



Student Monitoring Form Severe Disabilities Funding 2011/2012

<u>PLEASE CHECK CODE</u>	
<input type="checkbox"/>	41 Severe Cognitive
<input type="checkbox"/>	42 Severe Emotional/Behavioural
<input type="checkbox"/>	43 Severe Multiple
<input type="checkbox"/>	44 Severe Physical or Medical, Including Autism
<input type="checkbox"/>	45 Deafness
<input type="checkbox"/>	46 Blindness

School Authority _____
 School _____
 Student Name _____
 Alberta Student Number (ASN) _____
 Birth date (yy/mm/dd) _____ Grade _____
 Placement (describe) _____

1. Supporting documentation from the appropriate professional(s) (please attach copies):

Diagnosis	Year of Diagnosis	Professional Conducting Assessment

Additional assessment information (please attach copies):

2. How does the condition/disability impact the student in the learning environment?

3. Services provided in accordance with the *Funding Manual for School Authorities 2011-2012 School Year*. Identify three or more of the following supports from (a) to (e) that are being provided to the student:

a) Frequent specialized one-on-one intervention provided during 2011/2012:

- specialized setting with teacher _____ (hours per day); _____ (staff:student ratio)
- small group work with teacher and/or teacher assistant _____ (hours per day) _____ (staff:student ratio)
- teacher assistant _____ (hours per day) _____ (staff:student ratio)
- interpreter _____ (hours per day) _____ (staff:student ratio)
- other (specify) _____

b) Specialized equipment and/or assistive devices provided during 2011/2012:

- | | |
|---|--|
| <input type="checkbox"/> communication devices | <input type="checkbox"/> OT/PT equipment |
| <input type="checkbox"/> assistive technology/devices | <input type="checkbox"/> specialized furniture |
| <input type="checkbox"/> sound field amplification | <input type="checkbox"/> personal FM system |
| <input type="checkbox"/> other (specify) _____ | <input type="checkbox"/> specialized software |

c) Assistance with personal care/health-related interventions provided during 2011/2012:

- | | | |
|---|--|---|
| <input type="checkbox"/> assistance with personal hygiene | <input type="checkbox"/> lifts and transfers | <input type="checkbox"/> feeding program |
| <input type="checkbox"/> catheterization | <input type="checkbox"/> respiratory therapy | <input type="checkbox"/> oxygen administration |
| <input type="checkbox"/> g-tube feeding | <input type="checkbox"/> management of equipment | <input type="checkbox"/> OT/PT therapy |
| <input type="checkbox"/> administration of medication | <input type="checkbox"/> O&M training | <input type="checkbox"/> mobility training (wheelchair, walker) |
| <input type="checkbox"/> other _____ | | |

d) Frequent documentation of behavioural and/or medical status during 2011/2012:

<input type="checkbox"/> Behaviour	<input type="checkbox"/> checklist	<input type="checkbox"/> anecdotal notes	<input type="checkbox"/> behaviour plan	<input type="checkbox"/> other _____
	Frequency → <input type="checkbox"/> hourly <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly			
<input type="checkbox"/> Medical	<input type="checkbox"/> medical logs	<input type="checkbox"/> medical emergency plan	<input type="checkbox"/> other _____	
	Frequency → <input type="checkbox"/> hourly <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly			

e) Direct support services for the student at a cost to the system provided during 2011/2012:

e.g., Regional Educational Consulting Service teams: (REACH, CASE, ERECS, RESEAU), Student Health Partnership. Services must be provided to the individual student on a regularly scheduled basis.

- | | | |
|---|--|---|
| <input type="checkbox"/> itinerant teacher | <input type="checkbox"/> speech therapist | <input type="checkbox"/> vision consultant |
| <input type="checkbox"/> special education consultant | <input type="checkbox"/> ATL consultant | <input type="checkbox"/> nursing services |
| <input type="checkbox"/> hearing consultant | <input type="checkbox"/> registered psychologist | <input type="checkbox"/> audiologist |
| <input type="checkbox"/> occupational therapist | <input type="checkbox"/> physical therapist | <input type="checkbox"/> behaviour specialist |
| <input type="checkbox"/> O&M specialist | <input type="checkbox"/> school liaison worker | <input type="checkbox"/> school counsellor |
| <input type="checkbox"/> other _____ | | |

4. Individualized Program Plan (IPP):

- The current IPP identifies the assessed needs of the student and includes specific educational programming to address those needs.
- This IPP has been developed, implemented and signed by the learning team, including the parent/guardian.

DECLARATION

Relevant assessment documentation to support the claim is available, at least three of five supports listed in 3 (a-e) are in place, a current IPP is included in the student's file, and the student meets the 2011/2012 severe disabilities coding criteria.

Date

Signature of School Authority Designate