of medication

- **requires evidence of medication administration such as nursing or health care service provider notes**
- ✓ insulin pumps
- ✓ blood glucose monitor
- ✓ emergency injectable medication
- ✓ suppositories

#### Weekly collaboration with family, physicians, agencies or others

- **requires face-to-face or virtual meetings; virtual meetings are defined as “real time” where participants are actively involved: a meeting conducted**

**via telephone (e.g., a conference call) is considered a virtual meeting, while a written exchange among professionals or families does not constitute a virtual meeting; at this level of the matrix, written exchange among professionals or families does not constitute collaboration**

- **requires documentation of regularly scheduled collaboration occurring at least weekly**
- ✓ the school nurse works with other agencies or health care providers on a weekly basis regarding student's health care needs
- ✓ the school nurse works with family on a weekly basis regarding student's health care needs

#### **Level 4—Requires daily personal assistance, monitoring or intervention**

##### Daily assistance with or monitoring and assessment of health status, procedures or medication

- **requires evidence of daily assistance or monitoring and assessment**
- ✓ daily nutritional and weight assessments (e.g., anorexia, pica, overeating)
- ✓ daily nutritional supplements
- ✓ daily supervision of intrusive procedures performed by the student (e.g., clean intermittent catheterization, blood glucose monitoring)
- ✓ daily chest percussion
- ✓ daily monitoring of blood glucose levels, vital signs, urinary tract infections, fluid intake and output, respiratory status and need for medications, symptoms of hypoglycemia or hyperglycemia, hypertensive and cardiac status, skin conditions (e.g., pressure sores, rashes), bleeding conditions (e.g., hemophilia) or neurological status (e.g., equilibrium, warning signs of impending seizures, shunt failure, pupil dilation)
- ✓ daily monitoring and decision-making related to the health care needs of students with significant health problems (e.g., sickle cell anemia, cystic fibrosis, continuous oxygen therapy, central venous catheters, heparin locks, dialysis shunts)
- ✓ daily instruction in and monitoring of self-administration of medications by routes other than by mouth
- ✓ daily monitoring and assessment of audiological or visual condition
- ✓ instruction in and monitoring of self-administration health care procedures (e.g., clean intermittent catheterization; blood glucose monitoring; gastrostomy or button tube feedings; daily ostomy care; oxygen use; skin care, with braces or orthotics)

##### Daily assistance with or monitoring of equipment related to health care needs

- **requires evidence of daily assistance or monitoring of equipment**
- ✓ daily assistance with nebulizer
- ✓ daily monitoring of pacemaker
- ✓ daily monitoring of oxygen canisters and tubing

- ✓ daily assistance with blood pressure machine
- ✓ daily monitoring of pulse oximeter

Administration of non-oral medication

- **requires evidence of medication administration such as nursing or health care service provider notes**
- ✓ routine injections in accordance with physician orders (e.g., students who have diabetes, students with asthma)

Daily communication with family, physician, agencies or other health-related personnel

- **requires evidence of daily reports (electronic or hand recorded) that include information regarding health status, procedures or medication**
- ✓ daily note regarding health status, procedures or medication

**Level 5—Requires continuous personal assistance or monitoring and multiple interventions**

Daily assistance with procedures such as catheterization, suctioning or tube feeding

- **requires evidence of daily assistance such as nursing or health care services provider notes**
- ✓ daily respirator or ventilator care
- ✓ daily colostomy, jejunostomy, ileostomy care
- ✓ daily tube feeding
- ✓ daily sterile catheterization
- ✓ daily medications via central venous lines

Continuous monitoring and assistance related to health care needs

- **requires evidence of staff assigned to provide services and evidence of continuous monitoring and assistance**
- ✓ nonroutine non-oral medication requiring professional medical judgment (e.g., Glucagon; intravenous lines, hyperalimentation); excludes epinephrine injections
- ✓ continuous monitoring and decision-making based on management related to health care needs of medically fragile students (e.g., students who have leukemia or are immunocompromised, cancer complications, nonambulatory students with pressure sores)
- ✓ continuous monitoring for warning signs of respiratory or cardiac impairment
- ✓ chest percussion treatment or respiratory treatments more than once a day

## DOMAIN E: COMMUNICATION

Domain E includes services provided to support the communication needs of students with exceptionalities. Services included in this domain are personal assistance, instructional interventions, speech or language therapy and the use of alternative and augmentative communication systems.

- At lower levels, personal assistance for communication may be provided by an interpreter, teacher, speech-language pathologist, note taker, speech-language assistant or paraprofessional. **Instructional interventions** include consultation and collaboration with teachers and speech-language pathologists, as well as direct instruction. Such intervention may be related to developing appropriate communication skills and competencies for pre-academic or academic learning, vocational training, social adjustment and functional or appropriate communication. Interventions may also include instructing the student in the use of alternative and augmentative communication systems, sign language and speech reading.
- **Speech or language therapy** involves the treatment of disorders of language, speech sounds, fluency or voice that interfere with communication, pre-academic or academic learning, vocational training or social adjustment.
- **Alternative and augmentative communication systems** include the use of signing, electronic and nonelectronic tools, and individual and classroom amplification systems.
- The levels are based on the frequency, nature and intensity of the services provided and on the qualifications of personnel required to provide services and collaboration.
- Services at Levels 4 and 5 require the involvement of a speech-language pathologist, interpreter, Listening and Spoken Language Specialist™ or teacher of the deaf or hard-of-hearing.
- Having a teacher use sign language in a total communication setting should be rated at a lower level than having an interpreter in an inclusive setting whose sole responsibility is providing interpreting services.

Services under Domain E: Communication may be required by students other than those identified as speech impaired, language impaired, hearing impaired or dual sensory impaired. For example, some students identified as having an emotional or behavioral disability may require assistance in pragmatic or appropriate communication incorporated into their instructional program.

### Explanations and Examples by Level

#### Level 1—Requires no services or assistance beyond that which is normally available to all students

- ✓ teacher rephrasing questions to assist in comprehension
- ✓ peer assistant repeating directions to student

- ✓ oral directions broken down into simple one-sentence statements
- ✓ instructing student to look at speaker
- ✓ reducing verbal information to assist in comprehension
- ✓ regularly checking for comprehension

## **Level 2–Requires periodic assistance or minor interventions**

### Monthly assistance with communication

- **requires evidence of at least monthly assistance or intervention**
- ✓ cueing or reminders regarding appropriate communication (including tone and body language)
- ✓ checking for comprehension beyond what is normally provided to students
- ✓ eliciting responses
- ✓ re-framing inappropriate dialogue in a more socially appropriate manner (modeling appropriate dialogue)
- ✓ sign language or auditory-oral classes for parents
- ✓ specific individual instruction in new sign language vocabulary for a specific topic or subject (may be provided by instructional aide with signing skills or an interpreter)

### Occasional assistance with personal amplification or communication system

- **requires evidence of assistance with a personal amplification or communication system**
- ✓ assistance with cleaning or maintenance of hearing aid, frequency modulation (FM) equipment or cochlear implant
- ✓ assistance with alternative and augmentative communication systems (e.g., testing hardware)

### Consultation on a monthly basis with teachers, family, agencies or other providers

- **one of the consultants must be a speech-language pathologist, Listening and Spoken Language Specialist™ or teacher of the deaf or hard-of-hearing**
- **requires face-to-face or virtual meetings; virtual meetings are defined as “real time” where participants are actively involved: a meeting conducted via telephone (e.g., a conference call) is considered a virtual meeting, while a written exchange among professionals does not constitute a virtual meeting (written exchange with families is allowable for consultation)**
- **requires documentation of regularly scheduled consultations occurring at least monthly**
- ✓ providing family or caregiver with directions for home-based activities at least monthly (e.g., activities to stimulate language or speech, providing instruction to family or caregiver in maintenance of aids or equipment at least monthly)

### **Level 3—Requires weekly intervention or assistance which may include alternative and augmentative communication systems**

#### Weekly intervention or assistance with language or communication

- **requires evidence of intervention, instruction or assistance occurring at least weekly**
- ✓ assistance in using strategies to enhance classroom communication while oral skills improve (e.g., picture vocabulary boards or cues)
- ✓ specific individual instruction that involves a replacement system to redirect and instruct in the use of socially appropriate communication skills to replace inappropriate language
- ✓ use of a software program at least weekly to design or update individualized communication boards and device overlays
- ✓ cueing and practice of acceptable, coherent, nonthreatening, constructive and relevant communication habits appropriate for the environment

#### Weekly speech or language therapy or instruction

- **requires evidence of therapy (e.g., schedule of speech-language pathologist, therapy log) occurring at least weekly**
- ✓ individual or small-group therapy scheduled one to four times per week

#### Weekly assistance with personal amplification or communication system

- **assistance with programming communication equipment requires evidence of weekly assistance**
- ✓ cleaning or maintenance of hearing aids, FM equipment or cochlear implants at least once per week
- ✓ monitoring the functioning of hearing aids, FM equipment or cochlear implants with follow-up (requests for repairs or replacement)

#### Weekly supervision of augmentative or alternative communication systems

- **requires evidence of weekly supervision or development of communication systems**
- ✓ development of picture boards to facilitate communication
- ✓ adding vocabulary items to augmentative or alternative communication systems or communication boards

#### Weekly collaboration with teachers, family, agencies or others

- **requires that one of the collaborators must be a speech-language pathologist, a Listening and Spoken Language Specialist™ or a teacher of the deaf or hard-of-hearing**

- **requires face-to-face or virtual meetings; virtual meetings are defined as “real time” where participants are actively involved: a meeting conducted via telephone (e.g., a conference call) is considered a virtual meeting, while a written exchange among professionals or families does not constitute a virtual meeting; at this level of the matrix, written exchange among professionals or families does not constitute collaboration**
- **requires documentation of regularly scheduled collaboration occurring at least weekly**
- ✓ speech-language pathologist and teacher jointly designing instructional strategies at least weekly to assist with communication
- ✓ teacher and parent jointly designing home-based activities at least weekly to assist with communication

#### **Level 4–Requires daily intervention or assistance which may include alternative and augmentative communication systems**

##### Daily assistance or instruction with communication equipment

- **for hearing aids, cochlear implants or amplification equipment, requires evidence of daily assistance that must include speech test, battery check, cord check (if applicable) and ear mold check (if applicable); documentation of all applicable components must exist – do not check this item if monitoring procedures are conducted by the student**

**OR**

- **for communication equipment other than hearing aids, cochlear implants and personal amplification systems, requires documentation of an evaluation or assessment with assessment report for the communication equipment and evidence of daily assistance or instruction**
- ✓ daily assistance with personal amplification equipment or augmentative or alternative communication systems, such as communication boards; this does not include daily use of a communication board by the student (this is not a service provided by staff)
- ✓ FM sound field amplification system in classroom

##### Daily integrated intervention and assistance related to communication needs

- **requires the involvement of at least two professional staff (one of whom is a speech-language pathologist)**
- **requires documentation of face-to-face collaboration occurring more than once a week (cannot be virtual)**
- **requires evidence of daily intervention or assistance**
- ✓ daily speech or language therapy (e.g., auditory-oral education services)
- ✓ a combination of speech or language therapy at least three times per week, with the teacher carrying out communication activities throughout the school

- week; requires very close collaboration between teacher and speech-language pathologist
- ✓ daily use of and instruction in specialized techniques in the classroom (e.g., picture exchange communication system)
- ✓ daily planned, systematic instruction in age-appropriate, situation-appropriate language involving both a speech-language pathologist and another professional

Instruction in sign language for use as the primary method of communication

- **the student must be identified as deaf or hard-of-hearing or dual- sensory impaired**
- **instructor must be fluent in signing**
- **interpreting services must be provided in a setting that does not primarily include students who are deaf or hard-of-hearing or dual-sensory impaired**
- ✓ regularly scheduled instruction in sign language
- ✓ instruction in sign language integrated into the curriculum

Interpreting services for part of the school day

- **the student must be identified as deaf or hard-of-hearing or dual- sensory impaired**
- **interpreting services must be provided in a setting that does not primarily include students who are deaf or hard-of-hearing or dual-sensory impaired**
- **interpreting services must be provided by an interpreter; an instructional aide who knows some signs is not considered an interpreter**
- ✓ interpreting services for selected subject areas
- ✓ interpreting services for selected activities

**Level 5—Requires multiple interventions and assistance which may include alternative and augmentative communication systems**

Continuous assistance or instruction with communication equipment

- **requires documentation of an evaluation or assessment with assessment report for assistive technology**
- **requires evidence of continuous assistance or instruction**
- ✓ programming (more than once a day) equipment to enable student to participate in learning activities and communicate with others
- ✓ use of classroom aide or assistant to facilitate communication for the majority of the day

Interpreting services for the majority or all of the school day

- **interpreting services must be provided in a setting that does not primarily include students who are deaf or hard-of-hearing or dual-sensory impaired**
- **interpreting services must be provided by an interpreter; an instructional aide who knows some signs is not considered an interpreter**



- **the student must be identified as deaf or hard-of-hearing or dual-sensory impaired**
- ✓ interpreting services needed for all subject areas and activities

Multiple, continuous interventions to replace ineffective communication and establish appropriate communication

- **requires regular involvement of at least two professional staff (one must be a speech-language pathologist) interacting with the student and each other**
- **requires documentation of each intervention (systematic and planned) and evidence of each intervention's continuous occurrence**
- ✓ a student with selective mutism or echolalia receiving multiple, continuous approaches to establish communication

## **SPECIAL CONSIDERATIONS**

The Special Considerations section of the matrix consists of a checklist at the back of the matrix form that is used to determine if additional points should be added to the total of the domain ratings before determining the cost factor. Raters should **check any of the applicable special considerations items and add the number of points indicated to the total of the domain ratings** before determining the cost factor.

Students receiving more than one check on the Special Considerations checklist should have points from both items added to their ratings. For example, a prekindergarten student earning less than .5 FTE during an FTE survey period who is also identified as visually impaired should have 6 points added to his or her domain ratings total.

**Add 13 points for students eligible for the hospital or homebound program who are receiving individual instruction at home or at a hospital. (Teacher and student must be at the same location.)**

- This only applies to those students who have been determined eligible for the hospital or homebound program as defined in Rule 6A-6.03020, F.A.C.
- This should not be checked for students served at home for other reasons.

**Add 13 points for prekindergarten children with a disability who are being served in the home or hospital on a one-on-one basis.**

- This only applies to those children assigned to a prekindergarten program (not to those who are age five and in a kindergarten program).
- This may include direct instruction of the parent, guardian or primary caregiver for students below age three. See Rule 6A-6.03026, F.A.C.
- For prekindergarten students ages three or above, services must be provided directly to the child.

## Matrix of Services Handbook

### Domain E: Communication

- For students served both at home and at school, the resulting cost factor is only applied for the amount of time the student receives the one-on-one services at home or in the hospital.

#### **Add 3 points for prekindergarten students earning less than .5 FTE during an FTE survey period.**

- This only applies to those children assigned to a prekindergarten program (not to those who are age five and in a kindergarten program).
- Prekindergarten students who attend public school less than 20 hours per week are included here (e.g., students who come to school for speech therapy only).
- Also included here are prekindergarten students who attend public school 20 hours per week but generate less than .5 FTE in the FEFP system (e.g., a child served in an early education (e.g., Head Start, voluntary prekindergarten education) program who receives 15 hours of ESE services per week from an ESE teacher who comes into the early intervention classroom).

#### **Add 3 points for students identified as visually impaired or dual-sensory impaired.**

- This includes any student with a primary or other exceptionality of visually impaired (VI) or dual-sensory impaired (DSI).
- Students must meet the criteria for VI in Rule 6A-6.03014, F.A.C., or DSI in Rule 6A-6.03022, F.A.C., and be determined eligible for one of these special programs.

#### **Add 1 point for students who have a score of exactly 17 total domain rating points and who are rated Level 5 in three of the five domains.**

#### **Add 1 point for students who have a score of exactly 21 total domain rating points and who are rated Level 5 in four of the five domains.**

## MATRIX QUESTIONS AND ANSWERS

### OVERVIEW

#### 1. For which students must a matrix be completed?

A matrix must be completed for all ESE students (including infants and toddlers with disabilities if the school district elects to serve) at Support Levels 4 and 5 (254-255) and for all McKay Scholarship students regardless of the support level.

#### 2. Who should complete the matrix?

The matrix must be completed by personnel who have received training. Districts decide who receives training on the matrix and who is responsible for completing the matrix.

#### 3. Do parents need to be included in completion of the matrix?

No. Schools need to make every effort to ensure that parents attend IEP, EP and individualized family support plan meetings and participate in decision-making regarding their child's educational program. The decisions made by the IEP, EP or individualized family support plan team regarding special services and programs should then be transferred to the Matrix of Services form. Districts and schools may or may not choose to complete the matrix form with the parents present.

#### 4. Can the matrix be completed by one person?

Yes, as long as that person is knowledgeable about the special services that were decided upon by the IEP team.

#### 5. When must the matrix be completed?

For students at Support Levels 4 and 5 (254–255), a matrix must be completed at the time of the student's initial placement into an exceptional student education program and at least once every three years. Additionally, districts must ensure that matrixes reflect current services. If services change as a result of an IEP team decision, a new matrix must be completed.

For students participating in the John M. McKay Scholarships for Students with Disabilities Program, matrixes are submitted one time. Within 30 days of receipt of parental intent to participate in the scholarship program, districts must complete a Matrix of Services form based upon the student's current IEP and submit the matrix rating to the Department of Education. This rating is not subject to change and will be used to calculate the scholarship amount for the duration of the student's participation in the scholarship program. A school district may change the Matrix of Services if the change is to correct a technical, typographical or calculation error.

**6. Who must provide the services specified on the matrix?**

The school district is responsible for assuring the use of qualified individuals and adherence to applicable certification and licensure statutes and rules.

**7. Is transportation addressed in the matrix?**

Florida uses a separate funding system for transportation. For this reason, it is not addressed on the matrix, even though any special transportation needs must be addressed on the IEP.

**8. Does a new matrix have to be completed after every IEP meeting?**

No. A matrix must be completed at least once every three years for ESE students at Support Levels 4 and 5. Each time the IEP, EP or individualized family support plan is reviewed, the matrix must also be reviewed. This review is documented by initialing and dating the front page of the matrix form. Any time an IEP meeting results in a change of services, a new matrix must be completed. For McKay Scholarship students, matrixes are only submitted once.

**9. Can a service that is not on the IEP be checked on the matrix?**

No. The services checked on the matrix must be based on the information contained in the IEP. The IEP, and not the Matrix of Services, determines the special education services a student will receive.

**10. Can an exceptional education student generate funding under more than one cost factor program?**

Yes. While almost all exceptional education students will generate funding under a single cost factor, there are instances where a student will generate funding using more than one cost factor program. These instances include the following:

- prekindergarten exceptional education students receiving some of their instruction one-on-one at home or hospital and some in a school setting
- hospital or homebound students receiving some of their instruction one-on- one at home or hospital and some in a school setting
- hospital or homebound students receiving some of their instruction one-on- one at home or hospital and some through teleclass instruction
- students who are officially dually enrolled in an area vocational-technical center, community college or university course

## **MATRIX OF SERVICES FORM**

### **1. How many signatures are required on the matrix?**

Signatures are not required on the matrix. The front page of the matrix does, however, provide a place for the names of any individuals who participated in completing the matrix. At least one name must be recorded there. In addition, the front page includes a section to document matrix reviews when the IEP has been reviewed and there were no changes to services.

### **2. Where should matrixes be kept?**

The matrix is an official, auditable document that is part of the student's Category B information records. The matrix should be kept with other student record information such as the IEP.

### **3. How does one determine which areas of eligibility to check?**

To verify areas of eligibility, check the student's eligibility determination records. During the eligibility determination process, a committee determines whether the student meets the criteria in State Board of Education rules for one or more exceptionality areas. Once areas of eligibility have been determined, the person(s) completing the matrix should put a "P" next to the student's primary exceptionality and check all other areas for which the student has been determined eligible.

### **4. How is the primary exceptionality determined?**

The primary exceptionality is defined as the exceptionality that most affects the student's ability to learn. School and district staff will make this determination based upon their knowledge of the student.

## **INSTRUCTIONS FOR USE OF THE MATRIX**

### **1. Can a student be rated "1" in all domains?**

To be eligible for ESE, a student must need special education services in order to benefit from education. If a student with disabilities is rated "1" in all domains (i.e., scores a total of 5 points on the matrix), the student may not be eligible for ESE since they do not demonstrate a need. In such a case, an IEP team meeting should be held to determine whether the student continues to have a disability and whether the student continues to need special education and related services. Students with disabilities who are being monitored in regular education but who are not receiving special education services should be rated as 1 in all five domains, reported as basic for funding purposes and considered for dismissal.

Students identified as gifted whose needs are being met through programs such as international baccalaureate, advanced placement or dual enrollment may be rated at Level 1 in all five domains. Any student rated "1" in all five domains will not be

funded at an ESE cost factor weight unless special education services or programs are again delivered. If Level 1 ratings in all domains are consistent with the student's EP or IEP, there is no problem with continued eligibility for gifted services.

**2. What is the difference between consultation (Level 2) and collaboration (Level 3)?**

**Consultation** refers to sharing of information—communication—between teachers, families, agencies or others.

**Collaboration** refers to a joint effort—work—carried out by individuals in order to address the student's needs. Collaboration is, therefore, more intense than consultation. Both consultation and collaboration must be regularly scheduled in order to be checked on the matrix.

**3. If a child is seen only one day a week, but a service is provided every time the child is seen, can the service be marked as “daily”?**

No. Daily services are services provided five days per week.

**4. If a district has a cost sharing arrangement for services, should those services be reflected on the matrix?**

Only those services funded by the school district should be checked on the matrix.

**5. If services needed by an ESE student being served in a dropout prevention program are used for all the dropout prevention students at a particular site, can the services be marked on the matrix?**

No. Services that are provided to all students (general education and ESE) at a school site may not be checked on the matrix.

## **QUESTIONS – LEVELS**

**1. How does the rater decide which domains to rate a student in?**

Each student is rated in every domain.

**2. Can a service be counted in more than one domain?**

No. Although some services may seem to apply to more than one domain, they should only be checked in the domain that is most applicable. For example, braille instruction falls under Domain A: Curriculum and Learning Environment, rather than Domain E: Communication. Other services, such as consultation, are listed in all the domains but should only be checked in the areas where consultative services are being provided. If consultation is checked in more than one domain, there must be

evidence that each domain is addressed separately at least monthly and that different services (e.g., modifications, strategies, behavior plans) are being carried out as a result of the consultation. If there are instances where a teacher consults with other teachers regarding academic achievement and occasionally addresses a behavioral, independent functioning or communication issue, consultation should only be indicated under Domain A.

### 3. Can an aide be counted in more than one domain?

Items checked on the matrix reflect the services being provided to the student, rather than the personnel providing the service. As an example, if an aide is providing personal assistance in activities of daily living (Domain C) and personal health care assistance (Domain D), both of these services may be checked on the matrix.

## QUESTIONS – DOMAIN A

### 1. The entire elementary school has implemented a direct instruction reading period conducted daily in small groups to meet school improvement goals. Can this be coded as a special education service on the matrix?

No. Services that are provided to all students (general education and ESE) at a school site may not be checked on the matrix.

### 2. What is assistive technology?

**Assistive technology** refers to any item, piece of equipment or product system—whether acquired commercially off the shelf, modified or customized—that is used to increase, maintain or improve the functional capabilities of a student with a disability. It does not include a medical device that is surgically implanted, or the replacement of that device. Examples of assistive technology devices include remote-controlled switches, expanded keyboards and speech output devices.

## QUESTIONS – DOMAIN B

### 1. An elementary school has implemented a social skills curriculum on a schoolwide basis. All teachers in the school provide small group training in social skills on a weekly basis. Should this social skills training be coded a Level 2 for a student identified as having an emotional or behavioral disability?

No. Services that are provided to all students (general education and ESE) at a school site may not be checked on the matrix.

**2. All of the students in a special class for students with emotional or behavioral disabilities are on a level system. Because the service is provided for all students in the class, can this service be checked on the matrix?**

Yes. As long as the service is based on a need determined by the IEP team and individualized to address that need, the service should be checked on the matrix.

Although it is true that special services provided to everyone in a class may not normally be checked on matrixes, this guideline would not apply to services provided in a special class, if all of the students in the class are placed there because an IEP team has determined that they need the special class placement and if the services are individualized in some way to meet each student's needs. For example, students with emotional or behavioral disabilities served in a self-contained class may all participate in a behavior management system. The overall system may be the same for all students but is individualized through differences in target behaviors, contingencies, schedules, etc.

**3. How formal must functional behavior assessments be?**

A functional behavioral assessment is a process for developing a useful understanding of how behavior is related to the environment. Functional behavioral assessments will vary in rigor dependent upon the severity of the behavior and the complexity of the circumstances. Functional assessment procedures typically include combinations of any of the following activities:

- review of records and existing information, including prior interventions and results
- interviews with individuals familiar with the student, such as family and teachers, as well as the student in question
- observations of the student's behavior in one or more settings and at various times
- formal and informal measurement procedures

A functional behavioral assessment is not a discrete activity conducted in isolation of the total school context for a student. Utilization of existing information in assessing student behavior is not only efficient, it is critical to understanding how to design appropriate interventions for the student. The primary purpose of the review of records and existing information is to build on what is known about the student; therefore, the process does not require "starting from scratch" each time the function of a behavior is assessed.

**4. How should a student who receives points daily for appropriate behavior be rated?**

A simple point system within the general education classroom designed specifically for a particular student would be rated Level 2 (special behavior system in general class). If the behavior system is broader, encompassing behavior outside the



classroom, Level 3 (behavior contract, including behavior outside the classroom) would be appropriate. If the point system involves weekly contingencies and requires weekly review by the staff that developed the program with the purpose of monitoring the system, then Level 3 (weekly assessment of behavior as part of behavioral intervention plan) might be appropriate.

**5. If a student has been determined eligible as a student with specific learning disabilities but has behavior problems as well, should services provided to address the behavior problems be indicated on the matrix?**

Yes, as long as the behavioral services are documented on the IEP. Program eligibility does not limit services provided to a student. However, there must be evidence of a social or emotional need resulting from the disability documented in the present levels of academic achievement and functional performance and goals on the IEP. Services checked must be based on these individual needs.

**QUESTIONS – DOMAIN C**

**1. Can the service “supervision to ensure physical safety” refer to the physical safety of others (not just the student for whom the matrix is being completed)?**

Yes, it can include the physical safety of others, along with that of the student for whom the matrix was completed.

**2. If an occupational therapist or physical therapist is reviewing the progress being made by the student with the student’s teacher on a monthly basis, what is checked on the matrix?**

Level 2, “consultation,” would be checked.

**3. Sometimes an IEP identifies a certain level of service until a specified milestone is reached. Once that milestone is reached, the IEP identifies a reduced level of service. How is this reflected on the matrix?**

Two matrixes would need to be prepared. The first matrix would cover the level of service indicated on the IEP at the time of IEP development. Once the milestone is reached, a new matrix must be completed showing the lower level of service that will occur subsequent to the milestone achievement.

**QUESTIONS – DOMAIN D**

**1. What is the difference between Independent Functioning and Health Care?**

Independent Functioning refers to organizational strategies, assistance for daily living and self-care skills (eating, toileting and personal hygiene), physical therapy, occupational therapy, orientation and mobility training and supervision to ensure

physical safety. Health Care refers to monitoring and assessment of health conditions and other school health services that are required to assist a child with a disability to benefit from special education.

## **QUESTIONS – DOMAIN E**

### **1. Does the Communication domain include written communication?**

No. Written communication is a skill included in the curriculum. Special services in this area should be reflected in Domain A: Curriculum and Learning Environment.

### **2. If a student is receiving speech or language services on a consultation basis, what level should be checked for Communication?**

Level 2, “consultation,” should be checked in this instance. Consultative services are not the same as “therapy.”

## **QUESTIONS – SPECIAL CONSIDERATIONS**

### **1. How should a prekindergarten child who is served both at home and at school be reported for funding purposes?**

If a child is served both at home and at a school site, they should be reported under two cost factors. This may require that two matrixes be completed. Using a matrix, services provided in the home or hospital should be indicated and the special considerations points added. For services provided at the school site, complete a second matrix if the resulting rating is Support Level 4 or 5. During FTE week, the child will be reported at the 255 cost factor for the amount of time served on a one-on-one basis at a home or hospital and at the cost factor resulting from the school services for the remainder of the school week.

### **2. Are prekindergarten students who are served on a one-on-one basis in a setting other than a home or hospital eligible for the 13 special considerations points?**

No. The additional 13 points apply only to those prekindergarten students served one-on-one at home or in a hospital.

### **3. How should a hospital or homebound student who is served intermittently at home be reported for funding purposes?**

In cases in which a student eligible for the hospital or homebound program requires individual instruction at home or at a hospital for some of the time, but is well enough to attend school at other times, the cost factor(s) reported for funding purposes will depend upon the services delivered during FTE week. This situation may require that two matrixes be completed. Using a matrix, services provided in the home or

hospital should be indicated and the 13 special considerations points added. A second matrix should be completed if services provided at the school site result in a Support Level 4 or 5 rating. During FTE week, the student will be reported at the 255 cost factor for the amount of time served on a one-on-one basis at home or hospital (if any) and at the appropriate cost factor for any time the student is in attendance at the school site.

- 4. For a hospital or homebound student receiving all of their services at home or hospital, should FTE reflect the actual hours served during FTE week or the amount of time scheduled?**

For a student meeting both the membership and attendance requirements specified in FTE General Instructions, reported FTE should reflect the amount of hospital or homebound services scheduled as indicated on the IEP.

- 5. For prekindergarten students at .5 FTE, how does this apply to students enrolled in VPK for the half day funded program? Does this (earning less than .5 FTE) have any application to the Pre-K student who comes to the school district for part time speech only?**

Any student earning less than .5 FTE (including a Pre-K student who comes for speech only) is eligible for the 3 points. If the school district is claiming the student for FEFP funding and it's less than .5, the additional 3 points are applicable.



# Matrix of Services

For funding under the Florida Education Finance Program

<b>Total of Ratings:</b>	_____
<b>Cost Factor:</b>	_____

## Student Information

District: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Names of Persons Completing Matrix:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## Areas of Eligibility

(Put a "P" next to the primary exceptionality.  
Check all others that apply.)

**Data  
Entry  
Code**

- Autism Spectrum Disorder ----- P
- Deaf or Hard of Hearing ----- H
- Developmentally Delayed (Age: 0-5) ----- T
- Dual-Sensory Impaired ----- O
- Emotional/Behavioral Disability ----- J
- Established Conditions (Age: 0-2) ----- U
- Gifted ----- L
- Hospital/Homebound ----- M
- Intellectual Disability ----- W
- Language Impaired ----- G
- Occupational Therapy ----- D
- Orthopedically Impaired ----- C
- Other Health Impaired ----- V
- Physical Therapy ----- E
- Specific Learning Disabled ----- K
- Speech Impaired ----- F
- Traumatic Brain Injured ----- S
- Visually Impaired ----- I

## Instructions

1. Check services or supports to be provided by school district to student in Domains A through E.
2. Mark appropriate level (1 through 5) for each domain and record level at bottom of each domain.
3. Check applicable special considerations, if any, and record total special considerations rating.
4. Total the five domain ratings, sum the total of domain ratings and special considerations rating, and record total in box at top of this page.
5. Determine cost factor using cost factor scale on the final page and record it in box at top of this page.

(Note: For more information, see the **Matrix of Services Handbook**.)

## Matrix Reviews after Interim IEP Meetings

Record interim reviews below if (1) there is no change in services and (2) the matrix is less than three years old.

Review Date \_\_\_\_\_ Reviewer's Initials \_\_\_\_\_

Review Date \_\_\_\_\_ Reviewer's Initials \_\_\_\_\_

Review Date \_\_\_\_\_ Reviewer's Initials \_\_\_\_\_

# Matrix of Services

Student Name: \_\_\_\_\_

## Domain A—Curriculum and Learning Environment

<b>Level 1</b> <input type="checkbox"/>	___ Requires no services or assistance beyond that which is normally available to all students
<b>Level 2</b> <input type="checkbox"/>  <b>Requires minimal accommodations/supports to the curriculum or learning environment</b>	___ Accommodations/supports to the general curriculum ___ Curriculum compacting ___ Differentiated instruction ___ Electronic tools used independently ___ Accessible instructional materials (AIM) ___ Accommodations on assessment/accessible assessment materials ___ Assistance with note taking and studying ___ Referrals to agencies ___ Consultation on a monthly basis with teachers, family, agencies or other providers
<b>Level 3</b> <input type="checkbox"/>  <b>Requires a differentiated curriculum or extensive use of accommodations</b>	___ Differentiated curriculum ___ Electronic tools and assistive technology used with assistance ___ Alternative textbooks, materials, assessments, assignments or equipment ___ Special assistance in general education class requiring weekly consultation ___ Assistance for some learning activities in the general education setting ___ Direct, specialized instruction for some learning activities ___ Weekly collaboration with family, agencies and/or other providers
<b>Level 4</b> <input type="checkbox"/>  <b>Requires specialized instruction, modified curriculum, extensive modification to the learning environment or assistive technology used with supervision</b>	___ Extensive creation of special materials ___ Direct, specialized instruction and/or curriculum for the majority of learning activities ___ Instruction delivered within the community ___ Assistance for the majority of learning activities ___ Assistive technology used with supervision for the majority of learning activities
<b>Level 5</b> <input type="checkbox"/>  <b>Requires modified curriculum and substantial modifications to the learning environment</b>	___ Instruction in reading braille ___ Intensive curriculum or instructional approach for the majority of learning activities ___ Group instruction at home or hospital ___ Individual instruction at home or hospital ___ Ongoing, continuous assistance for participation in learning activities

Domain A Rating: \_\_\_\_\_

## Domain B—Social or Emotional Behavior

<b>Level 1</b> <input type="checkbox"/>	___ Requires no services or assistance beyond that which is normally available to all students
<b>Level 2</b> <input type="checkbox"/>  <b>Requires periodic assistance and/or behavior supports</b>	___ Consultation on a monthly basis with teachers, family, agencies or other providers ___ Specialized instruction or activities in self-advocacy and understanding of exceptionality ___ Behavior management system in general class ___ Monthly counseling or guidance ___ Monthly assessment of behavior or social skills
<b>Level 3</b> <input type="checkbox"/>  <b>Requires weekly personal assistance or behavioral intervention</b>	___ Small group instruction in social skills, self-regulatory behavior, self-advocacy, conflict resolution, dealing with authority, and socialization ___ Weekly counseling or guidance ___ Behavior contract, including behavior outside the classroom ___ Weekly family counseling, assessment or interventions ___ Referral and follow-up for transitions to and from community-based programs ___ Weekly assessment of behavior as part of behavioral intervention plan ___ Weekly collaboration with teachers, family, agencies or other providers
<b>Level 4</b> <input type="checkbox"/>  <b>Requires daily personal assistance, monitoring and/or intervention</b>	___ Highly structured individualized behavioral intervention plan infused throughout the school day ___ Daily counseling or specific instruction on social or emotional behavior ___ Daily reports to family, agencies or others
<b>Level 5</b> <input type="checkbox"/>  <b>Requires continuous personal assistance, monitoring and intervention</b>	___ Intensive, individualized behavior management plan that requires very small group or one-on-one intervention ___ Therapeutic treatment infused throughout the educational program ___ Wraparound services for up to 24-hour care

Domain B Rating: \_\_\_\_\_

# Matrix of Services

Student Name: \_\_\_\_\_

## Domain C—Independent Functioning

Level 1 <input type="checkbox"/>	<ul style="list-style-type: none"> <li>___ Requires no services or assistance beyond that which is normally available to all students</li> </ul>
Level 2 <input type="checkbox"/> <b>Requires periodic personal assistance, monitoring and/or minor intervention</b>	<ul style="list-style-type: none"> <li>___ Monthly personal assistance with materials or equipment</li> <li>___ Consultation on a monthly basis with teachers, family, therapists, service coordinator or other providers</li> <li>___ Organizational strategies or supports for independent functioning</li> <li>___ Special equipment, furniture, strategies or supports for motor control in the classroom</li> </ul>
Level 3 <input type="checkbox"/> <b>Requires weekly personal assistance, monitoring and/or intervention</b>	<ul style="list-style-type: none"> <li>___ Specially designed organizational strategies or supports for independent functioning</li> <li>___ Supervision to ensure physical safety during some daily activities</li> <li>___ Weekly instruction in self-monitoring of independent living skills</li> <li>___ Weekly monitoring of, or assistance with, independent living skills, materials or equipment</li> <li>___ Weekly collaboration with teachers, family, agencies or other providers</li> </ul>
Level 4 <input type="checkbox"/> <b>Requires daily personal assistance, monitoring, and/or intervention</b>	<ul style="list-style-type: none"> <li>___ Supervision to ensure physical safety during the majority of activities</li> <li>___ Individual assistance or supervision in activities of daily living, self-care, and self-management for part of the day</li> <li>___ Special equipment/assistive technology for personal care with frequent assistance</li> <li>___ Regularly scheduled occupational therapy, physical therapy or orientation and mobility training</li> </ul>
Level 5 <input type="checkbox"/> <b>Requires continuous personal assistance, monitoring and/or intervention</b>	<ul style="list-style-type: none"> <li>___ Continuous supervision to ensure physical safety</li> <li>___ Individual assistance or supervision in activities of daily living, self-care and self-management for the majority of the day</li> <li>___ Occupational therapy, physical therapy or orientation and mobility training more than once a week</li> <li>___ Multiple therapies and services (physical therapy, occupational therapy, or orientation and mobility training)</li> </ul>

Domain C Rating: \_\_\_\_\_

## Domain D—Health Care

Level 1 <input type="checkbox"/>	<ul style="list-style-type: none"> <li>___ Requires no services or assistance beyond that which is normally available to all students</li> </ul>
Level 2 <input type="checkbox"/> <b>Requires periodic personal assistance, monitoring and/or minor intervention</b>	<ul style="list-style-type: none"> <li>___ Monthly personal health care assistance</li> <li>___ Consultation on a monthly basis with student, teachers, family, agencies, or other providers</li> <li>___ Monthly monitoring of health status, procedures, or medication</li> <li>___ Specialized administration of medication</li> <li>___ Monthly assistance with agency referrals/coordination</li> </ul>
Level 3 <input type="checkbox"/> <b>Requires weekly personal assistance, monitoring and/or intervention</b>	<ul style="list-style-type: none"> <li>___ Weekly monitoring or assessment of health status, procedures, or medication</li> <li>___ Weekly counseling with student or family for related health care needs</li> <li>___ Weekly communication with family, physician, agencies or other health-related personnel</li> <li>___ Invasive/specialized administration of medication</li> <li>___ Weekly collaboration with family, physicians, agencies or others</li> </ul>
Level 4 <input type="checkbox"/> <b>Requires daily personal assistance, monitoring and/or intervention</b>	<ul style="list-style-type: none"> <li>___ Daily assistance with, or monitoring and assessment of, health status, procedures or medication</li> <li>___ Daily assistance with, or monitoring of, equipment related to health care needs</li> <li>___ Administration of parenteral (non-oral) medication</li> <li>___ Daily communication with family, physician, agencies or other health-related personnel</li> </ul>
Level 5 <input type="checkbox"/> <b>Requires continuous personal assistance or monitoring and multiple interventions</b>	<ul style="list-style-type: none"> <li>___ Daily assistance with procedures such as catheterization, suctioning, tube feeding or other school health services</li> <li>___ Continuous monitoring and assistance related to health care needs</li> </ul>

Domain D Rating: \_\_\_\_\_

# Matrix of Services

## Domain E—Communication

Level 1 <input type="checkbox"/>	<p>___ Requires no services or assistance beyond that which is normally available to all students</p>
Level 2 <input type="checkbox"/> Requires periodic assistance and/or minor interventions	<p>___ Monthly assistance with communication</p> <p>___ Occasional assistance with personal amplification or communication system</p> <p>___ Consultation on a monthly basis with teachers, family, agencies or others</p>
Level 3 <input type="checkbox"/> Requires weekly intervention and/or assistance which may include alternative and augmentative communication systems	<p>___ Weekly intervention or assistance with language or communication</p> <p>___ Weekly speech/language therapy or instruction</p> <p>___ Weekly assistance with personal amplification or communication system</p> <p>___ Weekly supervision of augmentative or alternative communication systems</p> <p>___ Weekly collaboration with teachers, family, agencies or others</p>
Level 4 <input type="checkbox"/> Requires daily intervention and/or assistance which may include alternative and augmentative communication systems	<p>___ Daily assistance and/or instruction with communication equipment</p> <p>___ Daily integrated intervention and assistance related to communication needs</p> <p>___ Instruction in sign language for use as the primary method of communication</p> <p>___ Interpreting services for part of the school day</p>
Level 5 <input type="checkbox"/> Requires multiple interventions and assistance which may include alternative and augmentative communication systems	<p>___ Continuous assistance and/or instruction with communication equipment</p> <p>___ Interpreting services for the majority of the school day</p> <p>___ Multiple, continuous interventions to replace ineffective communication and establish appropriate communication</p>

Domain E Rating: \_\_\_\_\_

Student Name: \_\_\_\_\_

### Special Considerations:

- \_\_\_ Add 13 points for students eligible for the hospital/homebound program who are receiving individual instruction at home or at a hospital.
- \_\_\_ Add 13 points for prekindergarten children with a disability who are being served in the home or hospital on a one-to-one basis.
- \_\_\_ Add 3 points for prekindergarten students earning less than .5 FTE during an FTE survey period.
- \_\_\_ Add 3 points for students identified as visually impaired or dual-sensory impaired.
- \_\_\_ Add 1 point for students who have a score of exactly 17 total domain rating points and who are rated Level 5 in three of the five domains.
- \_\_\_ Add 1 point for students who have a score of exactly 21 total domain rating points and who are rated Level 5 in four of the five domains.

Special Considerations Rating: \_\_\_\_\_

		Cost Factor Scale	
Total of Domain Ratings:	_____	Total of Ratings	Cost Factor
Special Considerations Rating:	_____	6 - 9	= 251
Total of Ratings:	_____	10 - 13	= 252
		14 - 17	= 253
		18 - 21	= 254
		22+	= 255



## GLOSSARY

**Accommodations** – changes that can be made in the way the student accesses information and demonstrates performance. Accommodations involve the use of various strategies, assistive technologies, flexibility in the schedule or environment, or support from a person to increase, maintain or improve the performance of a student with disabilities working through general education curriculum standards. Determining the intensity of the accommodations will be critical to determining the appropriate level of ratings.

**Accessible instructional materials** – instructional materials and print instructional materials that have been formatted or adapted to meet the individual needs of students with disabilities.

**Access Points** – Next Generation Sunshine State Standards learning expectations for students with significant cognitive disabilities.

**Alternative or augmentative communication systems** – any and all types of communication approaches that assist, suggest, supplement or substitute for the student's spoken language skills (speech). These systems may include manual communication (signing); electronic devices; or nonelectronic devices, adaptations and materials.

**Assistance for activities of daily living and self-care** – includes occasional reminders and cueing, occupational or physical therapy and direct instruction and personal assistance. (Domain C: Independent Functioning)

**Assistive technology** – any item, piece of equipment or product system—whether acquired commercially off the shelf, modified or customized—that is used to increase, maintain or improve the functional capabilities of a student with a disability. It does not include a medical device that is surgically implanted, or the replacement of that device. Examples of assistive technology devices include remote-controlled switches, expanded keyboards and speech output devices.

**Behavioral interventions** – strategies, procedures, protocols and supports implemented to modify or maintain a student's behavior.

**Behavior management** – includes the use of positive behavioral supports such as reinforcement or consequence procedures, behavioral contracting, time-out and level systems. (Domain B: Social or Emotional Behavior)

**Classroom setting** – general factors related to the educational setting such as student-staff ratio and degree of structure provided, as well as specialized environmental considerations such as acoustics. “Classroom setting” may also encompass alternative learning environments that are self-contained or located off-campus.

**Collaboration** – a joint effort among teachers, families, agencies and others. Collaboration involves cooperative, proactive work on the part of all participants, with all parties actively planning and carrying out interventions designed to meet a student's needs. In order to be checked on the matrix, collaboration must be regularly scheduled and conducted face-to-face. At Level 3, written exchange among professionals or families does not constitute collaboration.

**Communication systems** – augmentative and alternative communication devices, electronic and nonelectronic tools, and individual amplification systems. (Domain E: Communication)

**Consultation** – sharing of information between teachers, families, agencies and others in order to address the student's needs. In order to be checked on the matrix, consultation must be regularly scheduled and conducted face-to-face or virtually, as defined in each domain. Written exchange among professionals does not constitute a virtual meeting. However, written exchange with families is allowable for consultation at Level 2.

**Continuous** – uninterrupted, constant. (Generally used in Level 5.)

**Counseling** – refers to individual or group activities provided by trained and credentialed or certified professionals to address the social and emotional needs of students or families.

**Cost factor** – the number (251–255) that corresponds to the total of ratings on the cost factor scale from page 4 of the matrix.

**Cost factor scale** – the guide used to determine the cost factor, found on page 4 of the matrix. The cost factor scale equates the total of ratings with the appropriate cost factor.

**Curriculum** – courses, student performance standards, content and developmentally appropriate milestones.

**Curriculum compacting** – a strategy used with students identified as gifted; curriculum compacting eliminates material already known by students to provide more time for extension, enrichment or acceleration activities.

**Daily** – every day; several times a day. (Generally used in Level 4.)

**Different** – curriculum and needed instructional approaches, materials or equipment that are generally or considerably different from the regular program; requires a great deal of customization for individual students. (Generally used in Levels 4 and 5.)

**Differentiated curriculum** – a strategy used with students identified as gifted; a differentiated curriculum consists of flexibility in instructional methods, delivery and materials to meet the learning needs of a highly diverse group. A differentiated curriculum

includes interdisciplinary enrichment materials as well as guided and independent in-depth studies of special interest areas emphasizing student product development.

**Differentiated instruction** – tailoring instruction to meet individual needs, focusing on differentiating content, process and products for the learning environment.

**Domain** – one of five areas on the Matrix of Services intended to cover the special services and supports provided in an educational setting. The five areas are Curriculum and Learning Environment, Social or Emotional Behavior, Independent Functioning, Health Care and Communication.

**Electronic tools** – a generic term for any type of powered device, such as computers, spell checkers, switches, tape recorders.

**Eligibility areas** – the exceptional student education program areas for which a student has been determined eligible to receive services.

**Extensive** – broad and comprehensive changes are required. (Generally used in Level 4.)

**Frequency** – the number of times a service occurs.

**Functional behavioral assessment** – a process for developing a useful understanding of how behavior relates to the environment. Functional behavioral assessment typically includes observations of the student and their behavior in one or more settings and at various times, interviews with individuals familiar with the student, review of records and formal and informal measurement procedures determined by the IEP team.

**Instruction** – facilitates the student’s acquisition of knowledge or skills; commonly described as teaching, tutoring and training.

**Instructional strategies** – guidelines supporting the development of instructional activities, which for some students includes increasingly individualized approaches and methods for delivering instruction and learning activities, e.g., lesson planning and presentation routines, practice opportunities, monitoring procedures, group and individual work, and hands-on activities and projects. (Domain A: Curriculum and Learning Environment)

**Interagency collaboration** – work with agencies that may include making referrals and other cooperative efforts. Examples in each domain are provided below.

- In **Domain A: Curriculum and Learning Environment**, collaboration might occur with Head Start, the Division of Blind Services or the Division of Vocational Rehabilitation.
- In **Domain B: Social or Emotional Behavior**, collaboration might occur with local mental health agencies to ensure a cohesive and unified approach in

- providing direct and shared services aimed at supporting the social and emotional needs of individual students.
- In **Domain C: Independent Functioning**, collaboration includes referrals and services through agencies such as the Division of Blind Services or the Division of Vocational Rehabilitation.
- In **Domain D: Health Care**, collaboration might occur with Children’s Medical Services, Medicaid, county health units, private health care providers, medical clinics and hospitals.
- In **Domain E: Communication**, collaboration might occur with agencies such as Head Start, Deaf Service Centers, Children’s Medical Services and the Division of Vocational Rehabilitation.

**Interpreting services** – visual presentation of oral language to students who are deaf or hard-of-hearing through communication modes such as sign language, finger spelling or oral interpretation of the spoken message. Interpreters also voice the communication of students who are deaf or hard-of-hearing to individuals who are hearing.

**Learning environment** – includes assessment procedures, materials and equipment, and classroom setting.

**Learning media assessment** – a process for systematically selecting learning and literacy media. This includes the total range of instructional media needed to facilitate learning. The assessment determines the efficiency with which the student gathers information from various sensory channels: visual, tactual and auditory; determines the general learning media the student uses, or will use, to accomplish learning tasks; and specifies the literacy media the student will use for reading and writing. Relates to students who have visual impairments.

**Listening and Spoken Language Specialist™** – a person who has been awarded professional certification through the Alexander Graham Bell Association.

**Level** – used to indicate the frequency and intensity of services and the qualifications of personnel required to provide the services. There are five levels in each domain. Level 1 represents the lowest level of service; Level 5 represents the highest level of service.

**Low-vision aids** – devices used to increase the size of an image through the use of lenses or a lens system.

**Majority** – more than 50%.

**Materials and equipment** – regular, alternative or modified textbooks, workbooks, media materials, references and resources, software, tools, supplies, and equipment

required for learning and performing in the educational program. (Domain A: Curriculum and Learning Environment)

**Modifications** – alterations, transformations and variations provided to curriculum, instruction, materials or equipment.

**Monitoring health conditions** – periodic checking of the status of the student’s health condition by a nurse or appropriate trained school staff to keep track of, manage or control the condition. (Domain D: Health Care)

**Monthly** – every month, e.g., one to three times a month. (Generally used in Level 2.)

**Occupational therapy** – services provided by a licensed occupational therapist or a licensed occupational therapy assistant pursuant to Chapter 468, F.S., that include improving, developing or restoring functions impaired or lost through illness, injury or deprivation; improving ability to perform tasks for independent functioning if functions are impaired or lost; and preventing, through early intervention, initial or further impairment or loss of function. It includes specially designed programs directed toward improvement of a significant dysfunction in daily living skills, academic learning skills or adaptive social or emotional behavior due to physical, motor or neurological deficits.

**Organizational strategies** – tactics designed to aid a student’s ability to function independently in the general education classroom.

**Orientation and mobility training** – teaching concepts, skills and techniques necessary for a student with a visual impairment to travel safely and efficiently through any environment.

**Personal assistance** – direct help or aid to the student.

**Physical therapy** – services provided by a licensed physical therapist or a licensed physical therapist assistant in accordance with Chapter 486, F.S. It includes a specially designed program directed toward the development, improvement or restoration of neuromuscular or sensorimotor function, relief of pain or control of postural deviations to attain functional performance in the educational setting.

**Primary exceptionality** – the exceptionality that most affects the student’s ability to learn.

**Related health care services** – management of or specialized administration of medication, suctioning or tube feeding or the provision of other types of needed school health services. Collaboration with agencies and families may be part of the required service. (Domain D: Health Care)

**Service coordinator** – individual responsible for the implementation of an individualized family support plan and coordination with other agencies and persons.

**Services** – work or duties performed for the assistance or benefit of students with exceptionalities. May be provided either directly or indirectly to students. Direct services include instruction, therapy, counseling, personal assistance and supervision and monitoring. Indirect services include consultation and collaboration with the student’s teachers, family, agencies or others.

**School health services** – services designed to appraise and protect the health of students and provide supportive health services that enhance their ability to be in class, alert and ready to learn. Mandated school health services include health appraisals, screenings, record reviews, nutritional assessment, emergency health care, checking immunizations, medication administration and referral and follow-up of suspected or confirmed health problems.

**Social skills development** – includes individual or group instruction or counseling on relevant social and self-regulatory skills. (Domain B: Social or Emotional Behavior)

**Socialization** – includes social skills that may be acquired through specific training or the provision of opportunities for socialization that require substantial planning.

**Special** – a strategy, adaptation, modification or extension of the curriculum designed to meet the student’s unique need and not used for all students.

**Special Considerations** – the section of the matrix consisting of a checklist that is used to determine if additional points should be added to the total of the domain ratings before determining the cost factor.

**Speech or language therapy** – services provided to students whose identified language, phonological, articulation, fluency or voice disorders significantly interfere with communication, preacademic or academic learning, vocational training or social adjustment. Speech or language therapy must be provided by a certified or licensed speech-language pathologist.

**Substantial** – considerable and sizable changes. (Generally used in Level 5.)

**Supervision or monitoring** – a direct service used to oversee, maintain, regulate or control a particular behavior or condition. In Domain C, this includes observing and reporting independent behavior, as well as the provision of direct supervision and assistance to ensure that the student is able to benefit from the educational experience as well as to maintain personal safety and compliance with school regulations.

**Therapeutic treatment** – includes group and individual counseling; crisis intervention; and art, music and recreation therapy when they are related to social and emotional behavior. Family training and counseling may be included as part of the therapeutic treatment.

**Very small group** – a student-staff ratio of three-to-one (3:1) or less.

**Weekly** – every week, e.g., one to three times a week. (Generally used in Level 3.)

**Wraparound services** – services provided beyond the school day, including residential treatment, psychiatric services and crisis intervention occurring outside of regular school hours.













Florida Department of Education  
Pam Stewart, Commissioner  
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