APPENDIX F:
FORMS

Student Assessment Checklist

Area	To Do	Who	Notes	Done
Hearing				
Vision				
Medical				
Dental				
Cognitive				
Primary Characteristics				
Social				
Communication				
Repetitive Patterns of Behaviour, Interests, and Activities				
Associated Characteristics				
Sensory				
Anxiety				
Resistance/Anger				
Problem-solving/ Independence				
Scattered Developmental Profile				

Building Consensus on Priority Learning Needs

In looking for consensus on learning priorities, ask whether the priorities being considered will lead to outcomes and activities that

☐ can be used in more than one setting or situation

☐ can be used now and in the future

☐ are likely to result in functional skills for the student

☐ promote independence

☐ create opportunities for meaningful contact and interaction with the student's peers

☐ fit the student's interests and needs

☐ improve communication

☐ improve the student's life at home and in the community

☐ match the student's learning strengths

☐ promote generalization

☐ promote inclusion

(Adapted from Falvey, M.A. *Community-Based Curriculum*. 2nd ed., 1989: 41-43)

	Gathering Information			
	What Do We Know?	**What Do We Need to Know?**	**How Will We Find Out?**	**Who Will Do It?**
Primary Characteristics				
Social				
Communication				
Repetitive Patterns of Behaviour				
Associated Characteristics				
Sensory				

(continued)

(continued)	Gathering Information			
	What Do We Know?	**What Do We Need to Know?**	**How Will We Find Out?**	**Who Will Do It?**
Anxiety; Resistance/ Anger				
Approaches to Learning; Interests, Preferences				
Problem Solving/ Independence				
Other Considerations				
Hearing				
Vision				
Medical				
Dental				
Cognitive				

Task Analysis

STUDENT'S NAME: _____

TASK: _____

Date												

_____'s Interpretation Dictionary

STUDENT'S NAME

What _____ does	What it might mean	How to respond to _____

(Adapted from British Columbia Ministry of Education, *Teaching Students with Autism: A Resource Guide for Schools,* 2000)

BEHAVIOUR SUPPORT PLANNING WORKSHEET

Student's Name _____ **Date** _____ _ _

Student is doing _____ or not doing _____. (how, when, where, how often, with whom)

Possible causes:

State alternative student will do (how, when, where, with whom, with what prompts).

BEHAVIOUR SUPPORT PLANNING WORKSHEET

Proactive Approaches	Reactive Approaches
Results	**Results**