| Peterborough Victoria<br>Northumberland and Clarington<br>Catholic District School Board |
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|   | SCHOOL  | ENTRY                   |           |                       |
|---|---|-------------------------|-----------|-----------------------|
| Student:  | Gender:   | Age:                    | D.O.B     | (                     |
| Home School:  | Principal:  |                         |           | (mm/dd/yyyy)          |
| Parent(s)/Guardian(s):                                  |   |                         |           |                       |
| Address:  | City:   |                         | Postal Co | ode:                  |
| Home Phone #:   | Work Pr   | none #:                 |           |                       |
| Date of Meeting/Conference:                             |   |                         |           |                       |
| In Attendance:  | Father / Guardian:<br>Mother / Guardian:<br>Classroom Teacher:<br>School Principal:<br>School Resource Teach<br>School's Special Educat<br>Other: | er:<br>iion Consultant: |           |                       |
| Exceptionality: 🗋 No 🛛 🗋 Yes                            |   |                         |           |                       |
| Diagnosis: Diagnosis: Ves                               |   |                         |           |                       |
| Documentation Provided:                                 |   |                         |           |                       |
| Note: All documentation should be c<br>and psychometris | I<br>arefully reviewed at a Scho<br>t/psychologist before proce   |                         |           | r school's consultant |
| Previous School/Board:                                  |   |                         |           |                       |
| Services at former school:                              |   |                         |           |                       |

| Community Service   | s Involved (i.e., name, agency, etc.):                            |
|---------------------|---|
|                     | herapy  |
|                     | tal Health  |
|                     | ing   |
|                     | /   |
|                     | /Children   |
|                     |   |
|                     | age Therapy   |
| Preschool / Res     | source Teacher  |
|                     | gram  |
| Other               |   |
| _                   |   |
| Professionals Asses |   |
| Vision:             |   |
| VISION.             | Agency<br>Date  |
|                     |   |
|                     | Outcome   |
| Hearing:            | Agency  |
| riedning.           | Date  |
|                     |   |
|                     | Outcome   |
| Other:              | Agency  |
|                     | Date  |
|                     | Outcome   |
|                     |   |
|                     | Devent/Ouerdien Devenentive                                       |
|                     | Parent/Guardian Perspective                                       |
| Strengths:          |   |
|                     |   |
|                     |   |
| Needs:              |   |
|                     |   |
| Strategies:         |   |
| 5                   |   |
|                     |   |
|                     |   |
|                     |   |
|                     | Communication (i.e. anothe language alternative communication)    |
|                     | Communication (i.e., speech, language, alternative communication) |
| Strengths:          |   |
|                     |   |
|                     |   |
| Needs:              |   |

Strategies:

|   | Physical Growth and Development (i.e., gross and fine motor)           |
|---|--|
| Strengths:  |  |
|   |  |
| Needs:  |  |
|   |  |
| Strategies:   |  |
|   |  |
|   |  |
|   | Medical (i.e., medication, diagnosis)                                  |
| Strengths:  |  |
| otrengths.  |  |
| Needs:  |  |
|   |  |
| Strategies:   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| Self  | -Help Skills (i.e., feeding, toileting, dressing, independence skills) |
| Self<br>Strengths:  | -Help Skills (i.e., feeding, toileting, dressing, independence skills) |
| Strengths:  | -Help Skills (i.e., feeding, toileting, dressing, independence skills) |
|   | -Help Skills (i.e., feeding, toileting, dressing, independence skills) |
| Strengths:<br>Needs:  | -Help Skills (i.e., feeding, toileting, dressing, independence skills) |
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| Strengths:<br>Needs:  | -Help Skills (i.e., feeding, toileting, dressing, independence skills) |
| Strengths:<br>Needs:  | -Help Skills (i.e., feeding, toileting, dressing, independence skills) |
| Strengths:<br>Needs:<br>Strategies:                         |  |
| Strengths:<br>Needs:<br>Strategies:<br>Socia                | Help Skills (i.e., feeding, toileting, dressing, independence skills)  |
| Strengths:<br>Needs:<br>Strategies:                         |  |
| Strengths:<br>Needs:<br>Strategies:<br>Strengths:           |  |
| Strengths:<br>Needs:<br>Strategies:<br>Socia                |  |
| Strengths:<br>Needs:<br>Strategies:<br>Strengths:           |  |
| Strengths:<br>Needs:<br>Strategies:<br>Strengths:<br>Needs: |  |
| Strengths:<br>Needs:<br>Strategies:<br>Strengths:<br>Needs: |  |

| Learning Skills & | Thinking (i.e | e., literacy, numeracy, | readiness, develo | opmental) |
|-------------------|---------------|-------------------------|-------------------|-----------|
|                   |               | ,, ,, , ,               |                   |           |

Strengths:

Needs:

Strategies:

## Transition / Behaviour (i.e., when transitioning from one activity to another)

Strengths:

Needs:

Strategies:

| Other Information (i.e., culture, background, ESL/ELL, etc.)   Equipment Needs:   No Yes   (i.e., mobility, toileting, feeding, technology, hearing aids, seating, property modifications)   What equipment will accompany the child?   Specialized Equipment Amount (SEA) Required? |  |  |  |  |
|--|--|--|--|--|
| What equipment will accompany the child?   |  |  |  |  |
| What equipment will accompany the child?   |  |  |  |  |
| What equipment will accompany the child?   |  |  |  |  |
| What equipment will accompany the child?   |  |  |  |  |
| What equipment will accompany the child?   |  |  |  |  |
| What equipment will accompany the child?   |  |  |  |  |
| What equipment will accompany the child?   |  |  |  |  |
| What equipment will accompany the child?   |  |  |  |  |
| What equipment will accompany the child?   |  |  |  |  |
|  |  |  |  |  |
| Specialized Equipment Amount (SEA) Pequired?   |  |  |  |  |
|  |  |  |  |  |
| Specialized Equipment Amount (SEA) Required? I No I Yes<br>Describe:   |  |  |  |  |
|  |  |  |  |  |
| Recommended Goals  |  |  |  |  |
| 1.   |  |  |  |  |
| 2.   |  |  |  |  |
| 3.   |  |  |  |  |

| ENTRY PLAN  |          |                |              |
|---|----------|----------------|--------------|
| Initial Visit:                                    |          |                |              |
| Start Date:                                       | Full Day |                | Modified Day |
| Outline:  |          |                |              |
|   |          |                |              |
|   |          |                |              |
|   |          |                |              |
|   |          |                |              |
| Transportation:                                   |          |                |              |
| Special Transportation Required Type              | 9:       |                |              |
| Details (pick-up/drop-up locations, times, etc.): |          |                |              |
|   |          |                |              |
|   |          |                |              |
|   |          |                |              |
|   |          |                |              |
| Follow-up Actions:                                |          |                |              |
|   |          |                |              |
|   |          |                |              |
|   |          |                |              |
|   |          |                |              |
|   |          |                |              |
|   |          |                |              |
|   |          |                |              |
| Transition Form Completed By:                     | Date     | :              |              |
| School / Agency:                                  | Cont     | act Phone Numb | er.          |
| Control / Agenty.                                 | 0011     |                |              |
|   |          |                |              |

Information Collection Authorization: This information is collected pursuant to the Board's education responsibilities as set out in the Education Act and its regulations. The information is collected for education purposes and is within guidelines set out in the Municipal Freedom of Information and Protection of Privacy Act, 1989. This information will become part of the Ontario Student Record and Special Education Services file and opportunities will be provided to update this information annually. Any questions with respect to this information should be directed to the Principal of the School to which you are applying/registered. Users: Supervisory Officers, Principals, Teachers and Special Education Services Staff.

Copies To: Original - OSR, 1 Copy - Parent/Guardian (if requested) 01/2010