Student Planning Tool For District Collaborative Supports

SCHOOL:_____ DATE:_____

This form is a required document to highlight available information and history to support District Collaborative Support Referrals.

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

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

Team Member Names & Roles

Relevant Background/Key Concerns:

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

What support would be most helpful?

☐ Consult Request: Phone call to collaborate *Note: this is not an observation*

OR

☐ Planning or Programming Request: All of the following documentation has been included:

- ☐ SBT Notes which indicate multiple discussions about student (2 or more) with documented review of success and strategies/recommendations
- ☐ Checklist of Collaborative Supports
- ☐ Relevant documents available online (IEP in MyEd and Form 3 in VPP app)

What are your specific referral questions or requests?

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	Strength	Concern
Personal hygiene	☐	☐
Sleep hygiene	☐	☐
Presenting low mood	☐	☐
Presenting anxiety	☐	☐
Suspected trauma	☐	☐
Psychosomatic concerns	☐	☐
Flight response	☐	☐
Substance use	☐	☐
Self-harm	☐	☐
Suicidal ideation	☐	☐

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

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	

Student file includes	Recommendations implemented?
☐ File Review Date _____/_____/_____ *Please attach completed file review document to this form*	☐
☐ K-TEA III or _____ *(other assessment)* Date _____/_____/_____	☐
☐ 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	☐

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