Greater VICTORIA School District

SCHOOL:_____

DATE:_____

Student Planning Tool

This form's purpose is to highlight available information and history that can support planning, programming and decision making. ***It is meant to be initiated collaboratively*** with two or more SBT members when a student is referred to SBT, and updated as necessary. This is a required form for a District Collaborative Support request.

Name:_____ DOB: _____ Grade: _____ PEN: _____

Indigenous ☐ Children and Youth in Care ☐ Completed by: _____

Team Member Names & Roles

Key Concerns (What's happening?) **& Curiosity** (What are you wondering? What support are you seeking?)

Relevant Background (family, health, etc):

Student Profile: Please check ☑ current areas of strengths and concerns below

1. **Self-Awareness**	Strength	Concern
Self-esteem	☐	☐
Flexible thinking	☐	☐
Accurate self-perception	☐	☐
Recognizing strengths	☐	☐

2. **Relationship Skills**	Strength	Concern
Peer interactions	☐	☐
Adult interactions	☐	☐
Managing conflict	☐	☐

3. **Social Awareness**	Strength	Concern
Social communication	☐	☐
Perspective taking	☐	☐
Empathizes with others	☐	☐

4. **Responsible Decision Making**	Strength	Concern
Problem Solving	☐	☐
Constructive choices	☐	☐
Self-reflection	☐	☐

5. **Self-Management**	Strength	Concern
Emotional regulation	☐	☐
Sustained attention/focus	☐	☐
Impulse control	☐	☐
Organization skills	☐	☐
Work initiation/completion	☐	☐
Academic engagement	☐	☐
Motivation	☐	☐
Attendance	☐	☐

6. **Mental/Physical Health**	Concern		Concern
Personal hygiene	☐	Psychosomatic concerns	☐
Sleep hygiene	☐	Flight response	☐
Presenting low mood	☐	Substance use	☐
Presenting anxiety	☐	Self-harm	☐
Suspected trauma	☐	Suicidal ideation	☐

7. **Learning & Cognition**	Strength	Concern
Expressive language	☐	☐
Listening comprehension	☐	☐
Literacy skills	☐	☐
Numeracy skills	☐	☐

Other student strengths or interests: (Consider reviewing/attaching the most current Personal—Learner Profile from the IEP or other source.)

What **Universal, Targeted, &/or Essential supports** have been implemented to date? (Consider completing/attaching a Collaborative Checklist of Student Supports.)

Recent consultation/collaboration (last 6 mos). ☑ *Please check all that apply*

Team Member(s)	Name(s) / Date(s)
☐ Student / ☐ Family	
☐ School Based Team	
☐ School Counsellor	
☐ YFC	
☐ Itinerant(s) (e.g. OT, SLP, Psych, DHH, VI, etc.)	
☐ Community Agency (e.g. MCFD, CYMH, Ledger, VGH, School Liaison Officer, etc.)	
☐ Other	
☐ Other	

Administrator Signature:

_____

File Summary: *Please review file for the following and ☑check all that apply*

Student file includes	Recommendations implemented?
☐ File Review Date _____/_____/_____ *Please attach completed file review document to this form*	☐
☐ K-TEA III or _____ Date _____/_____/_____ *(other assessment)*	☐
☐ Psych Ed Assessment Report Date _____/_____/_____	☐
☐ Medical Diagnosis and/or related documentation and/or referral(s)	☐
☐ IEP ☐ Designation_____	☐
☐ OT / ☐ SLP/ ☐ PT referral(s) / report(s)	☐
☐ District Team (e.g. consultation, collaboration, etc.)	☐
☐ District Interventions e.g. PRC, VTRA	☐
☐ Suspension	☐
☐ Other	☐

Revised March 2024

Review Date: _____