SCHOOL AGE EDUCATION INFORMATION FORM

(To be completed by school personnel)

This form has been requested for completion by:

Name of student:_____

Date sent out: _____

Please fax the completed form to

Tel: Fax:

Student's Name:	**Date Completed:**
School:	**Grade:**
Address:	**Postal Code:**
Telephone:	**Fax:**
Teacher:	**Principal:**
Resource Person:	**Name of Person(s) completing this form:**
Primary School Contact:	

Please list the three top questions or concerns:

1.
2.
3.

A. SCHOOL HISTORY (including current year)

Preschool/School attended	School year (as of Sept.)	Grade(s)	Special Programs or Resources (e.g., for behaviour, cognition, mental health)

Has this student repeated any grades? Yes ☐ No ☐ If yes, please specify: _____

B. CLASSROOM SETTING & PROGRAM MODIFICATIONS

Alberta Learning Code _____ If multiple codes (59) please indicate codes _____& _____

Does the student have an IPP/ISP? Yes ☐ No ☐ If yes, please attach documentation.

Does this student receive resource support? Yes ☐ No ☐ If yes, hours per week: _____

Does this student have an educational assistant/aide? Yes ☐ No ☐ If yes, hours per week: _____

English Language Learning support? Yes ☐ No ☐ If yes, hours per week: _____

Please describe any accommodations: (e.g., extra time, use of a scribe, movement breaks)

Current Concerns: please check the appropriate column and describe specific areas of concern/need:

LEARNING CONCERNS	No Concerns (at or above age level)	Moderate Concerns (less than 2 years delay)	Significant Concerns (more than 2 years delay)
Reading	☐	☐	☐
Writing	☐	☐	☐
Math	☐	☐	☐
Other Curricular Areas: (e.g., Social Studies, PhysEd)			
Is this student especially advanced in any area? Yes ☐ No ☐ If yes, please specify:			
SOCIAL/ EMOTIONAL CONCERNS	**No Concerns**	**Moderate Concerns**	**Significant Concerns**
Attention	☐	☐	☐
Behaviour	☐	☐	☐
Social Skills	☐	☐	☐
Mental Health (e.g., anxiety)	☐	☐	☐

What are the student's strengths?

C. SOCIAL-COMMUNICATION AND BEHAVIOURAL CONCERNS

1. Do you have any concerns with the student's **language** skills? (e.g., receptive, expressive, social language)
   ☐ Yes ☐ No Comment:
2. Are you able to have a back-and-forth **conversation** with this student? (i.e., building upon what you say)
   ☐ Yes ☐ No Comment:
3. Does the student **direct your attention** to objects of interest? (i.e., bring things to show you/points things out)
   ☐ Yes ☐ No Comment:
4. When motivated to communicate, does the student **look you in the eye**?: ☐ Yes ☐ No
   Use **gestures** to tell you what s/he needs?: ☐ Yes ☐ No
   Use **facial expressions** to convey needs/emotions?: ☐ Yes ☐ No
   Comment:
5. Does the student have difficulty recognizing other people's facial expressions or **body language**?
   ☐ Yes ☐ No Comment:
6. Does the student seem **interested in same-aged peers**? ☐ Yes ☐ No
   What are their interactions like? What do they do together?
   Comment:
7. Is there anything **repetitive** about the way the student uses language, moves their hands/body, or uses objects? ☐ Yes ☐ No Comment:
8. Has the student ever performed **repetitive behaviours**? (e.g., opening and closing doors, turning lights on and off, lining up or sorting objects)
   ☐ Yes ☐ No Comment:
9. Does the student **insist on things being the same**, or **overreact to changes** in routine or minor changes to their environment? (e.g., recess cancelled, change in class schedule) ☐ Yes ☐ No
   Comment:
10. Does the student understand **humor/sarcasm/irony** at an age-appropriate level? ☐ Yes ☐ No
    Is s/he very **literal** (black or white) or **rigid/inflexible**? ☐ Yes ☐ No
    Comment:
11. Does the student have any **interests** that are unusual in focus and or intensity? (e.g., spends hours researching and discussing a topic with anyone who will listen) ☐ Yes ☐ No
    Comment:
12. Does the student seek out any **sensory stimulation**? ☐ Yes ☐ No
    Comment:
13. Does the student have any **aversions** to sounds, food, smells or clothing textures? ☐ Yes ☐ No
    Comment:

Additional Comments:

D. CURRENT/PREVIOUS ASSESSMENT AND TREATMENT

* Please send copies of all assessment reports.

Please list all known assessments and treatments (i.e., Psychology, Education, Speech, Occupational Therapy, Physiotherapy, etc.)

DISCIPLINE	ASSESSMENT (include date)	TREATMENT	REPORT ATTACHED? ✓	COMMENTS
	☐		☐	
	☐		☐	
	☐		☐	
	☐		☐	
	☐		☐	
	☐		☐	
	☐		☐	
	☐		☐	
	☐		☐	
	☐		☐	

To your knowledge, is this student involved with any other specialists, agencies, and/or private therapists (e.g., family liaison)?

Is there anything else you wish the clinic to be aware of about this student?

Thank you for taking the time to complete this form!