

****Applied Activity for Module One**

Essential Information Summary

Student:

Date:

Grade:

School:

Classroom Teacher:

Case Manager:

Classroom Context (inclusion/pull-out, teacher assistant support):

Included (please check)	Essential Information
<input type="checkbox"/> Yes <input type="checkbox"/> Needs more information	School Information <input type="checkbox"/> Ministry of Education Category _____ <input type="checkbox"/> Case Manager Identified <input type="checkbox"/> Classroom Teacher Identified <input type="checkbox"/> Assistant Identified
<input type="checkbox"/> Yes <input type="checkbox"/> Needs more information	Medical Information Relevant to Health, Learning, Behaviour <input type="checkbox"/> Medical Diagnosis _____ <input type="checkbox"/> Medications _____ <input type="checkbox"/> Disabilities _____ <input type="checkbox"/> Other Conditions that impact schooling
<input type="checkbox"/> Yes <input type="checkbox"/> Needs more information	Specialist Assessments (including cognitive, communication, physical, autism, etc.) <input type="checkbox"/> Reports on each assessment are in student’s confidential file <input type="checkbox"/> Summary of report findings
<input type="checkbox"/> Yes <input type="checkbox"/> Needs more information	School Assessments (including core skills, life skills, academic skills, social skills, behaviour) <input type="checkbox"/> Current assessments – name of tool (tests, inventories, checklists, structured observations..) and dates <input type="checkbox"/> Summary of Findings <input type="checkbox"/> Student’s current level of functioning or level of achievement

Included (please check)	Essential Information
<input type="checkbox"/> Yes <input type="checkbox"/> Needs more information	<p>Current Co-ordinated Support Services (Staff, agencies, specialists and services)</p> <input type="checkbox"/> Support Services offered within the school (Learning Assistance, Counselling, Teacher Assistants)
<input type="checkbox"/> Yes <input type="checkbox"/> Needs more information	<p>Parental Input</p> <input type="checkbox"/> Parental Involvement is documented (including attendance at meetings)
<input type="checkbox"/> Yes <input type="checkbox"/> Needs more information	<p>Strengths</p> <input type="checkbox"/> Academic, Social, Emotional, Behavioural or Physical Areas that positively impact learning
<input type="checkbox"/> Yes <input type="checkbox"/> Needs more information	<p>Areas of Need</p> <input type="checkbox"/> Academic, Social, Emotional, Behavioural or Physical Areas that negatively impact learning

Included (Please check)	Essential Information
<input type="checkbox"/> Yes <input type="checkbox"/> Needs more information	<p>Measurable Goals and Skills / Objectives</p> <ul style="list-style-type: none"> <input type="checkbox"/> Consistent with areas of student need and clearly linked to assessment data <input type="checkbox"/> Based on input from school staff, family and student (where appropriate) <input type="checkbox"/> Skills or Objectives are measurable and/or observable <input type="checkbox"/> Expected Behaviour is described <input type="checkbox"/> Criteria for Measurement is identified <input type="checkbox"/> Manageable number of goals and skills/ objectives <input type="checkbox"/> Skills have been measured and reported on
<input type="checkbox"/> Yes <input type="checkbox"/> Needs more information	<p>Transition Plan</p> <ul style="list-style-type: none"> <input type="checkbox"/> A Summary of Planned Actions to prepare the student for success in upcoming changes to environment is outlined <input type="checkbox"/> Transition plan involves family and other specialists where appropriate

Assessments Required

Area	What Specific Information is needed?	Who will Assess Student?	Where will Assessment take place?