School District 42
Maple Ridge & Pitt Meadows

YEAR END PLANNING – for student transitioning from one grade to another

STUDENT NAME: _____ School: _____
Classroom Teacher: _____ Support Teacher: _____
Transitioning from Grade _____ to Grade _____ Date: _____

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

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: _____

SCHOOL BASED TEAM INVOLVEMENT:
Meeting date: _____ Comment:

LITERACY:
☐ Reading level:
☐ Sight Word Packet
☐ Other:
☐ Other:

COMMENTS