

## **Building Level Resources for Supporting Supplemental and Intensive Instruction**

Your task is to identify options and check (✓) the resources that are available in the building. This information is useful in matching students with existing resources that extend beyond those commonly associated with individual classrooms.

District: \_\_\_\_\_

School: \_\_\_\_\_

Content Area \_\_\_\_\_

## Personnel

A. Possible Options	B. Name(s)	C. Availability
Title One or other Remedial Teachers		<input type="checkbox"/> Yes <input type="checkbox"/> No When available:
Specialists or Instructional Coaches		<input type="checkbox"/> Yes <input type="checkbox"/> No When available:
Paraprofessionals (Training provided if needed)		<input type="checkbox"/> Yes <input type="checkbox"/> No When available:
Volunteers (Training provided if needed)		<input type="checkbox"/> Yes <input type="checkbox"/> No When available:
ESL Teacher		<input type="checkbox"/> Yes <input type="checkbox"/> No When available:
Gifted Talented Teachers		<input type="checkbox"/> Yes <input type="checkbox"/> No When available:
General Education Teachers with available time		<input type="checkbox"/> Yes <input type="checkbox"/> No When available:
Specials Teachers (PE, Art etc) with available time		<input type="checkbox"/> Yes <input type="checkbox"/> No When available:
Administrators:		<input type="checkbox"/> Yes <input type="checkbox"/> No When available:
Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No When available:
Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No When available:
Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No When available:
Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No When available:

Comments:



### Time

A. Flexible Time Periods	B. Who is available during this time?	C. Can this time be used for supplemental or intensive instruction?
Silent Reading Period		<input type="checkbox"/> Yes <input type="checkbox"/> No
Before School		<input type="checkbox"/> Yes <input type="checkbox"/> No
After School		<input type="checkbox"/> Yes <input type="checkbox"/> No
Elective/Specials Period		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments:

### Space

A. Flexible Building Space	B. When is it available?	C. Can this space be used for supplemental or intensive instruction?
Unused Classroom(s)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Media Center		<input type="checkbox"/> Yes <input type="checkbox"/> No
Quiet Hallway		<input type="checkbox"/> Yes <input type="checkbox"/> No
Speech Room		<input type="checkbox"/> Yes <input type="checkbox"/> No
Offices:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: