



VISTA Team Summary

Write in corresponding numbers
from VISTA Worksheet:

Student name: _____

Service required to assist with:

Type of Support Service Needed	General Supports	Priority Learning Outcomes	Additional Learning Outcomes	Mode of Service (indirect/direct)	Frequency (hours of service per month)	Location for Service Provision	Date to Evaluate Service Provision*

*Regularly review changes in student, family, or team status that might necessitate change in services.

We, the undersigned, have considered the individual needs of this student. We have collectively explored the potential gaps, overlaps, and contradictions in our service delivery recommendations. The recommendations listed herein reflect our consensus opinion regarding the delivery of related services that we believe are required, yet are only-as-special-as-necessary, in order for the student to adequately have access to and/or participate in his or her educational program.

Signatures

Date

Attach any pertinent reports.



VISTA Team Summary

Write in corresponding numbers
from VISTA Worksheet:

Student name: _____

Service required to assist with:

Type of Support Service Needed	General Supports	Priority Learning Outcomes	Additional Learning Outcomes	Mode of Service (indirect/direct)	Frequency (hours of service per month)	Location for Service Provision	Date to Evaluate Service Provision*

*Regularly review changes in student, family, or team status that might necessitate change in services.

We, the undersigned, have considered the individual needs of this student. We have collectively explored the potential gaps, overlaps, and contradictions in our service delivery recommendations. The recommendations listed herein reflect our consensus opinion regarding the delivery of related services that we believe are required, yet are only-as-special-as-necessary, in order for the student to adequately have access to and/or participate in his or her educational program.

Signatures

Date

Attach any pertinent reports.