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| **DISTRICT SERVICES RECEIVED**  **& COMMENTS:** |
| **☐** Aboriginal Support |
| **☐** Autism Helping Teacher |
| **☐** Behaviour EA |
| **☐** Counsellor |
| **☐** ELL |
| **☐** Hearing Teacher |
| **☐** Occupational Therapist |
| **☐** Psychologist |
| **☐** Physiotherapist |
| **☐** SET BC |
| **☐** Speech and Language |
| **☐** Other: |
|  |
| **SCHOOL BASED SERVICES RECEIVED:** |
| **☐** CCW support |
| **☐** IEP |
| **☐** Safety Plan |
| **☐** Positive Behaviour Support Plan |
| **☐** Body movement breaks |
| **☐** Enrichment |
| **☐** Self-regulation learning |
| **☐** Social/emotional support |

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| **OUTSIDE AGENCY INVOLVEMENT**  **& COMMENTS:** |
| **☐** MCFD |
| **☐** CYMH |
| **☐** BC Children’s Hospital |
| **☐** CDBC Network |
| **☐** Public Health |
| **☐** Other: |
|  |
| **ASSESSMENT INFORMATION:**  *(Please refer to student file)* |
| Ministry Designation (Coding)  *Yes* \_\_\_\_\_\_  *No* |
| School Based Testing: *Yes No* Date\_\_\_\_\_\_ |
| District Assessment: *Yes No* Date\_\_\_\_\_\_ |
| Other: *Yes No* Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **SCHOOL BASED TEAM INVOLVEMENT:** |
| Meeting date: \_\_\_\_\_\_\_\_\_\_\_\_  Comment: |
|  |
| **LITERACY:** |
| **☐** Reading level: |
| **☐** Sight Word Packet |
| **☐** Other: |
| **☐** Other: |
|  |
| **COMMENTS** |
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