

Florida Department of Education
Bureau of Exceptional Education and Student Services

Compliance Self-Assessment

Matrix of Services

Domain A: Curriculum and Learning Environment

Domain A: Curriculum and Learning Environment					
Reported at	Reviewed at	Reported Matrix Services	(A) IEP Need	(B) IEP Service	(C) Source
Level 1					
A.1.1	<input type="checkbox"/>	<input type="checkbox"/>	Requires no services or assistance beyond that which is normally available to all students		
Level 2					
A.2.1	<input type="checkbox"/>	<input type="checkbox"/>	Accommodations/supports to the general curriculum		
A.2.2	<input type="checkbox"/>	<input type="checkbox"/>	Curriculum compacting		
A.2.3	<input type="checkbox"/>	<input type="checkbox"/>	Differentiated instruction		
A.2.4	<input type="checkbox"/>	<input type="checkbox"/>	Electronic tools used independently		
A.2.5	<input type="checkbox"/>	<input type="checkbox"/>	Accessible instructional materials (AIM)		
A.2.6	<input type="checkbox"/>	<input type="checkbox"/>	Accommodations on assessment/accessible assessment materials		
A.2.7	<input type="checkbox"/>	<input type="checkbox"/>	Assistance with note taking and studying		
A.2.8	<input type="checkbox"/>	<input type="checkbox"/>	Referrals to agencies		
A.2.9	<input type="checkbox"/>	<input type="checkbox"/>	Consultation on a monthly basis with teachers, family, agencies or other providers		
Level 3					
A.3.1	<input type="checkbox"/>	<input type="checkbox"/>	Differentiated curriculum		
A.3.2	<input type="checkbox"/>	<input type="checkbox"/>	Electronic tools and assistive technology used with assistance		
A.3.3	<input type="checkbox"/>	<input type="checkbox"/>	Alternative textbooks, materials, assessments, assignments or equipment		
A.3.4	<input type="checkbox"/>	<input type="checkbox"/>	Special assistance in general education class requiring weekly consultation		
A.3.5	<input type="checkbox"/>	<input type="checkbox"/>	Assistance for some learning activities in the general education setting		
A.3.6	<input type="checkbox"/>	<input type="checkbox"/>	Direct, specialized instruction for some learning activities		
A.3.7	<input type="checkbox"/>	<input type="checkbox"/>	Weekly collaboration with family, agencies and/or other providers		
Level 4					
A.4.1	<input type="checkbox"/>	<input type="checkbox"/>	Extensive creation of special materials		
A.4.2	<input type="checkbox"/>	<input type="checkbox"/>	Direct, specialized instruction and/or curriculum for the majority of learning activities		
A.4.3	<input type="checkbox"/>	<input type="checkbox"/>	Instruction delivered within the community		
A.4.4	<input type="checkbox"/>	<input type="checkbox"/>	Assistance for the majority of learning activities		
A.4.5	<input type="checkbox"/>	<input type="checkbox"/>	Assistive technology used with supervision for the majority of learning activities		

Domain A: Curriculum and Learning Environment					
Reported at	Reviewed at	Reported Matrix Services	(A) IEP Need	(B) IEP Service	(C) Source
Level 5					
A.5.1	<input type="checkbox"/>	<input type="checkbox"/>	Instruction in reading braille		
A.5.2	<input type="checkbox"/>	<input type="checkbox"/>	Intensive curriculum or instructional approach for the majority of learning activities		
A.5.3	<input type="checkbox"/>	<input type="checkbox"/>	Group instruction at home or hospital		
A.5.4	<input type="checkbox"/>	<input type="checkbox"/>	Individual instruction at home or hospital		
A.5.5	<input type="checkbox"/>	<input type="checkbox"/>	Ongoing, continuous assistance for participation in learning activities		

(A) Need	(a) none
	(b) present level
	(c) annual goals
	(d) objective/benchmark
	(e) other

(B) IEP Service	(f) none	(k) modifications
	(g) spec. ed. services	(l) other
	(h) related services	
	(i) supplemental aids	
	(j) support for personnel	

(C) Source	(m) none	(r) phone logs
	(n) notes/logs	(s) materials/equipment
	(o) rosters/schedules	(t) interview/observation
	(p) correspondence	(u) other
	(q) lesson/grade book	

Domain B: Social Emotional Behavior

Domain B: Social Emotional Behavior					
Reported at	Reviewed at	Reported Matrix Services	(A) IEP Need	(B) IEP Service	(C) Source
Level 1					
B.1.1	<input type="checkbox"/>	<input type="checkbox"/>	Requires no services or assistance beyond that which is normally available to all students		
Level 2					
B.2.1	<input type="checkbox"/>	<input type="checkbox"/>	Consultation on a monthly basis with teachers, family, agencies or other providers		
B.2.2	<input type="checkbox"/>	<input type="checkbox"/>	Specialized instruction or activities in self-advocacy and understanding of exceptionality		
B.2.3	<input type="checkbox"/>	<input type="checkbox"/>	Behavior management system in general class		
B.2.4	<input type="checkbox"/>	<input type="checkbox"/>	Monthly counseling or guidance		
B.2.5	<input type="checkbox"/>	<input type="checkbox"/>	Monthly assessment of behavior or social skills		
Level 3					
B.3.1	<input type="checkbox"/>	<input type="checkbox"/>	Small group instruction in social skills, self-regulatory behavior, self-advocacy, conflict resolution, dealing with authority, and socialization		
B.3.2	<input type="checkbox"/>	<input type="checkbox"/>	Weekly counseling or guidance		
B.3.3	<input type="checkbox"/>	<input type="checkbox"/>	Behavior contract, including behavior outside the classroom		
B.3.4	<input type="checkbox"/>	<input type="checkbox"/>	Weekly family counseling, assessment, or interventions		
B.3.5	<input type="checkbox"/>	<input type="checkbox"/>	Referral and follow-up for transitions to and from community-based programs		
B.3.6	<input type="checkbox"/>	<input type="checkbox"/>	Weekly assessment of behavior as part of behavioral intervention plan		
B.3.7	<input type="checkbox"/>	<input type="checkbox"/>	Weekly collaboration with teachers, family, agencies, or other providers		
Level 4					
B.4.1	<input type="checkbox"/>	<input type="checkbox"/>	Highly structured, individual behavioral intervention plan infused throughout the school day		
B.4.2	<input type="checkbox"/>	<input type="checkbox"/>	Daily counseling or specific instruction on social or emotional behavior		
B.4.3	<input type="checkbox"/>	<input type="checkbox"/>	Daily reports to family, agencies or others		
Level 5					
B.5.1	<input type="checkbox"/>	<input type="checkbox"/>	Intensive, individualized behavior management plan that requires very small group or one-on-one intervention		
B.5.2	<input type="checkbox"/>	<input type="checkbox"/>	Therapeutic treatment infused throughout the educational program		
B.5.3	<input type="checkbox"/>	<input type="checkbox"/>	Wraparound services for up to 24-hour care		

(A) Need	(a) none
	(b) present level
	(c) annual goals
	(d) objective/benchmark
	(e) other

(B) IEP Service	(f) none	(k) modifications
	(g) spec. ed. services	(l) other
	(h) related services	
	(i) supplemental aids	
	(j) support for personnel	

(C) Source	(m) none	(r) phone logs
	(n) notes/logs	(s) materials/equipment
	(o) rosters/schedules	(t) interview/observation
	(p) correspondence	(u) other
	(q) lesson/grade book	

Domain C: Independent Functioning

Domain C: Independent Functioning					
Reported at	Reviewed at	Reported Matrix Services	(A) IEP Need	(B) IEP Service	(C) Source
Level 1					
C.1.1	<input type="checkbox"/>	<input type="checkbox"/>	Requires no services or assistance beyond that which is normally available to all students		
Level 2					
C.2.1	<input type="checkbox"/>	<input type="checkbox"/>	Monthly personal assistance with materials or equipment		
C.2.2	<input type="checkbox"/>	<input type="checkbox"/>	Consultation on a monthly basis with teachers, family, therapists, service coordinator or other providers		
C.2.3	<input type="checkbox"/>	<input type="checkbox"/>	Organizational strategies or supports for independent functioning		
C.2.4	<input type="checkbox"/>	<input type="checkbox"/>	Special equipment, furniture, strategies or supports for motor control in the classroom		
Level 3					
C.3.1	<input type="checkbox"/>	<input type="checkbox"/>	Specially designed organizational strategies or supports for independent functioning		
C.3.2	<input type="checkbox"/>	<input type="checkbox"/>	Supervision to ensure physical safety during some daily activities		
C.3.3	<input type="checkbox"/>	<input type="checkbox"/>	Weekly instruction in self-monitoring of independent living skills		
C.3.4	<input type="checkbox"/>	<input type="checkbox"/>	Weekly monitoring of, or assistance with independent living skills, materials, or equipment		
C.3.5	<input type="checkbox"/>	<input type="checkbox"/>	Weekly collaboration with teachers, family, agencies, or other providers		
Level 4					
C.4.1	<input type="checkbox"/>	<input type="checkbox"/>	Supervision to ensure physical safety during the majority of activities		
C.4.2	<input type="checkbox"/>	<input type="checkbox"/>	Individual assistance or supervision in activities of daily living, self-care, and self-management for part of the day		
C.4.3	<input type="checkbox"/>	<input type="checkbox"/>	Special equipment/assistive technology for personal care with frequent assistance		
C.4.4	<input type="checkbox"/>	<input type="checkbox"/>	Regularly scheduled occupational therapy, physical therapy or orientation and mobility training		
Level 5					
C.5.1	<input type="checkbox"/>	<input type="checkbox"/>	Continuous supervision to ensure physical safety		
C.5.2	<input type="checkbox"/>	<input type="checkbox"/>	Individual assistance or supervision in activities of daily living, self-care, and self-management for the majority of the day		
C.5.3	<input type="checkbox"/>	<input type="checkbox"/>	Occupational therapy, physical therapy or orientation and mobility training more than once a week		
C.5.4	<input type="checkbox"/>	<input type="checkbox"/>	Multiple therapies and services (physical therapy, occupational therapy, or orientation and mobility training)		

(A) Need	(a) none
	(b) present level
	(c) annual goals
	(d) objective/benchmark
	(e) other

(B) IEP Service	(f) none	(k) modifications
	(g) spec. ed. services	(l) other
	(h) related services	
	(i) supplemental aids	
	(j) support for personnel	

(C) Source	(m) none	(r) phone logs
	(n) notes/logs	(s) materials/equipment
	(o) rosters/schedules	(t) interview/observation
	(p) correspondence	(u) other
	(q) lesson/grade book	

Domain D: Health Care

Domain D: Health Care					
Reported at	Reviewed at	Reported Matrix Services	(A) IEP Need	(B) IEP Service	(C) Source
Level 1					
D.1.1	<input type="checkbox"/>	<input type="checkbox"/>	Requires no services or assistance beyond that which is normally available to all students		
Level 2					
D.2.1	<input type="checkbox"/>	<input type="checkbox"/>	Monthly personal health care assistance		
D.2.2	<input type="checkbox"/>	<input type="checkbox"/>	Consultation on a monthly basis with student, teachers, family, agencies, or other providers		
D.2.3	<input type="checkbox"/>	<input type="checkbox"/>	Monthly monitoring of health status, procedures, or medication		
D.2.4	<input type="checkbox"/>	<input type="checkbox"/>	Specialized administration of medication		
D.2.5	<input type="checkbox"/>	<input type="checkbox"/>	Monthly assistance with agency referrals/coordination		
Level 3					
D.3.1	<input type="checkbox"/>	<input type="checkbox"/>	Weekly monitoring or assessment of health status, procedures, or medication		
D.3.2	<input type="checkbox"/>	<input type="checkbox"/>	Weekly counseling with student or family for related health care needs		
D.3.3	<input type="checkbox"/>	<input type="checkbox"/>	Weekly communication with family, physician, agencies, or other health-related personnel		
D.3.4	<input type="checkbox"/>	<input type="checkbox"/>	Invasive/specialized administration of medication		
D.3.5	<input type="checkbox"/>	<input type="checkbox"/>	Weekly collaboration with family, physician, agencies or others		
Level 4					
D.4.1	<input type="checkbox"/>	<input type="checkbox"/>	Daily assistance with, or monitoring and assessment of, health status, procedures, or medication		
D.4.2	<input type="checkbox"/>	<input type="checkbox"/>	Daily assistance with, or monitoring of, equipment related to health care needs		
D.4.3	<input type="checkbox"/>	<input type="checkbox"/>	Administration of parenteral (non-oral) medication		
D.4.4	<input type="checkbox"/>	<input type="checkbox"/>	Daily communication with family, physician, agencies, or other health-related personnel		
Level 5					
D.5.1	<input type="checkbox"/>	<input type="checkbox"/>	Daily assistance with procedures such as catheterization, suctioning, or tube feeding		
D.5.2	<input type="checkbox"/>	<input type="checkbox"/>	Continuous monitoring and assistance related to health care needs		

(A) Need	(a) none
	(b) present level
	(c) annual goals
	(d) objective/benchmark
	(e) other

(B) IEP Service	(f) none	(k) modifications
	(g) spec. ed. services	(l) other
	(h) related services	
	(i) supplemental aids	
	(j) support for personnel	

(C) Source	(m) none	(r) phone logs
	(n) notes/logs	(s) materials/equipment
	(o) rosters/schedules	(t) interview/observation
	(p) correspondence	(u) other
	(q) lesson/grade book	

Domain E: Communication

Domain E: Communication					
Reported at	Reviewed at	Reported Matrix Services	(A) IEP Need	(B) IEP Service	(C) Source
Level 1					
E.1.1	<input type="checkbox"/>	<input type="checkbox"/> Requires no services or assistance beyond that which is normally available to all students			
Level 2					
E.2.1	<input type="checkbox"/>	<input type="checkbox"/> Monthly assistance with communication			
E.2.2	<input type="checkbox"/>	<input type="checkbox"/> Occasional assistance with personal amplification or communication system			
E.2.3	<input type="checkbox"/>	<input type="checkbox"/> Consultation on a monthly basis with teachers, family, agencies or others			
Level 3					
E.3.1	<input type="checkbox"/>	<input type="checkbox"/> Weekly intervention or assistance with language or communication			
E.3.2	<input type="checkbox"/>	<input type="checkbox"/> Weekly speech or language therapy or instruction			
E.3.3	<input type="checkbox"/>	<input type="checkbox"/> Weekly assistance with personal amplification or communication system			
E.3.4	<input type="checkbox"/>	<input type="checkbox"/> Weekly supervision of augmentative or alternative communication systems			
E.3.5	<input type="checkbox"/>	<input type="checkbox"/> Weekly collaboration with teachers, family, agencies or others			
Level 4					
E.4.1	<input type="checkbox"/>	<input type="checkbox"/> Daily assistance and/or instruction with communication equipment			
E.4.2	<input type="checkbox"/>	<input type="checkbox"/> Daily integrated intervention and assistance related to communication needs			
E.4.3	<input type="checkbox"/>	<input type="checkbox"/> Instruction in sign language for use as the primary method of communication			
E.4.4	<input type="checkbox"/>	<input type="checkbox"/> Interpreting services for part of the school day			
Level 5					
E.5.1	<input type="checkbox"/>	<input type="checkbox"/> Continuous assistance or instruction with communication equipment			
E.5.2	<input type="checkbox"/>	<input type="checkbox"/> Interpreting services for the majority or all of the school day			
E.5.3	<input type="checkbox"/>	<input type="checkbox"/> Multiple, continuous interventions to replace ineffective communication and establish appropriate communication			

(A) Need	(a) none
	(b) present level
	(c) annual goals
	(d) objective/benchmark
	(e) other

(B) IEP Service	(f) none	(k) modifications
	(g) spec. ed. services	(l) other
	(h) related services	
	(i) supplemental aids	
	(j) support for personnel	

(C) Source	(m) none	(r) phone logs
	(n) notes or logs	(s) materials/equipment
	(o) rosters/schedules	(t) interview/observation
	(p) correspondence	(u) other
	(q) lesson/grade book	

Special Considerations

Reported	Reviewed	Reported Matrix Services	(A) IEP Need	(B) IEP Service	(C) Source
<input type="checkbox"/>	<input type="checkbox"/>	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.)			
<input type="checkbox"/>	<input type="checkbox"/>	Add 13 points for prekindergarten children with a disability who are being serviced in the home or hospital on a one-to-one basis.			
<input type="checkbox"/>	<input type="checkbox"/>	Add 3 points for prekindergarten students earning less than .5 FTE during an FTE survey period.			
<input type="checkbox"/>	<input type="checkbox"/>	Add 3 points for students identified as visually impaired or dual-sensory impaired.			
<input type="checkbox"/>	<input type="checkbox"/>	Add 1 point for students who have a score of exactly 17 total points and who are rated Level 5 in three of the five domains.			
<input type="checkbox"/>	<input type="checkbox"/>	Add 1 point for students who have a score of exactly 21 total points and who are rated Level 5 in four of the five domains.			

(A) Need	(a) none
	(b) present level
	(c) annual goals
	(d) objective/benchmark
	(e) other

(B) IEP Service	(f) none	(k) modifications
	(g) spec. ed. services	(l) other
	(h) related services	
	(i) supplemental aids	
	(j) support for personnel	

(C) Source	(m) none	(r) phone logs
	(n) notes or logs	(s) materials/equipment
	(o) rosters/schedules	(t) interview/observation
	(p) correspondence	(u) other
	(q) lesson/grade book	