Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D.O.B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Documentation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOE Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Psycho-Educational Report\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PEN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Information: (please attach) \*Must be reviewed by District School Psychologist\*

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| --- | --- | --- |
| MEDICAL INFORMATION**(**All medical information must be sent to IES for Screening Team)* Vision: NSS (Care Plans)
* Hearing: g-tube
* Health Concerns: diabetes
* Medications: seizure

(Administered at home/school – what medication is for not actual dosage) | TECHNOLOGICAL SUPPORT* Computer: (Laptop, desktop, IPAD)
* Peripherals: (printers & scanners)
* VOCA: (voice output communication aid)
* AAC Communication
* Dynavox: Visiobook
* FM Systems:
* CCTV:
* Other:
 | PERSONAL CARE NEEDS* Feeding (choking/swallowing/g-tube):
* Dressing:
* Toileting:
* Mobility:
* Transfers:
* Lift:
* Other:
 |
| OTHER EQUIPMENT* Wheelchair:
* Walker/Stander:
* Adapted Table/Desk/Chair:
* Adapted Washroom/Change Table/Step Stool:
* Magnifier/Monocular (contact Teacher of Visually Impaired)
* Hearing Aids: (Contact Teacher of Deaf and Hard of Hearing)
* Field Systems/FM Equipment/Pocket Talker:
* Cochlear Implant:
* Other:
 | COMMUNICATION NEEDS  (Contact District Speech-Language Pathologist) * Augmented Comm. Device (AAC):
* Visual Schedule:
* Picture Communication:
* Speech/Language:
* Non-Verbal
* Attention Span:
* Pragmatics:
* Signing: # of signs

 Basic ASL | STUDENT SAFETY NEEDS* Flight Risk:
* Auditory:
* Visual:
* Playground:
* Fragility:
* Impulsivity:
* Elopement:
* Road Safety
* Choking/Swallowing
 |
| SENSORY NEEDS* Hearing: (Contact Teacher for Deaf and Hard of Hearing)
* Visual: (Contact Teacher for Visually Impaired)
* Auditory:
* Tactile:
* Kinesthetic:
* Perceptual:

Pain: | STUDENT BEHAVIOUR NEEDS(Contact IES)* Anxiety: Bolting
* Aggression: Following Directions:
* Compliance:
* Peer Interactions:
* Distractibility:
* Attention Span:
* Impulsivity
* Tantrum:
 | Referrals for IES* Counselling
* SLP
* OT
* PT
* District Itinerant (*Circle below)*

Vision, Deaf, Hospital Homebound, School Psychologist* District CL team / Safe communities
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