

Student Profile for SET-BC Student Based Support Request - 2022/23

School District #:

Name of Person Completing Form:

SET-BC Services Requested – PLEASE SELECT ONE:

- Assistive Technology Loan and SET-BC Team 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			Birthdate (yyyy-mmm-dd)		
School Name			Grade		PEN # (9 digits)		
Diagnosis					SPED Category		
Student identifies as: <input type="checkbox"/> First Nation (Status/Non-status) <input type="checkbox"/> Métis <input type="checkbox"/> Inuk (Inuit)							
Nation:							

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

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

What is the general type of technology the student team is considering?

- Communication Access Vision
- Other (describe):

Current Technology Implementation Picture:

If you are requesting Assistive Technology (AT) Only, this section MUST be completed fully (with specific details provided for each section).

Student is currently using Assistive Technology Yes (provide details) No

Are there any concerns with the present technology being used? Please describe:

Assistive Technology has been trialed Yes (provide details) No (if no, please do not request AT Only)

Student has been assessed/supported by a district specialist Yes No (if no, please do not request AT Only)

District team is able to support school team with training on solution loaned Yes No (if no, please do not request AT Only)

Student Profile (it is vital that specialists in given areas complete sections relevant to the student they support)

Communication Concerns: Yes (attach all relevant reports) No (if no, DO NOT COMPLETE THIS SECTION)

Current Communication Skills:

<input type="checkbox"/> No speech	<input type="checkbox"/> Echolalia	<input type="checkbox"/> Some spoken words
<input type="checkbox"/> Vocalization	<input type="checkbox"/> Manual signs (sign language)	<input type="checkbox"/> Behaviour (crying, aggression, self-injury)
Low Tech (picture symbols/photo)		<input type="checkbox"/> High Tech Dynamic Display
<input type="checkbox"/> Picture supports for communication (e.g. PECS, communication board)		
<input type="checkbox"/> Single message device (e.g. BIG MACK)		
<input type="checkbox"/> Multicell device (e.g. Go Talk)		
<input type="checkbox"/> Other (specify):		

Please elaborate on the boxes checked (above) by providing specific details of day-to-day communication: (if applicable provide a photo of the home page of the communication page set including core board, E Tran etc.)

Current Symbol Representation:			
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	

Vision Concerns:			
<input type="checkbox"/> Yes (attached all relevant reports)		<input type="checkbox"/> No (if no, DO NOT COMPLETE THIS SECTION)	
Vision Impairment:			
<input type="checkbox"/> Low vision	<input type="checkbox"/> Visual field restrictions	<input type="checkbox"/> Colour vision deficit	
<input type="checkbox"/> Blind	<input type="checkbox"/> Cerebral/cortical visual impairments	<input type="checkbox"/> Progressive condition	
Optical Aids Used (describe):		Preferred Magnifications: _____	
Acuity:			
	Right eye:	Left eye:	Both eyes:
Reading Medium:	<input type="checkbox"/> Large print	<input type="checkbox"/> Large print with speech	Preferred font size:
	<input type="checkbox"/> Uncontracted braille	<input type="checkbox"/> Contracted braille	

Motor Concerns:			
<input type="checkbox"/> Yes (attached 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 wheeler	
<input type="checkbox"/> Manual wheelchair	<input type="checkbox"/> Other		
Dominance:			
<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Both	
Hand Function:			
<input type="checkbox"/> Able to point finger	<input type="checkbox"/> Able to grasp/release	<input type="checkbox"/> Impaired (provide details):	
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	
Seating/mounting considerations: (e.g. present chair to be replaced soon, needs mounting)			

Cognitive/Academic Concerns: <input type="checkbox"/> Yes (attached all relevant reports) <input type="checkbox"/> No (if no, DO NOT COMPLETE THIS SECTION)
Cognitive level: <input type="checkbox"/> Average/above average <input type="checkbox"/> Mid/moderate delay <input type="checkbox"/> Severe/profound delay
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
District Partner (print name)	Signature

Checklist for Submission of Form

<ul style="list-style-type: none"> • Current IEP attached (*required) <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, please explain) • Picture of student using current technology (if possible) <input type="checkbox"/> Yes • All relevant sections completed by specialists <input type="checkbox"/> Yes • All relevant reports attached <input type="checkbox"/> Yes • Type of SET-BC service requested has been selected <input type="checkbox"/> Yes • AT Only Request section (Current Technology Implementation) has been completed <input type="checkbox"/> Yes • Form has been signed by Admin/District Partner <input type="checkbox"/> Yes • All team members named on this form are aware of this request <input type="checkbox"/> Yes
