Collaborative communication between the core classroom team is essential in providing an individual receiving special education services with the support he or she needs. All individuals who play an active role in monitoring and implementing goals, working with students on a regular basis and/or are included within IEPs should be a part of the core classroom team. This may include: general educators, paraprofessionals, job coaches, and related service providers including therapists, consultants, and support staff. Effective collaboration requires intentionality and training. It helps build relationships and creates effective teams that work together to foster greater opportunities for inclusion. When the team collaborates, student involvement and potential for growth in academic and functional skills increases. Consider using the following document to assist in setting the foundation for collaborative communication with your team.

SPECIALIST COMMUNICATION FORM

A student may work with numerous therapists and specialists throughout the day and week. If the teacher and/or paraprofessionals have questions about a student’s progress, behavior, needs, or goals that don’t require immediate attention, a Communication Form can be used to keep everyone on the same page and ensure important details do not fall through the cracks. Whoever has the question would simply indicate so on this form and then place it in a designated area in the classroom. When the therapist or specialist arrives, they would first go check this area to see if anything needs to be addressed during their time in the classroom. By detailing how the question was followed up and date the follow up occurred, the communication is thorough and any further action needed can be planned and implemented accordingly.

AUTISM CONSULTANT COMMUNICATION FORM

Student: ____________________________ Staff: ____________________________

Question: ____________________________

How was this followed up? Date: ______________

☐ w/staff who asked question
☐ w/teacher
☐ Other: ____________________________

Date of follow-up: ______________

☐ will email teacher
☐ will address at next staff meeting

Action steps needed? Yes ☐ No ☐

If yes, explain ____________________________
SLP COMMUNICATION FORM

Student: _______________________

Staff: _______________________

Question:

How was this followed up?

☐ w/staff who asked question
☐ w/teacher
☐ Other: _______________________

Date of follow-up: ________________

☐ will email teacher
☐ will address at next staff meeting

Action steps needed? ☐ Yes ☐ No

If yes, explain _______________________

PT COMMUNICATION FORM

Student: _______________________

Staff: _______________________

Question:

How was this followed up?

☐ w/staff who asked question
☐ w/teacher
☐ Other: _______________________

Date of follow-up: ________________

☐ will email teacher
☐ will address at next staff meeting

Action steps needed? ☐ Yes ☐ No

If yes, explain _______________________
## OT Communication Form

<table>
<thead>
<tr>
<th>Student: ______________________</th>
<th>Staff: ______________________</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Question:</strong></td>
<td><strong>Date:</strong> ________________</td>
</tr>
</tbody>
</table>

**How was this followed up?**

- [ ] w/staff who asked question
- [ ] w/teacher
- [ ] Other: __________________

**Date of follow-up:** __________

- [ ] will email teacher
- [ ] will address at next staff meeting

**Action steps needed?**

- [ ] Yes
- [ ] No

If yes, explain ____________________________