

STUDENT SERVICES NEEDS SURVEY

(This survey covers all students receiving services.)

SCHOOL: _____

YEAR: _____

Counselling Services:

	DIRECT THERAPY	CLASS PRESENTATIONS	ACTIVE MONITOR	CAREER/ VOCATIONAL
K				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

ADDITIONAL COMMENTS: (List types and dates of programs and classroom presentations, etc.)

Signature _____

Date _____

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Psychological Services:

	ASSESSMENTS	COUNSELLING	CONSULTATIONS	ACTIVE MONITOR	CLASSROOM PRESENTATIONS
K					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

ADDITIONAL COMMENTS: (List types and dates of classroom presentations, etc.)

Signature _____

Date _____

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YEAR: _____

Speech/Language Services:

	DIRECT THERAPY	CLASS PRESENTATIONS	ACTIVE MONITOR	CAREER/ VOCATIONAL
K				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

ADDITIONAL COMMENTS: (List types and dates of on-going classroom programs, etc.)

Signature _____

Date _____

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Special Needs Services:

	LEVEL I	LEVEL II	LEVEL III	DIRECT PROGRAM	CLASS ASSISTANCE	MONITOR		
K								
1								
2								
3								
4								
5								
6								
7								
8							M	I
9								
10								
11								
12								

ADDITIONAL COMMENTS: (List types and dates of on-going classroom programs, etc.)

Signature _____

Date _____

HEALTH PLANS (URIS)	MEDICATION FOR ATTENTION DEFICIT
K ____ 5 ____ 9 ____	K ____ 5 ____ 9 ____
1 ____ 6 ____ 10 ____	1 ____ 6 ____ 10 ____
2 ____ 7 ____ 11 ____	2 ____ 7 ____ 11 ____
3 ____ 8 ____ 12 ____	3 ____ 8 ____ 12 ____
4 ____	4 ____

ADDITIONAL COMMENTS: (List types and dates of on-going classroom programs, etc.)

Signature _____

Date _____

READING RECOVERY PROGRAM

Observation Survey: _____

Grade one:

On Program: _____

Successfully Discontinued: _____

Referred to Student Services: _____

Carry Overs: _____

Monitors: (Grade 2 & 3) _____

Additional Comments: (List reasons for discontinued student(s).

Signature _____

Date _____

