**SUPPORT SERVICES**

**CONTINUUM OF SUPPORT PROCESS**

**School Based Planning Tool**

**STUDENT SUPPORT MODEL ~ A MULTI-TIERED APPROACH**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student: |  | D.O.B. |  | Date: |  |
| Parent(s)/Guardian(s) |  | Phone: |  |
| School: |  | Profile Start Grade: |  |
| Classroom Teacher: |  | Profile Start Date: |  |
| Ministry Category (if applicable): |  |

|  |
| --- |
| Area(s) of Concern (please specify): |
|  |

**A. CLASSROOM SUPPORT**

|  |  |  |  |
| --- | --- | --- | --- |
| **PROCESSES** | Focus | When | Who |
| * Learner Profile
 |  |  |  |
| * Cultural Considerations
 |  |  |  |
| * Indigenous Learner Life Plan
 |  |  |  |
| * Student Interview
 |  |  |  |
| * Instructional Planning tools
 |  |  |  |
| * UDL Strategies
 |  |  |  |
| * Classroom assessments
 |  |  |  |
| * Work samples
 |  |  |  |
| * Other Indicators (ESS, DART, DWR, EDI, FSA, K screen etc)
 |  |  |  |
| * Class Profile
 |  |  |  |
| * Vision and Hearing checked
 |  |  |  |
| * Pertinent Medical Factors
 |  |  |  |
| * Concerns discussed by teacher with parent
 |  |  |  |
| * Other
 |  |  |  |

**B. SCHOOL-BASED SUPPORT**

|  |  |  |
| --- | --- | --- |
| **PROCESSES** | When | Who |
|  | Student file review and student history* Previous medical/diagnostic reports
* Outside agency involvement (if in place)
* Strategies, interventions, outcomes
 |  |  |
|  | School-Based Team Meeting(s) / LST* Briefly describe the challenge
* Review previous interventions and outcomes
* New suggestions
* Determine action plan and review process
 |  |  |
|  | Individual skills assessments |  |  |
|  | Parent interview |  |  |
|  | Other services (LA, RT, EA, ELL, Counselling, Positive Behaviour, DST, Ab Ed…) |  |  |
|  |
| **PROCESSES** | When | Who |
|  | Develop Learning/Behaviour support plans, as needed, outlining:* Goals/objectives
* Interventions
* Monitoring and evaluation methods
 |  |  |
|  | Support Services consultants (if applicable) |  |  |

**C. MULTIDISCIPLINARY SUPPORT**

Please complete the previous sections for sections A and B prior to a multidisciplinary, planning meeting with Support Services (Student Support Team Meeting)

Briefly describe section B intervention(s) tried, student progress results, and any additional information related to the problem. Have supporting documentation indicated available for review:

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| --- | --- | --- |
| **PROCESSES** | When | Who |
|  | Team meeting (Support Services, other agencies)* Briefly describe the main challenge
* Review previous interventions
* Brainstorm suggestions
* Determine action plan and review process
 |  |  |
|  | Referral to outside services (CDBC, POPARD, District Program, etc.), if appropriate |  |  |
|  | “Request for Consultation” for specialist assessment(s) and/or direct services, if appropriate (e.g., OT, SLP, School Psychologist, PT, DST, ELL etc) |  |  |

Team Meeting - Discussion Summary:

|  |
| --- |
|  |

Individual Assessments: achievement tests (KTEA), diagnostic skills inventories, CBM, Learning Disabilities Guide assessment forms, student observations, performance checklists, specialist-specific screening (e.g. OT application, etc.).