



World Class Learning in a Rural Environment

STUDENT NEEDS - TRANSITION

School District 10 Student Services
 98 6th Avenue NW, Nakusp, BC V0G 1R0
 Tel: 250-265-3638 Ext. 3320

Student Name: _____

School: _____ Date: _____

SPED Code: _____

Documentation: _____

Curriculum Accommodation: _____

Psycho-educational Report: _____ PEN: _____

Additional Information: (please attach)

Must be reviewed by Director of Learning/ school psychologist

<p style="text-align: center;">MEDICAL INFORMATION</p> <p>(All medical information must be sent to Student Services to be reviewed by a school psychologist)</p> <p>Vision: Hearing: Health Concerns: Medications: (Administered at home/school – what medication is for not actual dosage)</p>	<p style="text-align: center;">TECHNOLOGICAL SUPPORT</p> <p>Computer: (Laptop, desktop) Peripherals: (printers & scanners) VOCA: (voice output communication aid) FM Systems: CCTV:</p>	<p style="text-align: center;">OTHER EQUIPMENT</p> <p>Wheelchair: Walker/Stander: Adapted Table/Desk/Chair: Adapted Washroom/Change Table: Magnifier/Monocular: Hearing Aids: (Contact Teacher for Deaf and Hard of Hearing) Field Systems/FM Equipment: Cochlear Implant:</p>	
<p style="text-align: center;">PERSONAL CARE</p> <p>Feeding: Dressing: Toileting: Mobility:</p>	<p style="text-align: center;">SENSORY CONCERNS</p> <p>Hearing: Visual: Auditory: Tactile: Kinesthetic: Perceptual: Pain:</p>	<p style="text-align: center;">SAFETY CONCERNS</p> <p>Runner: Auditory: Visual: Tantrum: Playground: Fragility: Impulsivity:</p>	
<p style="text-align: center;">COMMUNICATION NEEDS</p> <p>Augmented Comm. Device: Signing: (# of signs) Visual Schedule: Picture Communication: Speech/Language: Attention Span: Pragmatics:</p>	<p style="text-align: center;">BEHAVIOUR CONCERNS (Contact District Elementary Counsellor)</p> <p>Anxiety: Aggression: Compliance: Peer Interactions: Distractibility: Attention Span: Impulsivity</p>	<p style="text-align: center;">PROVINCIAL OUTREACH PROGRAMS (Contact SD 10 District Partner Director of Learning)</p> <p>SET-BC: POPFASD (FASD Outreach): POPARD (Autism Outreach): PIOP (Provincial Integration Outreach Program): PRCVI (Provincial Resource Centre for the Visually Impaired): POPCI (Cochlear Implants/Program): BC Children’s Hospital: Sunny Hill Health Centre: Complex Behavioural and Development (CDBC): Autism Spectrum Disorder (ASD): Other:</p>	
<p>Referral</p>	<p><input type="checkbox"/> Counselling</p> <p><input type="checkbox"/> School Psychologist</p>	<p><input type="checkbox"/> District Itinerant Deaf & Hard of Hearing</p>	<p><input type="checkbox"/> SLP</p> <p><input type="checkbox"/> PT</p> <p><input type="checkbox"/> OT</p>