File Review Notes

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

**PEN:**  **Indigenous CYIC**

**School:**

**File Review Date:**

File Background/Key Information (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 and Recommendations:**

* Strengths
* Concerns
* Stretches identified

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

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

**History –** (tends to be the same information as above, so may not need to include here)

**Impressions and Recommendations:**

* Strengths
* Concerns
* Stretches identified

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

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

**History –** (tends to be the same information as above, so may not need to include here)

**Impressions and Recommendations:**

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**Recommendations** (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)**:**