

Program Modifications and Supports for School Personnel Worksheet  
For Describing "As Needed" Frequency

|        |   |
|--------|---|
| Type?  | Modification and Support needed   |
| When?  | What situations will this modification/support be used? Describe:   |
| Where? | Where will the modification/support take place? Describe:   |
| What?  | What will the modification/support look like for the student? Describe:   |
| Who?   | Who is responsible for ensuring that this modification/support takes place?<br>(e.g. student, general education teacher, special education teacher, and/or other support staff) |

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| Type?  |  |
| When?  |  |
| Where? |  |
| What?  |  |
| Who?   |  |

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| Type?  |  |
| When?  |  |
| Where? |  |
| What?  |  |
| Who?   |  |

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| Type?  |  |
| When?  |  |
| Where? |  |
| What?  |  |
| Who?   |  |