

Student Profile for SET-BC Student Based Support Request

School Name #:

Name of Person Completing Form:

SET-BC Services Requested – PLEASE SELECT ONE:

- Assistive Technology Loan and SET-BC Educator Support** (Full scope of services to be provided will be determined during the Collaborative Action Plan Meeting)
- Assistive Technology Loan Only** (please ensure Current Technology Implementation is completely filled out {below} when making this request)

Student Information

Has had previous SET-BC services: Yes No

Surname	Given Name	School Name
Grade (2021-2022):	Preferred Pronoun: <input type="checkbox"/> He <input type="checkbox"/> She <input type="checkbox"/> They	
PEN # (9 digits):	Birthdate (yyyy-mmm-dd):	SPED Category:
Diagnosis:		

Student Team Information: (Please also include OT/SLP/PT/TVI, etc. if applicable)

Team Member Name	Role in District /School	Email	Phone Number
	School Administrator		
	Classroom Teacher for upcoming school year (if known – leave blank otherwise)		
	Key Contact/Position (school-based)		

Barriers to accessing curriculum (check all that apply):

- Communication
 Vision
 Cognitive/Academic
 Motor
 Social/Behavioural

Student is receiving the following services (check all that apply and please ensure name of professional has been included in list above):

- Speech-language services
 Occupational Therapy
 Physical Therapy
 TSVI Services
 Services for the hearing impaired
 Autism/Behaviour Consultant

Current Technology Implementation:

If you are requesting Assistive Technology (AT) only, the following section MUST be completed fully (with details provided) for each section

Student is currently using Assistive Technology <input type="checkbox"/> Yes (provide details) <input type="checkbox"/> No
Assistive technology has been trialled <input type="checkbox"/> Yes (provide details) <input type="checkbox"/> No
Student has been assessed by a district specialist <input type="checkbox"/> Yes (provide details, role and contact information if not noted above) <input type="checkbox"/> No
District Team is able to support school team with training on device <input type="checkbox"/> Yes (provide details) <input type="checkbox"/> No

Student Profile (Please have specialists complete sections relevant to the student)

Communication Concerns: <input type="checkbox"/> Yes (attach all relevant reports) <input type="checkbox"/> No (if no, DO NOT COMPLETE THIS SECTION)		
Speech/Language: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Speaking <input type="checkbox"/> Non-Speaking: communicates by (explain briefly below) <input type="checkbox"/> Gesturing/pointing <input type="checkbox"/> Communication boards/books <input type="checkbox"/> High Tech Communication Device (e.g. iPad) </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Language difficulties <input type="checkbox"/> Sign language <input type="checkbox"/> Articulation difficulties <input type="checkbox"/> Picture Exchange Communication System <input type="checkbox"/> Low to Mid Tech Communication Device (BIGmack, etc.) </td> </tr> </table>	<input type="checkbox"/> Speaking <input type="checkbox"/> Non-Speaking: communicates by (explain briefly below) <input type="checkbox"/> Gesturing/pointing <input type="checkbox"/> Communication boards/books <input type="checkbox"/> High Tech Communication Device (e.g. iPad)	<input type="checkbox"/> Language difficulties <input type="checkbox"/> Sign language <input type="checkbox"/> Articulation difficulties <input type="checkbox"/> Picture Exchange Communication System <input type="checkbox"/> Low to Mid Tech Communication Device (BIGmack, etc.)
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Please elaborate on the boxes checked (above) by providing specific details of day-to-day communication:		

Vision Concerns: <input type="checkbox"/> Yes (attach all relevant reports) <input type="checkbox"/> No (if no, DO NOT COMPLETE THIS SECTION)			
Vision Impairment: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Low Vision <input type="checkbox"/> Blind </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Visual Field Restrictions <input type="checkbox"/> Cortical Visual Impairment </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Colour Vision Deficit <input type="checkbox"/> Progressive Condition </td> </tr> </table>	<input type="checkbox"/> Low Vision <input type="checkbox"/> Blind	<input type="checkbox"/> Visual Field Restrictions <input type="checkbox"/> Cortical Visual Impairment	<input type="checkbox"/> Colour Vision Deficit <input type="checkbox"/> Progressive Condition
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Optical Aids Used (describe): Preferred Magnification:			

Acuity	Right Eye:	Left Eye:	Both Eyes:
Reading Medium	<input type="checkbox"/> Large Print <input type="checkbox"/> Uncontracted Braille	<input type="checkbox"/> Large Print with Speech <input type="checkbox"/> Contracted Braille	Preferred Font Size:

Cognitive/Academic Concerns:			
<input type="checkbox"/> Yes (attach any relevant reports if available)		<input type="checkbox"/> No (If no, DO NOT COMPLETE THIS SECTION)	
Cognitive level:	<input type="checkbox"/> Average/above average	<input type="checkbox"/> Mild/moderate delay	<input type="checkbox"/> Severe/profound delay
Pre-academic skills (describe if applicable):			
Recognizes:	<input type="checkbox"/> Objects	<input type="checkbox"/> Photos	<input type="checkbox"/> Line drawings
Has choice making ability:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has visual matching skills:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Academics (expectations for grade/age):			
Reading decoding	<input type="checkbox"/> Exceeding	<input type="checkbox"/> Meeting	<input type="checkbox"/> Approaching <input type="checkbox"/> Developing
Reading comprehension	<input type="checkbox"/> Exceeding	<input type="checkbox"/> Meeting	<input type="checkbox"/> Approaching <input type="checkbox"/> Developing
Written language	<input type="checkbox"/> Exceeding	<input type="checkbox"/> Meeting	<input type="checkbox"/> Approaching <input type="checkbox"/> Developing
Math / numeracy	<input type="checkbox"/> Exceeding	<input type="checkbox"/> Meeting	<input type="checkbox"/> Approaching <input type="checkbox"/> Developing

Motor Concerns:			
<input type="checkbox"/> Yes (attach all relevant reports)		<input type="checkbox"/> No (if no, DO NOT COMPLETE THIS SECTION)	
Mobility:	<input type="checkbox"/> Walks independently	<input type="checkbox"/> Walker/crutches/cane	<input type="checkbox"/> Power wheelchair
	<input type="checkbox"/> Manual wheelchair	<input type="checkbox"/> Other	
Hand function:	<input type="checkbox"/> Effective	<input type="checkbox"/> Impaired	<input type="checkbox"/> Non-Functional
Dominant hand:	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Both
Comments:			
Writing/printing speed:	wpm	Typing speed:	wpm
Support required for writing:	<input type="checkbox"/> Scribe	<input type="checkbox"/> Regular mouse	<input type="checkbox"/> Extra time <input type="checkbox"/> Reduced workload
Uses:	<input type="checkbox"/> Regular keyboard	<input type="checkbox"/> Joystick	<input type="checkbox"/> Hand switch <input type="checkbox"/> Adapted pencil grip
	<input type="checkbox"/> Alternate keyboard	<input type="checkbox"/> Head pointer	<input type="checkbox"/> Head switch <input type="checkbox"/> Other switch sites
	<input type="checkbox"/> Eye Gaze System	<input type="checkbox"/> Trackball	<input type="checkbox"/> Regular pencil

Social/Behavioural Concerns: Yes No

Peer Interactions Time on Task /Attention Impulsivity Safety

Comments:

What goals are you hoping the loan of SET-BC Assistive Technology will support (please link to IEP goals if possible)?

Is there any other information that you think would be helpful for SET-BC to know about this student or the supporting team/district?

School Administrator (print name)	Signature
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Checklist for Submission of Form

- Current IEP Attached (*Required) Yes No (If no, please explain)

- Picture of Student Attached (if possible) Yes No
- All relevant sections completed by a specialist Yes
- All relevant reports are attached Yes
- Type of SET-BC Service Requested has been selected Yes
- AT Only Request Section fully completed Yes
- Form has been signed by Admin Yes