



SOUTH SHORE REGIONAL SCHOOL BOARD

Community of Schools Additional Services Information

School: _____

Date: _____

Student: _____

Date of Birth (M/D/Y): _____

Address: _____

Interventions/Supports tried to date:

School

RT/LC/BST Services
DA

TA Support
Level B

Early Literacy Intervention
IPP

Board

Speech/Language

Assistive Technology

Psycho-Ed Assessment

Learning Disability

Outside Agencies

Early Intervention

Pediatrician

OT/PT

Rehab Mental Health

SchoolsPlus

IWK

Other (Please specify):

Does the student have a diagnosis? (ADHD, LD, etc): _____

Medications:

Speech Language Services

Description of Difficulties and Comments:

Teacher's estimation of severity: Mild Moderate Severe

Date of last hearing test: _____

Date of last language assessment: _____

Check Appropriate Box(es):

1. LANGUAGE

- Difficulty using social language/interaction (i.e. turn taking conversational skills, play with peers)
 - Difficulty understanding oral language (i.e. following directions, understanding classroom discussion)
 - Difficulty using oral language to express thoughts or ideas (i.e. limited vocabulary, poor grammar)
 - Difficulty with phonological awareness skills (i.e. rhyme, sound/letter correspondence, segmenting, blending, spelling, decoding)
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2. ARTICULATION

- Mispronounces one or more sound(s), difficult to understand
-

3. FLUENCY

- Difficulty controlling the fluency and rate of speech (i.e. stuttering, cluttering)
-

4. VOICE

- Voice characteristics such as hoarseness, nasality, too low/high pitch
-

5. HEARING

- Known or suspected hearing loss. EXPLAIN:
-

Assistive Technology Informal Assessment

Goals for Technology Use:

Area of Need:

Physical	Communication	Hearing	Vision	Cognitive
Positioning and Seating	Writing	Reading	Math	Organization
Recreation	Activities of Daily Living			

Background Information:

AT used in the past (if applicable) _____

Setting for use of AT: Classroom Learning Centre Other _____

Please note difficulties in the following areas where appropriate:

Reading: Letter Recognition Phonemic Awareness Phonological Sequencing

Rhyming Sound/Symbol Correspondence Sight Word Recognition

Background Knowledge Fluency Motivation Vocabulary

Comprehension Memory

Other _____

Writing: Fine Motor Skills Visual Skills Organization and Attention

Written Expression / Mechanics Skills Spelling Skills

Other _____

Math Number Sense Problem Solving Reasoning Computation

Geometry Spatial Measurement Patterns and Relationships

Fractions and Decimals Word Problems

Other _____

Classroom Strategies Utilized to date to address the issues noted above:

What technology is available for the student's use within the school setting?

Other comments: _____

Psychology Services

Nature of the concerns:

Experiencing difficulty with meeting grade level outcomes

Behavioural difficulties

Emotional/social difficulties

Other _____

What service are you referring?

Behavior Consult

Psychological Assessment

What interventions are in place this current school year?

Is attendance a factor?

Yes

No

If yes, explain:

Describe relationships with peers:

Describe relationships with teachers:

Describe behaviours at school (e.g. socially isolated, active, restless):

Additional comments:

Learning Disability Services

- **Diagnosis/Disorder must be documented in TIENET in the Profiles section.**
- **A Psycho-Educational Assessment must be in hard copy Confidential File or uploaded in TIENET Confidential File.**

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Parental consent for each service is required. These forms can be found in TIENET Help section as well as the [SSRSB website](#) under Forms & Documents.