

Resident
Self Evaluation:
Special Education Program
Visit Elementary School

Resident's Name: _____

Name of School : _____

Contact Person: _____

Date of Visit: _____

Choose one child:

1. Where does this child receive special education services (i.e., inclusive environment, resource room)?

2. Is the child in the 'least restrictive environment' appropriate for his/her needs? Why or why not?

3. Approximately how much time each day does the child spend with non-disabled peers?

4. In what type of activity is the child engaged in when with non-disabled peers (example: art, music, regular classes, recreation)?

5. Check the types of related services and supplementary aids and services this child receives:
 - Assistive Technology
 - Audiology
 - Family Training, counseling, and home visits
 - School health services
 - Nursing services
 - Nutrition services
 - Occupational therapy
 - Orientation and mobility services
 - Physical therapy
 - Psychology
 - Recreation
 - Rehabilitative counseling services
 - Social work services
 - Speech/language pathology
 - Supplemental aides and services
 - Transportation

6. What assistive technology or alternative communication devices (low tech or high tech) does this child use?

7. In the inclusive classroom, are there activities from which the child is excluded?
If yes, which activities and why?

8. Are there social interactions between this student and other students (in or out of the classroom)?

9. How is the communication among the family, medical team, and the school conducted regarding this child?

10. In the inclusive classroom, does any staff provide support to the regular education teacher?
If yes, who?

11. Did this visit enhance your understanding of inclusive education in the elementary school? Yes No
12. Did this visit enhance your understanding of least restrictive environment? Yes No
13. Were you satisfied with the preparation given for this visit in the Special Education didactic session? Yes No
14. Was the visit beneficial to you as a physician? Yes No
15. Were you satisfied with the experience and knowledge gained from this visit? Yes No
16. Did you have any difficulties during this experience? Yes No
17. Please list questions about special education law or practice that are unanswered as a result of this visit.

18. What might you do differently in your practice as a result of this experience?