

**REVIEW OF 1:1 SERVICES**  
**Type I Special Education**  
**Type II Special Education**  
**COMAR 13A.09.10. Onsite Monitoring**

**School Name:** \_\_\_\_\_

**Name and Agency of Reviewer:** \_\_\_\_\_

**Date of Review (m/d/y):** \_\_\_\_\_ **Student's Initials:** \_\_\_\_\_

**Timeframe 1:1 services provided:** \_\_\_\_\_

**IEP related service:** \_\_\_\_\_

**Describe number of hours per week:** \_\_\_\_\_

**Record:**

1. Classroom name, number or subject
2. Record the student's initials
4. Name of the classroom teacher, the classroom aide and the assigned 1:1
5. Record the attendance of each classroom staff each school day as follows:
  - P = Present     *If Student is Absent, Do Not Record Attendance for Others*
  - L = On Leave
  - V = Vacant Position (Name of Substitute)

| <b>WEEK OF:</b> | <b>Student Absent:</b> |  |  |  |  |
|-----------------|------------------------|--|--|--|--|
|                 |                        |  |  |  |  |
| Teacher:        |                        |  |  |  |  |
| Aide:           |                        |  |  |  |  |
| 1:1:            |                        |  |  |  |  |

| <b>WEEK OF:</b> | <b>Student Absent:</b> |  |  |  |  |
|-----------------|------------------------|--|--|--|--|
|                 |                        |  |  |  |  |
| Teacher:        |                        |  |  |  |  |
| Aide:           |                        |  |  |  |  |
| 1:1:            |                        |  |  |  |  |

| <b>WEEK OF:</b> | <b>Student Absent:</b> |  |  |  |  |
|-----------------|------------------------|--|--|--|--|
|                 |                        |  |  |  |  |
| Teacher:        |                        |  |  |  |  |
| Aide:           |                        |  |  |  |  |
| 1:1:            |                        |  |  |  |  |

| <b>WEEK OF:</b> | <b>Student Absent:</b> |  |  |  |  |
|-----------------|------------------------|--|--|--|--|
|                 |                        |  |  |  |  |
| Teacher:        |                        |  |  |  |  |
| Aide:           |                        |  |  |  |  |
| 1:1:            |                        |  |  |  |  |

| <b>WEEK OF:</b> |  | <b>Student Absent:</b> |  |  |  |
|-----------------|--|------------------------|--|--|--|
|                 |  |                        |  |  |  |
| Teacher:        |  |                        |  |  |  |
| Aide:           |  |                        |  |  |  |
| 1:1:            |  |                        |  |  |  |

| <b>Week Of:</b> |  | <b>Student Absent:</b> |  |  |  |
|-----------------|--|------------------------|--|--|--|
|                 |  |                        |  |  |  |
| Teacher:        |  |                        |  |  |  |
| Aide:           |  |                        |  |  |  |
| 1:1:            |  |                        |  |  |  |