



Request for Supplemental Student Support

Student Information											
Name:				Date of Birth: (yy/mm/dd)				MET #:			
School:				Current Grade Placement:				BSD #:			
<input type="checkbox"/> Parent/ <input type="checkbox"/> Guardian:				Expected Graduation Date:				Date of Entry to BSD:			
Credits to Date:											
Divisional Program:		Life Skills		Off Campus		ARYP		Upper Deck			
Support Team Members											
Case Manager:						Classroom Teacher:					
Current Programming											
Regular Program				Behaviour Intervention Plan (BIP)							
				Individual Education Plan (IEP)							
Regular Programming with Adaptations				Individualized Transition Plan (ITP)							
				Safety Plan							
Pertinent History and Background											
CFS		Family		Mental Health		Medical		Behaviour		Attendance	
Current Classroom Supports:						Previous Student Supports:					
<input type="checkbox"/> ECE/EA Support Currently Assigned to Classroom: _____ hours						<input type="checkbox"/> AEP _____ hours Approved until _____					
Current Request for Support:						<input type="checkbox"/> L2 _____ (category) Approved until _____					
_____ hours						<input type="checkbox"/> L3 _____ (category) Approved until _____					
Diagnostic Summary											
Blind or VI			Deaf or HOH			Intellectual Disability			Mental Health Concern		
Emotional Behavioral Concern			Physical Disability			Autism Spectrum Disorder			Physical/Health/Medical Concern		
Other:											
PSYCH			SLP		SW		OT		PT		



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Priority Learning Needs	Required Attachments:
1.	1. Class Profile (K-8) 2. Student Profile (K-12, Kindergarten Transition In) 3. Diagnostic Summary 4. Attendance Report (Present School Year)
2.	5. Student Specific Programming Plan(s): <input type="checkbox"/> Adaptation Plan <input type="checkbox"/> Behaviour Intervention Plan <input type="checkbox"/> Safety Plan <input type="checkbox"/> Individual Education Plan <input type="checkbox"/> Transcript (High School) <input type="checkbox"/> Individual Transition Plan (ITP)
3.	

Principal's Signature

Date

Office Use Only:
