

Student: _____

Grade: _____

When you have questions – First Steps:

- Spend time getting to know your student and building a relationship; elicit student voice
- Gather information from previous school staff involved with the student and collaborate with current staff. What strategies have been successful?
- Collect relevant data (*see additional pages – Tracking and OSR Information*)
- Review programming for differentiated instruction, universal design for learning, assessment for learning, and those Tier 1 strategies outlined in “Strategies Currently in Use” on the tracking page
- Identify and implement strategies to support success based on the information gathered and monitor results
- Communicate with parents/guardians to establish a positive relationship. Document all contact and discussions including next steps

When concerns persist – Meet with SERT and/or Admin:

- Consult SERT – (*complete page 2 in advance*)
- Request an ***In-School Conference (ISC) or Student Success Meeting (SST)*** with Admin/SERT (*review data, discuss strategies and create action plan*)
- Consult with school BSA or ILC
- Continue to differentiate instruction, collect data, monitor, and document student’s progress as noted in the action plan developed at the ISC or SST
- Continue to communicate with parents, in a collaborative fashion, the concerns, strategies and supports currently in place to support success
(The steps of this stage may be repeated as needed)

If more focused intervention/support is required:

- SERT to schedule ***Case Conference*** with parents and School Team
- Implement ***Case Conference Action Plan***, determined collaboratively with parents and SERT/Admin which may include developing IEP, Individualized Safety Plan, Student Wellness Plan, Plan of Care or a recommendation for further assessments (Psych, SLP, MHC, OT, PT, BCBA), and monitor for progress
- If student requires further intervention, such as a referral for a Psychological, Language Assessment or Board Certified Behaviour Analyst (BCBA) referral, SERT to submit a Multi-Focus Team (MFT) referral for the student to be discussed at a MFT meeting, follow the MFT Consultation Pathway
- Implement Multi-Focus Team recommendations, monitor for progress
- If student requires further intervention, school administration to requires a Multi-Disciplinary Team (MDT) meeting, follow MDT Consultation Pathway

HIGHEST CONCERN(S): _____

OBSERVED STRENGTHS

- | | |
|--|---|
| <input type="checkbox"/> Oral language | <input type="checkbox"/> Can work independently |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Self-awareness |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Gross motor |
| <input type="checkbox"/> Math | <input type="checkbox"/> Sustained focus/Attention |
| <input type="checkbox"/> Organizational skills | <input type="checkbox"/> Regulatory skills |
| <input type="checkbox"/> Working memory | <input type="checkbox"/> Social Emotional skills |
| <input type="checkbox"/> Arts abilities | <input type="checkbox"/> Problem-solving |
| <input type="checkbox"/> Athletic abilities | <input type="checkbox"/> Transitions between activities |
| <input type="checkbox"/> Kinesthetic learner | <input type="checkbox"/> Visual/spatial learner |
| <input type="checkbox"/> Auditory learner | <input type="checkbox"/> Fine motor skills |
| <input type="checkbox"/> Interpersonal skills | <input type="checkbox"/> Other _____ |

OBSERVED NEEDS

- | | |
|--|---|
| <input type="checkbox"/> Oral language | <input type="checkbox"/> Self-awareness |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Math | <input type="checkbox"/> Sustained focus/Attention |
| <input type="checkbox"/> Organizational skills | <input type="checkbox"/> Regulatory skills |
| <input type="checkbox"/> Working memory | <input type="checkbox"/> Social Emotional skills |
| <input type="checkbox"/> Problem-solving | <input type="checkbox"/> Transitions between activities |
| <input type="checkbox"/> Gross motor skills | <input type="checkbox"/> Fine motor skills |
| <input type="checkbox"/> Interpersonal skills | <input type="checkbox"/> Routine oriented |
| <input type="checkbox"/> Other _____ | |

Interested in: _____

POTENTIAL CONTRIBUTING FACTORS

- Number of schools attended: _____
- | | |
|---|---|
| <input type="checkbox"/> Attendance history | <input type="checkbox"/> Fluidity of identity |
| <input type="checkbox"/> Academic history | <input type="checkbox"/> Gender identity/Expression |
| <input type="checkbox"/> Medical diagnosis | <input type="checkbox"/> Sexual orientation |
| <input type="checkbox"/> OT/PT/Sensory | <input type="checkbox"/> Communication skills |
| <input type="checkbox"/> Hearing/Vision | <input type="checkbox"/> Multilingual Learner |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Enrolment in French Immersion |
| <input type="checkbox"/> Illness | <input type="checkbox"/> Family status |
| <input type="checkbox"/> Traumatic events | <input type="checkbox"/> Lived Experience (e.g. from a marginalized group such as Indigenous, racialized) |
| <input type="checkbox"/> Other _____ | |

DATA

- | | |
|--|---|
| <input type="checkbox"/> Running Record/PM/GB+ | <input type="checkbox"/> Incident Reporting Tool |
| <input type="checkbox"/> Work samples | <input type="checkbox"/> NVCI Reports |
| <input type="checkbox"/> ABC Tracking | <input type="checkbox"/> Suspension/Expulsion Reports |
| <input type="checkbox"/> Behaviour Tracking sheets | <input type="checkbox"/> Check in on the end-of-grade targets in RNLM |
| <input type="checkbox"/> Wechsler (SERT) | <input type="checkbox"/> Literacy interventions |
| <input type="checkbox"/> Utilize the Phonological/phonemic continua | <input type="checkbox"/> Refer to the Responsive Phonics Progression |
| <input type="checkbox"/> KPR Social Skills Checklist | <input type="checkbox"/> Empower |
| <input type="checkbox"/> Math Assessments | <input type="checkbox"/> Understanding Numbers K-8 |
| <input type="checkbox"/> Reading Recovery | <input type="checkbox"/> Readers Now/Lecteurs Maintenant |
| <input type="checkbox"/> PRIME | <input type="checkbox"/> Levelled Literacy Interventions |
| <input type="checkbox"/> Focused intervention from an early intervention teacher | <input type="checkbox"/> Understanding Operations K-8 |
| <input type="checkbox"/> Other _____ | |

STRATEGIES CURRENTLY IN USE

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Learning Technology | <input type="checkbox"/> Breaks | <input type="checkbox"/> Visuals | <input type="checkbox"/> Self-Reg programming |
| <input type="checkbox"/> Small group instruction | <input type="checkbox"/> Social Stories | <input type="checkbox"/> Manipulatives | <input type="checkbox"/> Social skills teaching |
| <input type="checkbox"/> Reminders/Cues | <input type="checkbox"/> Positive Reinforcement | <input type="checkbox"/> Headphones | <input type="checkbox"/> Predictable Routine |
| <input type="checkbox"/> Chunking | <input type="checkbox"/> Assistive Devices | <input type="checkbox"/> Flexible seating | <input type="checkbox"/> Visual Schedule |
| <input type="checkbox"/> CRRP | <input type="checkbox"/> Repetition (e.g., schedule, templates) | <input type="checkbox"/> Environmental Accommodations (e.g., calming space, minimize stimulation) | |
| <input type="checkbox"/> Other: _____ | | | |

NOTE* Only complete the next section if you have not completed the student profile.

OSR REVIEW

	INFORMATION/NOTES
<input type="checkbox"/> Individual Education Plan	<input type="checkbox"/> Accommodated and/or <input type="checkbox"/> Modified <input type="checkbox"/> IPRC <input type="checkbox"/> Safety Plan
<input type="checkbox"/> Special Class Placement	<input type="checkbox"/> Learning and Life Skills (LLS) <input type="checkbox"/> Primary Communication Class <input type="checkbox"/> Other: _____
<input type="checkbox"/> Attendance	
<input type="checkbox"/> Suspensions/Expulsions	
<input type="checkbox"/> Assistive Technology	
<input type="checkbox"/> SEA Equipment (non-tech)	
<input type="checkbox"/> Custody Information	
<input type="checkbox"/> Meeting Notes	<input type="checkbox"/> In-School Conference <input type="checkbox"/> Case Conference <input type="checkbox"/> MFT <input type="checkbox"/> MDT <input type="checkbox"/> Other: _____

PROFESSIONAL REPORTS

	INFORMATION/NOTES/DIAGNOSIS	DATE
<input type="checkbox"/> Psychological		
<input type="checkbox"/> Speech and Language		
<input type="checkbox"/> Applied Behaviour Analysis		
<input type="checkbox"/> Occupational Therapy		
<input type="checkbox"/> Physical Therapy		
<input type="checkbox"/> Medical		
<input type="checkbox"/> Mental Health		
<input type="checkbox"/> Social Work		
<input type="checkbox"/> Other		