



STUDENT SERVICES PUPIL FILE CHECKLIST

Name: _____ Birthdate: _____
DD/MM/YYYY

School: _____ Gender: _____

THE STUDENT SERVICES FILE FOR THIS STUDENT CONTAINS REPORTS FROM THE SERVICES INDICATED:

SCHOOL:

- | | | |
|--------------------------|------------------------------|-------------|
| <input type="checkbox"/> | Resource Teachers | Year: _____ |
| <input type="checkbox"/> | Counsellor | Year: _____ |
| <input type="checkbox"/> | Referral to Student Services | Year: _____ |
| <input type="checkbox"/> | Release of Information Form | Year: _____ |
| <input type="checkbox"/> | Other: | Year: _____ |

STUDENT SUPPORT PLAN:

- | | | |
|--------------------------|----------------------------|-------------|
| <input type="checkbox"/> | Individual Education Plan | Year: _____ |
| <input type="checkbox"/> | Adaptation Plan | Year: _____ |
| <input type="checkbox"/> | Behaviour Support Plan | Year: _____ |
| <input type="checkbox"/> | Individual Transition Plan | Year: _____ |

SCHOOL SUPPORT:

- | | | |
|--------------------------|--|-------------|
| <input type="checkbox"/> | Reading Recovery/Literacy Support | Year: _____ |
| <input type="checkbox"/> | DIAL-IV Report | Year: _____ |
| <input type="checkbox"/> | WIAT-III Report/KeyMath Report | Year: _____ |
| <input type="checkbox"/> | Student Services Teacher Year-End-Report | Year: _____ |



Other: Year: _____

CLINICAL SERVICES:

School Psychologist Year: _____

Speech Language Pathologist Year: _____

School Social Work Clinician Year: _____

Occupational Therapist Year: _____

Physiotherapist Year: _____

Other: Year: _____

MANITOBA EDUCATION AND TRAINING:

Deaf/Hard of Hearing Consultant Referral/Report Year: _____

Blind/Visually Impaired Consultant Referral/Report Year: _____

Behaviour Consultant Referral/Report Year: _____

Autism Consultant Referral/Report Year: _____

Other: Year: _____

ADDITIONAL SERVICES:

Audiology Year: _____

Mental Health Year: _____

Child and Family Services Year: _____

Children's Disability Services Year: _____

Other: Year: _____
