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 |