

# Planning for Consultation Session

Date of Visit: \_\_\_\_\_

Location: \_\_\_\_\_

IECSE Teacher: \_\_\_\_\_

ECE Partner Teacher: \_\_\_\_\_

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

Duration of Session: \_\_\_\_\_

Child: \_\_\_\_\_

## Focus of Session:

- |   |  |
|---|--|
| <input type="checkbox"/> Prioritization of IEP objectives                                       | <input type="checkbox"/> Discussion of transition to kindergarten    |
| <input type="checkbox"/> MATRIX Planning to embed instruction                                   | <input type="checkbox"/> Discussion of transition to another program |
| <input type="checkbox"/> Discussion of peer pairing   | <input type="checkbox"/> Assessment of child                         |
| <input type="checkbox"/> Monitoring of partner progress   |  |
| <input type="checkbox"/> Monitoring of child progress   |  |
| <input type="checkbox"/> Development of task analysis of teaching skill                         |  |
| <input type="checkbox"/> Modification of Materials: _____                                       |  |
| <input type="checkbox"/> Provision of information and/or /media on disability conditions: _____ |  |
| <input type="checkbox"/> Demonstration of incidental teaching skill: _____                      |  |
| <input type="checkbox"/> Demonstration of direct instruction teaching skill: _____              |  |
| <input type="checkbox"/> Review of internet resources: _____                                    |  |

## Supplies and Materials:

- Materials: \_\_\_\_\_
- Toy(s): \_\_\_\_\_
- Microswitch: \_\_\_\_\_
- CD or Video: \_\_\_\_\_
- Child Monitoring Form: \_\_\_\_\_
- ECE Partner Teacher Monitoring Form: \_\_\_\_\_
- Journal article: \_\_\_\_\_
- Other: \_\_\_\_\_

## Reflection on Coaching Session (Narrative/Rating System)

- Objective(s) Met       Objective(s) Partially Met       Objective(s) NOT Met

## Comments:

Date of Next Session: \_\_\_\_\_

Focus of next session: \_\_\_\_\_