

****Applied Activity****Information Gathering Sheet**

Student:

School Year:

1. School History
2. Relevant Medical History (diagnosis; medications; allergies)
3. Vision and/or Hearing Concerns (include preferred sensory experiences)
4. Physical Development (mobility, co-ordination, activity level, participation; specialized equipment for sitting, standing, mobility; Occupational Therapy and Physical Therapy Assessment results and current services)
5. Communication (comprehension, including direction following; verbal/non-verbal skills; computer use, assistive communication devices; Speech-Language Therapy Assessment results and current services)

6. Educational / Learning / Psychological Assessments and Information
7. Student's Motivators and Preferences
8. Mealtimes (safety concerns; special program; g-tube; special utensils/equipment)
9. Emotional / Behavioural Development (temperament, attention to tasks, direction following; ability to handle changes in routines; behaviour including any current concerns with bolting, aggression...)
10. Social Development (Play and Leisure Skills, including preferred individual play or leisure activities; Social Interaction Skills, Classroom Social Skills, Problem Solving Skills)

11. Family Information related to learning and development		
12. Strengths Emotional, Social, Behavioural, Learning, Physical areas that positively impact learning		
Parent Input	Staff Input	Student Input
13. Areas of Need Emotional, Social, Behavioural, Learning, Physical areas that negatively impact learning		
Parent Input	Staff Input	Student Input

14. Accommodations and Strategies to Support Student (adaptations, modifications, preferred learning style, preferred activities and subjects, etc)
15. Assessment Procedures Individual procedures used for monitoring/evaluating student progress (checklists, observations, data collection)
16. Transition Plans
17. Other Information