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| **Complete in Full | Return by e-mail -** [**privateoperatorreferrals@CBE.ab.ca**](mailto: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 | | | | | | | |
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| 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 | |
|  | |  | | | | | | |  | | | | |  | |
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| **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 | | | | | |
|  | | | | | |  | | | | | | | | |  | | | | | |
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|  | Score | | | | | Comments | | | | | | | | | | | | | | |
| Verbal Comprehension |  | | | | |
| Working Memory |  | | | | |
| Perceptual Organization |  | | | | |
| Processing Speed |  | | | | |
| **Strengths & Recommendations** | | | | | | | | | | | | | | | | | | | | |
| **Learner Readiness & Academic Achievement** | | | | | | | | | | | | | | | | | | | | |
| Assessment Tool | | | | Date | | | | | | | | | | Results | | | | | | |
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| 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).