**SD61 CYMH Consultation and Collaboration Shared Planning**

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| **Student:** | **PEN:** | | **Date:** |
| **School:** | **Grade:** | | **DOB:** |
| **Teacher:** | | **Counsellor:** | |
| **Case Manager:** | |  | |
| **Which clinician would you like to see:** | | **Victoria Saanich Indigenous** | |
| **Documented Parental Permission** | | **Written  Email/Verbal** | |

**Student History (e.g., schools, referrals, personal significant events, etc):**

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**Medical/Diagnoses:**

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**Assessment Information:**

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| **Date** | **Assessment (e.g., KTEA, Connors, Psych Ed, OT, etc.)** | **Administered by** |
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**Student Learning Profile:**

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| **Strengths** | **Needs** |
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| **Current Concerns (Key 3)** | **Current Effective Strategies** |
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**Meeting - Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Meeting Participants** | **Role** |
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| **Consultation & Collaboration Shared Plan** | **Person Responsible** |
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**Meeting - Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Meeting Participants** | **Role** |
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| **Updated Snapshot of Student Learning Profile** | |
| **Strengths** | **Needs** |
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| **Consultation & Collaboration Shared Plan Follow-up** | **Person Responsible** |
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**Meeting - Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Meeting Participants** | **Role** |
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| **Updated Snapshot of Student Learning Profile** | |
| **Strengths** | **Needs** |
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| **Consultation & Collaboration Shared Plan Follow-up** | **Person Responsible** |
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