2.13 District and External Services Individual Student Information

School Name: _____

Student Name: _____

Date: _____

Internal School-Based team to fill in the form with student names of student's currently receiving service and/or those that are the school's priority for support. This document serves to allow school staff to see all current services in their building 'at-a-glance' to discuss with the external team to priorities as identified by the team.

	Student Receiving Direct Support	Student Receiving Consultation	Student Assessment Referrals (In Progress/Complete)
Indigenous Family Counsellors			
Child & Youth Mental Health			
Drug & Alcohol Counsellor			
IHCAN			
Inclusion Support Teacher			
Occupational Therapist			
Physio Therapist			
PORARD/POPFASD/POPEY			
RCMP Liaison/NCP Liaison			
School & Family Consultant/Community Services			
SET-BC			
Speech & Language Pathologist			
Mental Health & Addictions Coordinator			
Teacher of Deaf & Hard of Hearing			
Vision Teacher			
Other Inclusive Education Staff			