File Review Notes

**Student:**  **DOB:** **Grade:**

**PEN:**  **Indigenous CIC**

**Reviewed by:**

File Highlights (including designation, designation date, relevant notes, events, etc.)

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**File Information**

**Report/Document #1** (include type of practitioner/specialist/professional, name, date)

**History –**

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**Impressions:**

* Strengths
* Stretches identified

**Recommendations** (considerations, next steps, supports, adaptations, etc)**:**

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**Report #2** (include type of practitioner/specialist/professional, name, date)

**History –** (include any details not yet highlighted)

**Impressions:**

* Strengths
* Stretches identified

**Recommendations** (considerations, next steps, supports, adaptations, etc)**:**

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**Report #3** (include type of practitioner/specialist/professional, name, date)

**History –** (include any details not yet highlighted)

**Impressions:**

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**Recommendations** (considerations, next steps, supports, adaptations, etc)**:**

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**Other Notes** (e.g. significant communications with family, SBT, and/or other school/district/community based team members)**:**

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**Considerations**

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