

Florida Department of Education

# 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

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 minimal accommodations/ supports to the curriculum or learning environment</b>	<ul style="list-style-type: none"> <li>___ Accommodations/supports to the general curriculum</li> <li>___ Curriculum compacting</li> <li>___ Differentiated instruction</li> <li>___ Electronic tools used independently</li> <li>___ Accessible instructional materials (AIM)</li> <li>___ Accommodations on assessment/accessible assessment materials</li> <li>___ Assistance with note taking and studying</li> <li>___ Referrals to agencies</li> <li>___ Consultation on a monthly basis with teachers, family, agencies or other providers</li> </ul>
Level 3 <input type="checkbox"/>  <b>Requires a differentiated curriculum or extensive use of accommodations</b>	<ul style="list-style-type: none"> <li>___ Differentiated curriculum</li> <li>___ Electronic tools and assistive technology used with assistance</li> <li>___ Alternative textbooks, materials, assessments, assignments or equipment</li> <li>___ Special assistance in general education class requiring weekly consultation</li> <li>___ Assistance for some learning activities in the general education setting</li> <li>___ Direct, specialized instruction for some learning activities</li> <li>___ Weekly collaboration with family, agencies and/or other providers</li> </ul>
Level 4 <input type="checkbox"/>  <b>Requires specialized instruction, modified curriculum, extensive modification to the learning environment or assistive technology used with supervision</b>	<ul style="list-style-type: none"> <li>___ Extensive creation of special materials</li> <li>___ Direct, specialized instruction and/or curriculum for the majority of learning activities</li> <li>___ Instruction delivered within the community</li> <li>___ Assistance for the majority of learning activities</li> <li>___ Assistive technology used with supervision for the majority of learning activities</li> </ul>
Level 5 <input type="checkbox"/>  <b>Requires modified curriculum and substantial modifications to the learning environment</b>	<ul style="list-style-type: none"> <li>___ Instruction in reading braille</li> <li>___ Intensive curriculum or instructional approach for the majority of learning activities</li> <li>___ Group instruction at home or hospital</li> <li>___ Individual instruction at home or hospital</li> <li>___ Ongoing, continuous assistance for participation in learning activities</li> </ul>

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

## Domain B—Social or Emotional Behavior

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 assistance and/or behavior supports</b>	<ul style="list-style-type: none"> <li>___ Consultation on a monthly basis with teachers, family, agencies or other providers</li> <li>___ Specialized instruction or activities in self-advocacy and understanding of exceptionality</li> <li>___ Behavior management system in general class</li> <li>___ Monthly counseling or guidance</li> <li>___ Monthly assessment of behavior or social skills</li> </ul>
Level 3 <input type="checkbox"/>  <b>Requires weekly personal assistance or behavioral intervention</b>	<ul style="list-style-type: none"> <li>___ Small group instruction in social skills, self-regulatory behavior, self-advocacy, conflict resolution, dealing with authority, and socialization</li> <li>___ Weekly counseling or guidance</li> <li>___ Behavior contract, including behavior outside the classroom</li> <li>___ Weekly family counseling, assessment or interventions</li> <li>___ Referral and follow-up for transitions to and from community-based programs</li> <li>___ Weekly assessment of behavior as part of behavioral intervention plan</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>___ Highly structured individualized behavioral intervention plan infused throughout the school day</li> <li>___ Daily counseling or specific instruction on social or emotional behavior</li> <li>___ Daily reports to family, agencies or others</li> </ul>
Level 5 <input type="checkbox"/>  <b>Requires continuous personal assistance, monitoring and intervention</b>	<ul style="list-style-type: none"> <li>___ Intensive, individualized behavior management plan that requires very small group or one-on-one intervention</li> <li>___ Therapeutic treatment infused throughout the educational program</li> <li>___ Wraparound services for up to 24-hour care</li> </ul>

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

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

## Domain E—Communication

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"/> Requires periodic assistance and/or minor interventions	<ul style="list-style-type: none"> <li>___ Monthly assistance with communication</li> <li>___ Occasional assistance with personal amplification or communication system</li> <li>___ Consultation on a monthly basis with teachers, family, agencies or others</li> </ul>
Level 3 <input type="checkbox"/> Requires weekly intervention and/or assistance which may include alternative and augmentative communication systems	<ul style="list-style-type: none"> <li>___ Weekly intervention or assistance with language or communication</li> <li>___ Weekly speech/language therapy or instruction</li> <li>___ Weekly assistance with personal amplification or communication system</li> <li>___ Weekly supervision of augmentative or alternative communication systems</li> <li>___ Weekly collaboration with teachers, family, agencies or others</li> </ul>
Level 4 <input type="checkbox"/> Requires daily intervention and/or assistance which may include alternative and augmentative communication systems	<ul style="list-style-type: none"> <li>___ Daily assistance and/or instruction with communication equipment</li> <li>___ Daily integrated intervention and assistance related to communication needs</li> <li>___ Instruction in sign language for use as the primary method of communication</li> <li>___ Interpreting services for part of the school day</li> </ul>
Level 5 <input type="checkbox"/> Requires multiple interventions and assistance which may include alternative and augmentative communication systems	<ul style="list-style-type: none"> <li>___ Continuous assistance and/or instruction with communication equipment</li> <li>___ Interpreting services for the majority of the school day</li> <li>___ Multiple, continuous interventions to replace ineffective communication and establish appropriate communication</li> </ul>

### 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: \_\_\_\_\_

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

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