School Form

Located at: SSCY Centre
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Date: ______________________________

STUDENT'S NAME: ____ **Date of Birth:** _____________________________

SCHOOL:

Name of School: __________________________________ Telephone: _____________________________________

Address: ____ Fax: ____

____
(Include postal code)

School Division: __________________________________ School Contact Person: ____________________

STUDENT INFORMATION:

Student's Grade Level or Placement: ________________ Size of Class: _____________________

Have any grades been repeated: ☐ Yes ☐ No ☐ Unknown If yes, what grade: ___________

Please describe this student's present school placement:

☐ Regular Classroom ☐ Home Schooling ☐ Open Classroom
☐ Private School ☐ Combined Years Classroom ☐ Other _______________
☐ Language Immersion (i.e. French) ☐ Bridging Year

Does the student receive resource help? ☐ Yes ☐ No # of hours per cycle_________________

Does this student receive funding? ☐ Level I ☐ Level II ☐ Level III ☐ N/A Other _____________________

Describe the child/youth's current strengths and areas of interest:

____

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____

Describe the child/youth's current difficulties:

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____

Has the student been assessed by:

	Name of Clinician and Phone Number	Date (s) of Assessment	Available or Involved	Report Attached
☐ Guidance Counsellor			☐ Available ☐ Involved	
☐ Mental Health Worker			☐ Available ☐ Involved	
☐ Occupational Therapist			☐ Available ☐ Involved	
☐ Physiotherapist			☐ Available ☐ Involved	
☐ Psychologist			☐ Available ☐ Involved	
☐ School Social Worker			☐ Available ☐ Involved	
☐ Speech Language Pathologist			☐ Available ☐ Involved	
☐ Youth Addictions Worker			☐ Available ☐ Involved	
☐ Other			☐ Available ☐ Involved	

Are there Occupational Therapy, Speech Language Pathology or Psychology services available in school?

☐ Yes ☐ No Describe: ____

STUDENT PERFORMANCE: In each of the following areas, please rate the student's performance from your observation on a day-to-day basis:

Academics

	Major Concern	Minor Concern	No Concern	Comment
Reading				
Math				
Computer Skills				
Memory				
Written Expression/Spelling				

Gross Motor Skills

	Major Concern	Minor Concern	No Concern	Comment
Coordination				
Balance				
Ball Skills				
Sports				

Speech and Language Skills

	Major Concern	Minor Concern	No Concern	Comment
Speaks Clearly				
Expresses Thoughts				
Follows Verbal Directions				

Fine Motor Skills

	Major Concern	Minor Concern	No Concern	Comment
Pencil Grasp				
Dexterity				
Printing				
Writing				
Volume output/speed				

5Is the child generally: ☐ Right Handed ☐ Left Handed ☐ Both

Behavior & Social Skills

	Major Concern	Minor Concern	No Concern	Comment
Activity Level				
Attention Span				
Turn-taking				
Ability to Share				
Adjust to new Routines				
Ability to Transition between Activities/Classes				
Emotional Outbursts				
Interacts with Others				
Resistance to School				
Lunch Hour				
Recess				
Bus Ride				
Phys Ed/Gym				
Music				

How many transitions does the student encounter throughout the day? Please specify recess, lunch, and other classes.

____

____

How does the student handle these transitions? Are any of the transitions particularly difficult?

____

Other

Please list any specific questions, other concerns and/or provide any other important information with regards to this student.

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____

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PERSON FILLING OUT THIS FORM:

Name of person completing this form: ______________________________Relationship to Student: ____________________

Thank you for completing this form.