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| **Complete in Full | Return by e-mail -** **privateoperatorreferrals@CBE.ab.ca** **(please leave as a word document rather than a PDF)** |
| **Student Information** | [**Designated School**](http://www.cbe.ab.ca/schools/find-a-school/Pages/default.aspx) |  |
| **Legal Last Name** |  | **Private Operator** |  |
| **Legal First Name** |  | Site Location |  |
| Date of Birth (M/D/Y) |  | Age: |  | Operator Contact  |  |
| Current Grade |  | Phone |  |
| Alberta Ed # |  | Email |  |
| Alberta Ed Code |  | **Parent/Guardian(s) #1** |  |
| Does the student need to be observed? [ ]  Yes [ ] No | Address / Postal Code |  |
| Student receiving Specialized Services from FSCD? [ ]  Yes [ ] No | Home Phone |  |
| Name of Pre-School | Cell Phone |  |
| Pre-School Phone | Email |  |
| ECS | Is the student in kindergarten now? [ ]  Yes [ ] No  [ ]  AM [ ]  PM | **Parent/Guardian(s) #2** |  |
| Address / Postal Code(if different from above) |  |
| PUF | [ ] No [ ]  Yes # of years funded \_\_\_\_\_\_\_\_\_\_ years | Home / Cell Phone | (H)  | (C)  |
| Roman Catholic Yes [ ]  | No [ ]  | If the parent OR legal guardian (s) of the student lives within the geographical boundaries of the Calgary Board of Education, but are of the Roman Catholic faith, the student is a resident of the Calgary Roman Catholic Separate School Division (School Act – section 44 [4]). |
| **Medical Information** |
| Diagnosis | Date of Diagnosis | Medications |
|  |  |  |
|  |  |  |
|  |  |  |
| Medical Supports  |
|  |
| Specialized equipment | Equipment that the student needs in order to fully participate in their educational program. For example: wheelchair; PODD book for communication, move and sit for sensory, etc. |
| Equipment | Purpose / Use | Student Requires | Student will bring |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Vision and Hearing** |
| Assessment Tool | Date  | Equipment Needs | Diagnosis |
|  |  |  | [ ]  Mild delay |
|  |  |  | [ ]  Moderate delay |
|  |  |  | [ ]  Severe/Profound delay |
| **Strengths & Recommendations**  |
| **Speech and Language** |
| Assessment Tool | Date  | Diagnosis |
|  |  | [ ]  Mild delay |
|  |  | [ ]  Moderate delay |
|  |  | [ ]  Severe/Profound delay |
| Expressive Language Scores \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Additional Information |
| [ ]  Mild delay | [ ]  communicates in single words |
| [ ]  Moderate delay | [ ]  communicates using two to three word phrases |
| [ ]  Severe/Profound delay | [ ]  communicates using sentences |
| Receptive Language Scores \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  uses sign language |
| [ ]  Mild delay | [ ]  uses I-Pad, speech apps, augmentative device |
| [ ]  Moderate delay | [ ]  demonstrates verbal limitation skills |
| [ ]  Severe/Profound delay | [ ]  echolaic |
| Total Language Score \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  non-verbal |
| [ ]  Mild delay | [ ]  makes requests |
| [ ]  Moderate delay | [ ]  makes spontaneous vocalizations (e.g. comments) |
| [ ]  Severe/Profound delay | [ ]  labels familiar items |
| **Strengths and Recommendations** |

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| **Gross & Fine Motor** |
| Assessment Tool | Date  | Diagnosis |
|  |  | [ ]  Mild delay |
|  |  | [ ]  Moderate delay |
|  |  | [ ]  Severe/Profound delay |
| Fine Motor Scores\_\_\_\_\_\_\_\_\_\_\_\_\_ | Gross Motor Scores \_\_\_\_\_\_\_\_\_\_ |
| [ ]  Mild delay | [ ]  Mild delay |
| [ ]  Moderate delay | [ ]  Moderate delay |
| [ ]  Severe/Profound delay | [ ]  Severe/Profound delay |
| **Additional** | **(**Independent-without adult support | Partial –with verbal/visual prompt | Full – with hand over hand/physical prompt) |
| Uses a Pencil [ ]  Independent | Motor [ ]  Walks  |
|  [ ]  Requires partial support |  [ ]  Crawls |
|  [ ]  Requires full support |  [ ]  Climbs stairs independently |
| Uses Scissors [ ]  Independent |  [ ]  Descends stairs independently |
|  [ ]  Requires partial support |  [ ]  Demonstrates motor limitation skills |
|  [ ]  Requires full support |  |
| **Strengths & Recommendations** |
| **Psycho-Educational** |
| Assessment Tool | Date  | Diagnosis |
|  |  |  |
|  |  |  |
|  | Score | Comments |
| Verbal Comprehension |  |
| Working Memory |  |
| Perceptual Organization |  |
| Processing Speed |  |
| **Strengths & Recommendations** |
| **Learner Readiness & Academic Achievement** |
| Assessment Tool | Date  | Results |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Learner Readiness |
| [ ]  takes reinforcer when offered | [ ]  sits in a small group |
| [ ]  looks to instructor for instruction | [ ]  attends to teacher in a group |
| [ ]  follows daily routines | [ ]  follows 1-step group instruction |
| [ ]  lines up | [ ]  independently completes preferred task |
| [ ]  completes non-preferred task with reinforcement | [ ]  raises hand to comment/answer questions |
| [ ]  transitions independently | [ ]  transitions with warning |
| Reading (Decoding / Comprehension) | Writing | Math |
| Uppercase Letters | Lowercase Letters | Numbers | Colours |
| [ ]  matches | [ ]  matches | [ ]  matches | [ ]  matches |
| [ ]  recognizes | [ ]  recognizes | [ ]  recognizes | [ ]  recognizes |
| [ ]  labels | [ ]  labels | [ ]  labels | [ ]  labels |
| [ ]  prints | [ ]  prints | [ ]  prints | [ ]  prints |
| **Strengths & Recommendations** |
| **Adaptive Functioning & Behaviour Skills** |
| Assessment Tool | Date  | Diagnosis |
|  |  | [ ]  Mild delay |
|  |  | [ ]  Moderate delay |
|  |  | [ ]  Severe/Profound delay |
| Safety |
| Escape / avoidance | [ ]  Yes [ ] No | General defiance | [ ]  Yes [ ] No |
| Self-harm | [ ]  Yes [ ] No | Tantrums | [ ]  Yes [ ] No |
| Aggressions towards self | [ ]  Yes [ ] No | Personal space | [ ]  Yes [ ] No |
| Aggression towards others | [ ]  Yes [ ] No | Community dangers | [ ]  Yes [ ] No |
| Explain |
| **Additional** **(**Independent-without adult support | Partial –with verbal/visual prompt | Full – with hand over hand/physical prompt) |
| Toileting | [ ]  independent | [ ]  requires partial support | [ ]  requires full support |
| Feeding | [ ]  independent | [ ]  requires partial support | [ ]  requires full support |
| Dressing | [ ]  independent | [ ]  requires partial support | [ ]  requires full support |
| Transitions | [ ]  independent | [ ]  requires partial support | [ ]  requires full support |
| Follows Directions | [ ]  independent | [ ]  requires partial support | [ ]  requires full support |
| Self-regulates | [ ]  independent | [ ]  requires partial support | [ ]  requires full support |
| **Strengths & Recommendations** |
| S**ocial Skills (**Independent-without adult support | Partial –with verbal/visual prompt | Full – with hand over hand/physical prompt) |
| Shows interest in others | [ ]  uninterested | [ ]  full support |  [ ]  partial support | [ ]  independent |
| Will make eye contact | [ ]  uninterested | [ ]  full support |  [ ]  partial support | [ ]  independent |
| Returns greetings | [ ]  uninterested | [ ]  full support |  [ ]  partial support | [ ]  independent |
| Takes offered items | [ ]  uninterested | [ ]  full support |  [ ]  partial support | [ ]  independent |
| Initiates play with others | [ ]  uninterested | [ ]  full support |  [ ]  partial support | [ ]  independent |
| Joins peers in activities | [ ]  uninterested | [ ]  full support |  [ ]  partial support | [ ]  independent |
| Shares with others | [ ]  uninterested | [ ]  full support |  [ ]  partial support | [ ]  independent |
| Responds to social reinforcers | [ ]  uninterested | [ ]  full support |  [ ]  partial support | [ ]  independent |
| Seeks approval for task Completions | [ ]  uninterested | [ ]  full support |  [ ]  partial support | [ ]  independent |
| **Strengths & Recommendations** |

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| **Sensory** |
| Being touched | [ ]  seeks | [ ]  avoids | [ ]  mixed | [ ]  neutral |
| Clothing | [ ]  seeks | [ ]  avoids | [ ]  mixed | [ ]  neutral |
| “messy” play | [ ]  seeks | [ ]  avoids | [ ]  mixed | [ ]  neutral |
| Grooming | [ ]  seeks | [ ]  avoids | [ ]  mixed | [ ]  neutral |
| Trying new foods | [ ]  seeks | [ ]  avoids | [ ]  mixed | [ ]  neutral |
| Walking barefoot | [ ]  seeks | [ ]  avoids | [ ]  mixed | [ ]  neutral |
| Rocking | [ ]  seeks | [ ]  avoids | [ ]  mixed | [ ]  neutral |
| Riding equipment | [ ]  seeks | [ ]  avoids | [ ]  mixed | [ ]  neutral |
| Stairs | [ ]  seeks | [ ]  avoids | [ ]  mixed | [ ]  neutral |
| Climbing | [ ]  seeks | [ ]  avoids | [ ]  mixed | [ ]  neutral |
| Hanging | [ ]  seeks | [ ]  avoids | [ ]  mixed | [ ]  neutral |
| Jumping, bouncing | [ ]  seeks | [ ]  avoids | [ ]  mixed | [ ]  neutral |
| Writing | [ ]  seeks | [ ]  avoids | [ ]  mixed | [ ]  neutral |
| Covering eyes | [ ]  seeks | [ ]  avoids | [ ]  mixed | [ ]  neutral |
| Hearing | [ ]  seeks | [ ]  avoids | [ ]  mixed | [ ]  neutral |
| Noisy environments | [ ]  seeks | [ ]  avoids | [ ]  mixed | [ ]  neutral |
| Crowds | [ ]  seeks | [ ]  avoids | [ ]  mixed | [ ]  neutral |
| Sounds | [ ]  seeks | [ ]  avoids | [ ]  mixed | [ ]  neutral |
| Background noise | [ ]  seeks | [ ]  avoids | [ ]  mixed | [ ]  neutral |
| Singing | [ ]  seeks | [ ]  avoids | [ ]  mixed | [ ]  neutral |
| Strong odours | [ ]  seeks | [ ]  avoids | [ ]  mixed | [ ]  neutral |
| Looking at shiny objects | [ ]  seeks | [ ]  avoids | [ ]  mixed | [ ]  neutral |
| Looking at spinning or moving objects | [ ]  seeks | [ ]  avoids | [ ]  mixed | [ ]  neutral |
| Visually “busy” places | [ ]  seeks | [ ]  avoids | [ ]  mixed | [ ]  neutral |
| Bright spaces | [ ]  seeks | [ ]  avoids | [ ]  mixed | [ ]  neutral |
| Dim lighting | [ ]  seeks | [ ]  avoids | [ ]  mixed | [ ]  neutral |
| Action-packed technology | [ ]  seeks | [ ]  avoids | [ ]  mixed | [ ]  neutral |
| **Strengths & Recommendations** |

The personal information requested is collected under the authority of the Alberta School Act, the Student Record Regulation and the Alberta Freedom of Information and Protection of Privacy Act (FOIP).