

Matrix of Services

For funding under the Florida Education Finance Program

<p>Total of Ratings: _____</p> <p>Cost Factor: _____</p>
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Student Information		Areas of Eligibility	Data Entry Code
District: _____		(Put a "P" next to the primary exceptionality. Check all others that apply.)	
Date Completed: _____		<input type="checkbox"/> Autism Spectrum Disorder -----	P
Student Name: _____		<input type="checkbox"/> Deaf-or-Hard-of-Hearing-----	H
Student ID: _____		<input type="checkbox"/> Developmental-Delay (Age: 0-5) -----	T
Date of Birth: _____ Grade: _____		<input type="checkbox"/> Dual Sensory Impairment-----	O
School: _____		<input type="checkbox"/> Emotional or Behavioral Disability-----	J
Names of Persons Completing Matrix:		<input type="checkbox"/> Established Conditions (Age: 0-2)-----	U
_____	_____	<input type="checkbox"/> Gifted-----	L
_____	_____	<input type="checkbox"/> Hospitalized or Homebound -----	M
_____	_____	<input type="checkbox"/> Intellectual Disability-----	W
_____	_____	<input type="checkbox"/> Language Impairment -----	G
_____	_____	<input type="checkbox"/> Orthopedic Impairment -----	C
_____	_____	<input type="checkbox"/> Other Health Impairment-----	V
_____	_____	<input type="checkbox"/> Specific Learning Disability-----	K
_____	_____	<input type="checkbox"/> Speech Impairment -----	F
_____	_____	<input type="checkbox"/> Traumatic Brain Injury -----	S
_____	_____	<input type="checkbox"/> Visual Impairment-----	I
		Areas of Related Service	
		<input type="checkbox"/> Language Therapy -----	X
		<input type="checkbox"/> Occupational Therapy -----	D
		<input type="checkbox"/> Physical Therapy -----	E
		<input type="checkbox"/> Speech Therapy -----	Y

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

Domain A—Curriculum and Learning Environment

Level 1 <input type="checkbox"/>	<ul style="list-style-type: none"> ___ Requires no services or assistance beyond that which is normally available to all students
Level 2 <input type="checkbox"/> Requires minimal accommodations or supports to the curriculum or the learning environment	<ul style="list-style-type: none"> ___ Accommodations or supports to the general curriculum ___ Curriculum compacting ___ Differentiated instruction ___ Electronic tools used independently ___ Accessible instructional materials ___ Accommodations on assessment or accessible assessment materials ___ Assistance with note taking and studying ___ Referrals to agencies ___ Consultation on a monthly basis with teachers, family, agencies or other providers
Level 3 <input type="checkbox"/> Requires a differentiated curriculum or extensive use of accommodations	<ul style="list-style-type: none"> ___ 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 or other providers
Level 4 <input type="checkbox"/> Requires specialized instruction, modified curriculum, extensive modification to the learning environment or assistive technology used with supervision	<ul style="list-style-type: none"> ___ Extensive creation of special materials ___ Direct, specialized instruction 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
Level 5 <input type="checkbox"/> Requires modified curriculum and substantial modifications to the learning environment	<ul style="list-style-type: none"> ___ Instruction in reading braille ___ Intensive curriculum or instructional approach for the majority of learning activities ___ Instruction at home, hospital or other specified settings ___ Ongoing, continuous assistance for participation in learning activities

Domain A Rating: _____

Student Name: _____

Domain B—Social or Emotional Behavior

Level 1 <input type="checkbox"/>	<ul style="list-style-type: none"> ___ Requires no services or assistance beyond that which is normally available to all students
Level 2 <input type="checkbox"/> Requires periodic assistance or behavior supports	<ul style="list-style-type: none"> ___ 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
Level 3 <input type="checkbox"/> Requires weekly personal assistance or behavioral intervention	<ul style="list-style-type: none"> ___ 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
Level 4 <input type="checkbox"/> Requires daily personal assistance, monitoring or intervention	<ul style="list-style-type: none"> ___ 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 other providers
Level 5 <input type="checkbox"/> Requires continuous personal assistance, monitoring and intervention	<ul style="list-style-type: none"> ___ 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: _____

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Domain C—Independent Functioning

Level 1 <input type="checkbox"/>	___ Requires no services or assistance beyond that which is normally available to all students
Level 2 <input type="checkbox"/> Requires periodic personal assistance, monitoring or minor intervention	___ Monthly personal assistance with materials or equipment ___ Consultation on a monthly basis with teachers, family, therapists, service coordinator or other providers ___ Organizational strategies or supports for independent functioning ___ Special equipment, furniture, strategies or supports for motor control in the classroom
Level 3 <input type="checkbox"/> Requires weekly personal assistance, monitoring or intervention	___ Specially designed organizational strategies or supports for independent functioning ___ Supervision to ensure physical safety during some daily activities ___ Weekly instruction in self-monitoring of independent living skills ___ Weekly monitoring of or assistance with independent living skills, materials or equipment ___ Weekly collaboration with teachers, family, agencies or other providers
Level 4 <input type="checkbox"/> Requires daily personal assistance, monitoring or intervention	___ Supervision to ensure physical safety during the majority of activities ___ Individual assistance or supervision in activities of daily living, self-care and self-management for part of the day ___ Special equipment or assistive technology for personal care with frequent assistance ___ Regularly scheduled occupational therapy, physical therapy, or orientation and mobility training
Level 5 <input type="checkbox"/> Requires continuous personal assistance, monitoring or intervention	___ Continuous supervision to ensure physical safety ___ Individual assistance or supervision in activities of daily living, self-care and self-management for the majority of the day ___ Occupational therapy, physical therapy, or orientation and mobility training more than once a week ___ Multiple therapies and services (physical therapy, occupational therapy, or orientation and mobility training)

Domain C Rating: _____

Student Name: _____

Domain D—Health Care

Level 1 <input type="checkbox"/>	___ Requires no services or assistance beyond that which is normally available to all students
Level 2 <input type="checkbox"/> Requires periodic personal assistance, monitoring or minor intervention	___ Monthly personal health care assistance ___ Consultation on a monthly basis with student, teachers, family, agencies or other providers ___ Monthly monitoring of health status, procedures or medication ___ Specialized administration of medication ___ Monthly assistance with agency referrals or coordination
Level 3 <input type="checkbox"/> Requires weekly personal assistance, monitoring or intervention	___ Weekly monitoring or assessment of health status, procedures or medication ___ Weekly counseling with student or family for related health care needs ___ Weekly communication with family, physician, agencies or other health-related personnel ___ Invasive or specialized administration of medication ___ Weekly collaboration with family, physicians, agencies or other providers
Level 4 <input type="checkbox"/> Requires daily personal assistance, monitoring or intervention	___ Daily assistance with or monitoring and assessment of health status, procedures or medication ___ Daily assistance with or monitoring of equipment related to health care needs ___ Administration of parenteral (non-oral) medication ___ Daily communication with family, physician, agencies or other health-related personnel
Level 5 <input type="checkbox"/> Requires continuous personal assistance or monitoring and multiple interventions	___ Daily assistance with procedures such as catheterization, suctioning, tube feeding or other school health services ___ Continuous monitoring and assistance related to health care needs

Domain D Rating: _____

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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 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 other providers</p>
Level 3 <input type="checkbox"/> Requires weekly intervention or assistance, which may include alternative and augmentative communication systems	<p>___ Weekly intervention or assistance with language or communication</p> <p>___ Weekly speech or language therapy or instruction</p> <p>___ Weekly assistance with personal amplification or communication system</p> <p>___ Weekly supervision of alternative or augmentative communication systems</p> <p>___ Weekly collaboration with teachers, family, agencies or other providers</p>
Level 4 <input type="checkbox"/> Requires daily intervention or assistance, which may include alternative and augmentative communication systems	<p>___ Daily assistance 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 or instruction with communication equipment</p> <p>___ Interpreting services for the majority or all 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 hospitalized or homebound program who are receiving instruction at home, hospital or other specified settings.
- ___ Add 13 points for prekindergarten students with a disability who are being served in the home or hospital on a one-to-one basis.
- ___ Add 4 points for students who are deaf and enrolled in an auditory-oral education program beginning with the 2017-18 school year.
- ___ Add 3 points for prekindergarten students earning less than .5 FTE during an FTE survey period.
- ___ Add 3 points for students identified as having a visual impairment or a dual sensory impairment.
- ___ 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