



SPECIAL EDUCATION SERVICES / ASD MULTIDISCIPLINARY TEAM

| | | |
|--------------------------|--------------------------|-----------------|
| Name of child: | Date of birth: | Sex: |
| Child's address: _____ | | |
| _____ | | |
| _____ | | |
| Mother: _____ | Tel. (w): _____ | Tel. (h): _____ |
| Father: _____ | Tel. (w): _____ | Tel. (h): _____ |
| Tutor: _____ | Tel. (w): _____ | Tel. (h): _____ |
| School: _____ | Principle: _____ | |
| Classroom teacher: _____ | Current placement: _____ | |

1. CHILD PROFILE (STRENGTHS AND NEEDS)

1. Communication

Augmentative and alternative communication system

Vocalizations _____

PECS _____

Signed language _____

Receptive language _____

Expressive language

Visual Supports

Sensory Needs

2. Cognitive functioning (autoregulation), social and adjustment skills

3. Behaviour

4. List of Reinforcers

5. Winning Strategies

6. Other profile elements (please specify):



II. DOCUMENTS SHARED

- IEP
- psychological assessments
- Progress Report
- Discharge report
- ISP
- ABLLS-R
- ABLLS-R (summary version)
- Other assessments (please specify)

III. GOALS AND SKILLS TO BE TARGETED DURING THE SCHOOL DAY

IV. NEXT STEPS

Date(s) of next meeting (s): _____

Observation by teacher of Autism Intervention Program:
Date for observation of child in
Autism Intervention Program _____
Referral to School Support Program _____

Signature of parent/guardian

Signatures of members present from HANDS:

Title: _____
Title: _____
Title: _____

Signatures of members present from NNDSB:

Title: _____
Title: _____
Title: _____

Date if multidisciplinary team meeting: _____

CC. Original on file in the child's Ontario Student Record