
Part 3:

Forms

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STUDENT PROFILE

NAME (Please print): _____

SCHOOL: _____ **SEX:** M / F

D.O.B.: (yy/mm/dd) _____ **GRADE:** _____

P.E.N. # (9 digits): _____ **BCeSIS Pupil #** _____

Previous School: _____

DOCUMENTATION (List and Attach)

- Ministry Checklist
- SBT or CARE Team Minutes
- Planning Tool
- IEP
- Outside Agency information/Medical diagnosis
- Other Assessments

Parents have been consulted regarding this decision. Date: _____

Completed by: _____ **Principal Signature:** _____

Suggested Category: _____ **Date:** _____

Return to Student Services, School District Office, for completion of category

For Student Services Use Only

Date: _____ **Approved:** _____

Assigned Category: _____

Comments: _____

Revised January 2010

CATEGORY CHANGE

Name of Student: _____ School: _____

Please change this student's category

From: _____ To: _____

Reason: _____

Documentation (List and Attach):

- Ministry Checklist
- SBT or CARE Team Minutes
- Planning Tool
- IEP
- Outside Agency information/Medical diagnosis
- Other Assessments _____
- Other _____

Parents have been consulted regarding this decision _____
 Date

 Name/Position _____ Date

 Principal Signature _____ Date

<u>For Student Services Use Only</u>	
Date: _____	Approved: _____
Assigned Category: _____	
Comments: _____	

cc. School Based Team Red File

Revised: Jan 2010

SCHOOL-BASED TEAM SELF-EVALUATION SUMMARY

Name of School: _____

As a team, please complete the below chart using the following rating scale:

1. **Not yet meeting**
2. **Minimally meeting**
3. **Fully meeting**
4. **Exceeding**

		1	2	3	4
1.	Core Team (Clearing House)				
2.	Purpose				
3.	Staff Understanding & Commitment				
4.	Pre-Referral Process				
5.	Scheduling SBT Meetings				
6.	SBT Meeting Format				
7.	Time Frame for SBT Meetings				
8.	Resource Generation & Allocation - District				
9.	Resource Generation & Allocation - School Based				
10.	Accessing & Utilizing District Student Services				
11.	Accessing & Utilizing Community Services/Resources				
12.	Roles & Responsibilities of SBT Members				
13.	School Based Team Meetings				
14.	Individual Educational Plans				
15.	Case Management				
16.	Coordination of SBT				
17.	Facilitation of SBT Meetings				
18.	Record keeping & Documentation				
19.	Growth & Maintenance of SBT				

Completed by

NAME

POSITION

OUR SCHOOL-BASED TEAM GOALS

Please choose 2 or 3 goals that would help your team be more effective:

Please describe how the district can help your team reach those goals:

CONSENT FOR USE OF A MODIFIED INDIVIDUALIZED EDUCATION PLAN-ELEMENTARY

Reviewed Annually

Primary (K- Gr 3) Intermediate (Gr 4-6)
--

Name of Student: _____ Grade: _____
 School: _____ Ministry Category: _____

Modified Subjects/ Program – the student is **currently not able** to achieve grade level outcomes for the subjects listed in the IEP and as a result is working on an individualized set of outcomes. No letter grades are given on formal report cards, in the area(s) modified. Progress is reported through the IEP Progress Report provided with the report card.

Parent Consent:

I agree that my son/daughter currently needs modifications to their academic program. I understand that this decision will be reviewed each school year.		
I am aware that this decision will have future implications in that if my child continues on a modified program he/she will not graduate from high school with a Dogwood Certificate but instead, will receive a School Leaving Certificate.		
I have been given a copy of, or understand that I can access the 'Parent's Guide to IEP" on the web at http://www.bced.gov.bc.ca/specialed/iep/toc.htm .		
_____ Parent/Guardian (Please Print)	_____ Signature	_____ Date

_____ Principal (Please Print)	_____ Signature	_____ Date
-----------------------------------	--------------------	---------------

_____ Resource/Classroom Teacher (Please Print)	_____ Signature	_____ Date
--	--------------------	---------------

_____ School Psychologist (Please Print)	_____ Signature	_____ Date
---	--------------------	---------------

Annual Review Section:

Year	Parent/Guardian Signature	Case Manager Signature	Date
Year	Parent/Guardian Signature	Case Manager Signature	Date
Year	Parent/Guardian Signature	Case Manager Signature	Date

Consent for Counselling Services

Date: _____

Dear Parent(s) or Guardian(s):

Your child has been recommended for counselling. This service, provided by our Counsellors, may include one of the following services:

- Individual, short-term
- Group, in the area of _____
- "Check in" for this school year.

Child's name: _____ DOB: (yy/mm/dd) _____

Signature of the counselor: _____

Name of Parent(s) or Legal Guardian(s) - Please Print: _____

Address: _____

Home and work numbers: H: _____ W: _____

Please sign Section A or B below and return to your child's school.

Section A	Section B
<p>I / We consent to have my/our child receive this service.</p> <hr/> <p style="text-align: center;">Signature of Parent or Legal Guardian</p> <hr/> <p style="text-align: center;">Print Name</p> <hr/> <p style="text-align: center;">Date</p> <p><i>*This consent is valid for the current school year.</i></p>	<p>I / We do not consent to my/our child receiving this service.</p> <hr/> <p style="text-align: center;">Signature of Parent or Legal Guardian</p> <hr/> <p style="text-align: center;">Print Name</p> <hr/> <p style="text-align: center;">Date</p>

If you have questions, please contact the Counsellor at your child's school.



CONSENT FOR RELEASE OF INFORMATION

RE: _____

DATE OF BIRTH: _____ PEN #: _____

NEW ADDRESS: _____

I, the undersigned, hereby authorize School District No. 33 (Chilliwack) to release records and confidential information to:

<p>Mailing Address (Attention: _____)</p> <p>_____</p> <p>_____</p> <p>_____</p>

Date: _____

Mother: _____

Father: _____

Guardian: _____

NOTE: Only one signature required.

<p>Please do not FAX this form. (only MCFD) School District 33 requires the ORIGINAL Parental/Guardian signature.</p>
--



To: _____

**CONSENT FOR RELEASE OF INFORMATION
TO CHILLIWACK SCHOOL DISTRICT**

RE: _____

PEN: _____

DATE OF BIRTH: _____

ADDRESS: _____

I, the undersigned, give consent to release the records and confidential information regarding my child to School District No. 33 (Chilliwack).

Date: _____

Mother: _____

Father: _____

Guardian: _____

(N.B. Only one signature required.)



“Working together to make a difference”

I.E.P. Adaptions Checklist (* Does not replace an IEP)

Student: _____

School: _____

Date: _____ Grade: _____

Teacher: _____

Weak Written Language Skills:

- Photocopied notes
- Framed outlines
- Allow writing to be proofread before marking
- Reduce volume of work
- Extend time
- Use word processor with spell and grammar check
- Assign tutor or pair with “good” student
- Adjust weight
- Adjust expectations
- Limited/no penalty for spelling
- Tape responses
- Give choice of assignment format
- Scribe
- Allow point form answers
- Other: _____

Weak Reading Skills:

- Taped materials
- Reader (teacher, classmate, T.A. or parent)
- Highlight key words on worksheet, notes, texts and tests
- Extend time
- Reduce volume of work
- Parallel alternate reading material
- Enlarge print
- Avoid embarrassing student by having him/her read orally in class
- Other: _____

Weak Math Skills:

- Calculator
- Multiplication grid
- Extend time
- Reduce volume of work
- Use concrete materials
- Progress at slower pace
- Peer tutor or pair with “good” student
- Provide immediate feedback re: correctness
- Model computational procedures i.e. do the first few questions together
- Use memory devices to remember concepts and operations
- Reader for word problems
- Other: _____

Testing Adaptions:

- Extend time
- Reduce number of questions
- Provide reader
- Provide scribe
- Allow student to take oral test
- Rewrite test
- Alternate test
- No penalty for spelling
- Separate setting
- Provide study guide
- Enlarge print
- Change test format to multiple choice, true/false fill in blank or short answers
- Take an open book or open note test in the classroom
- Allow student to write, finish or re-take a test in a less distracting setting
- Allow students to use a calculator for all tests
- Allow students to use formula sheets during tests
- Adjust weight of test or parts of test
- Other: _____

Weak Organizational Skills:

- Provide daily schedule
- Help student organize notebook or binder
- Supervise the writing of homework assignments in agenda or homework book
- Request parent reinforcement
- Help student break down long term assignments into smaller units
- Monitor desk and locker and locker clean-up
- Provide a second set of textbooks to keep at home
- Other: _____

Distractable Student:

- Selective seating
- Reduce visual directions
- Reduce auditory distractions (ear plugs, head sets)
- Advanced organizers
- Instruct student in self-monitoring
- Break periods into smaller units of time, each with a plan/goal
- Use cues and prompts (private signals)
- Allow student to have some planned breaks
- Give positive reinforcement
- Provide less distracting quieter environment in which the student can work productivity under the supervision of a T.A.
- Other: _____

Weak Auditory Processing Skills:

- Multisensory instructions
- T.V. or video presentation
- Framed outlines
- Photocopied notes
- Ask student to repeat directions
- Provide written directions for assignments
- Summarize lesson in point form on board
- Write homework on board
- Review vocabulary and purpose for reading prior to lesson
- Other: _____

Weak Visual Processing Skills:

- Multisensory instructions
- Oral directions and advanced organizers
- Taped material
- T.V. or video presentation
- Discussion time
- Other: _____

Weak Visual-Motor Processing Skills:

- Provide copies of notes to be copied from board, overhead or text
- Extend time
- Reduce volume
- Adjust expectations for penmanship and neatness
- Provide special materials such as graph paper, highlighters, specially lined paper etc. when it is appropriate
- Other: _____

INTER-AGENCY INFORMATION FORM

CONFIDENTIAL

The purpose of this form is to compile school and district information about a student so that a parent may present the information when consulting with other professionals.

		<p style="text-align: center;">Chilliwack School District #33 8430 Cessna Drive, Chilliwack, BC V2P 7K4 Phone (604) 792-1321 * FAX (604) 703-1774</p>
<p><i>“Working together to make a difference”</i></p>		

STUDENT'S FAMILY INFORMATION

NAME OF STUDENT:	DATE OF BIRTH: (YYYY.MM.DD.)
_____	_____
NAME OF PARENT:	GENDER OF STUDENT:
_____	<input type="checkbox"/> M <input type="checkbox"/> F
LEGAL GUARDIAN:	

ADDRESS:	PHONE:
_____	_____
FAMILY PHYSICIAN:	PHONE:
_____	_____
SOCIAL WORKER:	PHONE:
_____	_____
LANGUAGE SPOKEN AT HOME:	ENGLISH UNDERSTOOD:
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

STUDENT'S SCHOOL INFORMATION

NAME OF SCHOOL:	PHONE:
_____	_____
SCHOOL ADDRESS:	FAX:
_____	_____
CONTACT PERSON:	TITLE:
_____	_____
NAME of TEACHER:	STUDENT'S GRADE:
_____	_____
CURRENT PLACEMENT:	

MINISTRY OF EDUCATION CATEGORY:	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NAME:
_____	_____
IEP:	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ATTACH:
_____	_____

INTER-AGENCY INFORMATION FORM

CONFIDENTIAL

The purpose of this form is to compile school and district information about a student so that a parent may present the information when consulting with other professionals.

STUDENT'S CURRENT PROFILE

STUDENT'S STRENGTHS, TALENTS, and/or INTERESTS:

REASON FOR SUBMISSION

ANTICIPATED OUTCOMES (information needed at the school level to plan an education program):

DESCRIBE CONCERNS (difficulties the student is experiencing in the school setting):

PREVIOUS ASSESSMENT RESULTS

STANDARDIZED ASSESSMENT (Include date of assessment, name of assessment tool, & key findings):

Cognitive: _____

Achievement: _____

Adaptive: _____

Behavioural: _____

Speech/ Language: _____

Audiology/Vision: _____

Medical: _____

Psychiatric/Mental Health: _____

Other (Specify): _____

INFORMAL ASSESSMENT (checklists, observations, interviews, report cards, and key findings):

INTER-AGENCY INFORMATION FORM

CONFIDENTIAL

The purpose of this form is to compile school and district information about a student so that a parent may present the information when consulting with other professionals.

CURRENT SCHOOL SUPPORT		
<i>AREA OF SUPPORT (e.g., Reading)</i>	<i>TITLE OF PERSON (e.g., Teaching Assistant)</i>	<i>DURATION/FREQUENCY (e.g., # minutes, 3x/week)</i>

CURRENT COMMUNITY SUPPORT		
<i>AREA OF SUPPORT (e.g., Social Skills)</i>	<i>TITLE OF PERSON (e.g., Childcare Worker)</i>	<i>DURATION/FREQUENCY (e.g., # minutes, 3x/week)</i>

School District No.33 - Chilliwack is submitting this Student Information to _____ for your information and consideration. Our educational team appreciates your involvement and support. We look forward to working with you. Along with parental information, consider this information in subsequent referrals.

SUBMISSION OF FORM			
ROLE/TITLE	NAME	SIGNATURE	DATE
District Counsellor			
Learning Assistance Teacher			
School Principal/VP			
Classroom Teacher			
Other			

I _____ give permission for any written reports regarding my child to be forwarded to:

**Student Services
Chilliwack School District #33
8430 Cessna Drive,
Chilliwack, B.C. V2P 7K4**

Attention: _____

Parent/Guardian Signature

Date

INTER-AGENCY INFORMATION FORM

CONFIDENTIAL

The purpose of this form is to compile school and district information about a student so that a parent may present the information when consulting with other professionals.

PARENT/GUARDIAN'S CONSENT FOR RELEASE OF INFORMATION

With regards to my student's educational program, I give permission for the School District to share information with and receive information from the following persons/agencies as specified below:

Professional/Agency	From	To	Date (YYYY/MM/DD)	Parent/Guardian Signature <small>(signature required for each professional/agency)</small>
Family Physician				
Pediatrician				
Sunny Hill Health Centre				
BC Children's Hospital				
Ministry of Children & Family Development				
Public Health Nurse				
Speech & Language Pathologist				
Ophthalmologist/Optomtrist				
Audiologist				
Occupational/Physical Therapists				
Child & Youth Mental Health				
Psychiatrist				

ENCLOSURES COPY TO:

- IEP
- CLASSROOM REPORTS
- ASSESSMENT REPORTS
- OTHER: _____
- OTHER: _____
- OTHER: _____

- PARENT
- SCHOOL FILE
- DISTRICT FILE
- OTHER: _____
- OTHER: _____
- OTHER: _____



Medical Alert Form

Student
Picture
If
Available

Student Name _____

Birthdate (YY/MM/DD) _____

Parent or Guardian _____

Home Phone _____ Work Phone _____

Physician _____

Phone _____

Diagnosis _____

If your child has these conditions please check:

- Epilepsy
- Anaphylactic Shock
- Blood Disorders
- Severe Allergies
- Severe Asthma
- Other _____
- Diabetes
- EpiPen Required
- ADHD

Parent's Comments _____

If an attack does occur at school, please check off those actions that apply. Also please indicate the order in which they should be done.

- | Check | Order | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Call 9-1-1 |
| <input type="checkbox"/> | <input type="checkbox"/> | Call parents / guardians Cell _____ Pager _____
Home _____ Work _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Call this emergency contact Name: _____
Phone #: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Administer medication |

To request medication be administered at school (regularly or on an emergency please complete the next page.

Parent Signature _____

Principal/Vice-Principal Signature _____

Date Record Initiated _____

Response Plan Required Yes No

Date Reviewed	Signature Public Health

basis)



Medical Alert Form

REQUEST FOR ADMINISTRATION OF MEDICATION AT SCHOOL

A. TO BE COMPLETED BY PRESCRIBING PHYSICIAN

Condition(s) which make medication necessary:

NAME OF MEDICATION	DOSAGE	DIRECTIONS FOR USE
1.		
2.		
3.		
4.		
Additional comments (possible reactions, consequences of missing medication, storage duration)		Physician's Name: <i>(Please print)</i>
		Physician's Signature:
		Date:

B. TO BE COMPLETED BY PARENT OR GUARDIAN – INFORMED AUTHORIZATION AND RELEASE

I request the school to give medication as prescribed on this form to my child, whose name is: _____ . I will notify the school promptly of any changes in medications ordered. I will provide the medications listed above.

EPIPEN – I request that the administration of the EpiPen be provided. I understand that the services will be provided by a person without medical or nursing training. It is my responsibility as parent/guardian to provide the school with current EpiPens for my child's use and care.

Date Parent/Guardian Name Parent/Guardian Signature



Medical Alert Form

REQUEST FOR ADMINISTRATION OF MEDICATION AT SCHOOL *cont'd*

Student Name _____ School Name _____

C. INFORMATION AND TRAINING

Prior to administration of any medication, each school staff member who is responsible for the administration or supervision of the medication must date and sign below to indicate they have been informed and trained by the school nurse.

School Year _____		Grade _____
DATE	NAME (Please Print)	SIGNATURE

D. SCHOOL AUTHORIZATION

Each school staff member who is responsible for the administration or supervision of the medication must date and sign below:

Authorization on Behalf of School:		
Date	Principal/Vice-Principal Name	Principal/Vice-Principal Signature

Date	Public Health Nurse's Name	Public Health Nurse's Signature

***Quick Reference Package Requirements for Student Services -May 2010**

1.19 Physically Dependant	A	G G G G G	Student Profile or Category Change Ministry Checklist (and supporting documentation) Medical diagnosis by a qualified specialist (and supporting documentation) SBT Minutes IEP
1.19 Deaf/Blind	B	G G G G	Student Profile or Category Change Ministry Checklist (and supporting documentation) Medical diagnosis by a qualified specialist (and supporting documentation) SBT Minutes IEP
1.18 Moderate to Severe/Profound Intellectual Disabilities	C	G G G G G	Student Profile or Category Change Ministry Checklist (and supporting documentation) Psych Ed assessment indicating cognitive and adaptive functioning (and supporting documentation) SBT Minutes IEP
1.18 Physical Disabilities or Chronic Health Impairment	D	G G G G G G G	Student Profile or Category Change Ministry Checklist (and supporting documentation) Medical diagnosis by a qualified specialist (and supporting documentation) Evidence that medical condition still has an impact on learning from year to year Planning Tool SBT Minutes IEP
1.18 Visual Impairment	E	G G G G G	Student Profile or Category Change Ministry Checklist (and supporting documentation) Medical diagnosis by a qualified specialist (and supporting documentation) SBT Minutes IEP
1.18 Deaf or Hard of Hearing	F	G G G G G	Student Profile or Category Change Ministry Checklist (and supporting documentation) Medical diagnosis by a qualified specialist (and supporting documentation) SBT Minutes IEP
1.18 Autism Spectrum Disorder	G	G G G G G G	Student Profile or Category Change Ministry Checklist (and supporting documentation) Medical diagnosis by a qualified specialist (and supporting documentation) Planning Tool SBT Minutes IEP
1.16 Intensive Behaviour Intervention/Serious Mental Illness	H	G G G G G G	Student Profile or Category Change Ministry Checklist (and supporting documentation) Functional Behaviour Assessment Planning Tool CARE Team Minutes IEP
1.17 Mild Intellectual Disabilities	K	G G G G G	Student Profile or Category Change Ministry Checklist (and supporting documentation) Evidence of cognitive function (Psych-ed) SBT Minutes IEP
1.17 Learning Disability	Q	G G G G G G	Student Profile or Category Change Ministry Checklist (and supporting documentation) Planning Tool Evidence of cognitive function (Psych-ed) SBT Minutes IEP
1.32 Gifted	P	G G G G	Student Profile or Category Change Ministry Checklist (and supporting documentation) Testing by LA (C-CAT & Hawthorne Gifted Evaluation) IEP
1.17 Moderate Behaviour Support/Mental Illness	R	G G G G G G	Student Profile or Category Change Ministry Checklist (and supporting documentation) Functional Behaviour Assessment School Based Team Minutes Planning Tool IEP

*Subject to change as per Ministry direction

REFERRAL INFORMATION REQUIRED

(Can all be obtained from the "Forms" section of Student Services Resource Manual)

CDC OT	<ul style="list-style-type: none"> • Student Services 2 page referral with parent and principal signatures, • CDC 2 page inserts for: "Consent to Obtain/Release, Consent for Service. • Please be sure "Consent to Obtain/Release" has parental INITIALS - NOT check marks • Both forms require witnesses • The Care Card # is required on the Consent for Service
CDC PT	<ul style="list-style-type: none"> • Student Services 2 page referral with parent and principal signatures, • CDC 2 page inserts for: "Consent to Obtain/Release, Consent for Service. • Please be sure "Consent to Obtain/Release" has parental INITIALS NOT check marks • Both forms require witnesses • The Care Card # is required on the Consent for Service
CDC or Student Services PT,OT Open file	<ul style="list-style-type: none"> • Within 1 year submit " Request for Services for Students Who Have An Open PT/OT File"
Student Services PT, OT	<ul style="list-style-type: none"> • Student Services 2 page referral with parent and principal signatures
School Psychologist	<ul style="list-style-type: none"> • Student Services 2 page referral with parent and principal signatures • School Psychology insert SIGNED BY SCHOOL PSYCHOLOGIST <i>before</i> it comes to Student Services • LD Planning Tool • IEP • Have hearing and vision of student checked before submitting referral
School Psychologist BASC or Conners	<ul style="list-style-type: none"> • Student Services 2 page referral with parent and principal signatures • School Psychology insert SIGNED BY SCHOOL PSYCHOLOGIST <i>before</i> it comes to Student Services • Behaviour Planning Tool
To remove School Psychologist Referral	<ul style="list-style-type: none"> • Review of Referral Form signed by parents
Speech Pathologist	<ul style="list-style-type: none"> • Student Services 2 page referral with parent and principal signatures • Speech Pathologist insert SIGNED BY SPEECH PATHOLOGIST <i>before</i> it comes to Student Services • CELF form
SET-BC	<ul style="list-style-type: none"> • Student Services 2 page referral with parent and principal signatures • SET-BC referral forms signed and dated by parents and principal before deadline
HEARING	<ul style="list-style-type: none"> • Student Services referral page 1
VISION	<ul style="list-style-type: none"> • Student Services referral page 1
DIST	<ul style="list-style-type: none"> • Student Services referral pages 1 ,2
CAST	<ul style="list-style-type: none"> • Student Services referral pages 1 ,2
POPARD	<ul style="list-style-type: none"> • Student Services 2 page referral with parent and principal signatures • Provincial Outreach Program for Autism & Related Disorders 4 page form
Hospital Homebound	<ul style="list-style-type: none"> • Student Services 2 page referral with principal signature • Hospital Homebound teacher will get parental signature on first home visit.

PARENT INFORMATION

As parent/guardian, I give my consent for my child to receive assessment and support services as indicated, as well as my consent to release information.

X _____ Relationship: _____

Signature of Parent/Guardian** **REQUIRED (Blue ink)**

**Children in care require signature of Legal Guardian

Date: _____

The information collected on this form [Authority: School Act (Section 13 & 97)], will be protected under the Freedom of Information and Protection of Privacy Act. The information shared here, and the information resulting from this request may be shared with other professionals in School District #33 [Chilliwack]. If legally required by section 97(2) of the School Act, this information may be provided to health services, social services or other support services. Questions about the collection and use of this information should be directed to the Principal of your school, or the Information and Privacy Coordinator, School District #33, at 792-1321.

Pertinent Medical Information:

Audiogram: Yes No

Report Attached

Eye Report: Yes No

Report Attached

Medical diagnosis: Yes

No Specify: _____

Is child/youth currently on medication?

Yes No

Additional Medical information (ie: allergies): _____

Parental Comments:

REASON FOR REFERRAL (School to complete)

SCHOOL SIGNATURES

Referral completed by: (please print)

X _____
 Signature of Principal/Vice-Principal - **REQUIRED**

 Date

X _____
 Signature of School Based Team Chair

 Date

PLEASE SUBMIT ORIGINAL SIGNATURE PAGE. Photocopies and FAXed documents cannot be processed.

Retain copies of this referral form for: L.A. File (Confidential) Parent

School Psychology Insert

(Please complete, have School Psychologist sign, and attach with your Student Services Referral form)

Student Name: _____

School: _____ Grade: _____ Date: _____

Program: I.E.P. No I.E.P. If none, explain why: _____

INFORMATION:

PLEASE INCLUDE THE FOLLOWING ITEMS WITH THE REFERRAL PACKAGE:

Copy of any academic / cognitive / medical documents.

List of tests and results:

K-TEA II	Date:	
	Age:	
	SS	% ile
Letter & Word Recognition		
Reading Comprehension		
Math Concept/ Applications		
Math Computation		
Written Expression		
Spelling		
Listening Comprehension		
Oral Expression		

Other Assessment Scores:

PPVT		
A <input type="checkbox"/> B <input type="checkbox"/>		
Date	Date	Date
Age	Age	Age
SS	SS	SS
%ile	%ile	%ile

ACADEMIC PERFORMANCE: Please check areas of concern

Reading Spelling Math Written Output

Comments: _____

In summary, what questions should this assessment address? i.e. What is it that you want to know?

Completed by: _____
 Name & Position Parent/Guardian Signature School Psychologist Signature

Date: _____

Retain copies of this referral form for: L.A. file (Confidential) Parent

SPEECH LANGUAGE PATHOLOGY INSERT

(Please complete, have SLP sign, and attach with your Student Services Referral form)

Child's Name: _____	Grade: _____
School: _____	Classroom Teacher: _____
Resource Teacher (if applicable): _____	
Date: _____	Consult SLP Signature (Required): _____

An assessment does not guarantee further involvement by the SLP

REFERRAL:

Please check areas of concern (refer to definition of terms on "Guidelines for Making Referrals to the Speech-Language Pathologist" found in the appendix of Student Services Binder.)

- | | |
|---|---|
| <input type="checkbox"/> Speech Sounds | <input type="checkbox"/> Voice (hoarseness, unusual pitch/volume) |
| <input type="checkbox"/> Fluency (stuttering) | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Language | |

Detailed Description:

ATTACHMENTS:

- CELF-4 – Observation Rating Scale **or** Assessment of Language in the Classroom – Teacher Questionnaire
- K-TEA (front cover)
- PPVT (front cover)
- Other _____



CONSENT FOR SERVICE

I, the undersigned parent or guardian of the child _____,

PHN # _____ Date of birth: _____,

do hereby consent to his/her assessment, treatment and/or other service provided by the Fraser Valley Child Development Centre. I understand that the FVDCDC's model of service requires parents/guardians to become actively involved in enhancing and enriching their child's development.

No identifying statistical information may be collected, collated and distributed to support requests for funding, advocacy, resource allocation and measuring outcomes.

I will be informed of any assessment findings and will participate in setting specific goals for my child's continued service as required.

Yes No I am aware that from time to time the Centre will have practicum students, and I agree to have practicum students participate in my child's therapy program.

No Check here if you do **NOT** want your name added to the FVDCDC mailing list to receive e-mails, newsletters and information regarding other FVDCDC special events and activities.

Date

Signature

Printed Name

Printed Address

Postal Code

E-mail Address

Phone Numbers (Home and Work)

Witness (a non-family member please)

Helping Kids Shine

Abbotsford Office
102-32885 Ventura Ave.
Abbotsford, BC V2S 6A3
Tel: 604.852.2686
Fax: 604.852.5794

Chilliwack Office
45474 Luckakuck Way
Chilliwack, BC V2R 3S9
Tel: 604.824.8760
Fax: 604.824.8735

Hope Office
P.O. Box 2077
Hope, BC V0X 1L0
Tel: 604.860.7731
Fax: 604.869.2994

Mission Office
4-7337 Welton St.
Mission, BC V2V 3X1
Tel: 604.820.9536
Fax: 604.820.9568

www.fvcdc.org



Consent to Obtain/Release Information

By completing this form, you are giving FVDCD consent (as indicated) to collect, use and disclose information for the purposes of providing appropriate assessment(s) and service(s) to your child.

Please initial and give the name and address of all pertaining persons/agencies.

By signing this consent to obtain/release information, it will VOID ALL PREVIOUS CONSENTS on file.

Initials Only				FVDCD Staff
Use				Please check if Admin to obtain info
Obtain	Release			
_____	_____	School District (must specify)	School Name: _____	<input type="checkbox"/>
_____	_____	Private School (must specify)	Private School Name: _____	<input type="checkbox"/>
_____	_____	Preschool (must specify)	Name: _____	<input type="checkbox"/>
			Address: _____	
_____	_____	Daycare (must specify)	Name: _____	<input type="checkbox"/>
			Address: _____	
_____	_____	Supported Child Development Program (must specify if other than FVDCD)	Name: _____	<input type="checkbox"/>
			Address: _____	
_____	_____	Child Development Centre (must specify if other than FVDCD)	Name: _____	<input type="checkbox"/>
			Address: _____	
_____	_____	Infant Development Program (must specify if other than FVDCD)	Name: _____	<input type="checkbox"/>
			Address: _____	
_____	_____	BC Women's & Children's Health Centre		<input type="checkbox"/>
_____	_____	Sunny Hill Health Centre		<input type="checkbox"/>
_____	_____	Health Unit _____		<input type="checkbox"/>
_____	_____	My Child's Physician(s) (must specify family physician or specialist)		
		Name: _____	Name: _____	<input type="checkbox"/>
		Address: _____	Address: _____	
_____	_____	Ministry of Child & Family Development (must specify)	Name: _____	<input type="checkbox"/>
			Address: _____	
_____	_____	Other (must specify)		
		Name: _____	Name: _____	<input type="checkbox"/>
		Address: _____	Address: _____	

Name of Child

Signature of Parent/Legal Guardian authorized to give consent

Child's Birth Date

Relationship to Child

PHN Number (care card)

Address

Date

Signature of Witness



REQUEST FOR SERVICES FOR STUDENTS WHO HAVE AN OPEN PT/OT FILE

(A closed file or a file more than one year old will require a new referral to reactivate)

Student: _____ DOB: _____

School: _____ Date: _____

Contact Person: _____

Role: _____ Telephone: _____

Service Requested: OT PT

Services Requested Initiated by: _____

Reason for request: _____

School Administrator's Signature

Date

Note: (A closed file or a file more than one year old will require a new referral to reactivate)

FOR OFFICE USE ONLY

Date rec'd by Student Services: _____ Entry Signature: _____

Response to Request: _____

Category: _____ CDC (copies sent _____)

Create New File Yes No

Review of School Psychology Referral to District Student Services

Name of Student: _____ **D.O.B.:** _____

(yy/mm/dd)

School: _____ **Grade:** _____

PEN# (required): _____ **Date:** _____

This student was referred for School Psychology testing on this date _____.

Upon review, the School Based Team has determined that:

Submitted by: **Name:** _____

Role: _____

Date: _____

Principal/Vice-Principal Signature

Date

I, as parent/guardian of _____ (student's name) have been notified of the decision by the School Based team to cancel this referral.

Parent Signature *** (Required if student referral is to be withdrawn and he/she is still in your school.)

Date

- Cc:**
- Parent
 - SBT
 - Red file

TRANSITION PLANNING DOCUMENT

_____ SCHOOL BASED TEAM

Name: _____	D.O.B.: _____
Current Grade: _____	Parent(s)/Guardian: _____
RED FILE at STUDENT SERVICES:	<input type="checkbox"/> Yes <input type="checkbox"/> No
CARE Team <input type="checkbox"/> Yes <input type="checkbox"/> No	Case Manager: _____
MINISTRY CATEGORY: _____	
Transition: FROM: _____	TO: _____

Nature of Concerns:

- Academic
- Behavioural
- Physical

Current Skill Level/Programs:

Math: _____

Reading: _____

Medical Condition: _____

School-Based Planning/Resources:

- | | |
|--|---|
| <input type="checkbox"/> IEP for: <input type="checkbox"/> Academics | <input type="checkbox"/> Behaviour <input type="checkbox"/> Health Plan |
| <input type="checkbox"/> Teacher Assistant Time (___ hours/week) | <input type="checkbox"/> Learning Assistance (___ hours/week) |
| <input type="checkbox"/> School Based Team Meetings | <input type="checkbox"/> Resource Program |
| <input type="checkbox"/> First Nations Support | <input type="checkbox"/> Other: _____ |

District/Personnel/Resources:

- | | |
|--|---|
| <input type="checkbox"/> Speech and Language Pathologist | <input type="checkbox"/> District Behaviour Facilitator |
| <input type="checkbox"/> Occupational/Physiotherapist | <input type="checkbox"/> Teacher of the Hearing Impaired |
| <input type="checkbox"/> Special Needs Helping Teacher | <input type="checkbox"/> Teacher of the Visually Impaired |
| <input type="checkbox"/> District Counsellor | <input type="checkbox"/> Hospital/Homebound Teacher |
| <input type="checkbox"/> District Resource Program | <input type="checkbox"/> Other: _____ |



School District #33

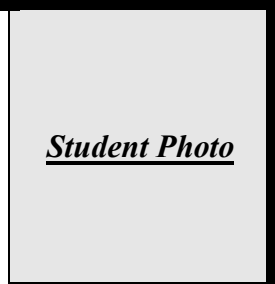
Senior Secondary School Entry Document

_____ **Middle School** to _____ **Senior Secondary School**

Affix demographic label here

P.E.N. #: _____ Gender: M or F
 Last Name: _____ First Name: _____
 Prefers to be called: _____ Home Telephone: _____
 D.O.B.: _____ Parent/Guardian: _____
 Address: _____
 Alternate Address: _____
 International Student:
 Country _____ Language _____

Ministry Category: _____
 Diagnosis: _____
 Medical Alert
 Medication: _____



IEP:
 Academic
 Behaviour
 Health

Please attach IEP, Medical Alert Information

Completed by Classroom Teachers

Achievement

Subject	Mark	Effort	✓ If Adapted	✓ If Modified	Work Habits	Homework	Organization	Leadership	Behaviour in class	Behaviour out of class	Empathy	Cooperation	Attendance
					Indicate G, S or N for each Category								
Hum	SS												
	Eng												
Science													
Math													

Strengths & Interests: (eg. sports, fine arts, etc.) _____

Concerns: _____

Completed by the Middle School SRT

School Services Received in Middle School

Learning Assistance
 First Nations Support
 T.A.
 S.B.T.
 Care Team
 E.S.L.
 Resource Teacher
 Counsellor
 Adaptation to Assessment
 Other: _____

District Services in Middle School

Speech & Language
 Counsellor
 O.T.
 P.T.
 School Psychologist
 Teacher of the Visually Impaired
 Teacher of the Deaf & Hard of Hearing
 Hospital Homebound (Gr. _____)
 ADR Resource Program

Recommended Services/Program for Secondary

Learning Assistance
 First Nations Support
 T.A.
 S.B.T.
 Care Team
 E.S.L.
 Math _____
 Math/Science Prep
 Applied communication skills
 Request for Adjudication
 Ongoing counseling service
 Other: _____

Outside Services Received: _____

Middle School Case Manager: (Name & Position) _____

Recommended Placement: _____

Standardized Test Scores: (grade 7 FSA) _____

Form Completed by: _____

Date: _____



Chilliwack School District Middle School Entry Document

Affix demographic label here	P.E.N. #: _____ Last Name: _____ First Name: _____ Prefers to be called: _____ Gender: M or F D.O.B.: _____ Parent/Guardian: _____ Address: _____ Home Telephone: _____ _____ Email: _____ International Student: Country _____ Language _____ Grade 6 (or previous) Teacher: _____	<input type="checkbox"/> Ministry Category: _____ <input type="checkbox"/> Diagnosis: _____ <input type="checkbox"/> Medical Alert <input type="checkbox"/> Medication: _____	<u>Student Photo</u>
	IEP: <input type="checkbox"/> Academic <input type="checkbox"/> Behaviour <input type="checkbox"/> Health		
	* Please attach IEP, Medical Alert Information & Transition Meeting Minutes		

Completed by Classroom Teacher	Achievement													
	Subject	Mark	Effort	✓ If Adapted	✓ If Modified		G	S	N		G	S	N	
	Reading					Work Habits					Behaviour in class			
	Writing					Homework					Behaviour out of class			
	Math					Organization					Empathy			
						Leadership					Cooperation			
Strengths & Interests: (eg. sports, fine arts, etc.) _____ Concerns: _____														

Completed by the Elementary SBT	School Services Received in Elementary <input type="checkbox"/> Learning Assistance <input type="checkbox"/> First Nations Support <input type="checkbox"/> T.A. <input type="checkbox"/> S.B.T. <input type="checkbox"/> Care Team <input type="checkbox"/> E.S.L. <input type="checkbox"/> Other: _____	District Services in Elementary <input type="checkbox"/> Speech & Language <input type="checkbox"/> Counsellor <input type="checkbox"/> O.T. <input type="checkbox"/> P.T. <input type="checkbox"/> School Psychologist <input type="checkbox"/> Resource Teacher <input type="checkbox"/> D.B.F. (Gr. ____) <input type="checkbox"/> Teacher of the Visually Impaired <input type="checkbox"/> Teacher of the Deaf & Hard of Hearing <input type="checkbox"/> Hospital Homebound (Gr. ____) <input type="checkbox"/> District L.D. Resource Program (Gr. ____) <input type="checkbox"/> _____ <input type="checkbox"/> _____	Recommended Services/Program <input type="checkbox"/> Learning Assistance <input type="checkbox"/> First Nations Support <input type="checkbox"/> T.A. <input type="checkbox"/> S.B.T. <input type="checkbox"/> Care Team <input type="checkbox"/> E.S.L. <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
--	---	---	--

Middle School Case Manager: (Name & Position) _____ **Place away from/with:** _____
Recommended Placement: Advisory _____ Humanities _____ Sci-Math _____

Form Completed by: _____ Date: _____ **Revised March 2003**

Functional Behaviour Assessment

Student Name: _____ Date of Birth: _____
 School: _____ Classroom Teacher: _____
 Grade: _____ Date: _____

Team members completing assessment:

Name: _____	Position: _____
Name: _____	Position: _____
Name: _____	Position: _____
Name: _____	Position: _____

To gain a better understanding of the problem behavior, please check the most relevant items. We need a reliable definition that can be observed and measured. Therefore, we are interested in what the student actually does and how the student acts.

1. What is a **behavior of greatest concern** (the behavior that is most intrusive, impeding the child's ability to be successful at school)? Please choose one per assessment.

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> physical aggression | <input type="checkbox"/> verbal aggression | <input type="checkbox"/> damage to property | <input type="checkbox"/> substance use |
| <input type="checkbox"/> bullying or intimidation | <input type="checkbox"/> emotional outburst | <input type="checkbox"/> anti-social, repels peers | <input type="checkbox"/> excessive roughhousing |
| <input type="checkbox"/> safety concern, at-risk of harm | <input type="checkbox"/> talking out/disrupting class | <input type="checkbox"/> internalized state, withdrawn | <input type="checkbox"/> leaves class or school without permission |
| <input type="checkbox"/> non-compliance | <input type="checkbox"/> screaming/yelling | <input type="checkbox"/> chronic academic indifference | <input type="checkbox"/> excessive movement |
| <input type="checkbox"/> refusal to work | <input type="checkbox"/> tantrums | <input type="checkbox"/> inability to focus | <input type="checkbox"/> other |

2. Describe what the behavior looks like: _____

3. How damaging or disruptive is the behavior (**intensity**)? Moderate Severe Extreme

4. How long does the behavior last when it occurs (**duration**)?

- | | | |
|--|--|--|
| <input type="checkbox"/> A few seconds | <input type="checkbox"/> A few minutes | <input type="checkbox"/> About an hour |
| <input type="checkbox"/> Part of the day | <input type="checkbox"/> Most of the day | <input type="checkbox"/> On-going |
| <input type="checkbox"/> In cycles | <input type="checkbox"/> Starts and stops throughout the day | |

5. How often does the behavior occur (**frequency**)? _____ times per _____

6. **Predictor(s) and setting events**, why, when, where and with whom the behavior of concern is most likely to occur.

Precipitating Factor	Environmental Factors	Time	Location	Person(s)
<input type="checkbox"/> Late for school	<input type="checkbox"/> Structured activity	<input type="checkbox"/> Before school	<input type="checkbox"/> Class	<input type="checkbox"/> Peer(s)
<input type="checkbox"/> Health	<input type="checkbox"/> Structured time	<input type="checkbox"/> TAG	<input type="checkbox"/> Halls	<input type="checkbox"/> Teacher(s)
<input type="checkbox"/> Substance use	<input type="checkbox"/> Difficult task	<input type="checkbox"/> Morning classes	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Duty or supervisor
<input type="checkbox"/> Medication set back	<input type="checkbox"/> Task not of interest	<input type="checkbox"/> Recess or nutrition break	<input type="checkbox"/> Bus	<input type="checkbox"/> Parent
<input type="checkbox"/> Conflict at home	<input type="checkbox"/> Reprimand or correction	<input type="checkbox"/> Transition between classes	<input type="checkbox"/> Playground/school grounds	<input type="checkbox"/> Community member
<input type="checkbox"/> Forgot required item	<input type="checkbox"/> Physical demand	<input type="checkbox"/> Lunch break	<input type="checkbox"/> Community	<input type="checkbox"/> Office staff
<input type="checkbox"/> Tired	<input type="checkbox"/> Socially isolated	<input type="checkbox"/> Afternoon classes	<input type="checkbox"/> Gym	<input type="checkbox"/> Administration
<input type="checkbox"/> Peer conflict	<input type="checkbox"/> With peers	<input type="checkbox"/> During instruction, lecture	<input type="checkbox"/> Bathroom or change room	<input type="checkbox"/> Stranger or unfamiliar person
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

7. What likely **function** does the behavior serve? What is the student getting from it?

What is obtained?	What is avoided or escaped?	
<input type="checkbox"/> Adult attention <input type="checkbox"/> Peer attention <input type="checkbox"/> Preferred activity <input type="checkbox"/> Tangible object <input type="checkbox"/> Emotional release <input type="checkbox"/> A time out <input type="checkbox"/> Time with preferred person <input type="checkbox"/> Other _____	<input type="checkbox"/> Academic work <input type="checkbox"/> Reprimand <input type="checkbox"/> Interaction with peer <input type="checkbox"/> Interaction with adult <input type="checkbox"/> Physical effort <input type="checkbox"/> Adult attention <input type="checkbox"/> Difficult task <input type="checkbox"/> Other _____	<input type="checkbox"/> Group participation <input type="checkbox"/> A particular activity <input type="checkbox"/> Test

8. Have any of these responses to the problem behavior been tried?

<input type="checkbox"/> Loss of privileges	<input type="checkbox"/> Contact with home	<input type="checkbox"/> Office referral
<input type="checkbox"/> Time out	<input type="checkbox"/> Detention	<input type="checkbox"/> Reprimand
<input type="checkbox"/> Removal from class	<input type="checkbox"/> Restitution	<input type="checkbox"/> Suspension
<input type="checkbox"/> Removal from extra curricular activity or special event	<input type="checkbox"/> Principal's review, diversion	<input type="checkbox"/> Other _____ _____

9. What **strategies** and **supports** have been tried to address the problem behavior and to foster behavioral change?

- | | |
|---|--|
| <input type="checkbox"/> Direct behavior instruction | <input type="checkbox"/> Clarify rules and expectations to whole class |
| <input type="checkbox"/> Practice expected behavior | <input type="checkbox"/> Rewards for expected behavior |
| <input type="checkbox"/> Phone call home | <input type="checkbox"/> Meeting with parent(s) or foster care |
| <input type="checkbox"/> 1-1 extra academic support | <input type="checkbox"/> Behavior contract with student |
| <input type="checkbox"/> Self-management program | <input type="checkbox"/> Systematic feedback about behavior |
| <input type="checkbox"/> Adapted academics | <input type="checkbox"/> Change seating |
| <input type="checkbox"/> Adapted timetable | <input type="checkbox"/> Physical proximity to student |
| <input type="checkbox"/> Relationship building | <input type="checkbox"/> Peer relationship building |
| <input type="checkbox"/> Referred to school based team | <input type="checkbox"/> Consult with school counselor |
| <input type="checkbox"/> Consulted with administration | <input type="checkbox"/> Administrative intervention |
| <input type="checkbox"/> Alternative learning environment within the school | <input type="checkbox"/> Resource or learning assistance support |
| <input type="checkbox"/> Sport or extra curricular involvement | <input type="checkbox"/> Parental visit to the classroom/school |
| <input type="checkbox"/> Reading Recovery | <input type="checkbox"/> Distraction/redirecting student |
| | <input type="checkbox"/> Ignoring the behavior |
| | <input type="checkbox"/> Other _____ |

10. What **strategies work better** than others? _____

11. What **strategies do NOT work well** for this student? _____

12. Describe the factors that contribute **to the student being successful at school.**

ALL INFORMATION RECEIVED REMAINS CONFIDENTIAL

Low Incidence Intake Form

Name: _____
DOB: _____

Date: _____
Grade: _____

Child's Diagnosis _____

Supporting documentation (Please include dates): _____

Outside agency services for your child _____

STRENGTHS _____

WHAT TYPES OF ENVIRONMENTS AND INTERVENTIONS WORK WELL WITH YOUR CHILD?

SEIZURE ACTIVITY

Does your child have seizures? No Yes (If yes, please complete below)
Type: _____ Normal duration: _____ Normal Frequency: _____
Please describe any warning signs of seizures (aura's etc): _____

At what point should EMS be called? _____
Any other information or concerns? _____

Date of last seizure: _____
Seizures will restrict student's activities as follows: _____

COMMUNICATION

Does your child speak clearly? No Yes Non-verbal

Does your child have any communication tools or devices they will bring to school? No Yes

Please specify: _____

If your child is non-verbal, or has limited verbal communication, how do they make their needs known? _____

MEALTIME ROUTINE/DIET

1. Special food preparation required? Pureed Minced Thickened drink Other

Please provide details: _____

2. Does your child require assistance with eating? No Yes Please specify: _____

3. Does your child have difficulty Swallowing Chewing Drinking

4. Does your child have a G-tube J-tube What formula is used? _____

5. Please describe special dietary requirements and other concerns or special instructions associated with meal times: _____

6. Please list any specialized equipment/food that your child will be bringing to school: _____

MOBILITY

1. Does your child walk? No Yes Do they require assistance? No Yes

2. Does your child use a wheelchair: No Yes Please specify: Manual Power Both

Can your child operate their wheelchair independently? No Yes

How much time should your child be out of their wheelchair each day? _____

3. Is your child able to transfer to a bus seat? No Yes

4. Does your child require transferring help to/from: Wheelchair Bed Toilet Bath/shower

Please specify the type of transfer used: _____

5. Please list other equipment your child uses (e.g. walker, braces, crutches, AFO's etc.): _____

6. If your child uses AFO's, do they do so At night During the day

7. What precautions or limitations to physical activity do you wish this child to observe? _____

ALLERGIES

1. Does your child have any anaphylactic reactions? No Yes To: _____
Does child carry an epi-pen? No Yes
Describe reaction: _____
2. Does your child have any drug allergies? No Yes
Please describe the allergies and reactions: _____

3. Does your child have any food allergies? No Yes
Please describe the allergies and reactions (please be as specific as possible) _____

4. Does your child have a latex allergy? No Yes
Please describe reaction: _____
Does your child generally avoid the following products that contain latex?
Basketballs No Yes
Rubber bands No Yes
Other: _____
5. Does your child have environmental allergies? No Yes
Does your child use a puffer? No Yes
Please describe the allergies and reactions (please be as specific as possible): _____

SHUNT

- Does your child have a shunt? No Yes
If yes, has the child's shunt become blocked in the past? No Yes
For what reasons? (Please describe) _____

<p>VISION</p> <ol style="list-style-type: none">1. Does your child have vision difficulties? <input type="checkbox"/> No <input type="checkbox"/> Yes Please describe: _____ _____ _____ _____2. Does your child wear glasses? <input type="checkbox"/> No <input type="checkbox"/> Yes	<p>HEARING</p> <ol style="list-style-type: none">1. Does child have hearing difficulty? <input type="checkbox"/> No <input type="checkbox"/> Yes2. In what ear does your child have hearing difficulty? <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both3. Does your child wear hearing aids with: <input type="checkbox"/> Slight amplification <input type="checkbox"/> Full amplification <input type="checkbox"/> None4. Are Ear Plugs required while in water? <input type="checkbox"/> No <input type="checkbox"/> Yes
---	--

PERSONAL CARE

1. Does your child have bowel control? No Yes
2. Does your child wear attends? No Yes
3. Does your child have bladder control? No Yes
4. Does your child use: Disempaction Colostomy Artificial Sphincter
 Enemas Catheters Ileoconduit Other: _____
5. Does your child have a history of bladder infection? No Yes
6. Please check the level of assistance required and provide notes as needed:

	<u>None</u>	<u>Some</u>	Please describe
Dressing	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Bathing	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Toileting	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
7. Describe special skin care required: _____

BEHAVIOUR SUPPORT

Please attach additional pages as necessary. If you have received a behaviour support plan please attach to this document.

1. Does your child interact well with: Younger children Peers Older children Adults
2. Please describe any unique behaviours we should know about your child, e.g.:
 Inappropriate language Self abusive Physical aggression
 Non-compliance Running away Wandering

Please explain any checked behaviours, their causes, frequency, and support techniques used (e.g. behavioural transitions, escalation signals, redirection cues): _____

3. Is your child on a behaviour support program at home? No Yes (If yes, please attach a copy)

MEDICATIONS (Regular/scheduled Medications) Please include all prescription medications/supplements

Name	Dosage (mg)	Quantity(ii/mLs)	Route	Time Administered

Does this child's condition present any special medical treatments or concerns during their time at school? _____



**Chilliwack School District
TRANSPORTATION ALERT FORM**

This form is to be completed for every student who takes the bus and is identified in Levels 1, 2, 3 or has a health need requiring an emergency response.

Students Name:

Special Needs:

Emergency Plan

Other

Concerns: (diagnosis)

Signs & Symptoms:

Photo

Action Plan:



Chilliwack School District
TRANSPORTATION ALERT FORM

Name: _____ PEN#: _____

Transportation: Regular School Bus# _____
 Special Needs Bus # _____

DOB (yy/mm/dd): _____ School: _____

Home address: _____

Phone Number: _____ Emergency Phone Number: _____

Emergency Contact Name: _____

Emergency Contact Address: _____

Medical Health Care Number: _____

Case Manager: _____

Parents are responsible for advising the Case Manager of any changes necessary to this plan.

Principal/Vice Principal Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

cc: Student Services Confidential File
School Confidential File
Case Manager
Parent
Transportation



Please attach to W/O#:

MAINTENANCE REQUEST FOR PT/OT

SCHOOL: _____

DATE: _____

ORDERED (PT/OT): _____

RESOURCE TEACHER: _____

PRINCIPAL
SIGNATURE: _____

School District PT/OT
SIGNATURE: _____

Please use a separate request for each item and include as much detail as possible.

Describe Service Requested (if diagrams are necessary please use separate page)

Contact your Physio/Occupational
therapist to access this form.

Reason for Request

792-1321

Account Code: _____

Student Services Authorization: _____

After signatures of Principal(s) of site(s) = Susan to sign and code = Lisa to create W/O = Lisa to FAX details to Maintenance with W/O# = Heidi to copy to PT/OT (create purchase order, if needed) & file under account.

After Principal has signed this form please FAX to Student Services 604-703-1774.

District Principal will sign, account code and FAX back to school.

Student Services will submit a work order/purchase order based on this request.

Please attach to W/O#:

EQUIPMENT REQUEST FOR PT/OT

SCHOOL: _____

DATE: _____

ORDERED (PT/OT): _____

RESOURCE TEACHER: _____

PRINCIPAL
SIGNATURE: _____

School District PT/OT
SIGNATURE: _____

Please use a separate request for each item and include as much detail as possible.

Describe Service Requested (if diagrams are necessary please use separate page)

Contact your Physio/Occupational
therapist to access this form.

Reason for Request

792-1321

Account Code: _____

Student Services Authorization: _____

After signatures of Principal(s) of site(s) = Susan to sign and code = Lisa to create W/O = Lisa to FAX details to Maintenance with W/O# = Heidi to copy to PT/OT (create purchase order, if needed) & file under account.

After Principal has signed this form please FAX to Student Services 604-703-1774.

District Principal will sign, account code and FAX back to school.

Student Services will submit a work order/purchase order based on this request.

8430 Cessna Drive, Chilliwack, B.C. V2P 7K4
Phone: (604) 792-1321 * FAX (604) 703-1774

CONFIDENTIAL

School District #33 (Chilliwack)
Suicide Intervention Protocol Checklist for School Personnel

For any students who have been assessed complete the following checklist as soon as possible and send to the District Principal of Student Services (SBO) by school mail in a sealed envelop marked **CONFIDENTIAL**.

Date _____ School _____

Student Name _____ Age _____ Grade _____ Gender _____

1. Administrator informed.
2. Parent/Guardian contacted. Name: _____ Number: _____
3. Suicide Prevention Counsellor or ACRP contacted by phone.
4. Stayed with the student? Yes No Where: _____
5. Student taken to the hospital by:
 - parent/caregiver
 - school staff
 - ambulance
6. RCMP intervention required? Yes No

Additional Comments:

Follow-up:

Completed by (please print) _____ Date _____
 cc: **School Principal, Student Services**

School ≡ District Principal ≡ Student Services Co-ordinator ≡ Yellow file

CHILD & YOUTH SUICIDE RISK ASSESSMENT GUIDELINE

RISK FACTORS	LOW	MEDIUM	HIGH
HISTORY			
Previous suicide attempts	NO	YES	YES
Perceived impact of completed suicide in family or others	No perceived impact	Suicide by relative/friend without perceived significant impact	Suicide by parent or significant other
LOSS & ALONENESS			
Perceived support network	One or more	Tentative	None
Perceived losses	No / Distant loss	Significant / Anniversary of perceived losses	Significant / Anniversary of perceived losses
Perception of stressors / & coping ability	Overwhelmed / Suicide not an option	Overwhelmed / Suicide one of several options	Overwhelmed / Suicide only option
Attitude toward help	Accepts help	Hesitant	Refuses help
PLAN			
Method / Plan	Unclear	Some plans	Well thought out
Time	In the future	Premeditated	Premeditated
Location	Unplanned location	Vague location	Well thought out
Access to means	Vague	Suicide notes / suicide gestures	Suicide notes / suicide ideation
MENTAL HEALTH & ADDICTION			
Depression / isolation & withdrawal	Mild depression / Low mood / Vague feelings of helplessness / hopelessness	Moderate depression / Some feelings of helplessness / hopelessness	Severe depression / Withdrawn / Immense helplessness & hopelessness
Impulsivity	Low	Moderate	High
Anxiety / Impulsivity	No	Yes / Low impulsivity	Yes / High Impulsivity
History of psychosis / possible onset	No psychosis	Onset of psychosis	Hallucinations / visual / auditory / tactile
Alcohol / Drug use	Infrequent / None	Frequent	Excessive

Counselling Summary

School Year _____

*****CONFIDENTIAL*****

Student Name: _____ Grade: _____

Classroom Teacher: _____ School: _____

Service provided from _____ to _____

TYPES OF COUNSELLING PROVIDED:

- Individual (short-term)
- Group _____
- Parent/Family Consultation
- Teacher Consultation and Classroom Interventions

ISSUES ADDRESSED:

- Personal/Family
- Emotional Support & Expression
- Social Skills/Friendship
- Behaviour Concerns
- Anxiety/Depression
- Other

RECOMMENDATIONS:

- Service to continue
- Service to discontinue
- Monitor
- Referral to Outside Agency: _____
- Student has moved to _____

Signatures:

Counsellor

Date

Ministry ID Forms

<p align="center">Physically Dependent with Multiple Needs</p> <p align="center">CODE A - Level I</p> <p align="center">Page 1 of 1</p>	<p>Student's Name:</p> <p>_____</p> <p>PEN (Required): _____</p> <p>Date: _____</p>
<p>To be eligible the following must be met:</p>	<p>Check all relevant boxes and attach documentation.</p>
<p>Assessment documentation shows that the student is completely dependent on others for meeting all major daily living needs. Requires assistance at all times for each of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Feeding; and <input type="checkbox"/> Dressing; and <input type="checkbox"/> Toileting; and <input type="checkbox"/> Mobility; and <input type="checkbox"/> Personal hygiene. 	<p>There must be documentation to support that the student has been appropriately assessed and identified by the school district as meeting the criteria of the special education category</p>
<p>There is documented evidence that:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A current IEP is in place, dated after September 30, previous school year. <input type="checkbox"/> The IEP has individualized goals and measurable objectives, with adaptations and or modifications where appropriate, and strategies to meet these goals. <input type="checkbox"/> The goals correspond to the category in which the student is identified. <input type="checkbox"/> The services outlined in the IEP relate to the identified needs of the student <input type="checkbox"/> The student is receiving special education services to address the needs identified in the assessment documentation that are beyond those offered to the general student population and are proportionate to level of need. <input type="checkbox"/> The student is being offered learning activities in accordance with the IEP <input type="checkbox"/> The IEP outlines methods for measuring progress in relation to the IEP goals <input type="checkbox"/> A parent was offered the opportunity to be consulted about preparation of the IEP <p>Note: Reduction in class size is not by itself a sufficient service.</p>	

<p style="text-align: center;">Deaf / Blind Code B – Level I PAGE 1 of 1</p> <p>To be eligible the following must be met:</p>	<p>Student's Name: _____</p> <p>PEN (Required): _____</p> <p>Date: _____</p> <p>Check all relevant boxes and attach documentation.</p>
<p>Medical evidence shows that:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The student's vision is impaired (from partial sight to total blindness); and <input type="checkbox"/> That the student's hearing is impaired from moderate to profound hearing loss). 	<p>There must be documentation to support that the student has been appropriately assessed and identified by the school district as meeting the criteria of the special education category.</p>
<p>There is documented evidence that ...</p> <ul style="list-style-type: none"> <input type="checkbox"/> The degree of impairments, when compounded, results in significant communicative, educational, vocational, and social skills difficulties. 	
<p>There is documented evidence that ...</p> <ul style="list-style-type: none"> <input type="checkbox"/> A current IEP is in place, dated after September 30, previous school year <input type="checkbox"/> The IEP has individualized goals and measurable objectives, with adaptations and/or modifications where appropriate, and strategies to meet these goals <input type="checkbox"/> The goals correspond to the category in which the student is identified. <input type="checkbox"/> The services outlined in the IEP relate to the identified needs of the student. 	<p>There is documented evidence that ...</p> <ul style="list-style-type: none"> <input type="checkbox"/> The student is receiving special education services to address the needs identified in the assessment documentation that are beyond those offered to the general student population and are proportionate to level of need. <input type="checkbox"/> The student is being offered learning activities in accordance with the IEP. <input type="checkbox"/> The IEP outlines methods for measuring progress in relation to the IEP goals. <input type="checkbox"/> A parent was offered the opportunity to be consulted about preparation of the IEP. <p>Note: Reduction in class size is not by itself a sufficient service.</p>

<p>Moderate to Profound Intellectual Disabilities</p> <p>CODE C - Level II</p> <p>Page 1 of 1</p> <p>To be eligible the following must be met:</p>	<p>Student's Name: _____</p> <p>Pen (Required): _____</p> <p>Date: _____</p> <p>Check all relevant boxes and attach documentation.</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Assessment documentation shows the student's intellectual functioning is 3 or more standard deviations below the mean on an individually administered Level C assessment of intellectual functioning (SS<54); and <input type="checkbox"/> Assessment documentation shows there are limitations of similar degree in 2 or more adaptive skill areas (appropriate to the student's age) on a norm referenced measure of adaptive behaviour. <p>Note: Every instrument has measurement error of approximately 5 points, so a student may be identified with a moderate intellectual disability with an overall cognitive score as high as 59 when there are significant deficits in adaptive functioning, but would not be identified with a moderate intellectual disability if scores in two or more adaptive skill areas (appropriate to the student's age) are not at a similar level.</p>	<p>There is documented evidence that...</p> <ul style="list-style-type: none"> <input type="checkbox"/> A current IEP is in place, dated after September 30 of the previous school year. <input type="checkbox"/> The IEP has individualized goals and measurable objectives, with adaptations and or modifications where appropriate, and strategies to meet these goals. <input type="checkbox"/> The goals correspond to the category in which the student is identified. <input type="checkbox"/> The services outlined in the IEP relate to the identified needs of the student. <input type="checkbox"/> The student is receiving special education services to address the needs identified in the assessment documentation that are beyond those offered to the general student population and are proportionate to level of need.
<p>There must be documentation to support that the student has been appropriately assessed and identified by the school district as meeting the criteria of the special education category.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> The student is being offered learning activities in accordance with the IEP. <input type="checkbox"/> The IEP outlines methods for measuring progress in relation to the IEP goals. <input type="checkbox"/> A parent was offered the opportunity to be consulted about preparation of the IEP <p>Note: Reduction in class size is not by itself a sufficient service.</p>

<p align="center">Physical Disability / Chronic Health Impairment</p> <p align="center">CODE D - Level II</p> <p align="center">Page 1 of 2</p>	<p>Student's Name:</p> <hr/> <p>PEN (Required): _____</p> <p>Date: _____</p>
<p>To be eligible the following must be met:</p>	
<p>There is documentation of a medical diagnosis, in one or more of the following areas:</p> <ul style="list-style-type: none"> <input type="checkbox"/> nervous system impairment that impacts movement or mobility; and/or <input type="checkbox"/> musculoskeletal condition; and/or <input type="checkbox"/> chronic health impairment that seriously impacts students' education and achievement 	<p>There is evidence of a medical diagnosis of:</p> <hr/> <p>The medical diagnosis has been made by:</p> <hr/> <p>Note: For a diagnosis of a complex developmental behaviour condition including FASD, it must be made by either the</p> <ul style="list-style-type: none"> <input type="checkbox"/> CDBC Network, or BCAAN Network, or <input type="checkbox"/> a qualified medical specialist (paediatrician, psychiatrist, neurologist or a medical professional specializing in developmental disorders) in consultation with a multi-disciplinary team of specialists (i.e. registered psychologist, speech/language pathologist, occupational therapist, physical therapist).
<p>Assessment documentation shows that ...</p> <ul style="list-style-type: none"> <input type="checkbox"/> This student's <i>functioning and education</i> is significantly affected by his/her physical disability or chronic health impairment and/or <input type="checkbox"/> The student with complex developmental behaviour conditions, including FASD, exhibits an array of complex needs in two or more domains which significantly impact the student's education and achievement. 	<p>There must be documentation to support that the student has been appropriately assessed and identified by the school district as meeting the criteria of the special education category.</p> <p>Students with mental illness should be reported in the behaviour category that matches their needs.</p> <p>Assessment documentation and other information should indicate that the extent and impact of the medical condition is such that there is a need for significant support services.</p> <p>For students with complex developmental behaviour conditions, assessment documentation must address an array of complex needs and identify two or more of the following domains as being significantly impacted:</p> <ul style="list-style-type: none"> <input type="checkbox"/> academic/intellectual functioning (development, learning, cognition*) <input type="checkbox"/> social-emotional functioning (behaviour mental health, social skills, peer relations) <input type="checkbox"/> self determination/independence (adaptive skills, safety, daily living skills*) <input type="checkbox"/> physical functioning (neuron-motor functioning, motor skills, self care*) <input type="checkbox"/> communication (receptive and expressive language, speech intelligibility/impairments*)

<p align="center">Physical Disability / Chronic Health Impairment CODE D - Level II Page 2 of 2</p>	<p>Student's Name:</p> <hr/>
<p>There is documented evidence that:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A current IEP is in place, dated after September 30 of the previous school year <input type="checkbox"/> The IEP has individualized goals and measurable objectives, with adaptations and/or modifications where appropriate, and strategies to meet these goals <input type="checkbox"/> The goals correspond to the category in which the student is identified <input type="checkbox"/> The services outlined in the IEP relate to the identified needs of the student <input type="checkbox"/> The student is receiving additional special education services on a regular basis that are beyond those offered to the general student population and are proportionate to level of need <input type="checkbox"/> The student is being offered learning activities in accordance with the IEP <input type="checkbox"/> The IEP outlines methods for measuring progress in relation to the IEP goals <input type="checkbox"/> A parent was offered the opportunity to be consulted about preparation of the IEP <p>NOTE: Reduction in class size is not by itself a sufficient service.</p>	

<p style="text-align: center;">Visual Impairment Code E – Level II PAGE 1 of 1</p> <p>To be eligible the following must be met:</p>	<p>Student's Name:</p> <hr/> <p>PEN (Required): _____</p> <p>Date: _____</p> <p>Check all relevant boxes and attach documentation.</p>
<p><input type="checkbox"/> A documented report from an ophthalmologist, optometrist, orthoptist or the Visually Impaired Program at the BC Children's Hospital describes the student's vision impairment as one of the following:</p> <ul style="list-style-type: none"> • a visual acuity of 6/21 (20/70) or less in the better eye after correction; or • a visual field of 20 degrees or less; or • any progressive eye disease with a prognosis of becoming one of the above within a few years; or • a visual problem or related visual stamina that is not correctable that results in the student functioning as if his/her visual acuity is limited to 6/21 (20/70) or less. 	<p>There must be documentation to support that the student has been appropriately assessed and identified by the school district as meeting the criteria of the special education category.</p> <p>This category does not include students described as having visual perceptual difficulties.</p>
<p>There is documented evidence that ...</p> <ul style="list-style-type: none"> <input type="checkbox"/> A current IEP is in place, dated after September 30, previous school year <input type="checkbox"/> The IEP has individualized goals and measurable objectives, with adaptations and/or modifications where appropriate, and strategies to meet these goals. <input type="checkbox"/> The goals correspond to the category in which the student is identified. <input type="checkbox"/> The services outlined in the IEP relate to the identified needs of the student. <input type="checkbox"/> The student is receiving special education services on a regular basis that are beyond those offered to the general student population and are proportionate to level of need. <input type="checkbox"/> The student is being offered learning activities in accordance with the IEP <input type="checkbox"/> The IEP outlines methods for measuring progress in relation to the IEP goals. <input type="checkbox"/> A parent was offered the opportunity to be consulted about preparation of the IEP <input type="checkbox"/> A qualified teacher of the visually impaired provides the services 	
<p>Note: Reduction in class size is not by itself a sufficient service.</p>	

Deaf or Hard of Hearing

Code F – Level II

PAGE 1 of 1

Student's Name:

PEN (Required): _____

Date: _____

Check all relevant boxes and attach documentation.

To be eligible the following must be met:

There is documented evidence that ...

- The student has a medically diagnosed significant bilateral hearing loss, a unilateral loss with significant speech/language delay, or a cochlear implant (typically documented in a report from a health professional such as an audiologist).
- Assessment information indicates that the student has substantial educational difficulty due to the hearing loss

There must be documentation to support that the student has been appropriately assessed and identified by the school district as meeting the criteria of the special education category.

Criteria for reporting of Unilateral Hearing loss:

- There is an annual assessment;
- The unilateral hearing loss is moderate to profound; and,
- The student has educationally significant problems directly attributable to the loss

There is documented evidence that:

- A current IEP is in place, dated after September 30, previous school year.
- The IEP has individualized goals and measurable objectives, with adaptations and/or modifications where appropriate, and strategies to meet these goals.
- The goals correspond to the category in which the student is identified.
- The services outlined in the IEP relate to the identified needs of the student.
- The student is receiving special education services on a regular basis that are beyond those offered to the general student population and are proportionate to level of need.
- The student is being offered learning activities in accordance with the IEP.
- The IEP outlines methods for measuring progress in relation to the IEP goals.
- A parent was offered the opportunity to be consulted about preparation of the IEP.
- A qualified teacher of the deaf and hard of hearing provides the services

Note: Reduction in class size is not by itself a

sufficient service.

**Autism Spectrum Disorder (ASD)
CODE G - Level II
Page 1 of 1**

To be eligible the following must be met:

- Documentation of a diagnosis of ASD made by appropriately qualified professionals:
 - BC Autism Assessment Network (BCAAN),
 - A paediatrician, psychiatrist or registered psychologist whose assessment meets Standards and Guidelines* and adopted BCAAN policy changes (Sept. 2006).

Note: *Students who are diagnosed with any of the cluster of disabilities referred to as "pervasive development disorders" should now be identified in the ASD funding category.*

There is documented evidence of the following:

- A current IEP is in place, dated after September 30, previous school year.
- The IEP has individualized goals and measurable objectives, with adaptations and or modifications where appropriate, and strategies to meet these goals.
- The goals correspond to the category in which the student is identified.
- The services outlined in the IEP relate to the identified needs of the student.
- The student is receiving special education services to address the needs identified in the assessment documentation that are beyond those offered to the general student population and are proportionate to level of need.
- The student is being offered learning activities in accordance with the IEP.
- The IEP outlines methods for measuring progress in relation to the IEP goals.
- A parent was offered the opportunity to be consulted about preparation of the IEP

Note: **Reduction in class size is not by itself a sufficient service.**

Student's Name: _____

Pen (Required): _____

Date: _____

Check all relevant boxes and attach documentation.

There must be documentation to support that the student has been appropriately assessed and identified by the school district as meeting the criteria of the special education category.

Documentation must meet one of the following conditions for **under age six** at the time of assessment:

- Diagnosis of autism from a qualified specialist **prior** to Jan. 1, 2004 (completed prior to the introduction of the new *Standards** in Jan. 1, 2004) that will, in many but not all cases, include information from various professionals of different disciplines.
- Clinical diagnoses and assessment by a qualified specialist complete **after** Jan. 1, 2004 in keeping with the new provincial standards. The assessment must include and integrate information from multiple sources and various professionals from different disciplines.

Documentation must meet the following conditions for **over age six** at the time of assessment

- For students over age six who are identified in the category for the first time, school boards must ensure that a qualified specialist conducts a clinical diagnostic assessment. The assessment must integrate information from multiple sources covering development and presenting concerns; must include a mental status examination; must review community records and prior assessments; and must include consultation with professionals from other disciplines where deemed appropriate. Standards for diagnosis and assessment of students **over** six are reflected in the Sept. 2006 BCAAN policy changes.

"Grandfathering" provisions:

Students of any age who were identified by school boards in the Autism category in the 2005/06 school year will remain eligible for continued placement in this category, provided a previous documented diagnosis of ASD was made by an appropriately qualified professional, a current IEP remains in place and the student continues to receive ongoing special education services. Such students will be "grandfathered" on the basis that they were identified in the autism category at, or before, 2005/06, consistent with Ministry of Education requirements for that school year. All

* *Standards & Guidelines for the Assessment and Diagnosis of Young Child with Autism Spectrum Disorder in British Columbia*
<http://www/phsa.ca/HealthPro/Austism/default.htm>

students with a documented diagnosis of ASD made by a qualified professional (registered psychologist, pediatrician, neurologist or psychiatrist) prior to January 1, 2004 should be deemed eligible.

**Students Requiring Intensive Behaviour
Intervention or Students with Serious Mental
Illness - Code H – Level III**
PAGE 1 of 1

Student's Name: _____

PEN (Required): _____

Date: _____

**Check all relevant boxes and attach
documentation.**

To be eligible the following must be met:

<p>Documentation includes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> a behavioural assessment and/or <input type="checkbox"/> a mental health assessment <p>The behaviour or mental health assessment indicates evidence of <u>one or both</u> of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> antisocial, extremely disruptive behaviour in most other environments and consistently / persistently over time; and/or <input type="checkbox"/> severe mental illness diagnosed by a mental health professional (psychiatrist, paediatrician, physician, registered psychologist specializing in this area). 	<p>There must be documentation to support that the student has been appropriately assessed and identified by the school district as meeting the criteria of the special education category.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Functional behavioural assessment, for example, the Behaviour Disorders Instructional Support Planning Tool <p>and if available:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Other assessments by medical professionals or teams of professionals, and/or <input type="checkbox"/> Norm referenced assessment, i.e., Behaviour Assessment System for Children (BASC), Connors Rating Scale, Achenbach Child Behaviour Checklist, ect.
<p>There is documented evidence that ...</p> <ul style="list-style-type: none"> • The behaviour <ul style="list-style-type: none"> <input type="checkbox"/> places student or others at serious risk and/or <input type="checkbox"/> interferes with his or her academic progress and that of other students. 	<p>There is documented evidence that indicates...</p> <ul style="list-style-type: none"> <input type="checkbox"/> The settings in which the behaviour is persistent over time. <input type="checkbox"/> The district has exhausted resources/capacity to manage. <input type="checkbox"/> Planning is coordinated, across-agency and community (integrated case management/ wraparound).
<p>There is documented evidence that ...</p> <ul style="list-style-type: none"> <input type="checkbox"/> A current IEP is in place, dated after September 30, previous school year. <input type="checkbox"/> The IEP has individualized goals and measurable objectives, with adaptations and or modifications where appropriate, and strategies to meet these goals. <input type="checkbox"/> The goals correspond to the category in which the student is identified. <input type="checkbox"/> The student is receiving special education services to address the needs identified in the assessment documentation that are beyond those offered to the general student population and are proportionate to level of need. <input type="checkbox"/> The student is being offered learning activities in accordance with the IEP <input type="checkbox"/> The IEP outlines methods for measuring progress in relation to the IEP goals. <input type="checkbox"/> A parent was offered the opportunity to be consulted about preparation of the IEP. 	<p>Documentation of services shows that...</p> <ul style="list-style-type: none"> <input type="checkbox"/> The services outlined in the IEP relate to the identified needs of the student. <p>There is evidence that one or more of the following special education services are provided:</p> <ul style="list-style-type: none"> <input type="checkbox"/> direct intervention in the classroom to promote behavioural change or emotional support as per IEP; and/or <input type="checkbox"/> placement in a program designed to promote behaviour change/ implement IEP; and/or <input type="checkbox"/> ongoing, individual social skills training and/or instruction in behaviour/ learning strategies. <p>NOTE: Reduction in class size (or placement in an alternate program or learning environment) is not by itself a sufficient service to meet the criteria.</p>

Mild Intellectual Disabilities

CODE K

Page 1 of 1

Student's Name: _____

Pen **(Required)**: _____

Date: _____

To be eligible the following must be met:

Check all relevant boxes and attach documentation.

- assessment documentation shows the student's intellectual functioning is 2 or more standard deviations below the mean on an individually administered Level C assessment of intellectual functioning ($SS \leq 70$); **and**
- assessment documentation shows there are limitations of similar degree in 2 or more adaptive skill areas (appropriate to the student's age) on a norm referenced measure of adaptive behaviour.

NOTE: every instrument has measurement error of approximately 5 points, so a student may be identified with a mild intellectual disability with an overall cognitive score as high as 75 when there are significant deficits in adaptive functioning. Similarly, a student with a cognitive score below 70 but no significant impairments in two or more adaptive skill areas (appropriate to the student's age) would not be identified.

There must be documentation to support that the student has been appropriately assessed and identified by the school district as meeting the criteria of the special education category

There is documented evidence that ...

- A current IEP is in place, dated after September 30, previous school year.
- The IEP has individualized goals and measurable objectives, with adaptations and or modifications where appropriate, and strategies to meet these goals.
- The goals correspond to the category in which the student is identified.
- The student is receiving special education services to address the needs identified in the assessment documentation. These services are outlined in the IEP and relate to the identified needs of the student.
- The student is being offered learning activities in accordance with the IEP.
- The IEP outlines methods for measuring progress in relation to the IEP goals.
- A parent was offered the opportunity to be

Note: Reduction in class size is not by itself a sufficient service.

consulted about preparation of the IEP.

**Gifted
Code P
PAGE 1 of 1**

To be eligible the following must be met:

Assessment documentation indicates the student meets the criteria of exceptionally high capability with respect to ...

- intellect, **or**
- creativity, **or**
- skills associated with a specific discipline.

As evidenced by several (2 or more) of the following:

- teacher observations including anecdotal records, checklists and inventories; **and/or**
- records of student achievement including assignments, portfolios, grades and outstanding talents, interests and accomplishments; **and/or**
- nominations by educators, parents, peers and/or self; **and/or**
- interview of parents and students; **and/or**
- formal assessments to Level C of cognitive ability, achievement, aptitude and creativity, etc.

Assessment documentation shows that...

- assessment and identification has used multiple criteria
- assessment has collected information from a variety of sources.

Student's Name:

PEN (Required): _____

Date: _____

Check all relevant boxes and attach documentation.

- CCAT scores
- Hawthorne G.E.S.

There must be documentation to support that the student has been appropriately assessed and identified by the school district as meeting the criteria of the special education category.

There is documented evidence that ...

- A current IEP is in place, dated after September 30, previous school year.
- The IEP has individualized goals and measurable objectives, with adaptations and or modifications where appropriate, and strategies to meet these goals.
- The goals correspond to the category in which the student is identified.
- The services outlined in the IEP relate to the identified needs of the student.
- The student is being offered learning activities in accordance with the IEP.
- The IEP outlines methods for measuring progress in relation to the IEP goals.
- A parent was offered the opportunity to be consulted about preparation of the IEP.

Note: Reduction in class size is not by itself a sufficient service.

Learning Disabilities

CODE Q

Page 1 of 2

To be eligible one or more of the following must be met:

Student's Name:

Pen (Required): _____

Date: _____

There must be documentation to support that the student has been appropriately assessed and identified by the school district as meeting the criteria of the special education category.

- assessment documentation shows persistent difficulties in the acquisition of pre-academic skills such as recognition of letters and numbers in the early primary years or acquisition of reading, written language, and/or numeracy, in spite of appropriate opportunities to learn; **and**
- assessment documentation shows average to above average cognitive ability; **and**
- assessment documentation shows weaknesses in cognitive processing that contribute to persistent difficulties with learning

One or more academic difficulties relative to expected ability, and identified in documentation:

- Word Recognition, and/or
- Reading Comprehension, and/or
- Spelling, and/or
- Written expression, and/or
- Mathematical computations, and/or
- Problem Solving

Various achievement instruments can be used to document difficulty.

There is documented evidence that...

- Average or above ability, is demonstrated either by a cognitive assessment or by average or better performance on a norm referenced test of achievement that measures the student's ability to reason, such as mathematical problem-solving, reading comprehension, written expression and listening comprehension. Average ability is demonstrated by scores at or above one standard deviation below the norm.
- Significant weakness exists in one or more of the cognitive processes.
- Assessments of cognitive processes must utilize norm-referenced instruments; if other forms of assessment are used, they must be accompanied by a clear rationale for why the alternate assessment is appropriate in identifying the student's processing disorder.
- Assessment documents indicate that the difficulties being experienced are not primarily* due to sensory deficits, lack of opportunity to learn, cultural or linguistic differences, or social/emotional/ physical health issues.

* Learning disabilities may coexist with other disorders such as behavioural or emotional disorders, sensory impairments, or other medical conditions.

Measures used as evidence of cognitive functioning:

- Full scale score, or other norm referenced estimate of ability with rationale for not using full scale IQ.
- Verbal IQ or Performance IQ score
- Test of non-verbal cognitive ability score
- Norm-reference test(s) of academic achievement in listening comprehension, reading comprehension, mathematics problem solving, or written expression.

Significant weakness in one or more cognitive processes, relative to overall functioning:

- Perception
- Memory
- Attention
- Language processing
- Visual-spatial processing
- Planning and decision making
- Phonological processing
- Processing speed
- Auditory processing

Examples of evidence of other primary sources of difficulty addressed in assessment documentation (✓ as appropriate):

- Culture and language differences of the home
- Consistency of schooling and attendance
- Vision and hearing screening results
- Medical factors regarding social/emotional/physical health

	<input type="checkbox"/> Other
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Learning Disabilities CODE Q Page 2 of 2	Student's Name: _____
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<p>There is documented evidence that... (cont'd)</p> <p><input type="checkbox"/> The assessment integrates information from a number of sources (two or more).</p>	<p>Examples of documentation:</p> <p><input type="checkbox"/> Information from family about health social/emotional status and developmental history</p> <p><input type="checkbox"/> Information from professionals about health social/emotional status and developmental history</p> <p><input type="checkbox"/> Information from classroom teacher(s) about classroom performance</p> <p><input type="checkbox"/> Information from learning assistance/ resource teacher about student performance</p> <p><input type="checkbox"/> Information from other professionals about strengths and weaknesses</p> <p><input type="checkbox"/> Relevant academic history</p> <p><input type="checkbox"/> Other</p>
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<p>There is documented evidence that...</p> <p><input type="checkbox"/> A current IEP is in place, dated after September 30, previous school year.</p> <p><input type="checkbox"/> The IEP has individualized goals and measurable objectives, with adaptations and or modifications where appropriate, and strategies to meet these goals.</p> <p><input type="checkbox"/> The goals correspond to the category in which the student is identified.</p> <p><input type="checkbox"/> The student is receiving special education services to address the needs identified in the assessment documentation. These services are outlined in the IEP and relate to the identified needs of the student.</p> <p><input type="checkbox"/> The student is being offered learning activities in accordance with the IEP.</p>	<p>Examples of strategies:</p> <p><input type="checkbox"/> Intense, direct instruction</p> <p><input type="checkbox"/> Skill-building instruction</p> <p><input type="checkbox"/> Instruction in learning and compensatory strategies</p> <p><input type="checkbox"/> Skill building in self advocacy</p> <p><input type="checkbox"/> Adaptations to instruction and assessment</p> <p><input type="checkbox"/> Adaptations to learning resources, technology</p> <p><input type="checkbox"/> Social skills training, etc.</p>
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- | | |
|--|--|
| <ul style="list-style-type: none"><input type="checkbox"/> The IEP outlines methods for measuring progress in relation to the IEP goals.<input type="checkbox"/> A parent was offered the opportunity to be consulted about preparation of the IEP. | |
|--|--|

Note: Reduction in class size is not by itself a sufficient service.

<p align="center">Students Requiring Moderate Behaviour Support or Students with Mental Illness Code R</p> <p align="center">PAGE 1 of 1</p>	<p>Student's Name: _____</p> <p>PEN (Required): _____</p> <p>Date: _____</p>
<p>To be eligible the following must be met:</p>	<p>Check all relevant boxes and attach documentation.</p>
<p>Assessment information from different sources provides evidence of <u>one or more</u> of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> aggression (of a physical, emotional, or sexual nature) and/or hyperactivity; and/or <input type="checkbox"/> negative or undesirable internalized psychological states such as anxiety, stress related disorders, and depression; and/or <input type="checkbox"/> behaviours related to social problems such as delinquency, substance abuse, child abuse, or neglect; and/or <input type="checkbox"/> behaviours related to other disabling conditions, such as thought disorders or neurological or physiological conditions. 	<p>There must be documentation to support that the student has been appropriately assessed and identified by the school district as meeting the criteria of the special education category.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Functional behavioural assessment, for example, the Behaviour Disorders Instructional Support Planning Tool, and/or <input type="checkbox"/> Other assessments by medical professionals or teams of professionals, and/or <input type="checkbox"/> Norm referenced assessment, I.e., Behaviour Assessment System for Children (BASC), Connors Rating Scale, Auchenbach Child Behaviour Checklist, ect.
<p>There is documented evidence that shows ...</p> <ul style="list-style-type: none"> <input type="checkbox"/> The frequency or severity of the behaviours have a very disruptive effect. <input type="checkbox"/> Behaviour(s) are evident over an extended period of time, in more than one setting, and with more than one person (teachers, peers). <input type="checkbox"/> The student has not responded to support/ interventions provided through usual school discipline and classroom management strategies. <input type="checkbox"/> A current IEP is in place, dated after September 30, previous school year. <input type="checkbox"/> The IEP has individualized goals and measurable objectives, with adaptations and or modifications where appropriate, and strategies to meet these goals. <input type="checkbox"/> The goals correspond to the category in which the student is identified. 	<p>There is documented evidence that shows ...</p> <ul style="list-style-type: none"> <input type="checkbox"/> The student is receiving special education services to address the needs identified in the assessment documentation. These services are outlined in the IEP and relate to the identified needs of the student. <input type="checkbox"/> The student is being offered learning activities in accordance with the IEP. <input type="checkbox"/> The IEP outlines methods for measuring progress in relation to the IEP goals. <input type="checkbox"/> A parent was offered the opportunity to be consulted about preparation of the IEP. <p>Note: Reduction in class size is not by itself a sufficient service.</p>

Planning Tools

AUTISM SPECTRUM DISORDER Instructional Support Planning Process

Student's Name _____

Grade _____

School _____

DOB _____

Completed by: _____

Date _____

DOMAIN	STRENGTHS	NEEDS	A	B	C
<i>SOCIAL INTERACTION</i>			Choose one (✓), see note below		
<i>COMMUNICATION</i>					
<i>BEHAVIOURS/EMOTIONAL FUNCTIONING</i>					
<i>SELF DETERMINATION & INDEPENDENT LIVING</i>					
<i>COGNITION</i>					
<i>OTHER HEALTH FACTORS</i>					
<i>ACADEMICS & FUNCTIONAL ACADEMICS</i>					

* Team Decision: A = Mild impairment of functionality; B = Moderate impairment of functionality; C = Complex and/or intense impairment

If IEP's current goals meet student's current needs please disregard → areas

→ Goals Developed to Address Needs Identified Above:

→ Objectives and Strategies to Address Goals Developed: (what interventions/services/strategies can maximize functioning?)

→ Data Sources to Monitor Outcome/s and Goal Achievement: (what are the outcomes? How useful were the interventions? How can the goals/strategies/services be improved for better outcomes?)

Review Date:

DESCRIPTION OF DOMAIN & POSSIBLE SOURCES OF INFORMATION		A	B	C
SOCIAL INTERACTION	<p>Social/Emotional Reciprocity- Sympathizes and empathizes with others in an intuitive "give and take" fashion that guides social interaction (e.g., desire to please others, concern about effects of behaviours on others)</p> <ul style="list-style-type: none"> ♦ Social Awareness – Understands the point of view of others ♦ Social Imitation - Copies the actions and attitudes of others ♦ Joint Attention ♦ Symbolic play ♦ Forms relationships with peers ♦ Initiates social interactions and responds ♦ Seeks to share social experiences with others <p>POSSIBLE SOURCES OF INFORMATION</p> <ul style="list-style-type: none"> ♦ File review ♦ ADOS (Autism Diagnostic Observation Scale) Reciprocal Social Interaction Subtest ♦ ADI-R (Autism Diagnostic Interview-Revised) Current Behaviour Qualitative Abnormalities in Reciprocal Social Interaction ♦ VABS (Vineland Adaptive Behavior Scales) ♦ SIB-R (Scales of Independent Behavior-Revised) –Social Interaction and Communication Skills ♦ ASIEP-2-(Autism Screening for Education Planning) ♦ Play Assessment ♦ Other 	The student's level of functioning		
		<i>Student exhibits mild impairments in functioning occasionally and intermittently.</i>	<i>A history and likelihood of ongoing impairment of functioning, but low intensity and not necessarily in every setting.</i>	<i>Significant impairment of functioning occurs across multiple settings</i>
		<ul style="list-style-type: none"> <input type="checkbox"/> Some difficulties with social rules (turn taking, sharing, and/or initiating and maintaining interactions and conversations. <input type="checkbox"/> Engages others around shared narrow interests but has difficulty engaging interactively, accepts passive role in play, plays beside (rather than with) and seems not to notice if others are not interested. <input type="checkbox"/> Occasional unconventional play with toys (e.g., lining up toys). <input type="checkbox"/> Some difficulty understanding and using non verbal behaviours (e.g. limited facial expressions and gestures, eye contact) <input type="checkbox"/> Some shyness and avoidance of relationships, but does interact socially with some peers. <input type="checkbox"/> Initiates interactions and responds in social interactions, but in an unusual manner (odd language, fixating on limited topics/activities, silly or immature behaviours). <input type="checkbox"/> Some difficulty imitating others verbally and/or non-verbally. Imitation may be delayed or stereotyped. <input type="checkbox"/> Some difficulty empathizing and having insight into the feelings of others. Some limited interest in what others find interesting once the task demands are understood. <input type="checkbox"/> Wishes to "fit in" but may not. 	<ul style="list-style-type: none"> <input type="checkbox"/> Ongoing difficulties with social rules (turn taking, sharing, understanding emotions and perspectives of others) and with initiating and maintaining interactions and conversations. <input type="checkbox"/> Social play frequently rigid, repetitive and routine. Aware of others but usually does not enter into play with others (e.g., watches other children). <input type="checkbox"/> Frequently uses toys in very unconventional ways (e.g., lines up toys, stacks blocks). <input type="checkbox"/> Ongoing impairments with non verbal behaviours (e.g. clumsy, inappropriate body language and expressions, difficulty recognizing or responding to others expressions or emotions) may make student appear insensitive. <input type="checkbox"/> Considerable aloofness, but does engage in some degree of socially interactive activities with some people. <input type="checkbox"/> Ongoing difficulties with spontaneous verbal and/or non-verbal imitation of behaviours. Imitation may be mechanical. <input type="checkbox"/> May offend or antagonize others due to social difficulties. <input type="checkbox"/> Ongoing difficulties understanding other's thoughts and feelings. Rarely discusses personal feelings or how they believe others perceive him/her. Social interactions are usually one-sided. 	<ul style="list-style-type: none"> <input type="checkbox"/> Severe and sustained delays with socially adaptive behaviours and responsiveness, and with social interaction in a variety of environments. Lacks modesty <input type="checkbox"/> Extremely unusual social play or no pretend play. <input type="checkbox"/> Does not touch or play with toys. Engages in self stimulatory behaviour not involving toys (e.g., stares at toys). <input type="checkbox"/> Seriously impaired non-verbal behaviours. <input type="checkbox"/> Extreme aloofness /severe withdrawal / self isolation, appears to be oblivious or unaware of others. <input type="checkbox"/> Misses contextual cues and does not adjust social language and behaviour to varying contexts and people so behaviour is frequently inappropriate or embarrassing. <input type="checkbox"/> Does not engage in socially interactive activities, or form even limited peer friendships. <input type="checkbox"/> Seldom imitates others (verbally and/or non- verbally) severely limiting functionality. <input type="checkbox"/> Detached from the feelings of others. <input type="checkbox"/> Little or no understanding of the mental states (intentions, beliefs, desires) of others.
		<input type="checkbox"/> Examples of Supports		
<ul style="list-style-type: none"> <input type="checkbox"/> Small group instruction or individualized instruction intermittently throughout the year. <input type="checkbox"/> Some cueing, direct instruction and support required. <input type="checkbox"/> Social skills groups, friendship groups <input type="checkbox"/> Additional supervision during some unstructured times. 	<ul style="list-style-type: none"> <input type="checkbox"/> Small group instruction or individualized instruction on an ongoing basis throughout the year. <input type="checkbox"/> Regular cueing, direct instruction and support <input type="checkbox"/> Integrated play groups, social stories, visual scripts, regular rehearsal, embedded routines. a Additional supervision during many unstructured times, particularly in social situations. 	<ul style="list-style-type: none"> <input type="checkbox"/> Requires direct individualized instruction and intensive practice in most/all social situations. <input type="checkbox"/> Specific, intensive individualized support required for student to respond or engage. <input type="checkbox"/> All social situations require mediation. 		

DESCRIPTION OF DOMAIN & POSSIBLE SOURCES OF INFORMATION		A	B	C
COMMUNICATION	<p>Receptive & Expressive Communication - Understanding and using spoken language as a tool for communication</p> <ul style="list-style-type: none"> -Understanding body language and facial expression -Communicates non-verbally with body language and facial expression -Pragmatic Language <ul style="list-style-type: none"> • Follows social rules, shifts between speaker and listener roles, initiates and responds to communication and demonstrates prosody of speech (e.g., pitch, tone, etc). • Understands and uses non-literal language (e.g., metaphor, sarcasm, jokes) -Uses imaginative play -Initiates and/or sustains communication <p>POSSIBLE SOURCES OF INFORMATION</p> <ul style="list-style-type: none"> • File review • Speech / Language assessments • Adaptive assessments • ADOS (Autism Diagnostic Observation Scale): Communication Subtest • ADI-R (Autism Diagnostic Interview-Revised Qualitative Abnormalities in Communication) • TOPS (Test of Pragmatic Skills) • Bracken Basic Concept Scale • CELF-4 (Clinical Evaluation of Language Fundamental-⁴ Ed) • Other 	The student's level of functioning		
		<i>Student exhibits mild impairments in functioning occasionally and intermittently</i>	<i>A history and likelihood of ongoing impairment of functioning, but low intensity and not necessarily in every setting.</i>	<i>Significant impairment of functioning occurs across multiple settings</i>
		<ul style="list-style-type: none"> <input type="checkbox"/> Usually communicates experiences, interests, expectations or curiosity with some help. <input type="checkbox"/> Language may be appropriate and functional but sometimes unusual or idiosyncratic (e.g. echoing memorized phrases, stilted, pronoun confusion, rote repetition, lengthy monologues, pedantic or formal). <input type="checkbox"/> May be non-verbal but can use a technical communication system and can communicate through simple gestures or mime. <input type="checkbox"/> Some difficulty adjusting language to varying social situations. <input type="checkbox"/> Sometimes misinterprets body language, has difficulty with conversations, doesn't follow the flow of a conversation. <input type="checkbox"/> Sometimes appears naive, less sophisticated and literal. <input type="checkbox"/> Occasional clumsy body language (e.g., peculiar gaze, staring, inappropriate expressions). <input type="checkbox"/> Mild difficulties understanding and processing verbal information, especially if delivered quickly, in a multi step format, or if subtle or figurative language is involved. <input type="checkbox"/> Sometimes seems disinterested in the other side of a conversation and may not ask or comment on the other's thoughts. 	<ul style="list-style-type: none"> <input type="checkbox"/> Sometimes interacts and attempts to communicate with peers but has ongoing difficulties. <input type="checkbox"/> Alternative or systematized methods of communication may be required. <input type="checkbox"/> May use an alternative communication system, but not yet effectively. <input type="checkbox"/> Meaningful speech is often mixed with the echoing of memorized words or the use of stereotypical and repetitive language. Frequently difficult to follow the individual's train of thought in a conversation. <input type="checkbox"/> Ongoing difficulties adjusting language to varying social situations (e.g., often off topic, many misinterpretations and misunderstandings, "out of sync" with peers and adults, often uses inappropriate comments but doesn't understand what s/he did wrong). <input type="checkbox"/> Comprehends only simple commands and takes comments very literally (e.g. confused by phrases such as "pull up your socks"). <input type="checkbox"/> Frequently ignores others in conversation. 	<ul style="list-style-type: none"> <input type="checkbox"/> Rarely initiates or attempts to communicate with peers or others. <input type="checkbox"/> Absence of spoken language. <input type="checkbox"/> Limited communication. Profound difficulties communicating by speech or other methods and is not assisted by leading questions <input type="checkbox"/> May be non-verbal with no effective communication system in place. <input type="checkbox"/> Frustration, distress, and possible aggression due to profound communication difficulties. <input type="checkbox"/> Concrete visual supports (real objects, photographs) are often essential. <input type="checkbox"/> Absence of most intelligible words or peculiar use of recognizable language (e.g., significant echolalia, stereotypical language). <input type="checkbox"/> Significant impairments adjusting language to varying social situations (e.g., has no sense of what one says to an adult vs a peer vs storekeeper. <input type="checkbox"/> Student may be interpreted by others as being intrusive or harassing since s/he does not "get" the rules and has serious difficulties with boundary issues.
		Examples of Supports		
<ul style="list-style-type: none"> <input type="checkbox"/> Some case management. <input type="checkbox"/> Small group or individualized instruction on an intermittent basis. <input type="checkbox"/> Some SLP consultation, visual support system and/or individualized instruction. <input type="checkbox"/> Teacher implements specialized supports and strategies in the classroom, may have mediated role playing with peers 	<ul style="list-style-type: none"> <input type="checkbox"/> Integrated case management. <input type="checkbox"/> Group support, interventions, individualized instruction on a regular basis. <input type="checkbox"/> Structured facilitated group lessons. <input type="checkbox"/> Use of visual cues and supports. 	<ul style="list-style-type: none"> <input type="checkbox"/> Extensive, intensive integrated case management. <input type="checkbox"/> Detailed and direct intervention plan and support system. <input type="checkbox"/> Specialized and complex communication system required for basic needs, and specialized expertise required to maintain this system. 		

	DESCRIPTION OF DOMAIN & POSSIBLE SOURCES OF INFORMATION	A	B	C
BEHAVIOURS / EMOTIONAL FUNCTIONING	Adapts and adjusts behaviour across environments and contexts in order to meet social and community expectations for behaviours that are desirable, socially acceptable and which support learning.	The student's level of functioning		
	Emotional Functioning (e.g., mood, anxiety, compulsions, thought problems, obsessive behaviours)	<i>Student exhibits mild impairments in functioning occasionally and intermittently</i>	<i>A history and likelihood of ongoing impairment of functioning, but low intensity and not necessarily in every setting.</i>	<i>Significant impairment of functioning occurs across multiple settings</i>
	Motivation	<ul style="list-style-type: none"> <input type="checkbox"/> Some fascination with particular people/interests/activities and avidly collects information on interest, but not intrusive. <input type="checkbox"/> Develops some elaborate routines/rituals that must be completed. <input type="checkbox"/> Some inflexibility/ rigidity and may resist transitions but usually responds if cued. <input type="checkbox"/> Likes routine and sometimes unduly distressed by minor changes to the environment (e.g. taking a different route to school), but can be redirected. <input type="checkbox"/> Some interest in objects/parts of objects, but will put them down if requested. <input type="checkbox"/> Occasional stereotyped and/or repetitive body movements (e.g., hand or finger twisting or flapping) or abnormalities of posture (e.g., toe walking). <input type="checkbox"/> May not always respond to usual classroom motivators (e.g., social praise, peer pressure) or deterrents (ignoring inappropriate behaviour). <input type="checkbox"/> Some withdrawal and indifference to others. <input type="checkbox"/> Some lack of subtlety or precision in expression of emotion (e.g. distress or affection out of proportion to the situation). <input type="checkbox"/> Minor levels of anxiety and worry. <input type="checkbox"/> Some difficulty distinguishing between reality and make believe. 	<ul style="list-style-type: none"> <input type="checkbox"/> Restricted range of interests/activities which intrudes on classroom functioning <input type="checkbox"/> Strong need to follow routines in precise detail and readily distressed or anxious. <input type="checkbox"/> Frequent difficulties with transitions. <input type="checkbox"/> Marked distress and resistance to trivial environmental changes. <input type="checkbox"/> Preoccupation with parts of objects or repetitive use of objects, and which often causes distress upon separation. <input type="checkbox"/> Often observed stereotypical and/or repetitive body movements or posture abnormalities, but stops if interrupted. <input type="checkbox"/> Motivated by unique, individualized interests. <input type="checkbox"/> Appears indifferent to usual motivators, rewards or deterrents. Low interest in peers. Considerable aloofness. <input type="checkbox"/> Potential to place self and others at risk. <input type="checkbox"/> May appear threatening (non-specific) <input type="checkbox"/> May run / leave assigned area. <input type="checkbox"/> Frequent difficulties modulating expression of emotions (e.g. strong reactions to seemingly minor incidents) <input type="checkbox"/> Ongoing anxiety and easily overwhelmed by everyday life demands. <input type="checkbox"/> Frequent difficulty distinguishing between reality and make believe. 	<ul style="list-style-type: none"> <input type="checkbox"/> Engagement in restrictive, repetitive behaviours and interests that severely limits any other activities. <input type="checkbox"/> Persistent preoccupations with socially inappropriate topics. <input type="checkbox"/> Ongoing, frequent self stimulatory characteristics, and is very difficult to distract. <input type="checkbox"/> Persistent adherence to non-functional routines / rituals and great anxiety and distress if change is necessary. <input type="checkbox"/> Trivial changes to schedules may result in extremely high anxiety. <input type="checkbox"/> Persistent inappropriate interest with the use and exploration of parts of objects or attachments to unusual objects is intrusive and interferes with activities. <input type="checkbox"/> Stereotypic and/or repetitive movements significantly impair functioning. <input type="checkbox"/> Rarely engages in interaction with others. <input type="checkbox"/> Severe tantrums. <input type="checkbox"/> Bolting and/or running frequently attempted. <input type="checkbox"/> Damages property. <input type="checkbox"/> Prolonged periods of severe anxiety. Stress, fatigue and sensory overload cause significant distress, panic attacks" and even aggression.
	POSSIBLE SOURCES OF INFORMATION <ul style="list-style-type: none"> ♦ File review ♦ ADOS (Autism Diagnostic Observation Scale) Stereotyped Behaviours and Restricted Interests Subtest ♦ ADI-R (Autism Diagnostic Interview-Revised) Current Behaviour: Restricted, Repetitive and Stereotyped Patterns of Behavior ♦ VABS (Vineland Adaptive Behavior Scales) ♦ SIB-R (Scales of Independent Behavior-Revised): Maladaptive Behavior ♦ ACBC (Achenbach Child Behavior Checklist) ♦ BASC-2 (Behavior Assessment System for Children- 2nd Ed) 	Examples of Supports		
	<ul style="list-style-type: none"> <input type="checkbox"/> Structured classroom routines, cues for transitions, re-directions, adaptations and explicit explanations. <input type="checkbox"/> Intermittent consultation and group work from specialized staff. <input type="checkbox"/> Small group, classroom based, peer supported strategies and adaptations. 	<ul style="list-style-type: none"> <input type="checkbox"/> Consistent classroom routines and highly structured classroom. <input type="checkbox"/> Frequent specialized supports and staff support and redirection required. <input type="checkbox"/> Interventions to distract and interrupt. <input type="checkbox"/> Individualized programming, explicit, direct instruction. 	<ul style="list-style-type: none"> <input type="checkbox"/> Highly specialized and structured individualized programming, classroom structures and behaviour intervention. <input type="checkbox"/> Constant, intensive staff support. <input type="checkbox"/> Visual schedules, individualized routines. <input type="checkbox"/> Unique, highly structured and directed motivators. 	

DESCRIPTION OF DOMAIN & POSSIBLE SOURCES OF INFORMATION		A	B	C
SELF DETERMINATION & INDEPENDENT LIVING	Independence to access the larger social community.	The student's level of functioning		
	<ul style="list-style-type: none"> Meets and responds to the demands of daily life. Acts independently, making choices and decisions, free from undue external influence. Daily Living Skills: Dressing, grooming, safety related behaviours Self Care: Mobility, Toileting, Feeding, Service dependency Sleep, sexuality. As social environments and expectations become more complicated they encompass things such as ability to use public transport, to shop, to ask for directions. Self Determination: choice-making, decision-making, problem-solving, goal-setting, task-performance, self-regulation, motivation, Initiation Generalizes across settings 	<i>Student exhibits mild impairments in functioning occasionally and intermittently.</i>	<i>A history and likelihood of ongoing impairment of functioning, but low intensity and not necessarily in every setting.</i>	<i>Significant impairment of functioning occurs across multiple settings</i>
	POSSIBLE SOURCES OF INFORMATION	<ul style="list-style-type: none"> Has most of the required skill set and follows most routines and transitions. Functions independently in the school environment most of the time. Some sensitivities, preoccupations, or disinterest with clothing results in some odd or unique patterns of dressing. Some lack of concern for grooming skills. 	<ul style="list-style-type: none"> Follows some routines, makes some transitions, completes some basic self care routines, and/or life skills and/or self direction (eating, toileting, playing). Does not yet generalize learned skills. Rigid behaviours regarding clothing results in odd or peculiar ways of dressing. Frequently disinterested in grooming or hygiene. 	<ul style="list-style-type: none"> Does not follow routines and/or perform activities or participate in classroom routines. Little desire to achieve independence in self care and does not care for self (e.g. toileting, grooming, dressing, feeding). Adolescent sexual behaviours may be obsessive and repetitive and significantly interfere with classroom functioning. Leisure activities are not learned incidentally. Risk to self or others is a persistent concern due to physical aggressiveness / self injurious behaviour. No awareness of danger.
	<ul style="list-style-type: none"> File review Transition meetings PATH (Planning Alternative Tomorrows with Hope) MAPS (McGill Action planning System) SIB-R (Scales of Independent Behavior-Revised) Personal Living Skills Subtest; Community Living Skills VABS (Vineland Adaptive Behavior Scales) BRIEF (Behavior Rating Inventory of Executive Function) TOPS (Test of Problem Solving) 	Examples of Supports		
	<ul style="list-style-type: none"> Occasional reminders, cueing, guidance, interventions, and support. Some support or guidance with occupational goals. 	<ul style="list-style-type: none"> Regular cueing, redirection, guidance and strategic support for problem solving. Frequent supervision and case management. Ongoing exploration of community and post secondary resources. Direct instruction and strategies. 	<ul style="list-style-type: none"> Constant direct supervision, guidance, redirection and supervision on a daily basis. Supervision required for safety. Extensive planning and support required for transitions and for community programs. 	

DESCRIPTION OF DOMAIN & POSSIBLE SOURCES OF INFORMATION		A	B	C
COGNITION	<p>hinks and reasons, profits from experiences, and generalizes learning.</p> <p>Components: Reasoning, abstract and conceptual thinking, concept formation, processing of sensory information and perception of stimulus arousal, orientation, attention, executive functioning, memory, information, processing functions, problem solving</p> <p>POSSIBLE SOURCES OF INFORMATION</p> <ul style="list-style-type: none"> • File review • WISC-1V (Wechsler Intelligence Scale for Children – 4th Ed.) • SB-V (Stanford Binet Scale for Children- 5* Ed) • TON1-11 (Test of Non Verbal Intelligence) • LIPS (Letter International Performance Scale) 	The student's level of functioning		
		<i>Student exhibits mild impairments in functioning occasionally and intermittently</i>	<i>A history and likelihood of ongoing impairment of functioning, but low intensity and not necessarily in every setting.</i>	<i>Significant impairment of functioning occurs across multiple settings</i>
		<ul style="list-style-type: none"> <input type="checkbox"/> Occasional preference for sameness and familiarity sometimes limits curiosity to new learning experiences (e.g., student may be slow to show interest in new activities, may show some resistance to learning anything new or that is not related to interests, and has some trouble learning from mistakes and understanding that rules often change). <input type="checkbox"/> Minor difficulties attending and shifting attention and sometimes distracted by internal or external stimuli, but responds if cued. <input type="checkbox"/> Difficulty with multiple cues or information from two sources at the same time. <input type="checkbox"/> Often memorizes rote responses rather than understanding concept. <input type="checkbox"/> Some difficulties with problem solving (planning, organizing, sequencing, generating alternatives). <input type="checkbox"/> Skills/abilities appear fairly evenly developed across assessed areas. <input type="checkbox"/> Can learn information, but may not readily generalize or easily apply the concepts learned. <input type="checkbox"/> Some difficulty understanding mental states (intentions, beliefs, desires) of others that are not concrete and readily observable. 	<ul style="list-style-type: none"> <input type="checkbox"/> Ongoing preference for sameness, rigid thinking, rule bound behaviours, and aversion to new objects and experiences has the effect of limiting curiosity and exposure to new learning experiences. <input type="checkbox"/> Ongoing difficulties with attending and shifting attention which affects learning (e.g., attention to insignificant details or limited aspects, or attention to too much stimuli). <input type="checkbox"/> Frequent difficulties with flexibility and problem solving in many areas. Often repeats same responses over and over. <input type="checkbox"/> Scattered developmental profile in which some skills/abilities are very delayed, while others are, or very near, age appropriate. <input type="checkbox"/> Tendency to learn and use skills exactly as taught and ongoing difficulties producing new responses or alternatives. <input type="checkbox"/> Ongoing problems understanding mental states (intentions, beliefs, desires) of others that are not concrete and readily observable. 	<ul style="list-style-type: none"> <input type="checkbox"/> Extreme preference for sameness and familiarity significantly impairs new learning (e.g., student may run away from new objects or experiences, or may experience them as threatening). <input type="checkbox"/> Significant and unusual patterns of attention and a tendency to withdraw into a complex, inner world which significantly affects ability to learn. <input type="checkbox"/> Significant discrepancies within and between domains. <input type="checkbox"/> Severely limited problem solving which significantly limits independence. <input type="checkbox"/> Some skills/abilities are extremely poorly developed, while others are age appropriate or well above age expectations. <input type="checkbox"/> Little or no understanding of mental states (intentions, beliefs, desires) of others.
		Examples of Supports		
	<ul style="list-style-type: none"> <input type="checkbox"/> Some case management. <input type="checkbox"/> Some adaptations and/or modifications required. 	<ul style="list-style-type: none"> <input type="checkbox"/> Integrated case management. <input type="checkbox"/> Frequent use of adaptations and/or modifications. 	<ul style="list-style-type: none"> <input type="checkbox"/> Extensive, intensive integrated case management. <input type="checkbox"/> Uses functional curriculum concentrating on life skills. <input type="checkbox"/> Intensive, complex remediation. <input type="checkbox"/> Complex adaptations and/or modifications required 	

DESCRIPTION OF DOMAIN & POSSIBLE SOURCES OF INFORMATION		A	B	C
OTHER HEALTH FACTORS	<p>Associated health conditions (e.g., Seizure disorder, traumatic Brain Injury, Tourettes, hearing deficits)</p> <p>Sensory and arousal modulation - Hypo or hyper sensitivities (hearing, vision, tactile, vestibular and proprioceptive, olfactory and gustatory)</p> <p>Motor Functions (Gross and Fine motor impairments)</p> <p>POSSIBLE SOURCES OF INFORMATION</p> <ul style="list-style-type: none"> ♦ File review ♦ Occupational Therapy Consultation/Assessment ♦ Physiotherapy Consultation/Assessment ♦ Psychiatric evaluation ♦ Paediatric evaluation ♦ SIB-R (Scales of Independent Behaviour-Revised) Motor Skills 	The student's level of functioning		
		<i>Student exhibits mild impairments in functioning occasionally and intermittently</i>	<i>A history and likelihood of ongoing impairment of functioning, but not necessarily in every setting</i>	<i>Significant impairment of functioning occurs across multiple settings</i>
		<ul style="list-style-type: none"> <input type="checkbox"/> Some additional health concerns, which are manageable. <input type="checkbox"/> Health condition affects classroom functioning occasionally or intensively for short durations of time. <input type="checkbox"/> Some avoidance of sensory experiences (e.g., some lack of eye contact, looks “through” others, lack of response to certain sounds or delayed response to sounds). <input type="checkbox"/> Sometimes does not look at materials, or respond to auditory information. <input type="checkbox"/> Some visual preoccupations or fascinations and seeking of unusual and/or intense sensory experiences (e.g., preoccupation with mirror image, lights, smelling, tasting). <input type="checkbox"/> Some hypersensitivity to, and distraction by, certain sounds. <input type="checkbox"/> Some lack of sensitivity to low levels of pain. <input type="checkbox"/> Some adaptations required for fine motor difficulties or resistances to fine motor tasks. <input type="checkbox"/> Some gross motor difficulties (e.g., unusual gait). 	<ul style="list-style-type: none"> <input type="checkbox"/> Associated health conditions that produce multiple developmental behavioural and/or learning challenges. <input type="checkbox"/> Frequent unusual responses to sensory stimuli and hypersensitivities to certain sounds that are not distressing to others. <input type="checkbox"/> Regularly seeks unusual and/or intense sensory experiences (e.g., preoccupation with certain visual objects, smelling and/or tasting) and can easily be over-aroused. <input type="checkbox"/> Frequent avoidance of common sensory experiences (e.g., frequently stares into space, looks “through” others) inconsistent response to auditory stimuli). <input type="checkbox"/> Often does not look at what s/he is working on, often misses auditory information. <input type="checkbox"/> Usually under-responsive to sensory input. <input type="checkbox"/> Often requires assistance with fine motor tasks such as eating, toileting etc.). <input type="checkbox"/> Frequent, ongoing motor clumsiness and ongoing difficulty with tasks requiring motor skills 	<ul style="list-style-type: none"> <input type="checkbox"/> Extreme, ongoing, or poorly controlled associated health conditions across multiple settings. <input type="checkbox"/> Seeking of unusual and/or intense sensory experiences are ongoing (e.g., mouthing, licking, rubbing), are for sensory rather than functional purposes, and take up major amounts of time. <input type="checkbox"/> Pervasive avoidance of, or extreme hypersensitivity to, common sensory experiences is ongoing, frequent and severely limits ability to learn and fit in with classroom routines. <input type="checkbox"/> Combination of associated health conditions that produce profound multiple developmental, challenges. <input type="checkbox"/> Significant lack of appropriate response to pain (e.g., ignored or dramatically overreacted to). <input type="checkbox"/> Usually requires hand to hand assistance to perform fine motor tasks. <input type="checkbox"/> Extreme difficulty with motor control, which severely impacts daily activities.
		Examples of Supports		
<ul style="list-style-type: none"> <input type="checkbox"/> Occasional monitoring of health conditions. <input type="checkbox"/> Occasional supervision for brief removal to alternate setting (e.g., calm down times). <input type="checkbox"/> Intermittent consultation and/or specialized support staff. <input type="checkbox"/> Adapted environment to limit sensory stimulation (e.g., weighted vests). 	<ul style="list-style-type: none"> <input type="checkbox"/> Regular monitoring of health conditions. <input type="checkbox"/> Requires programming adaptations and/or modifications in his/her educational program. <input type="checkbox"/> Frequent consultation and/or group work from specialized support staff. <input type="checkbox"/> Regularly requires environmental supports or modifications. <input type="checkbox"/> Frequent reminders and repetition of auditory information. 	<ul style="list-style-type: none"> <input type="checkbox"/> Extensive, individualized, attention/instruction and extensive additional supports. <input type="checkbox"/> Extensive adaptations/modifications to the learning environment and highly individualized planning and support. <input type="checkbox"/> May require a medical emergency plan and extensive monitoring 		

DESCRIPTION OF DOMAIN & POSSIBLE SOURCES OF INFORMATION		A	B	C
ACADEMICS/FUNCTIONAL ACADEMICS	<p>The academic domain consists of goals to support students in identifying and developing talents, skills, and abilities, particularly in the learning outcomes of the BC curricula.</p> <p>Functional academics Academic skills that apply to real-life problems (e.g., reading/writing, reading survival words, recognizing signs and icons, math/money handling, time telling and management) that are taught in the classroom and reinforced in the community (e.g., money handling at stores and restaurants)</p>	The student's level of functioning		
		<i>Student exhibits mild impairments in functioning occasionally and intermittently</i>	<i>A history and likelihood of ongoing impairment of functioning, but not necessarily in every setting</i>	<i>Significant impairment of functioning occurs across multiple settings</i>
	<p>POSSIBLE SOURCES OF INFORMATION</p> <ul style="list-style-type: none"> ♦ File review ♦ Criterion referenced and curriculum based assessment ♦ Academic Assessment 	<ul style="list-style-type: none"> <input type="checkbox"/> Working on the performance standards of the curriculum. <input type="checkbox"/> Minor variation in objectives from the regular curriculum. <input type="checkbox"/> Minor adaptations to the curriculum 	<ul style="list-style-type: none"> <input type="checkbox"/> Dramatic adaptations to the curriculum. <input type="checkbox"/> The student's academic performance in many areas is significantly lower than would be expected on the basis of his/her learning potential. <input type="checkbox"/> Some areas may be adapted, other areas are modified. 	<ul style="list-style-type: none"> <input type="checkbox"/> Dramatically modified curriculum. <input type="checkbox"/> Functional academics (basic life skills).
	Examples of Supports			
	<ul style="list-style-type: none"> <input type="checkbox"/> Some case management. <input type="checkbox"/> Accommodations to the learning environment and curriculum. <input type="checkbox"/> Small group instruction and/or individualized instruction intermittently throughout the year. <input type="checkbox"/> Some cueing, direct instruction and support. <input type="checkbox"/> Intermittent consultation and/or specialized support staff. 	<ul style="list-style-type: none"> <input type="checkbox"/> Frequent cueing, direct instruction and support. <input type="checkbox"/> Frequent redirection, guidance. <input type="checkbox"/> Small group instruction or individualized instruction frequently throughout the year. <input type="checkbox"/> Frequent consultation and/or group work from specialized support staff. 	<ul style="list-style-type: none"> <input type="checkbox"/> Intensive support from highly specialized staff. <input type="checkbox"/> Constant support, guidance and educational support. <input type="checkbox"/> Direct instruction and intensive practice. <input type="checkbox"/> Specific, intensive individualized support. 	

**BEHAVIOUR INTERVENTION/ MENTAL ILLNESS
Instructional Support Planning Process**

Student's Name _____ Grade _____

School _____ DOB _____

Completed by: _____ Date _____

DOMAIN	STRENGTHS	NEEDS	A	B	C
			Choose one (✓), see note below		
SOCIAL/EMOTIONAL FUNCTIONING					
COMMUNICATION					
SELF DETERMINATION/ INDEPENDENCE					
ACADEMIC/ INTELLECTUAL					

* Team Decision: A = Mild impairment of functionality; B = Moderate impairment of functionality; C = Complex and/or intense impairment

If IEP's current goals meet student's current needs please disregard → areas

→Goals Developed to Address Needs Identified Above:

→ Objectives and Strategies to Address Goals Developed: (what interventions/services/strategies can maximize functioning?)

→ Data Sources to Monitor Outcome/s and Goal Achievement: (what are the outcomes? How useful were the interventions? How can the goals/strategies/services be improved for better outcomes?)

Review Date:

DESCRIPTION OF DOMAIN & POSSIBLE SOURCES OF INFORMATION		A	B	C
SOCIAL/EMOTIONAL FUNCTIONING	Adapting and coping behaviours to function in a variety of social/community situations. Functional social and emotional behaviour that that supports learning.	The student's level of functioning		
	Social and emotional functioning: <ul style="list-style-type: none"> ♦ impulse control ♦ mood disorders ♦ anxiety ♦ appropriate reciprocal social behaviour ♦ appropriate sexual behaviour ♦ ability to make appropriate social choices ♦ setting realistic social goals ♦ sexual awareness and appropriate expression ♦ turn taking and sharing of materials, equipment and time ♦ difficulties with routine changes ♦ depression 	<i>Student exhibits mild functional problems occasionally and intermittently</i>	<i>Student exhibits moderate functional problems not necessarily in every setting or at all times</i>	<i>Significant functional problems occur across multiple settings</i>
	POSSIBLE SOURCES OF INFORMATION <ul style="list-style-type: none"> ♦ File review ♦ Functional Behaviour Analysis ♦ Vineland-Maladaptive Scale ♦ Behaviour Assessment System for Children ♦ Auchenbach Scales ♦ Connor's Rating Scale ♦ Scales of Independent Behaviour Revised: Maladaptive ♦ Behaviour Specialist assessment ♦ Physician/Child Psychiatrist ♦ Medication review ♦ Child & Youth Mental Health Assessment 	<input type="checkbox"/> Some difficulties with impulse control <input type="checkbox"/> Some difficulties with anger control <input type="checkbox"/> Some difficulties with routine changes/transitions <input type="checkbox"/> Occasional atypical social behaviour (shouting, vocalizing, intruding, negative self talk) <input type="checkbox"/> Occasionally fails to respond to mild behavioural intervention (redirection, verbal correction, proximity, etc.) <input type="checkbox"/> May need some structured behaviour intervention techniques/procedures (e.g., token economy, checklists, response cost, quiet time, etc.) <input type="checkbox"/> Attempts to socialize; has few friends <input type="checkbox"/> Experiences minor levels of compulsive thought, anxiety, worry, or difficult fears <input type="checkbox"/> Some problems with anger when frustrated or confused <input type="checkbox"/> Does not readily accept praise/reinforcement <input type="checkbox"/> Occasional inappropriate sexual comments, innuendo, looking <input type="checkbox"/> Tends to interact/play with children much younger/much older <input type="checkbox"/> May use verbal aggression (words, volume, tone) to respond to conflict <input type="checkbox"/> Occasionally displays overly structured routines, obsessions, repetitive or ritualized behaviours <input type="checkbox"/> May use physical aggression (hits, punches, kicks - or threatens to) <input type="checkbox"/> May attempt to cajole or intimidate others into participation in antisocial or inappropriate behaviours <input type="checkbox"/> Some difficulties with or obsessions about rituals/routines	<input type="checkbox"/> Ongoing moderate problems with impulse control <input type="checkbox"/> Ongoing moderate problems with anger control <input type="checkbox"/> Regular difficulties with routine changes and transitions <input type="checkbox"/> Regular atypical social behaviours (shouting, vocalizing, intruding, fantasy play) <input type="checkbox"/> Fails to respond to mild behavioural intervention (redirection, verbal correction, proximity, etc.) <input type="checkbox"/> Needs fairly complex behaviour intervention plans/techniques that are closely monitored and enforced <input type="checkbox"/> Frequent difficulty relating to peers; atypical play <input type="checkbox"/> Experiences moderate levels of compulsive thought, anxiety, worry, or difficult fears <input type="checkbox"/> Becomes angry when frustrated or confused <input type="checkbox"/> Does not respond appropriately to praise/reinforcement <input type="checkbox"/> Often displays inappropriate sexualized behaviour/comments, leering, inappropriate sexual language or touching, dress) <input type="checkbox"/> Often uses verbal aggression (words, volume, tone) to respond to conflict <input type="checkbox"/> Occasionally physically aggressive (hits, pinches, kicks-or threatens to) <input type="checkbox"/> Strong tendency toward self isolation <input type="checkbox"/> Frequently displays overly structured routines, obsessions, repetitive or ritualized behaviours <input type="checkbox"/> Often interacts/plays with children who are much younger/older <input type="checkbox"/> Occasionally cajoles or intimidates others into participation in antisocial or inappropriate behaviours <input type="checkbox"/> Ongoing/moderate difficulties with obsessions about routines/rituals	<input type="checkbox"/> Severe and sustained problems with impulse control <input type="checkbox"/> Severe and sustained problems with anger control <input type="checkbox"/> Significant difficulties with routine changes and transitions in educational settings <input type="checkbox"/> Obsessive about routines <input type="checkbox"/> High frequency of socially inappropriate behaviours (shouting, vocalizing, intruding, uncontrolled fantasy play) <input type="checkbox"/> Ongoing, continuous non-compliance/defiance <input type="checkbox"/> Needs a response plan (safety plan) - for protection of self and/or others (frequently throws objects, hits, bites, screams, tantrums, flight risk) <input type="checkbox"/> Throws object/s, hits, tantrums, screams <input type="checkbox"/> Often verbally aggressive (shouts, screams, threatens - volume and tone threaten others <input type="checkbox"/> Needs intensive and immediately available interventions to avoid escalation <input type="checkbox"/> May need extensive time out" and/or physical restraint - dangerous if not supervised <input type="checkbox"/> Behaviours are dangerous to self and/or others <input type="checkbox"/> Unable to relate to peers <input type="checkbox"/> Experiences severe levels of compulsive thought, anxiety, worry, or difficult fears <input type="checkbox"/> Behaviours significantly worse in the absence of prescribed medications <input type="checkbox"/> Excessively withdrawn <input type="checkbox"/> Suicidal ideation/behaviour <input type="checkbox"/> Tactile defensive <input type="checkbox"/> Exhibits severe negative over-reactions to praise <input type="checkbox"/> Exclusively interacts/plays with children much older/younger <input type="checkbox"/> Frequently displays high risk sexualized behaviour (comments, inappropriate sexual language or contact, dress) <input type="checkbox"/> Severe and sustained difficulties with and/or obsession about individual routines and/or rituals <input type="checkbox"/> High frequency use of verbal aggression (word, volume, tone) to respond to conflict <input type="checkbox"/> Frequent physical aggression (hits, pinches, kicks, or threatens to) <input type="checkbox"/> Frequently cajoles or intimidates others into participation in antisocial or inappropriate behaviours
	Examples of Supports			
	<input type="checkbox"/> Some structuring of class routines (transition cueing, re-direction, token economies, quiet time, etc.) <input type="checkbox"/> Use of peer/buddy system to model social/emotional behaviours <input type="checkbox"/> Use of small group activities to minimize distractions and simplify social/emotional interactions <input type="checkbox"/> Promote the development of positive attachments to adults/peers (<i>important to all students at all levels of functioning</i>)	<input type="checkbox"/> Consistent and structured class routines <input type="checkbox"/> Frequent staff intervention to manage behaviour <input type="checkbox"/> Direct interventions required to prevent or stop class disruption <input type="checkbox"/> Very explicit behaviour intervention techniques <input type="checkbox"/> Specialized behavioural/counselling supports <input type="checkbox"/> Promote the development of positive attachments to adults/peers (<i>important to all students at all levels of functioning</i>)	<input type="checkbox"/> Intensive individualized programming <input type="checkbox"/> Use of planned physical restraint. <input type="checkbox"/> Use of supervised time-out procedures (removal from classroom environment) <input type="checkbox"/> Unique and highly structured behavioural programming <input type="checkbox"/> All social situations require mediation <input type="checkbox"/> Safety planning <input type="checkbox"/> Ongoing psychiatric care <input type="checkbox"/> Ongoing interagency involvement <input type="checkbox"/> Promote the development of positive attachments to adults/peers (<i>important to all students at all levels of functioning</i>)	

DESCRIPTION OF DOMAIN & POSSIBLE SOURCES OF INFORMATION		A	B	C
COMMUNICATION	<p>Receptive & Expressive Communication. Understanding and using spoken language as a tool for communication.</p> <ul style="list-style-type: none"> ♦ Understanding body language (gestures, visual signs, facial expressions, etc.) ♦ Pragmatic language: active listening, following social rules, initiating and responding to communication ♦ Volume, tone and voice quality appropriate ♦ Understanding non-literal language (metaphor, simile, jokes, etc.) ♦ Responding to communication ♦ Initiating and/or sustaining communication <p>POSSIBLE SOURCES OF INFORMATION</p> <ul style="list-style-type: none"> ♦ File review ♦ Speech-Language Pathology assessment ♦ Augmentative Communication Specialist assessment ♦ Behavioural Specialist Assessment ♦ Adaptive Testing: <ul style="list-style-type: none"> o Vineland Adaptive Behaviour Scales o Scales of Independent Behaviour Revised SIB-R o Supports Intensity Scale (SIS) ♦ Psycho-educational testing ♦ Medical evaluation ♦ Audiological evaluation ♦ Visual evaluation ♦ Other 	The student's level of functioning		
		<i>Student exhibits mild functional problems occasionally and intermittently</i>	<i>Student exhibits moderate functional problems not necessarily in every setting or at all times</i>	<i>Significant functional problems occur across multiple settings</i>
		<ul style="list-style-type: none"> <input type="checkbox"/> May need prompting/cueing to attend to conversations/class discussions <input type="checkbox"/> May ignore speaker/interrupts <input type="checkbox"/> May need to be spoken to more slowly <input type="checkbox"/> Some difficulty understanding verbal instructions - may need clarification/restatement <input type="checkbox"/> Some difficulty interpreting and responding to normal non-verbal behaviours and cues from others <input type="checkbox"/> Some difficulty with the appropriate use of non-verbal behaviours and cues from others <input type="checkbox"/> Can speak or communicate using alternative communication to express ideas, thoughts and needs <input type="checkbox"/> Some difficulty following multi-step instructions <input type="checkbox"/> May have difficulty communicating needs in most environments <input type="checkbox"/> Language may be simple (telegraphic, echolalic, stereotypic) but still communicates needs. <input type="checkbox"/> Some difficulty adjusting language to varying social situations. <input type="checkbox"/> Takes things literally <input type="checkbox"/> Tends to use fabrication and and/or embellishment 	<ul style="list-style-type: none"> <input type="checkbox"/> Needs regular verbal and/or non-verbal cueing to attend to instructions and discussions <input type="checkbox"/> May also need simple gestures to enhance understanding of verbal communication <input type="checkbox"/> Has difficulty understanding instructions <input type="checkbox"/> Frequent difficulty interpreting and responding to normal non-verbal behaviours and cues from others <input type="checkbox"/> Frequent difficulty with the appropriate use of non-verbal behaviours and cues from others <input type="checkbox"/> Alternative or systematized methods of communication may be required <input type="checkbox"/> May need multi-step instructions broken down <input type="checkbox"/> Misunderstands complex sentences, language (e.g. humour, metaphor, simile, inference) <input type="checkbox"/> Difficulty following topic, watching speaker <input type="checkbox"/> Occasionally ignores people speaking to him/her <input type="checkbox"/> Occasionally has difficulty communicating needs in most environments <input type="checkbox"/> Language may be simple but has difficulty communicating needs 	<ul style="list-style-type: none"> <input type="checkbox"/> Constant verbal and/or non-verbal cueing to attend to instructions and discussions <input type="checkbox"/> Concrete visual supports may be also be needed (e.g., pic symbols, pictures, gestural signs) <input type="checkbox"/> Communicates basic needs and wants only with supports and prompts - includes absence of spoken language <input type="checkbox"/> May become socially withdrawn and/or becomes agitated or aggressive when not easily understood <input type="checkbox"/> Tactile defensive <input type="checkbox"/> Frequently ignores people speaking to him/her <input type="checkbox"/> Requires assistance or is dependent on assistance in understanding instructions <input type="checkbox"/> Frequently has difficulty communicating needs in most environments <input type="checkbox"/> Cannot communicate needs. Verbalizations may be highly stereotyped, echolalic, perseverative
		Examples of Supports		
<ul style="list-style-type: none"> <input type="checkbox"/> Use of verbal/nonverbal cues to gain attention <input type="checkbox"/> Some simplification of verbal instructions <input type="checkbox"/> Monitoring understanding/compliance to instructions <input type="checkbox"/> SLP consultation/support <input type="checkbox"/> Preferential seating <input type="checkbox"/> Use of peer coach/buddy system <input type="checkbox"/> Some case management 	<ul style="list-style-type: none"> <input type="checkbox"/> Integrated case management <input type="checkbox"/> Instructional prompts, cues and signs <input type="checkbox"/> Structured facilitated conversations <input type="checkbox"/> Use of alternate forms of communication (visual cues, signs, pictograms, etc.) <input type="checkbox"/> Verbal communication may need to be simplified (ie. presented in stages, delivered at a slower pace) 	<ul style="list-style-type: none"> <input type="checkbox"/> Extensive integrated case management <input type="checkbox"/> Constant direct, structured supports <input type="checkbox"/> Systematized communications strategies <input type="checkbox"/> Extensive individualized support <input type="checkbox"/> Safety planning 		

DESCRIPTION OF DOMAIN & POSSIBLE SOURCES OF INFORMATION		A	B	C
SELF DETERMINATION / INDEPENDENCE	Independence to access the larger social community. Ability to meet and respond to demands of daily life.	The student's level of functioning		
	Exercising appropriate choices.	<i>Student exhibits mild functional problems occasionally and intermittently</i>	<i>Student exhibits moderate functional problems not necessarily in every setting or at all times</i>	<i>Significant functional problems occur across multiple settings</i>
	<ul style="list-style-type: none"> • Acting independently, making individual and appropriate choices without undue external influence • Having appropriate daily living skills, including safety-related behaviours • Ability to use private and public transport, access public places and services (shopping, restaurants, parks, recreation facilities) • Ability to make appropriate personal choices socially Setting realistic personal goals • Ability to solve social problems • Sexuality awareness and appropriate expression 	<input type="checkbox"/> Has most of the required skill sets for functioning independently and may follow most routines and transitions <input type="checkbox"/> May function independently in the school environment most of the time; may need some mild staff intervention <input type="checkbox"/> Interacts with peers; may need some mild social re-direction <input type="checkbox"/> Some lack of care of personal hygiene, disinterest in grooming/clothing <input type="checkbox"/> Some lack of care for personal grooming/clothing Occasional reminders to engage learning and/or leisure activities <input type="checkbox"/> Needs some adult mediation/direction <input type="checkbox"/> May require assistance with some activities during transitioning <input type="checkbox"/> Some problems with social problem solving <input type="checkbox"/> May require some reminders about the needs of others <input type="checkbox"/> May make sexually related comments or engage in inappropriate behaviour with sexual overtones <input type="checkbox"/> May demonstrate some difficulties with impulse control <input type="checkbox"/> May have difficulty understanding the feelings and rights of others. <input type="checkbox"/> Disappointed with self	<input type="checkbox"/> Occasionally follows some but not all routines <input type="checkbox"/> Needs occasional direction/prompts around social skills/interactions with peers and adults <input type="checkbox"/> Will occasionally initiate tasks and activities but may require support to complete <input type="checkbox"/> Disinterested in persona; grooming/ hygiene <input type="checkbox"/> Some inappropriate sexual behaviours/comments <input type="checkbox"/> Needs guidance to engage in learning or leisure activities <input type="checkbox"/> Sometimes demonstrates poor impulse control <input type="checkbox"/> Needs regular reminders about the needs of others <input type="checkbox"/> Needs frequent adult mediation/direction <input type="checkbox"/> Requires assistance frequently during transitioning <input type="checkbox"/> Frequent problems with social problem solving <input type="checkbox"/> May occasionally demonstrate difficulties with impulse control <input type="checkbox"/> Careless of feelings or rights of others (destruction of property, vandalism, stealing) <input type="checkbox"/> Often personally discouraged	<input type="checkbox"/> Frequently does not follow school/class routines <input type="checkbox"/> Little desire to achieve independence <input type="checkbox"/> Requires special program support planning <input type="checkbox"/> Needs frequent direction/prompts around social skills/interactions with peers and adults <input type="checkbox"/> Sexual behaviour may be overt, repetitive and significantly interfere with social functioning <input type="checkbox"/> Drug use may be overt, repetitive and significantly interfere with functioning <input type="checkbox"/> Frequently demonstrates poor impulse control <input type="checkbox"/> Unaware of interpersonal and/or physical danger <input type="checkbox"/> No regard for the feelings or rights of others <input type="checkbox"/> Behaviour dangerous to self and/or others <input type="checkbox"/> Needs constant support to engage in learning or leisure activities - few leisure interests or skills <input type="checkbox"/> Constant reminders/unable to understand the feelings of others <input type="checkbox"/> Needs constant adult mediation/direction <input type="checkbox"/> Needs constant support to understand how their behaviour affects others <input type="checkbox"/> Requires continuous assistance during transitioning <input type="checkbox"/> All social problems require direct mediation <input type="checkbox"/> No regard for personal hygiene <input type="checkbox"/> Extremely disappointed with self resulting in negative self-concept <input type="checkbox"/> Lack of "agency" (does not believe she/he has any power to make change/s)
	POSSIBLE SOURCES OF INFORMATION	Examples of Supports		
<ul style="list-style-type: none"> • File review • Vineland Adaptive Behaviour Scales • Scales of Independent Behaviour Revised SIB-R • Supports Intensity Scale (SIS) • Other 	<input type="checkbox"/> Occasional reminders and prompts <input type="checkbox"/> Peer coaching/buddy system for social modeling	<input type="checkbox"/> Integrated case management <input type="checkbox"/> Frequent supervision Social skills training <input type="checkbox"/> Some behaviour intervention regarding social behaviour <input type="checkbox"/> Direct life-skills instruction <input type="checkbox"/> Structured peer coaching	<input type="checkbox"/> Intensive, integrated case management <input type="checkbox"/> Consistent, direct adult supervision Safety planning <input type="checkbox"/> Time-out/physical interventions plans <input type="checkbox"/> Functional life-skills planning <input type="checkbox"/> Skill development for independent living <input type="checkbox"/> Referral into community resources and programs	

DESCRIPTION OF DOMAIN & POSSIBLE SOURCES OF INFORMATION		A	B	C
ACADEMIC / INTELLECTUAL FUNCTIONING	Includes academics (reading, writing, spelling, mathematics, etc.). Thinking, reasoning skills and problem solving. Ability to generalize learning.	The student's level of functioning		
		<i>Student exhibits mild functional problems occasionally and intermittently</i>	<i>Student exhibits moderate functional problems not necessarily in every setting or at all times</i>	<i>Significant functional problems occur across multiple settings</i>
	<ul style="list-style-type: none"> ♦ Reading- decoding, sight-word vocabulary, phonemic awareness, comprehension ♦ Writing - printing, cursive, spelling ♦ Mathematics - calculation (paper and non-paper), estimation, measurement, use of calculator, problem solving ♦ Application of reading, writing and arithmetic to other subject areas ♦ Ability to analyze new information, integrate information, generalize learning to new situations 	<ul style="list-style-type: none"> <input type="checkbox"/> Experiences difficulty with the curriculum <input type="checkbox"/> Difficulty acquiring new information, making connections and generalizing <input type="checkbox"/> Minor difficulties attending to instruction and learning activities <input type="checkbox"/> Struggles to regularly complete tasks and assignments <input type="checkbox"/> May avoid learning; requires additional encouragement to engage <input type="checkbox"/> Minor difficulties with multi-step or complex tasks <input type="checkbox"/> Skills/abilities appear evenly developed across all academic subject areas <input type="checkbox"/> Mild difficulty with problem-solving, especially when dealing with abstractions <input type="checkbox"/> Inconsistent use of learning strategies <input type="checkbox"/> Minor difficulty generalizing <input type="checkbox"/> Some difficulty with short and/or long term memory 	<ul style="list-style-type: none"> <input type="checkbox"/> Student needs adaptations to the curriculum <input type="checkbox"/> Moderate difficulties attending to instruction and learning activities <input type="checkbox"/> Frequent problems learning new material and making connections to prior learning <input type="checkbox"/> Often fails to complete tasks and assignments <input type="checkbox"/> Moderate difficulty with multi-step complex tasks <input type="checkbox"/> Some subject areas may be adapted, other areas may be modified <input type="checkbox"/> Has few learning strategies <input type="checkbox"/> Academic needs require moderate educational support <input type="checkbox"/> Moderate difficulty with problem solving especially when dealing with abstractions <input type="checkbox"/> Moderate difficulty generalizing <input type="checkbox"/> Moderate difficulty with short and/or long term memory 	<ul style="list-style-type: none"> <input type="checkbox"/> Student needs a modified curriculum <input type="checkbox"/> Significant skills gaps due to inconsistencies in attendance <input type="checkbox"/> Extreme problems learning new material <input type="checkbox"/> Rarely completes tasks and assignments <input type="checkbox"/> Extreme difficulties attending to instruction and learning activities <input type="checkbox"/> Great difficulty acquiring and generalizing new information <input type="checkbox"/> Significant discrepancies between academic subject areas <input type="checkbox"/> Significant lack of learning strategies <input type="checkbox"/> Not engaged in learning process (e.g. may be a non-attender) <input type="checkbox"/> Significant difficulty with multi-step or complex tasks <input type="checkbox"/> Academic needs require extensive educational support <input type="checkbox"/> Has significant difficulty with problem solving especially when dealing with abstractions <input type="checkbox"/> Significant difficulty generalizing <input type="checkbox"/> Significant difficulty with short and/or long term memory
	Examples of Supports			
POSSIBLE SOURCES OF INFORMATION <ul style="list-style-type: none"> ♦ File review ♦ Level B academic assessment ♦ Level C psycho-educational Assessment ♦ -Test of Nonverbal Intelligence-2 ♦ Curriculum-Based Assessment ♦ -Other 	<ul style="list-style-type: none"> <input type="checkbox"/> Some adaptation and/or modification of curriculum <input type="checkbox"/> Smaller group instruction and/or individualized instruction intermittently throughout the year 	<ul style="list-style-type: none"> <input type="checkbox"/> Integrated case management required <input type="checkbox"/> Significant modification of learning expectations <input type="checkbox"/> Use of modified/adapted curriculum <input type="checkbox"/> Structured feedback to give maximum praise/reinforcement for progress on individualized program <input type="checkbox"/> High levels of practice and repetition (mastery learning) of functional curriculum 	<ul style="list-style-type: none"> <input type="checkbox"/> Extensive integrated case management <input type="checkbox"/> Functional life-skills curriculum <input type="checkbox"/> Skill development for independent living <input type="checkbox"/> Individualization of learning outcomes, goals and objectives <input type="checkbox"/> Adaptations and modifications are complex and highly individualized 	

LEARNING DISABILITIES Instructional Support Planning Process

Student's Name _____

Grade _____

School _____

DOB _____

Completed by: _____

Date _____

DOMAIN	STRENGTHS	NEEDS
<i>ACADEMIC</i>		
<i>SELF- DETERMINATION/ INDEPENDENCE</i>		
<i>COGNITIVE FUNCTIONING</i>		
<i>SOCIAL/ EMOTIONAL</i>		

* Team Decision: A = Mild impairment of functionality; B = Moderate impairment of functionality; C = Complex and/or intense impairment

If IEP's current goals meet student's current needs please disregard → areas

→ Goals Developed to Address Needs Identified Above:

→ Objectives and Strategies to Address Goals Developed: (what interventions/services/strategies can maximize functioning?)

→ Data Sources to Monitor Outcome/s and Goal Achievement: (what are the outcomes? How useful were the interventions? How can the goals/strategies/services be improved for better outcomes?)

Review Date:

DESCRIPTION OF DOMAIN & POSSIBLE SOURCES OF INFORMATION		A	B	C
ACADEMIC	<p>The Academic Domain consists of oral language, reading, writing and mathematics.</p> <ul style="list-style-type: none"> • Oral Language – expressive and receptive • Reading-phonemic awareness, decoding, vocabulary, fluency, comprehension • Writing - fine motor (printing, cursive), written expression (meaning, form, style, conventions) • Mathematics - number sense, operations,- measurement, patterns, geometry, data analysis, mathematical problem solving • Application of reading, writing, mathematics to other subject areas <p>Possible sources of information</p> <ul style="list-style-type: none"> • Classroom observation • Parental Input • Teachers) • File review • Student Interviews • Academic assessment (curriculum-based assessment informal individual assessments • Level B assessments, Level C psycho-educational assessment 	The student's level of functioning		
		<i>Student exhibits mild impairments in functioning occasionally and intermittently</i>	<i>Student exhibits moderate impairment in functioning but not necessarily in every setting or at all times</i>	<i>Significant impairment of functioning occurs across multiple settings</i>
		<ul style="list-style-type: none"> <input type="checkbox"/> Working on the performance standards of the curriculum with minor adaptations <input type="checkbox"/> Minor difficulties with receptive language use <input type="checkbox"/> Minor difficulties with expressive language use <input type="checkbox"/> Minor difficulties with reading decoding <input type="checkbox"/> Minor difficulties with reading comprehension <input type="checkbox"/> Minor difficulties with writing <input type="checkbox"/> Minor difficulties with mathematics <input type="checkbox"/> Shows variability in academic skills and requires mild level of support (between and/or within subject areas) <input type="checkbox"/> Aware of several learning strategies but may use some of them inconsistently <input type="checkbox"/> Represents learning in a variety of forms but requires options <input type="checkbox"/> Minor difficulties attending to instruction and learning activities <input type="checkbox"/> Minor difficulties independently completing tasks in one or more of the academic areas <input type="checkbox"/> Some difficulty with organization (time, materials) <input type="checkbox"/> Tendency to be slow in completing work <input type="checkbox"/> Some carelessness with work/paperwork 	<ul style="list-style-type: none"> <input type="checkbox"/> Working on the performance standards of the curriculum with significant adaptations <input type="checkbox"/> Moderate difficulties with receptive language <input type="checkbox"/> Moderate difficulties with expressive language <input type="checkbox"/> Moderate difficulties reading decoding <input type="checkbox"/> Moderate difficulties with reading comprehension <input type="checkbox"/> Moderate difficulties with writing <input type="checkbox"/> Moderate difficulties with mathematics <input type="checkbox"/> Variations in academic-skills require moderate level of support (between and/or within subject areas) <input type="checkbox"/> Has a few learning strategy and may use them inconsistently <input type="checkbox"/> Represents learning through a limited variety of forms <input type="checkbox"/> Moderate difficulties attending to instruction and learning activities <input type="checkbox"/> Significant difficulties independently completing tasks in one or more of the academic areas <input type="checkbox"/> Moderate difficulty with organization (time, materials) <input type="checkbox"/> Slow to complete work, may require intermittent to ongoing monitoring to ensure completion <input type="checkbox"/> Requires periodic to regular assistance with work/paperwork in terms of care and materials (i.e., binder, desk set up, etc.) 	<ul style="list-style-type: none"> <input type="checkbox"/> Students needs require significant adaptations and/or some modified learning outcomes <input type="checkbox"/> Significant difficulties with receptive language <input type="checkbox"/> Significant difficulties with expressive language <input type="checkbox"/> Significant difficulties with reading decoding <input type="checkbox"/> Significant difficulties with reading comprehension <input type="checkbox"/> Significant difficulties with writing <input type="checkbox"/> Significant difficulties with mathematics <input type="checkbox"/> Variations in academic skills require significant level of support (between and/or within subject areas) <input type="checkbox"/> Requires considerable practice and ongoing support to apply learning strategies <input type="checkbox"/> Restricted to representing learning in few forms <input type="checkbox"/> Significant difficulties attending to instruction and learning activities <input type="checkbox"/> Rarely able to independently complete tasks in one or more of the academic areas <input type="checkbox"/> Substantial difficulty with organization (time, materials) <input type="checkbox"/> Unable to complete work on time unless directly assisted <input type="checkbox"/> Needs direct/regular contact regarding work/paperwork in terms of care and materials
Examples of Supports				
<ul style="list-style-type: none"> <input type="checkbox"/> Some file management <input type="checkbox"/> Some adaptations of curriculum in specific areas of need <input type="checkbox"/> Some smaller group instruction and/or individualized instruction in areas of academic need based on ongoing assessment <input type="checkbox"/> Provide a variety of adaptations for representing learning based on student's strengths <input type="checkbox"/> Some use of cueing/teacher redirection/preferred seating <input type="checkbox"/> Intermittent use of accommodations (for example, pre-teaching) 	<ul style="list-style-type: none"> <input type="checkbox"/> Some file management and monitoring <input type="checkbox"/> Significant adaptations of curriculum in specific areas of need <input type="checkbox"/> High levels of smaller group instruction and/or high levels of individualized instruction in .areas of need (academic learning strategies, organization) based on ongoing assessment <input type="checkbox"/> Provide a variety of adaptations for representing learning based on student's strengths <input type="checkbox"/> Frequent use of cueing/teacher redirection/preferred seating <input type="checkbox"/> Use of accommodations (reader, scribe, computer, etc.) 	<ul style="list-style-type: none"> <input type="checkbox"/> Daily or frequent contact throughout the week <input type="checkbox"/> Significant adaptations and/or modifications of curriculum in specific areas of need <input type="checkbox"/> Intensive smaller group instruction and/or intensive individualized instruction in areas of need (academic, learning strategies, organization) based on ongoing assessment <input type="checkbox"/> Provide a variety of adaptations or modifications for representing learning based on student's strengths <input type="checkbox"/> Constant use of cueing/constant redirection/preferred seating <input type="checkbox"/> Use of accommodations (reader, scribe, computer) 		

DESCRIPTION OF DOMAIN & POSSIBLE SOURCES OF INFORMATION		A	B	C
SELF – DETERMINATION / INDEPENDENCE	<p>The Self-Determination Domain consists of awareness of strengths and weaknesses, ability to evaluate learning (environment process, product,) ability to solve problems and make informed and appropriate decisions.</p> <ul style="list-style-type: none"> ♦ Understanding personal strengths and weaknesses ♦ Ability to describe their Individual learning disability ♦ Determining preferred learning strategies and ways of demonstrating knowledge ♦ Ability to make appropriate personal choices ♦ Setting realistic personal goals ♦ Ability to solve academic and social problems <p>POSSIBLE SOURCES OF INFORMATION</p> <ul style="list-style-type: none"> ♦ File review ♦ Parental input ♦ Teacher(s) ♦ Vineland Adaptive Behavior Scales ♦ Scales of Independent Behavior Revised (SIB-R) ♦ Behavior Assessment System for Children (BASC) ♦ Supports Intensity Scale (SIS) ♦ Other 	The student's level of functioning		
		<i>Student exhibits mild impairments in functioning occasionally and intermittently</i>	<i>Student exhibits moderate impairment in functioning but not necessarily in every setting or at all times</i>	<i>Significant impairment of functioning occurs across multiple settings</i>
		<input type="checkbox"/> Aware of and uses most areas of personal strength <input type="checkbox"/> Aware of some areas of personal weakness and some successful ways to address them <input type="checkbox"/> Functions independently in the classroom environment most of the time <input type="checkbox"/> Follows most school/class routines <input type="checkbox"/> May require some staff intervention (teacher, specialist paraprofessional) <input type="checkbox"/> May require assistance with some activities during transitioning <input type="checkbox"/> Actively seeks assistance from staff when needed <input type="checkbox"/> Occasional difficulties adapting to new teacher(s)/educational staff <input type="checkbox"/> Some problems with academic problem solving <input type="checkbox"/> Some problems with social problem solving <input type="checkbox"/> May fail to accept personal responsibility for some academic/social difficulties <input type="checkbox"/> Occasionally discouraged with self	<input type="checkbox"/> Some awareness of but doesn't use personal strengths <input type="checkbox"/> Aware of some areas of personal weakness but struggle with what to do to address them <input type="checkbox"/> Has difficulty functioning independently in the classroom environment <input type="checkbox"/> Occasionally follows some, but not all, school/class routines <input type="checkbox"/> Requires frequent staff intervention (teacher, specialist paraprofessional) <input type="checkbox"/> Requires assistance frequently during transitioning <input type="checkbox"/> Occasionally seeks assistance from staff <input type="checkbox"/> Frequent difficulties adapting to new teacher(s)/educational staff <input type="checkbox"/> Frequent problems with academic problem solving <input type="checkbox"/> Frequent problems with social problem solving <input type="checkbox"/> Fails to accept personal responsibility for academic/social difficulties <input type="checkbox"/> Often personally discouraged	<input type="checkbox"/> Unaware of personal strength <input type="checkbox"/> Unaware of personal weakness <input type="checkbox"/> Is unable to function independently in a classroom environment <input type="checkbox"/> Frequently does not follow school or class routines <input type="checkbox"/> Requires constant staff intervention (teacher, specialist, paraprofessional) <input type="checkbox"/> Requires continuous assistance during transitioning Constant problems with academic problem solving <input type="checkbox"/> May avoid seeking assistance with staff completely <input type="checkbox"/> Extreme challenges with adapting to new teacher(s)/educational staff <input type="checkbox"/> Constant problems with academic problem solving <input type="checkbox"/> Constant problems with social problem solving <input type="checkbox"/> Places blame for difficulties on external circumstances <input type="checkbox"/> Lack of 'agency*' or 'locus of control*' (does not believe she/he has any power to make change/s) <input type="checkbox"/> Extremely discouraged with self, resulting in negative self-concept
		Examples of Supports		
<input type="checkbox"/> Some file management <input type="checkbox"/> Instruction in self-advocacy skills, academic and social problem solving skills and learning strategies <input type="checkbox"/> Support for significant transitions (school to school, school to community) <input type="checkbox"/> Some structured support to develop self-awareness/self esteem	<input type="checkbox"/> Some file management and monitoring <input type="checkbox"/> Targeted direct instruction in self-advocacy skills, academic and social problem solving skills and learning strategies <input type="checkbox"/> Support for major transitions (semester changes, staff changes) <input type="checkbox"/> Structured support to develop self-awareness/self esteem	<input type="checkbox"/> Daily or frequent contact throughout the week <input type="checkbox"/> Intense direct instruction in self-advocacy skills, academic and social problem solving skills and learning strategies <input type="checkbox"/> Support for regular transitions (class to class, beginning and end of day) <input type="checkbox"/> Intense specialized support to develop self-awareness/self-esteem		

DESCRIPTION OF DOMAIN & POSSIBLE SOURCES OF INFORMATION		A	B	C
COGNITIVE FUNCTIONING	<p>The Cognitive Functioning Domain includes thinking, reasoning skills and problem solving. The ability to generalize learning.</p> <ul style="list-style-type: none"> Higher order thinking skills Language processing Phonological processing Visual-spatial processing Processing speed Memory Attention Executive functions Motor Skills (fine and gross) <p>POSSIBLE SOURCES OF INFORMATION</p> <ul style="list-style-type: none"> File review Parental input Teachers) Level C psycho-educational Assessment Wechsler Intelligence Scale for Children (WISC) Woodcock-Johnson Psycho-Educational Battery (WJPB)-Cognitive The Stanford-Binet Intelligence Scale 	The student's level of functioning		
		<i>Student exhibits mild impairments in functioning occasionally and Intermittently</i>	<i>Student exhibits moderate Impairment in functioning but not necessarily in every setting or at a// times</i>	<i>Significant impairment of functioning occurs across multiple settings</i>
		<ul style="list-style-type: none"> <input type="checkbox"/> May struggle to complete tasks and assignments <input type="checkbox"/> Minor difficulties with multi-step or complex tasks <input type="checkbox"/> Mild difficulty with problem solving, especially when dealing with abstractions <input type="checkbox"/> Processing difficulties (attention, memory, phonological processing, language processing, visual-spatial processing, processing speed and planning, etc.) that minimally impact learning <input type="checkbox"/> Some difficulty acquiring new information, making connections, generalizing <input type="checkbox"/> Inconsistent use of learning strategies <input type="checkbox"/> Some difficulty with fine motor coordination <input type="checkbox"/> Understands task/work assigned but may need cuing to get started and complete 	<ul style="list-style-type: none"> <input type="checkbox"/> Often fails to complete tasks and assignments <input type="checkbox"/> Moderate difficulty with multi-step complex tasks <input type="checkbox"/> Moderate difficulty with problem solving especially when dealing with abstractions <input type="checkbox"/> Processing difficulties (attention, memory, phonological processing, language processing, visual-spatial processing, processing speed and planning etc.) that moderately impact learning <input type="checkbox"/> Moderate difficulty acquiring new information, making connections and generalizing <input type="checkbox"/> Lacks knowledge of appropriate learning strategies <input type="checkbox"/> Moderate difficulty with fine motor coordination <input type="checkbox"/> Struggles to get started and continue with task/work assigned unless teacher checks in regularly 	<ul style="list-style-type: none"> <input type="checkbox"/> Rarely completes tasks and assignments <input type="checkbox"/> Significant difficulty with multi-step or complex tasks <input type="checkbox"/> Significant difficulty with problem solving especially dealing with abstractions <input type="checkbox"/> Processing difficulties (attention, memory, phonological processing, language processing, visual-spatial processing, processing speed and planning, etc.) significantly impact learning <input type="checkbox"/> Significant difficulty acquiring new information, making connections and generalizing <input type="checkbox"/> Significant lack of learning strategies <input type="checkbox"/> Significant difficulty with fine motor coordination <input type="checkbox"/> Unable to start task/work without assistance to begin and to complete
		Examples of Supports		
<ul style="list-style-type: none"> <input type="checkbox"/> Some file management <input type="checkbox"/> Some adaptation to support curriculum <input type="checkbox"/> Some direct instruction based on ongoing assessment of skill development and instructional need <input type="checkbox"/> Some instruction in compensatory strategies to support independent functioning <input type="checkbox"/> At times or periodically, may require specialist teacher support 	<ul style="list-style-type: none"> <input type="checkbox"/> Some file management and monitoring <input type="checkbox"/> Adaptations to support curriculum <input type="checkbox"/> Targeted direct instruction based on ongoing assessment of skill development and instructional need <input type="checkbox"/> Ongoing instruction in compensatory strategies to support independent functioning <input type="checkbox"/> Regular specialist teacher support 	<ul style="list-style-type: none"> <input type="checkbox"/> Daily or frequent contact throughout the week <input type="checkbox"/> Adaptations and/or modifications are highly individualized <input type="checkbox"/> Intense direct instruction based on ongoing assessment of skill development and instructional need <input type="checkbox"/> Individualization of learning outcomes <input type="checkbox"/> Ongoing specialist teacher support integrated with classroom practice 		

DESCRIPTION OF DOMAIN & POSSIBLE SOURCES OF INFORMATION		A	B	C
SOCIAL / EMOTIONAL	<p>The Social/Emotional Domain consists of adapting and coping behaviours across environments and contexts to meet social/ community expectations. Exhibit social and emotional behaviours that are acceptable and support learning</p> <ul style="list-style-type: none"> ♦ Social and emotional functioning ♦ Impulse control ♦ Mood (optimism, depression) ♦ Anxiety ♦ Appropriate reciprocal Social behaviour ♦ Ability to make appropriate social choices ♦ Setting realistic social and learning goals ♦ Difficulties responding to routine changes <p>Possible sources of information</p> <ul style="list-style-type: none"> ♦ File review ♦ Parental input ♦ Teachers ♦ Observation ♦ Student interviews ♦ Physician/Psychiatrist ♦ Counsellor ♦ Medication review ♦ Other 	The student's level of functioning		
		<i>Student exhibits mild impairments in functioning occasionally and Intermittently</i>	<i>Student exhibits moderate Impairment in functioning but not necessarily in every setting or at a// times</i>	<i>Significant impairment of functioning occurs across multiple settings</i>
		<ul style="list-style-type: none"> <input type="checkbox"/> Some difficulties with impulse control <input type="checkbox"/> May misinterpret emotions, moods,, humour, social cues and inferences <input type="checkbox"/> Minor levels of embarrassment anxiety and/or worry (e.g. test results, grades, etc.) <input type="checkbox"/> Minor frustration and/or anger due to unrealistic expectations (student adult) and/or time required to complete school work <input type="checkbox"/> Some feelings of failure and/or hopelessness due to exclusion from elective/choice activities or lack of any area of excellence <input type="checkbox"/> Occasionally critical of themselves or vulnerable to perfectionism <input type="checkbox"/> Sometimes lacks resilience to overcome challenges <input type="checkbox"/> Tends to demonstrate immaturity (interacting younger peers or engages in atypical play for age) <input type="checkbox"/> Occasionally avoids risk-taking or refuse to try new tasks • <input type="checkbox"/> Sometimes demonstrates learned helplessness (dependence on others for completing tasks, etc.) <input type="checkbox"/> Occasionally fails tor respond to mild behavioural intervention (e.g. proximity, signaling, stating expectation, redirection, verbal correction, etc.) <input type="checkbox"/> Occasionally uses inappropriate strategies as coping mechanisms <input type="checkbox"/> Occasional difficulty relating to peers due to lack of social knowledge/skills 	<ul style="list-style-type: none"> <input type="checkbox"/> Ongoing moderate problems with impulse control <input type="checkbox"/> Occasionally misinterprets emotions, moods, humour, social cues and inferences <input type="checkbox"/> Moderate levels of embarrassment, anxiety, and/or worry (e.g. test results, grades) <input type="checkbox"/> Moderate frustration and/or anger due to unrealistic expectations (student, adult) and/or time required to complete school work <input type="checkbox"/> Feelings of failure and/or hopelessness due to exclusion from elective/choice activities or lack of area of excellence <input type="checkbox"/> Frequently critical of themselves or vulnerable to perfectionism <input type="checkbox"/> Occasionally perseveres to complete tasks <input type="checkbox"/> Frequently lacks resilience to overcome challenges <input type="checkbox"/> Often demonstrates immaturity (interacting with younger peers or engages in atypical play for age) <input type="checkbox"/> Frequently avoids risk-taking or refuses to try new tasks <input type="checkbox"/> Often demonstrates learned helplessness (dependence on others for completing tasks, etc.) <input type="checkbox"/> Fails to respond to mild behaviour intervention (e.g. redirection, verbal correction, proximity, etc.) <input type="checkbox"/> Often uses inappropriate strategies as coping mechanisms <input type="checkbox"/> Frequent difficulty relating to peers due to lack of social knowledge and/or skills. 	<ul style="list-style-type: none"> <input type="checkbox"/> Ongoing severe problems with impulse control <input type="checkbox"/> Needs constant verbal/visual cueing attending to instructions and discussions <input type="checkbox"/> Frequently misinterprets emotions, moods, humour, social cues and inferences <input type="checkbox"/> Concrete visual supports always needed <input type="checkbox"/> Needs supports and prompts to communicate appropriately Extreme embarrassment, anxiety and/or worry (e.g. test results, grades) <input type="checkbox"/> Severe frustration and/or anger due to unrealistic expectations (student adult) and/or time required to-complete schoolwork <input type="checkbox"/> Overwhelming feelings of failure and/or hopelessness due to exclusion from elective/choice activities or lack of area of excellence <input type="checkbox"/> Constantly self critical/vulnerable to perfectionism <input type="checkbox"/> Rarely perseveres to complete tasks <input type="checkbox"/> Lacks resilience to overcome challenges <input type="checkbox"/> Exclusively demonstrates immaturity (interacting with younger peers or engages in atypical play for age) <input type="checkbox"/> Always avoids risk-taking or refuses to try new tasks <input type="checkbox"/> Frequently demonstrates learned helplessness (dependence on others for completing tasks, etc.) <input type="checkbox"/> High frequency of socially inappropriate behaviours (shouting, vocalizing, intruding) <input type="checkbox"/> Fails to respond to behaviour intervention and demonstrates ongoing, continuous non-compliance/defiance <input type="checkbox"/> Regularly uses inappropriate strategies to cope <input type="checkbox"/> Needs timely & immediately available intervention <input type="checkbox"/> Constant difficulty relating to peers due to lack of social skills/knowledge
		Examples of Supports		
<ul style="list-style-type: none"> <input type="checkbox"/> Some file management <input type="checkbox"/> Some structuring of class routines (transition cueing, re-direction, slower paced instruction, adjustment of timelines/expectations, quiet time, etc.) <input type="checkbox"/> Small group instruction or individualized instruction (social skills, friendship groups) intermittently throughout the year <input type="checkbox"/> Some support for self-advocacy <input type="checkbox"/> Teach coping strategies <input type="checkbox"/> Promote the development of positive attachments to adults/peers 	<ul style="list-style-type: none"> <input type="checkbox"/> Some file management and monitoring <input type="checkbox"/> Consistent and structured class routines (clear schedules, routines, rules and expectations) <input type="checkbox"/> Small group or individualized instruction on an ongoing basis throughout the year (positive attribute and social skill development managing anger/anxiety, etc.) <input type="checkbox"/> Frequent support for self-advocacy <input type="checkbox"/> Referral for specialized support (pediatrician, counselling, etc.) <input type="checkbox"/> Promote the development of positive attachments to adults/peers 	<ul style="list-style-type: none"> <input type="checkbox"/> Daily or frequent contact throughout the week <input type="checkbox"/> Intensive individualized structures/routines <input type="checkbox"/> Unique and highly structured learning and positive behavioural support approaches <input type="checkbox"/> Direct individualized instruction and intensive practice in most/all social situations <input type="checkbox"/> Ongoing intensive support for self-advocacy <input type="checkbox"/> Ongoing inter-agency involvement and/or outside treatment <input type="checkbox"/> Promote the development of positive attachments to adults/peers 		

PHYSICAL DISABILITIES/CHRONIC HEALTH IMPAIRMENTS
Instructional Support Planning Process
(not to be used for students with Dependent Handicaps)

Student's Name _____

Grade _____

School _____

DOB _____

Completed by: _____

Date _____

DOMAIN	STRENGTHS	NEEDS
<i>PHYSICAL FUNCTIONING</i>		
<i>COMMUNICATION</i>		
<i>SOCIAL/EMOTIONAL FUNCTIONING</i>		
<i>ACADEMICS/ INTELLECTUAL FUNCTIONING</i>		
<i>SELF DETERMINATION/ INDEPENDENCE</i>		

* Team Decision: A = Mild impairment of functionality; B = Moderate impairment of functionality; C = Complex and/or intense impairment

If IEP's current goals meet student's current needs please disregard → areas

→Goals Developed to Address Needs Identified Above:

→ Objectives and Strategies to Address Goals Developed: (what interventions/services/strategies can maximize functioning?)

→ Data Sources to Monitor Outcome/s and Goal Achievement: (what are the outcomes? How useful were the interventions? How can the goals/strategies/services be improved for better outcomes?)

Review Date:

DESCRIPTION OF DOMAIN & POSSIBLE SOURCES OF INFORMATION		A	B	C
PHYSICAL FUNCTIONING	<p>Degree to which the student's PD/CHI impedes physical independence. May include:</p> <ul style="list-style-type: none"> - Mobility, feeding and toileting problems (but not at the Dependent Handicapped level). - Gross motor skills including safety issues, participation in physical activities (PE, dance, games, recess, classroom movement, etc.). - Fine motor skills including printing, writing, drawing, cutting, use of keyboard or mouse, clothing, fasteners, etc. <p>POSSIBLE SOURCES OF INFORMATION</p> <ul style="list-style-type: none"> - File review. - Occupational Therapy consultation and/or therapy. - Physical Therapy consultation and/or therapy. - Augmentative Communication Specialist consultation and/or Therapy. - Medical/paediatric evaluation - Visual evaluation - Adaptive Testing: <ul style="list-style-type: none"> o Vineland o Scales of Independent Behavior-Revised (SIB-R) o Supports Intensity Scale (SIS) - Psycho-educational testing <ul style="list-style-type: none"> o WISC-IV o Stanford-Binet IV o Dynamic Assessment Procedure (DAP) o Bender Visual-Motor Gestalt Test o Beery VMI (The Beery-Buktenica Developmental Test of Visual-Motor Integration), etc. - Public Health Nurse - Other 	The student's level of functioning		
		<p><i>Student exhibits mild impairments in functioning occasionally and intermittently</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Has minor concerns that are manageable; i.e., requires occasional assistance with mobility, health or personal care needs <input type="checkbox"/> Functions independently in the school environment most of the time <input type="checkbox"/> Need for occasional supervision or support for medical procedures (e.g., glucose monitoring, urine testing) <input type="checkbox"/> Some difficulty with individual participation in physical activities <input type="checkbox"/> Some monitoring or supports for fine motor output (e.g., cutting, pasting, keyboard, mouse, etc.) <input type="checkbox"/> May have some problems with auditory or visual tasks (e.g., discrimination, attention, tracking, etc.) <input type="checkbox"/> Some over or under-sensitivity to environmental stimuli 	<p><i>A history and likelihood of ongoing impairment of functioning, but not necessarily in every setting</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Requires frequent assistance with health or personal care needs <input type="checkbox"/> Modification/adaptation to curriculum required because of fine motor problem/s <input type="checkbox"/> Minor adaptation for physical access <input type="checkbox"/> Needs close monitoring to ensure physical safety during games/activities, recess <input type="checkbox"/> Needs adaptations/modifications to ensure participation with peers in fine and gross motor activities <input type="checkbox"/> Needs specialized software/hardware to support written output <input type="checkbox"/> May need some supervision for eating/toileting <input type="checkbox"/> May need specific interventions/accommodations for physical completion of visual/auditory tasks <input type="checkbox"/> Usually over or under-sensitive to environmental stimuli 	<p><i>Significant impairment of functioning occurs across multiple settings</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Requires intensive assistance with health or personal care needs <input type="checkbox"/> Requires complex adaptations to curriculum because of fine and gross motor problems <input type="checkbox"/> Unable to participate meaningfully in physical activities without significant adaptation <input type="checkbox"/> Physical activities require direct adult supervision/support <input type="checkbox"/> Requires augmentative communication devices/supports <input type="checkbox"/> Unaware of need for toileting <input type="checkbox"/> Requires adult help for feeding and toileting <input type="checkbox"/> May need physical apparatus and specialist support for positioning and use <input type="checkbox"/> Tactile defensive <input type="checkbox"/> Significant lack of appropriate response to environmental stimuli
		Examples of Supports		
	<ul style="list-style-type: none"> <input type="checkbox"/> Monitoring to ensure mobility, health or personal care needs are responded to. <input type="checkbox"/> Monitoring to ensure medication taken correctly <input type="checkbox"/> Individual observation/monitoring around play apparatus/mechanical equipment 	<ul style="list-style-type: none"> <input type="checkbox"/> Specialized hardware/software to enhance written output <input type="checkbox"/> Significant direct monitoring of physical activities (gym, playground, etc.) to ensure safety and/or other medical intervention <input type="checkbox"/> Medication administered by an adult; records maintained <input type="checkbox"/> Some medications administered on "as needed" basis (e.g., bronchodilator, epinephrine, etc.) <input type="checkbox"/> Glucose response protocols and emergency plans/supplies in place <input type="checkbox"/> Support around play apparatus/mechanical equipment 	<ul style="list-style-type: none"> <input type="checkbox"/> Intensive staff support for mobility, toileting, feeding (but not at the Dependent Handicapped level) <input type="checkbox"/> Medical supports, such as gastro-feeding, by trained staff <input type="checkbox"/> Suction, gastro-feeding, inhalation therapy at times <input type="checkbox"/> Complex medical/safety plan in place <input type="checkbox"/> Adult supervision/tutelage around play apparatus/mechanical equipment 	

DESCRIPTION OF DOMAIN & POSSIBLE SOURCES OF INFORMATION		A	B	C	
COMMUNICATION	<p>Receptive & Expressive Communication. Understanding and using spoken language as a tool for communication.</p> <ul style="list-style-type: none"> - Understanding body language (gestures, visual signs, facial expressions, etc.) - Pragmatic language: active listening, following social rules, initiating and responding to communication - Volume, tone and voice quality appropriate - Understanding non-literal language (metaphor, simile, jokes, etc.) - Responding to communication - Initiating and/or sustaining communication <p>POSSIBLE SOURCES OF INFORMATION</p> <ul style="list-style-type: none"> - File review - Audiological evaluation - Visual evaluation - Speech-Language Pathology assessment - Augmentative Communication Specialist assessment - Functional behaviour assessment - Adaptive Testing: <ul style="list-style-type: none"> o Vineland o Scales of Independent Behavior-Revised (SIB-R) o Supports Intensity Scale (SIS) - Psycho-educational testing - Medical evaluation - Other 	<p><i>Student exhibits mild impairments in functioning occasionally and intermittently</i></p>	<p><i>Student exhibits moderate impairment in functioning but not necessarily in every setting or at all times</i></p>	<p><i>Significant impairment of functioning occurs across multiple settings</i></p>	
	The student's level of functioning				
		<ul style="list-style-type: none"> <input type="checkbox"/> Sometimes needs prompting/cueing to attend to conversations/class discussions <input type="checkbox"/> May need to be spoken to more slowly <input type="checkbox"/> Some difficulty understanding instructions – may need clarification/restatement <input type="checkbox"/> Can speak or communicate using alternative communication to express ideas, thoughts and needs <input type="checkbox"/> Some difficulty following multi-step instructions <input type="checkbox"/> Usually communicates needs in most environments <input type="checkbox"/> Language may be simple (telegraphic, echolalic, stereotypic) but still communicates needs <input type="checkbox"/> Some difficulty adjusting language to varying social situations <input type="checkbox"/> Sometimes misinterprets body language, has difficulty with conversations, doesn't follow the flow of a conversation 	<ul style="list-style-type: none"> <input type="checkbox"/> Needs regular non-verbal cueing to attend to instructions and discussions <input type="checkbox"/> May need simple gestures to enhance understanding of verbal communication <input type="checkbox"/> Has difficulty understanding instructions <input type="checkbox"/> Alternative or systematized methods of communication may be required <input type="checkbox"/> May need multi-step instructions broken down <input type="checkbox"/> Difficulty with complex sentence structure <input type="checkbox"/> May misunderstand pragmatic language. <input type="checkbox"/> Takes things literally <input type="checkbox"/> Misunderstands complex sentences, language structures, verb tenses, humour, metaphor, simile <input type="checkbox"/> Difficulty in a group with turn-taking, following topic, watching speaker <input type="checkbox"/> Frequently ignores people speaking to him/her 	<ul style="list-style-type: none"> <input type="checkbox"/> Needs constant verbal/visual cueing to attend to instructions and discussions <input type="checkbox"/> Concrete visual supports may be needed (e.g., pic symbols, pictures, gestural signs) <input type="checkbox"/> Heavy dependence on imitation of others to follow routines <input type="checkbox"/> Communicates basic needs and wants only with supports and prompts <input type="checkbox"/> Absence of spoken language <input type="checkbox"/> Rarely communicates or attempts to communicate with peers or others <input type="checkbox"/> Verbalizations may be highly stereotyped <input type="checkbox"/> Vocalizations used to replace language. Lack of communication skills may lead to frustration/anger <input type="checkbox"/> Socially withdrawn in group situations <input type="checkbox"/> Tactile defensive 	
Examples of Supports					
	<ul style="list-style-type: none"> <input type="checkbox"/> Some case management <input type="checkbox"/> Use of verbal/nonverbal cues to gain attention <input type="checkbox"/> Some simplification of verbal instructions <input type="checkbox"/> Monitoring understanding of instructions <input type="checkbox"/> SLP consultation/support <input type="checkbox"/> Preferential seating <input type="checkbox"/> Use of peer coach/buddy system 	<ul style="list-style-type: none"> <input type="checkbox"/> Integrated case management <input type="checkbox"/> Instructional prompts, cues and signs <input type="checkbox"/> Structured facilitated conversations <input type="checkbox"/> Some use of alternate forms of communication (visual cues, signs, pictograms, etc.) <input type="checkbox"/> Model and practise desired behaviour <input type="checkbox"/> SLP consultation and support <input type="checkbox"/> Simplify and repeat verbal instructions 	<ul style="list-style-type: none"> <input type="checkbox"/> Extensive integrated case management <input type="checkbox"/> Constant, direct, structured supports <input type="checkbox"/> Systematized communications strategies <input type="checkbox"/> Regular use of alternate forms of communication <input type="checkbox"/> Extensive individualized support <input type="checkbox"/> Formal teaching of social skills <input type="checkbox"/> Model and practise desired behaviour <input type="checkbox"/> SLP consultation and support <input type="checkbox"/> Simplify and repeat verbal instructions 		

DESCRIPTION OF DOMAIN & TYPICAL SOURCES OF INFORMATION		A	B	C
SOCIAL/EMOTIONAL FUNCTIONING	<p>– Adapting behaviours across environments and contexts to meet social/community expectations. Exhibiting social and emotional behaviours that are acceptable and support learning.</p> <p>Regulation of social/ emotional functions:</p> <ul style="list-style-type: none"> – impulse control – mood – anxiety – appropriate reciprocal social behaviour – appropriate sexual behaviour 	<p><i>Student exhibits mild impairments in functioning occasionally and intermittently</i></p>	<p><i>Student exhibits moderate impairment in functioning but not necessarily in every setting or at all times</i></p>	<p><i>Significant impairment of functioning occurs across multiple settings</i></p>
	<p>POSSIBLE SOURCES OF INFORMATION</p> <ul style="list-style-type: none"> – File review - Observation – Vineland-Maladaptive Scale – BASC – Connor’s Rating Scale – SIB-R Maladaptive – Functional behaviour assessment – Physician/Child Psychiatrist – Other 	<ul style="list-style-type: none"> <input type="checkbox"/> Some difficulties with impulse control <input type="checkbox"/> Some difficulties with anger control <input type="checkbox"/> Needs some direction with changes to routine/transitions <input type="checkbox"/> Occasional atypical social behaviour (shouting, vocalizing, intruding) <input type="checkbox"/> Occasionally fails to respond to mild behavioural intervention (e.g., proximity, signalling, stating expectations, redirection, verbal correction, etc.) <input type="checkbox"/> May need some structured behaviour management techniques/procedures (e.g., token economy, checklists, shaping, response cost, quiet time, etc.) <input type="checkbox"/> Attempts to socialize; few friends <input type="checkbox"/> Minor levels of anxiety and/or worry <input type="checkbox"/> Some problems with anger when frustrated or confused <input type="checkbox"/> May not respond appropriately to praise/reinforcement 	<ul style="list-style-type: none"> <input type="checkbox"/> Ongoing moderate problems with impulse control <input type="checkbox"/> Ongoing moderate problems with anger control <input type="checkbox"/> Needs direct support with changes of routine and transitions <input type="checkbox"/> Regular socially atypical behaviours (shouting, vocalizing, intruding) <input type="checkbox"/> Fails to respond to mild behavioural intervention (e.g., redirection, verbal correction, proximity, etc.) <input type="checkbox"/> Needs fairly complex behaviour intervention plans/techniques that are closely monitored and enforced <input type="checkbox"/> Frequent difficulty relating to peers; atypical play <input type="checkbox"/> Moderate levels of anxiety and/or worry <input type="checkbox"/> Becomes angry when frustrated or confused <input type="checkbox"/> May not benefit from punishment/consequence oriented models of behaviour management 	<ul style="list-style-type: none"> <input type="checkbox"/> Ongoing severe problems with impulse control <input type="checkbox"/> Severe and sustained problems with anger control <input type="checkbox"/> Needs continuous support for changes of routine and transitions <input type="checkbox"/> High frequency of socially inappropriate behaviours (shouting, vocalizing, intruding, uncontrolled fantasy play) <input type="checkbox"/> Ongoing, continuous non-compliance/defiance <input type="checkbox"/> Throws object/s, hits, tantrums, screams <input type="checkbox"/> Sexual touching of self or others <input type="checkbox"/> General aggression <input type="checkbox"/> Needs intensive and immediately available interventions <input type="checkbox"/> May need extensive “time out” and/or physical restraint <input type="checkbox"/> Adult mediation of social situations <input type="checkbox"/> Behaviours are dangerous to self and/or others <input type="checkbox"/> Unable to relate to peers <input type="checkbox"/> Severe levels of anxiety and/or worry <input type="checkbox"/> Currently taking or recommended for psychiatric medications <input type="checkbox"/> Excessively withdrawn <input type="checkbox"/> Suicidal ideation <input type="checkbox"/> Tactile defensive
		Examples of Supports		
	<ul style="list-style-type: none"> <input type="checkbox"/> Some structuring of class routines (transition cueing, re-direction, slower instruction, adjustment of timelines and expectations, quiet time, etc.) <input type="checkbox"/> Use of peer/buddy system to model social/emotional behaviours <input type="checkbox"/> Use of small group activities to minimize distractions and simplify social/emotional interactions 	<ul style="list-style-type: none"> <input type="checkbox"/> Consistent and structured class routines (clear schedules, routines, rules and expectations) <input type="checkbox"/> Frequent staff intervention to manage behaviour <input type="checkbox"/> Direct interventions required to prevent or stop class disruption <input type="checkbox"/> Very explicit behaviour intervention techniques <input type="checkbox"/> Specialized behavioural/counselling supports 	<ul style="list-style-type: none"> <input type="checkbox"/> Intensive individualized programming <input type="checkbox"/> Use of planned physical restraint. <input type="checkbox"/> Use of supervised time-out procedures (removal from classroom environment) <input type="checkbox"/> Unique and highly structured learning and positive behaviour support approaches <input type="checkbox"/> Safety Planning 	

DESCRIPTION OF DOMAIN & POSSIBLE SOURCES OF INFORMATION		A	B	C
ACADEMIC/INTELLECTUAL FUNCTIONING	<p>Includes academics (reading, writing, spelling, mathematics, etc.). Thinking, reasoning skills and problem solving. Ability to generalize learning.</p> <ul style="list-style-type: none"> - Reading - decoding, sight-word vocabulary, phonemic awareness, comprehension - Writing – printing, cursive, spelling - Mathematics – calculation (paper and non-paper), estimation, measurement, use of calculator, problem solving - Application of reading, writing and arithmetic to other subject areas - Ability to analyze new information, integrate information, generalize learning to new situations - Slow processing speed <p>POSSIBLE SOURCES OF INFORMATION</p> <ul style="list-style-type: none"> - File review - Observation - Level B academic assessment - Level C psycho-educational assessment - TONI-2 - Curriculum-based assessment - Other 	The student's level of functioning		
		<p><i>Student exhibits mild impairments in functioning occasionally and intermittently</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Minor adaptations to the curriculum <input type="checkbox"/> Difficulty acquiring new information, making connections and generalizing <input type="checkbox"/> Minor difficulties attending to instruction and learning activities <input type="checkbox"/> May appear to lack interest in learning; requires additional encouragement <input type="checkbox"/> Minor difficulties with multi-step or complex tasks <input type="checkbox"/> Academic skills test as mildly delayed <input type="checkbox"/> Skills/abilities appear evenly developed across assessed areas <input type="checkbox"/> Some difficulty with problem-solving, especially when dealing with abstractions (multiple step sequences or abstract concepts) <input type="checkbox"/> Much more comfortable in concrete academic tasks <input type="checkbox"/> Inconsistent use of learning strategies <input type="checkbox"/> Some difficulty keeping up with classroom pace 	<p><i>A history and likelihood of ongoing impairment of functioning, but not necessarily in every setting</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Substantial adaptations to the curriculum <input type="checkbox"/> Ongoing problems learning new information <input type="checkbox"/> Moderate difficulties attending to instruction and learning activities <input type="checkbox"/> Frequent problems learning new new material and making connections to prior learning <input type="checkbox"/> Easily confused by complex tasks/changes in routine <input type="checkbox"/> Academic skills test as moderately delayed <input type="checkbox"/> Difficulty understanding the thoughts and intentions of others (writers, peers, teachers) <input type="checkbox"/> Some areas may be adapted, other areas are modified <input type="checkbox"/> Has few learning strategies <input type="checkbox"/> Significant difficulty keeping up with classroom pace 	<p><i>Significant impairment of functioning occurs across multiple settings</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Substantially modified curriculum. <input type="checkbox"/> Significant skill gaps due to absences/delays in attendance as result of health condition <input type="checkbox"/> Extreme problems learning new material <input type="checkbox"/> Extreme difficulties attending to instruction and learning activities <input type="checkbox"/> Great difficulty acquiring and generalizing new information <input type="checkbox"/> Curriculum must be individualized to personal level <input type="checkbox"/> Easily confused by thoughts/intentions of others (writers, peers, teachers, etc.) <input type="checkbox"/> Academic skills test as severely delayed <input type="checkbox"/> Heavy reliance on routine <input type="checkbox"/> Great difficulty with transitions <input type="checkbox"/> Great difficulty with academic/social problem solving <input type="checkbox"/> Significant discrepancies between domains <input type="checkbox"/> Significant lack of learning strategies <input type="checkbox"/> Cannot keep up with classroom pace
		Examples of Supports		
	<ul style="list-style-type: none"> <input type="checkbox"/> Some case management <input type="checkbox"/> Some adaptation and/or modification of curriculum <input type="checkbox"/> Smaller group instruction and/or individualized instruction intermittently throughout the year <input type="checkbox"/> Allow more time 	<ul style="list-style-type: none"> <input type="checkbox"/> Integrated case management required <input type="checkbox"/> Significant modification of learning expectations <input type="checkbox"/> Use of modified/adapted curriculum <input type="checkbox"/> Structured feedback to give maximum praise/reinforcement for progress on individualized program <input type="checkbox"/> High levels of practice and repetition (mastery learning) of functional curriculum <input type="checkbox"/> Allow more time, give fewer questions 	<ul style="list-style-type: none"> <input type="checkbox"/> Extensive integrated case management <input type="checkbox"/> Functional life-skills curriculum <input type="checkbox"/> Individualization of learning outcomes, goals and objectives <input type="checkbox"/> Adaptations and modifications are complex and highly individualized 	

DESCRIPTION OF DOMAIN & POSSIBLE SOURCES OF INFORMATION		A	B	C
SELF DETERMINATION/INDEPENDENCE	Independence to access the larger social community. Ability to meet and respond to demands of daily life. Exercising appropriate choices.			
	<ul style="list-style-type: none"> - Acting independently, making individual and appropriate choices without undue external influence. - having appropriate daily living skills including safety-related behaviours, - ability to use private and public transport, access public places and services (shopping, restaurants, parks, recreation facilities) - ability to make appropriate personal choices socially - setting realistic personal goals - ability to solve social problems - sexuality awareness and appropriate expression. 	<p><i>Student exhibits mild impairments in functioning occasionally and intermittently</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Has most of the required skill set for functioning independently and follows most routines and transitions <input type="checkbox"/> Functions independently in the school environment most of the time <input type="checkbox"/> Tries to do things, with minimal assistance <input type="checkbox"/> Interacts with peers; may need some mild social re-direction <input type="checkbox"/> Some lack of care of personal hygiene <input type="checkbox"/> Some lack of care for personal grooming/clothing <input type="checkbox"/> Needs occasional reminders to engage in learning or leisure activities <input type="checkbox"/> Needs some adult mediation/direction <input type="checkbox"/> Some difficulties with social problem solving 	<p><i>A history and likelihood of ongoing impairment of functioning, but not necessarily in every setting</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Follows some but not all routines <input type="checkbox"/> Needs some direction/prompting around social skills/interactions with peers and adults <input type="checkbox"/> Will initiate tasks and activities but may require support to complete <input type="checkbox"/> Disinterested in personal grooming/hygiene (allow for physical/sensory impairments) <input type="checkbox"/> Unable/unwilling to access/use public transport without adult support <input type="checkbox"/> Some inappropriate sexual behaviours <input type="checkbox"/> Needs guidance to engage in learning or leisure activities <input type="checkbox"/> Needs regular reminders about the needs of others <input type="checkbox"/> Needs frequent adult mediation/direction <input type="checkbox"/> Requires assistance frequently during transitioning <input type="checkbox"/> Frequent problems with social problem solving 	<p><i>Significant impairment of functioning occurs across multiple settings</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Does not follow school/class routines <input type="checkbox"/> Little desire to achieve independence (allow for physical/sensory impairments) <input type="checkbox"/> Sexual behaviour may be overt, repetitive and significantly interfere with social functioning <input type="checkbox"/> Few leisure interests or skills <input type="checkbox"/> Poor impulse control <input type="checkbox"/> Unaware of interpersonal and/or physical danger <input type="checkbox"/> Careless of feelings or rights of others <input type="checkbox"/> Behaviour dangerous to self and/or others <input type="checkbox"/> Needs constant support to engage in learning or leisure activities <input type="checkbox"/> Constant reminders/unable to understand the feelings of others <input type="checkbox"/> Needs constant adult mediation/direction <input type="checkbox"/> Requires continuous assistance during transitioning <input type="checkbox"/> All social problems require direct mediation
	<p>POSSIBLE SOURCES OF INFORMATION</p> <ul style="list-style-type: none"> - File review - CASEY Life Skills - Observation - Scales of Independent Behavior-Revised (SIB-R) - Vineland - Supports Intensity Scale (SIS) - Other 	Examples of Supports		
	<ul style="list-style-type: none"> <input type="checkbox"/> Occasional reminders and prompts <input type="checkbox"/> Peer coaching/buddy system for social modeling <input type="checkbox"/> Assistance to transition between some activities 	<ul style="list-style-type: none"> <input type="checkbox"/> Integrated case management <input type="checkbox"/> Frequent supervision <input type="checkbox"/> Social skills training <input type="checkbox"/> Social behaviour interventions <input type="checkbox"/> Direct life-skills instruction <input type="checkbox"/> Structured peer coaching <input type="checkbox"/> Development of functional life-skills transition plans 	<ul style="list-style-type: none"> <input type="checkbox"/> Intensive, integrated case management <input type="checkbox"/> Consistent, direct adult supervision <input type="checkbox"/> Safety planning <input type="checkbox"/> Time-out/physical interventions plans ("safety plans") <input type="checkbox"/> Functional life-skills planning <input type="checkbox"/> Transition planning into community resources and programs 	

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Observational Rating Scale

Date _____

Fraser Valley
Child Development Centre

Date of Birth ____/____/____ Age ____ Grade ____

Rater: Teacher Parent Student Clinician

Directions: The following statements describe communication problems that some students have. Check the box beneath the appropriate heading (**Never, Sometimes, Often, or Always**) that best describes how often each behavior happens.

Listening

This Happens: **Never** **Sometimes** **Often** **Always** **T** **P** **S**

1. Has trouble paying attention.						
2. Has trouble following spoken directions.						
3. Has trouble remembering things people say.						
4. Has trouble understanding what people are saying.						
5. Has to ask people to repeat what they have said.						
6. Has trouble understanding the meanings of words.						
7. Has trouble understanding new ideas.						
8. Has trouble looking at people when talking or listening.						
9. Has trouble understanding facial expressions, gestures,						

Speaking

10. Has trouble answering questions.						
11. Has trouble answering questions.						
12. Has trouble answering questions.						
13. Has trouble answering questions.						
14. Has trouble answering questions.						
15. Has trouble answering questions.						
16. Has trouble answering questions.						
17. Has trouble answering questions.						
18. Has trouble answering questions.						
19. Has trouble answering questions.						
20. Has trouble answering questions.						
21. Uses poor grammar when talking.						
22. Has trouble using complete sentences when talking.						
23. Talks in short, choppy sentences.						
24. Has trouble expanding an answer or providing details when talking.						

SAMPLE

Continued on back.



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8 9 10 11 12 A B C D E



Fraser Valley Child Development Centre

Occupational Therapy Physical Therapy Kids in Action Autism Program

Indicators for OCCUPATIONAL THERAPY

This checklist will help you to identify goals and objectives for Occupational Therapy intervention.

Fine Motor Skills

- Does the student have difficulty with written output?
- Does the student have consistent hand dominance?
- Does the student utilize a mature pencil grasp?
- Is the student able to use scissors?
- Can the student manage their clothing fasteners as expected? (Shoe laces, zippers, buttons, snaps)
- Do you suspect perceptual problems?

Splints

- Does the splint fit well? (Is there swelling, pain, prolonged redness, too small/big?)
- Does the student hold their hand/elbow in positions of deformity or have pain?

Feeding

- Refer student if there are any concerns with swallowing, choking, coughing, regurgitating
- Are there concerns about a student's ability to self feed?

Toileting

- Is the student experiencing difficulty sitting on the toilet independently?
- Is the present bathroom equipment meeting the students and caregivers present needs? (e.g., change tables, grab bars, lift devices and toilet seats)

Organizational Skills

- Can the student plan and organize multi-step tasks?
- Is the student's workspace disorganized?
- Does the student forget items needed for tasks? (e.g., homework, pencils, etc.)

Equipment

- Is there a need for alteration or repair of existing equipment? (change tables, commodes, foot stools, lifts, adaptive devices, splints, etc.)
- Are there functional deficits that might benefit from adaptive equipment?

Sensory Concerns

- Is the student over-responsive or under responsive to sensory stimulus? (touch, pain, light, balance, taste)
- Does the student seek or avoid sensory input? (self-abusive behaviour, avoids different food textures, etc.)

Indicators for PHYSICAL THERAPY

New TA in place

- Need for lifting, revision of existing exercise program

Change in Child's Status

- Change in behaviour
- Post surgery
- Pain associated with movement or positioning
- Change in ranges of movement
- Child is complaining when in a wheel chair standing frame or other equipment
- Pain when leg/body brace is being put on
- Decrease in function
- Falling/tripping a lot

Standing Frame

- Position of knee and hip strap
- Child is leaning to the side
- Any red marks on the skin caused by strapping or support
- Child is lifting one leg when standing
- Shoulder straps lower than shoulders
- Headrest is pushing on shoulders

Walkers

- Unsafe/tipping over
- Walking with bent legs
- Leaning to one side/crab walking

Foot/body braces

- Red marks on feet/chest which are visible after 5-10 minutes when brace is removed
- Change in skin colour
- Difficulty to breath when body brace is on
- Toes longer than brace

OT AND/OR PT

Wheelchair and seating

- Concerns regarding overall posture
- Has the student outgrown their seating system?
E.g., height of back below top of shoulders, is the seat too tight, is the full thigh supported by the seat?
- Does the student have difficulty remaining in their seat?

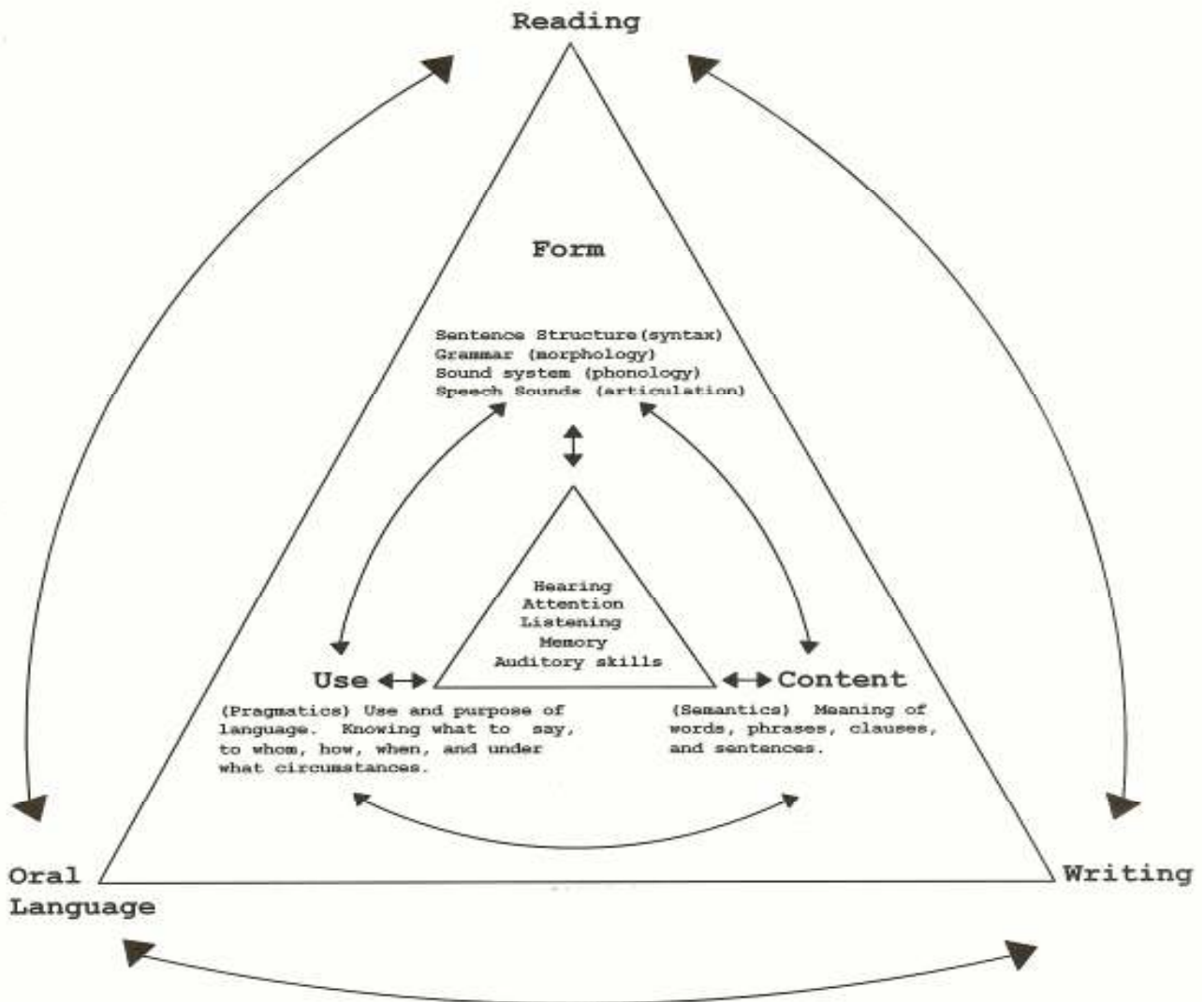
MINISTRY CODES		
OUR CATEGORY	CODE	MEANING
1.19 DEP - Level 1	A	Physically Dependent
1.19 DB - Level 1	B	Deaf/Blind
1.18 MOD ID - Level 2	C	Mod to Sev/Profound Intellectual Disabilities
1.18 PH - HEALTH - Level 2	D	Physical Disabilities or Chronic Health Impair.
1.18 VI - Level 2	E	Visual Impairment
1.18 DF - HH - Level 2	F	Deaf or Hard of Hearing
1.18 AUT - Level 2	G	Autism Spectrum Disorder
1.16 INT BEH - Level 3	H	Intensive Behaviour Intervention/Serious Mental Illness
1.17 MILD ID	K	Mild Intellectual Disabilities
1.17 LD	Q	Learning Disability
1.32 GIF	P	Gifted
1.17 ModBeh	R	Moderate Behaviour Support/Mental Illness
STUDENT SERVICES CODES - NOT on BCeSIS		
2.00 RF	X	District Red File
2.50 NRF	X	No red file - referred for services
3.00 SF	33	Academically at risk
3.00 SF	17	English as a Second Language
3.00 SF	17.1	English as a Second Dialect

Guidelines for making referrals to the Speech Language Pathologist

Oral Language, reading and writing are dependant on adequate acquisition and use of the core skills described in the diagram below.

When the SBT has concerns about a student's core skills, consult with your SLP before initiating a referral.

Note: Kindergarten teachers consult directly with the SLP during Kindergarten intake in the fall. Students requiring assessment are then referred through the SBT.



Other Communication Difficulties Which May Require Consultation:

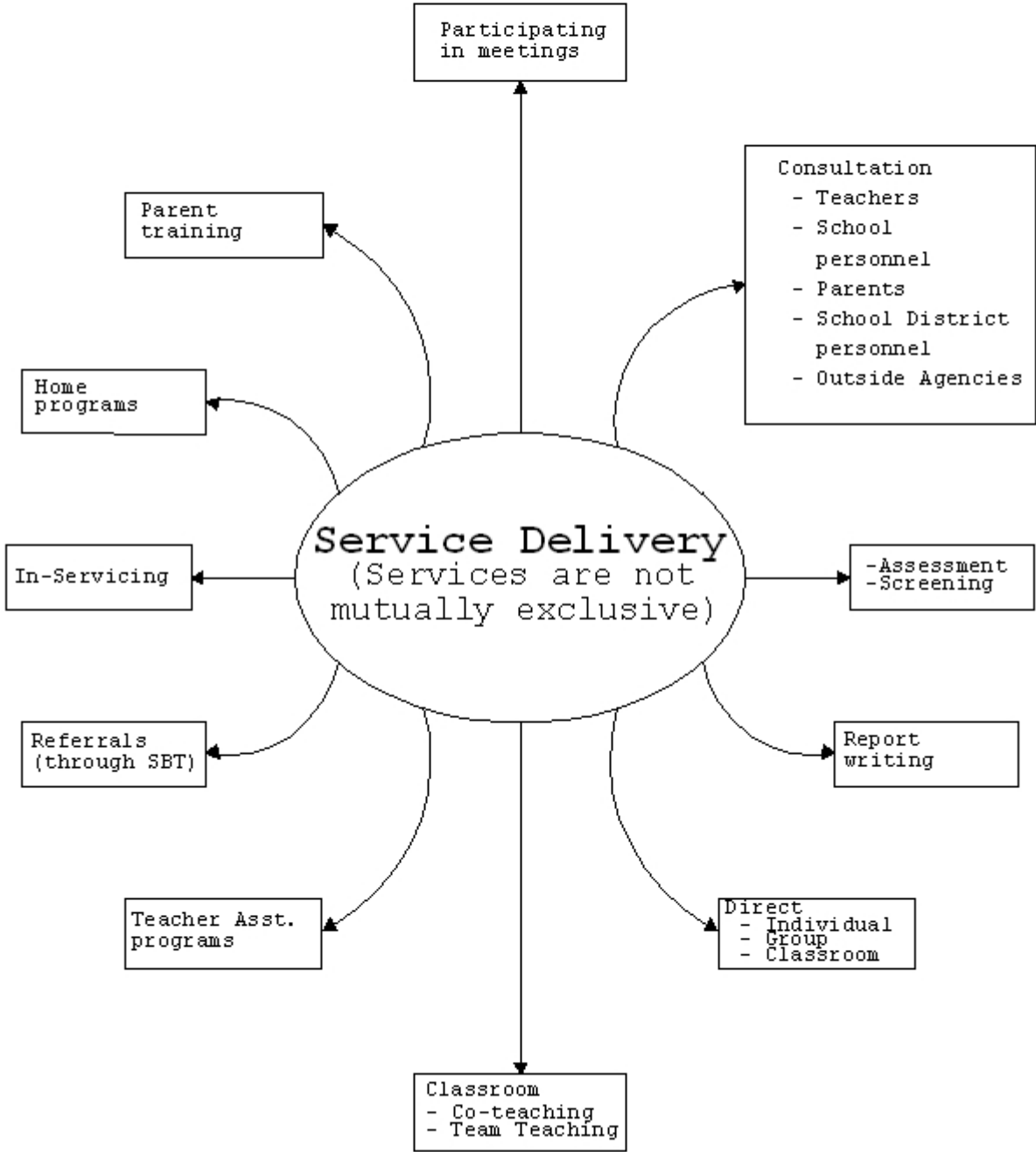
Voice:

- voice is nasal, hoarse, or harsh sounding
- voice is exceptionally soft or loud

Fluency

- stuttering

Speech Language Pathologist
Service Delivery Options



SPEECH AND LANGUAGE SERVICE DELIVERY

Preamble

Speech language pathologists (SLP's) provide services that help children to achieve their optimal level of communicative functioning within the home, the school and the community. These services may include screening, assessment, program planning, intervention, consultation, administration, education and research.

- SLPs offer services on a consultative basis to middle and high schools.
- Speech/language referrals are accepted after being reviewed by the School Based Team (SBT), with the exception of kindergarten students. Kindergarten students may be referred directly by their classroom teacher or parent. The "Request for District Student Services or Programs" form must be used for all referrals.
- Intervention may occur directly or indirectly, see Service Delivery Terms.
- SLPs provide in-service as requested.
- SLPs may be involved within district and out of district programs, such as CAST, SET-BC, and i-COMM.
- SLPs attend workshops/training programs to keep current in their field.

Service Delivery

Model of Service Delivery – the SLPs in this School District generally use the "CAM" model of service Delivery. This model features a regular schedule of three weeks of direct service alternating with one week of CAM (Consultation with parents and teacher, assessment, in-class observations, and meetings.)

- *Direct Service*: Direct intervention is provided for selected students in consultation with the SBT in each school. The SLP works directly with students on specific communication goals individually, in small groups, and/or in the classroom. Invention may be short or long term.
- *Consultation* – During consultation, the SLP provides strategies to parents, teachers and other service provides. These strategies are determined by sssessment/screening results and/or SBT concerns. The outcome of consultation is the responsibility of the SBT and parents. Consultations are usually scheduled during the CAM week.

Monitor – Monitoring involves periodic assessment and/or observation of a student's progress.

Programming – Programming can include activities and strategies based on student communication goals for Teacher Assistants (TA's), Learning Assistant Teachers (LA's), Classroom Teachers, School Teams, and parents.

Waitlist – Students who cannot be accommodated in accordance with above services are placed on a waitlist.

Criteria To Assist In Identifying PISP Students

Here are some criteria that may assist you in identifying appropriate students:

- **functional cognitive level is within the severe or profound range (not moderate)**
 - typically our students have no academic skills (e.g., counting, number recognition, sorting, matching, letter/word recognition)
- **most students are non-verbal (e.g., communication demonstrated perhaps through simple acceptance/rejection of familiar activities; choices between objects or very simple pictures; vocalizations, gestures & facial expressions as opposed to words used to communicate)**
- **possible vision and/or hearing impairments ranging from mild to severe**
- **severe/profound multiple physical impairments (both your OT and PT are involved with this student)**
 - limited or nonexistent functional hand use (e.g., switches are used to foster participation; student does not use hands in any functional context); some students due to severe cognitive challenges may not be using their hands in any functional way
 - most students are in wheelchairs (non-ambulatory), or require assistance with their movement (e.g., transfers to different seating, using walkers, adapted bikes, assisted walking); some students who may be ambulatory, require full assistance due to safety issues around their profound cognitive level.

PROVINCIAL INTEGRATION SUPPORT PROGRAM SD 61

