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Appendix C: Forms

Record of Pre-referral Strategies

When a teacher observes that a student is experiencing difficulty or requiring additional challenge in any area (curricular or non-curricular), a variety of teaching strategies may be tried in the classroom to address these concerns.

This form will be completed by the classroom/subject teacher to record both strategies that have been effective and ineffective.

Identifying Information

Student Name:	Date of Birth:
Parent(s)/Guardian(s):	Grade:
Address:	Phone Number:
School Name and #:	School Year:

Student's strengths and needs:

Strengths	Needs

Teacher has consulted with:

☐ Speech-Language Pathologist   ☐ Guidance Counsellor   ☐ Instructional Resource Teacher
☐ Other Teachers   ☐ Service Delivery Team   ☐ Other _____

Strategies to address target area:

A. Target Area:

_____

Strategies Tried	Dates Implemented	Effective		Comments
		Yes	**No**	

B. Target Area:

_____

Strategies Tried	Dates Implemented	Successful		Comments
		Yes	**No**	

For information regarding strategies, consult Pre-Referral Intervention Manual by Stephen R. McCarney et al. supplied to all schools by the Department of Education in Spring 2010. This manual includes strategies for students who are performing below grade level. For students who are gifted and talented, please consult the Gifted and Talented Handbook.

Additional comments:

_____

_____

_____

_____

_____

_____

Note: The parent is informed of these strategies through parent-teacher interactions (e.g., phone calls, notes sent home, parent- teacher interviews). This record of strategies will be kept in the student's cumulative file.

□ Parent signature: _____   Date: _____

□ Signature not obtained. Parents informed by _____
                                                                                (telephone, note home, etc.)

   on _____.
                (Date)

Teacher signature: _____   Date: _____

Note: Forms for *Referral to the Service Delivery Team* and relating to *Referral Tracking System* are available

at:www.gov.nl.ca/edu/forms/studentsupport/referral.html and www.gov.nl.ca/edu/k12/studentsupportservices/rts/index.html

Record of Accommodations

Identifying Information

Student Name:	Date of Birth:
Parent(s)/Guardian(s):	Grade:
Address:	Phone Number:
School Name and #:	School Year:
Contact Teacher:	

Accommodation **I – Required for Instruction** **E – Required for Evaluation**	Specify whether required for instruction and/or evaluation		List the subject/course or alternate program, course or curriculum	Instruction required around accommodation? (Detail on p. 3)	
	I	**E**		**Yes**	**No**
Alternate format materials (specify formats): □ E-text □ MP3 □ DAISY □ Braille □ Kurzweil □ large print □ closed captions □ other:					
Assistive technology (specify type): □ word processor □ text to voice software □ DAISY readers □ voice to text software □ Brailler □ calculator □ audio recording device □ communication aid _____ □ organizational aid _____ □ touch screen □ switches □ FM system □ other:					
Adaptive aids: □ slant board □ foot stool □ pencil grip □ fidget tool □ noise reduction materials □ other:					
Extended time					
Copies of notes					

Reading of print materials by teacher					
Behaviour management plan					
Alternate setting					
Supervised breaks					
Scribing					
Clarification of instructions					
Transcribing					
Independent study					
Curriculum compacting					
Other (specify):					

Note: Program planning teams are responsible for referring to the *Department of Education Public Exam Accommodations/Adaptations Policy* regarding the details of these accommodations.

www.gov.nl.ca/edu/k12/studentsupportservices/publications/accommodationpolicy.pdf

Parent/Guardian Signature: _____ Date: _____

Principal Signature: _____ Date: _____

Note: Please complete page 3 for each accommodation requiring instruction.

Please duplicate this page as necessary.

Please complete the following section for each accommodation **requiring an instructional component.**

Accommodation:			
Instruction required:			
Duration and frequency:			
Plan for offering instruction:			
Outcome	Personnel responsible	Setting	Date achieved

Accommodation:			
Instruction required:			
Duration and Frequency:			
Plan for offering instruction:			
Outcome	Personnel responsible	Setting	Date achieved

Please attach to Record of Accommodations form.

Individual Education Plan (IEP) Summary

Use this form for students with identified exceptionalities who require modified prescribed courses, alternate programs/ courses, or alternate curriculum.

Identifying Information

Student Name:	Date of Birth:
Parent(s)/Guardian(s):	Grade:
Address:	Phone Number:
School Name and #:	School Year:
Contact Teacher:	

Note: A student's exceptionality(s) and associated assessment data informs a student's programming. Assessment findings must be reviewed with program planning teams before programming decisions are made.

Additional Educational Services

□ Speech-Language Pathologist
□ Educational Psychologist
□ Visual Itinerant Teacher
□ Guidance Counsellor
□ Instructional Resource Teacher
□ Other _____

□ Student Assistant
□ Special Transportation
□ Hearing Itinerant Teacher
□ Alternate School
□ Audio Verbal Therapist

Attachments

□ Record of Accommodations
□ Record of Alternate Program(s)
□ Record of Alternate (Functional) Curriculum
□ Transition Plan

□ Record of Modified Prescribed Course(s)
□ Record of Alternate Course(s)
□ Behaviour Management Plan
□ Other _____

Student Strengths and Needs
(Consensus of Program Planning Team)

Student Name: _____   **Date: _____**

Strengths	Needs

Programming Summary Checklist

- Section A: Please complete for each subject/course/program/domain
- Section B: Choose one option for each subject/course/program or domain
- Section C: Indicate whether or not accommodations are required. (Accommodations can be applied to prescribed, modified and alternate programs, courses, and curriculum.)

Section A		Section B							Section C	
Subject, Program, Course or Domain	Teacher(s)	Prescribed	Modified Prescribed	Alternate Program *		Alternate Course**		Alternate Curriculum	Accommodations	
				PP	NCP	CAC	NCC		Y	N

*For Alternate Program please indicate:
  PP (prerequisite program)
  NCP (non-curricular program)

**For Alternate Course please indicate:
  CAC (curricular alternate course)
  NCC (non-curricular course)

Acknowledgement of Educational Programming

We have reviewed this educational plan and its attachments and understand its significance with respect to possible implications on graduation and post secondary options.

Parent/Guardian: _____   **Student (where appropriate):** _____

Principal: _____   **Date:** _____

Date of next meeting: _____

Record of Modified Prescribed Course

Most curriculum outcome templates are available online at
www.gov.nl.ca/edu/k12/curriculum/cots_curriculum_outcome_templates.html

Use this form if no template is available.

Identifying Information

Student Name:	School Year:
Course Name and Grade:	Classroom/Subject Teacher:

R - Retain   D - Delete   C - Change   A - Add

GENERAL CURRICULUM OUTCOME:					
Specific Curriculum Outcomes	**R**	**D**	**C**	**A**	**Changed or Added Outcome**

GENERAL CURRICULUM OUTCOME:					
Specific Curriculum Outcomes	**R**	**D**	**C**	**A**	**Changed or Added Outcome**

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Record of Alternate Program

Student Name:			Starting Date of Program:
Name of Program:	**Program Developer(s):**		**Projected:** **Duration (how long)** **Frequency (how often)**
Type of Alternate Program (√): □ **Prerequisite program** □ **Non-curricular program**			**Accommodations Required (√):** □ **Yes** □ **No**
Rationale:			
General Learning Outcome:			

Specific Learning Outcomes:	Personnel Responsible:	Setting(s):	Progress Notes:

For Professional Learning Use Only

General Learning Outcome:			
Specific Learning Outcomes:	**Personnel Responsible:**	**Setting(s):**	**Progress Notes:**

Summary of:

Instructional Strategies:
Assessment and Evaluation Strategies:
Learning Resources:

If the alternate program is to be delivered in a setting outside of the student's classroom, complete the following table.

Subject(s) and amount of time the student will miss:
Plan to address material missed:
Plan for regular review of the student's placement outside of the regular classroom:

The completed program becomes part of the student's IEP and is placed in the cumulative file. A copy will be maintained by the teacher(s) as a working document.

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Record of Alternate Course

Student Name:	School Year:

Name of Course:	Course Developer(s):

Type of Alternate Course (√): □ Curricular Course □ Non-curricular Course	Accommodations Required (√): □ Yes □ No

Rationale:

General Learning Outcome:

Specific Learning Outcomes:	Personnel Responsible:	Setting(s):	Progress Notes Term 1	Progress Notes Term 2	Progress Notes Term 3

General Learning Outcome:					
Specific Learning Outcomes:	**Personnel Responsible:**	**Setting(s):**	**Progress Notes Term 1**	**Progress Notes Term 2**	**Progress Notes Term 3**

Summary of:

Instructional Strategies:
Assessment and Evaluation Strategies:
Learning Resources:

If the alternate course is to be delivered in a setting outside of the student's classroom, complete the following:

Plan for Regular Review of the Student's Placement Outside of the Regular Classroom:

The alternate course becomes part of the student's IEP and is placed in the cumulative file. A copy will be maintained by the teacher(s) as a working document. Progress notes must be updated by the teacher(s) at the end of each reporting period.

Record of Alternate (Functional) Curriculum

Student Name:				School Year:	
Accommodations Required (√): □ Yes □ No					
Domain: Career Development				**Developed by:**	
Strand:	**Topic:**				

Outcomes:	Personnel Responsible:	Setting(s):	Progress Notes Term 1	Progress Notes Term 2	Progress Notes Term 3

Domain: Functional Academics				Developed by:	
Strand:	**Topic:**				
Outcomes:	**Personnel Responsible:**	**Setting(s):**	**Progress Notes Term 1**	**Progress Notes Term 2**	**Progress Notes Term 3**

Domain: Personal Development			Developed by:		
Strand:	**Topic:**				
Outcomes:	**Personnel Responsible:**	**Setting(s):**	**Progress Notes Term 1**	**Progress Notes Term 2**	**Progress Notes Term 3**

Domain: Independent Living				Developed by:	
Strand:	**Topic:**				
Outcomes:	**Personnel Responsible:**	**Setting(s):**	**Progress Notes Term 1**	**Progress Notes Term 2**	**Progress Notes Term 3**

Summary of:

Instructional Strategies:
Assessment and Evaluation Strategies:
Learning Resources:

The completed alternate curriculum becomes part of the student's IEP and is placed in the cumulative file. A copy will be maintained by the teacher(s) as a working document. Progress notes must be updated by the teacher(s) at the end of each reporting period.