

Student Profile for Transition to School

York Region District School Board

9/1/2012

The Student Profile for Transition to School document may be used by school administrators and/or community partners to compile information about a student transitioning to school from Early Intervention Services (EIS), Autism Intervention Program (AIP) through the Connections for Students process, community services or from other schools when it is indicated that the student may have special needs. The Board views education as a shared responsibility and therefore, administrators may choose to convene a transition meeting with the student's parent/guardian, school staff, regional support staff and community partners to gather the information for the Student Profile. The profile will assist the administrator in determining the supports that the student requires to make a successful transition to school.



York Region District School Board

Student Profile for Transition to School

STUDENT INFORMATION:	STUDENT INFORMATION:
Student:	Date of Birth:
School:	Grade:
Previous School/Child Care:	Contact for Previous School/Child Care:
Parent/Guardian:	Daytime Number/e-mail for Parent/Guardian:
Number and Age of Siblings:	School(s) Siblings Attend:
Profile Information gathered in: <input type="checkbox"/> meeting <input type="checkbox"/> observation <input type="checkbox"/> telephone conversation <input type="checkbox"/> other (please specify):	Source of Information i.e. name (s)/assessment:
Profile Completed by:	Date of Profile:

DIAGNOSIS and/or MEDICAL STATUS
<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> pending Notes

PROFESSIONAL SUPPORTS	<input type="checkbox"/> not applicable
<input type="radio"/> Behaviour Therapist	<input type="radio"/> Case Manager and/or Service Coordinator
<input type="radio"/> Early Interventionist	<input type="radio"/> Physician and/or Registered Nurse
<input type="radio"/> Physiotherapist	<input type="radio"/> Psychiatrist
<input type="radio"/> Psychologist	<input type="radio"/> Occupational Therapist
<input type="radio"/> Recreation Therapist	<input type="radio"/> Social Worker
<input type="radio"/> Speech and Language Pathologist	<input type="radio"/> Other (please specify)
Notes (e.g. Professional and Agency names)	

ASSESSMENT(S) – If not applicable, please check the box - <input type="checkbox"/> not applicable		
<input type="radio"/> Audiology	Name _____	Date _____
<input type="radio"/> Medical	Name _____	Date _____
<input type="radio"/> Psychological	Name _____	Date _____
<input type="radio"/> Speech and Language	Name _____	Date _____
<input type="radio"/> Vision	Name _____	Date _____
<input type="radio"/> Other (please specify):	_____	

Health Information – If not applicable, please check the box - <input type="checkbox"/> not applicable
Would any of the following health concerns affect the student's attendance and/or participation in any aspect of the school programme?
<input type="radio"/> Hearing <input type="radio"/> Vision <input type="radio"/> Allergies <input type="radio"/> Motor/Physical <input type="radio"/> Food restrictions <input type="radio"/> Other (please specify) _____
Notes

Equipment Needs – If not applicable, please check the box - <input type="checkbox"/> not applicable
<input type="radio"/> Manual Wheelchair <input type="checkbox"/> (please indicate if SEA equipment) <input type="radio"/> Power Wheelchair <input type="checkbox"/> (please indicate if SEA equipment) <input type="radio"/> Stander <input type="checkbox"/> (please indicate if SEA equipment) <input type="radio"/> Computer <input type="checkbox"/> (please indicate if SEA equipment) <input type="radio"/> FM System <input type="checkbox"/> (please indicate if SEA equipment) <input type="radio"/> Other (please specify) _____

Medication – If not applicable, please check the box - <input type="checkbox"/> not applicable
Please identify any medication that the student is taking; what is the medication for; and how often the student takes the medication.
Notes

Personal History – If not applicable, please check the box - <input type="checkbox"/> not applicable
Identify any event/crisis during the student's lifetime that could influence school adjustment e.g. death of a parent, medical condition requiring lengthy hospitalization, birth/adoption of a sibling, divorce
Notes
Identify any factors that could impact the student's adjustment to a new school e.g. difficulty with transitions, extreme shyness, weak social skills, fear of authority figures
Notes

Cognitive			
Reading Comprehension/Reading Readiness	<input type="checkbox"/> age-appropriate	<input type="checkbox"/> below age	<input type="checkbox"/> above age
Writing Skills/Writing Readiness Skills	<input type="checkbox"/> age-appropriate	<input type="checkbox"/> below age	<input type="checkbox"/> above age
Math Skills/Math Readiness Skills	<input type="checkbox"/> age-appropriate	<input type="checkbox"/> below age	<input type="checkbox"/> above age
Problem Solving Skills/Reasoning	<input type="checkbox"/> age-appropriate	<input type="checkbox"/> below age	<input type="checkbox"/> above age
Notes (if below age-appropriate indicate age/grade level)			

Functional Communication and Language			
Receptive Language	<input type="checkbox"/> age appropriate	<input type="checkbox"/> below age	<input type="checkbox"/> above age
Following Oral Directions	<input type="checkbox"/> age appropriate	<input type="checkbox"/> below age	<input type="checkbox"/> above age
Expressive Vocabulary	<input type="checkbox"/> age appropriate	<input type="checkbox"/> below age	<input type="checkbox"/> above age
Verbal Communication	<input type="checkbox"/> age appropriate	<input type="checkbox"/> below age	<input type="checkbox"/> above age
Non-verbal Communication (if applicable)			
<i>identify means of communication</i> <input type="checkbox"/> Eye Gaze <input type="checkbox"/> Facial Expressions <input type="checkbox"/> Gestures <input type="checkbox"/>			
Pointing	<input type="checkbox"/> Sign Language <input type="checkbox"/> Augmentative System/Visual		
Supports	<i>indicate if student understands</i> <input type="checkbox"/> Photographs <input type="checkbox"/> Picture Communication Symbols <input type="checkbox"/> Other (specify)		
Functions of Communication (if Communication below age appropriate)			
<input type="checkbox"/> Greeting <input type="checkbox"/> Requesting <input type="checkbox"/> Protesting <input type="checkbox"/> Yes/No			
<input type="checkbox"/> Choice-making <input type="checkbox"/> Commenting <input type="checkbox"/> Social			
Interactions			
Notes (if below age-appropriate indicate age/grade level)			

Speech			
Articulation	<input type="checkbox"/> age appropriate	<input type="checkbox"/> below age	<input type="checkbox"/> above age
Fluency	<input type="checkbox"/> age appropriate	<input type="checkbox"/> below age	<input type="checkbox"/> above age
Voice/Resonance	<input type="checkbox"/> age appropriate	<input type="checkbox"/> below age	<input type="checkbox"/> above age
Notes (if below age-appropriate indicate age/grade level)			

Gross Motor			
Weight-bearing	<input type="checkbox"/> age appropriate	<input type="checkbox"/> below age	<input type="checkbox"/> above age
Sitting	<input type="checkbox"/> age appropriate	<input type="checkbox"/> below age	<input type="checkbox"/> above age
Walking/Running	<input type="checkbox"/> age appropriate	<input type="checkbox"/> below age	<input type="checkbox"/> above age
Jumping	<input type="checkbox"/> age appropriate	<input type="checkbox"/> below age	<input type="checkbox"/> above age
Climbing	<input type="checkbox"/> age appropriate	<input type="checkbox"/> below age	<input type="checkbox"/> above age
Stairs	<input type="checkbox"/> age appropriate	<input type="checkbox"/> below age	<input type="checkbox"/> above age
Catching/Throwing	<input type="checkbox"/> age appropriate	<input type="checkbox"/> below age	<input type="checkbox"/> above age
Notes (if below age-appropriate indicate age/grade level)			

Fine Motor			
Writing	<input type="checkbox"/> age appropriate	<input type="checkbox"/> below age	<input type="checkbox"/> above age
Scissors	<input type="checkbox"/> age appropriate	<input type="checkbox"/> below age	<input type="checkbox"/> above age
Grasp	<input type="checkbox"/> age appropriate	<input type="checkbox"/> below age	<input type="checkbox"/> above age
Blocks/Puzzles	<input type="checkbox"/> age appropriate	<input type="checkbox"/> below age	<input type="checkbox"/> above age
Paper Activities (folding, gluing)	<input type="checkbox"/> age appropriate	<input type="checkbox"/> below age	<input type="checkbox"/> above age
Notes (if below age-appropriate indicate age/grade level)			

Self-Regulation/Self-Control			
Follows classroom routines/rules	<input type="checkbox"/> age appropriate	<input type="checkbox"/> below age	<input type="checkbox"/> above age
Follows school routines/rules	<input type="checkbox"/> age appropriate	<input type="checkbox"/> below age	<input type="checkbox"/> above age
Makes Transitions between activities	<input type="checkbox"/> age appropriate	<input type="checkbox"/> below age	<input type="checkbox"/> above age
Cleans work area	<input type="checkbox"/> age appropriate	<input type="checkbox"/> below age	<input type="checkbox"/> above age
Locates and cares for own possessions	<input type="checkbox"/> age appropriate	<input type="checkbox"/> below age	<input type="checkbox"/> above age
Accepts limitations	<input type="checkbox"/> age appropriate	<input type="checkbox"/> below age	<input type="checkbox"/> above age
Deescalates Behaviour	<input type="checkbox"/> age appropriate	<input type="checkbox"/> below age	<input type="checkbox"/> above age
Reacts to Change/New Situations	<input type="checkbox"/> age appropriate	<input type="checkbox"/> below age	<input type="checkbox"/> above age
Controls voice	<input type="checkbox"/> age appropriate	<input type="checkbox"/> below age	<input type="checkbox"/> above age
Modifies behaviour when directed	<input type="checkbox"/> age appropriate	<input type="checkbox"/> below age	<input type="checkbox"/> above age
Notes (if below age-appropriate indicate age/grade level)			

Social Interaction			
Works/plays with others	<input type="checkbox"/> age appropriate	<input type="checkbox"/> below age	<input type="checkbox"/> above age
Cooperates/shares with others	<input type="checkbox"/> age appropriate	<input type="checkbox"/> below age	<input type="checkbox"/> above age
Maintains personal space	<input type="checkbox"/> age appropriate	<input type="checkbox"/> below age	<input type="checkbox"/> above age
Initiates interactions with others	<input type="checkbox"/> age appropriate	<input type="checkbox"/> below age	<input type="checkbox"/> above age
Demonstrates game-playing skills	<input type="checkbox"/> age appropriate	<input type="checkbox"/> below age	<input type="checkbox"/> above age
Focuses visual attention on speaker	<input type="checkbox"/> age appropriate	<input type="checkbox"/> below age	<input type="checkbox"/> above age
Participates appropriately in group activities	<input type="checkbox"/> age appropriate	<input type="checkbox"/> below age	<input type="checkbox"/> above age
Notes (if below age-appropriate indicate age/grade level)			

Self Help Skills			
	<input type="checkbox"/> not applicable		
Dressing	<input type="checkbox"/> independent	<input type="checkbox"/> with prompts	<input type="checkbox"/> full support required
Drinking	<input type="checkbox"/> independent	<input type="checkbox"/> with prompts	<input type="checkbox"/> full support required
Eating	<input type="checkbox"/> independent	<input type="checkbox"/> with prompts	<input type="checkbox"/> full support required
Toileting	<input type="checkbox"/> independent	<input type="checkbox"/> with prompts	<input type="checkbox"/> full support required
Hand washing	<input type="checkbox"/> independent	<input type="checkbox"/> with prompts	<input type="checkbox"/> full support required
Notes			

Next Steps		
Future Meeting(s)	Date(s):	Attendees:
Consultation Follow-up	Name of Consultant(s)/Regional Support Staff	
Off-site Observation Visit(s)	Date(s):	Location:
School Observation Visit(s)	Date(s):	Attendee(s):
Acquisition of Consent Form(s)		