

AREAS OF CONCERN AFFECTING FUNCTIONAL CURRICULUM ENGAGEMENT AND PARTICIPATION

Please rate your current level of satisfaction with the student's current performance in each area of concern. If concerns noted, check applicable boxes below.

Access to School Environment and Specialized Equipment (Check all that apply)

- ☐ Not a concern
- ☐ Unable to move freely throughout the school environment (entry/exit to building and/or specific spaces like classroom or bathroom)
- ☐ Unable to sit comfortably at desk
- ☐ Unable to utilize existing classroom equipment (i.e. chair and/or desk)
- ☐ Requires specialized equipment or support to access and engage in daily activities at school

Specialized equipment currently in place (Check all that apply)

- ☐ Wheelchair (power, manual)
- ☐ Splints/Braces
- ☐ Transfer equipment (i.e. portable or ceiling lifts, slings etc.)
- ☐ Specialized seating/positioning equipment (i.e. adapted chair, foot support, stander etc.)
- ☐ Feeding/Dressing Aides
- ☐ Toilet/Bathroom Aides
- ☐ Oral Communication Aids (i.e., PECS, AAC, Proloquo2go, etc.)

Additional comments:

General Classroom/ Executive Functioning Skills (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Not a concern | |
| <input type="checkbox"/> Struggles to focus in the presence of distraction | <input type="checkbox"/> Has difficulty following classroom rules/routines |
| <input type="checkbox"/> Approaches tasks in an unorganized/impulsive manner | <input type="checkbox"/> Difficulty following verbal or written directions |
| <input type="checkbox"/> Unable to complete multistep activities (as appropriate for age) | <input type="checkbox"/> Unable to keep track of personal belongings/learning materials and tools |
| <input type="checkbox"/> Does not persist when performing a challenging task | <input type="checkbox"/> Frequently requests assistance |
| <input type="checkbox"/> Struggles with transitions between tasks | <input type="checkbox"/> Does not complete work in a timely manner |
| <input type="checkbox"/> Has difficulty initiating/completing work independently | <input type="checkbox"/> Desk and school materials are unorganized |

Handle Materials and Manipulatives

- | | |
|---|---|
| <input type="checkbox"/> Not a concern | |
| <input type="checkbox"/> Inconsistent hand preference | <input type="checkbox"/> Difficulty assembling puzzles |
| <input type="checkbox"/> Non-functional scissor grasp or poor cutting accuracy | <input type="checkbox"/> Does not use age appropriate detail when drawing |
| <input type="checkbox"/> Weak pencil control for drawing, tracing, colouring | <input type="checkbox"/> Difficulty using regular keyboard successfully |
| <input type="checkbox"/> Struggles to manipulate tools (eraser, math/art/science materials) | |
| <input type="checkbox"/> Non-functional pencil grasp/pressure (heavy light) | |

Written Communication

- | | |
|---|--|
| <input type="checkbox"/> Not a concern | |
| <input type="checkbox"/> Poor letter formation | <input type="checkbox"/> Illegible printing |
| <input type="checkbox"/> Does not complete written work in a timely manner | <input type="checkbox"/> Print size is large |
| <input type="checkbox"/> Refusal to complete writing tasks | <input type="checkbox"/> Printing contains reversals |
| <input type="checkbox"/> Requires scribing | |
| <input type="checkbox"/> Print has poor spatial organization (spacing, use of baseline, discriminative letter sizing and placement) | |

Self-Care Skills

- | | |
|--|---|
| <input type="checkbox"/> Not a concern | |
| <input type="checkbox"/> Safety concerns with bathroom/equipment for toileting | <input type="checkbox"/> Struggles to put on/remove clothing |
| <input type="checkbox"/> Struggles to open containers for lunch/snacks | <input type="checkbox"/> Limited independence in cleaning up after meals |
| <input type="checkbox"/> Lack of independence with toileting/bathroom routine | <input type="checkbox"/> Struggles with fasteners (zippers, buttons, snaps) |

Sensory (must significantly affect the student's ability to access the curriculum and are not behaviour based)					
Not a concern Difficulty sitting still Responds negatively or sensitive to the following: touch noise smell clothing movement lighting other: Seeks out specific sensations or types of input: touch noise smell clothing movement lighting other:					
Engagement in Curriculum					
Is the student meeting grade-level expectations? yes no If no, explain further:					
Please indicate how much assistance the student needs to complete their daily routine. No assistance Verbal assistance Physical assistance Additional comments:					
What time of day is most challenging?					
1 st block Midday Last block Outdoor/recess gym Indoor recess/gym Other (Elaborate): Describe in detail:					
UNIVERSAL CLASSROOM TOOLS/ STRATEGIES IN PLACE					
Please check appropriate box if strategy has been tried:		Unsuccessful	Sometimes Successful	Always Successful	Not Applicable
EA for support					
Sensory Breaks	Time(s): Location: Sensory space Classroom Hallway Other:				
Sensory Equipment (Chewlery, fidgets, TheraBand around bottom of chair, weighted lap blanket etc.)					
Equipment to Support Focus/Attention (Hokki Stool, Rocker Chair, Disc'o'Sit Cushion, Standing Desk, fidgets, study carrel, Time Timer)					
Visual Support (e.g. Schedule/Timer/Letter Strip/Sight Words)					
Written Communication Aids (Pencil Grips, Slant Board, Personal Word Wall, Scribe for written output, Assistive Technology such as computer, iPad or switches etc.)					
Alternative Learning Space					
FM System					
Other:					

Student Name:

D.O.B.:

Current equipment in place to support the student:	
Describe:	
Please comment on student Safety Concerns:	
Equipment unsafe/poor fit Demonstrates self injurious behaviour Makes unsafe choices/unsafe impulses Demonstrates explosive behaviour Property Destruction Other (describe in detail):	Struggles with transfers/mobility Aggression towards peers and/or adults Seeking dangerous activities Exit-Seeking Behaviours
Additional Information/Comments:	
Completed by:	Date: (dd/mm/yyyy)
Email:	
Phone number:	Ext:
Signature:	