



118 – 11th Street E.
 Prince Albert, SK S6V 1A1
 PH: (306) 953-7500 Fax: (306) 763-1723

DIVISION COMPREHENSIVE ASSESSMENT (K – 8)

Name: _____ Sex: _____ Age: _____
 Date of Birth: _____ School: _____
 (D / M / Y)
 Grade: _____ Repeated Grade: _____ Program: K-8 Regular _____ PPP _____
 Parent(s)/Guardian(s): _____ Phone Number: _____
 Work Number: _____ Cellular Number: _____
 Address: _____
 Educational Support Teacher: _____ Teacher: _____
 Referral Initiated by: _____ Date of Referral: _____
 Reason for Referral: _____

| REFERRAL CATEGORY | | |
|--------------------------|------------|---|
| <input type="checkbox"/> | Category 1 | Students experiencing academic difficulty. |
| <input type="checkbox"/> | Category 2 | Students who are experiencing severe behavioral problems. |
| <input type="checkbox"/> | Category 3 | Assessment for transition to high school. |
| <input type="checkbox"/> | Category 4 | Requested by _____ (Outside Agency) |

| BACKGROUND INFORMATION | |
|-----------------------------|-------|
| Vision: | _____ |
| Hearing: | _____ |
| General Health: | _____ |
| Medication: | _____ |
| Physical Challenges: | _____ |
| Previous Medical Diagnosis: | _____ |
| Doctor: | _____ |

AREAS OF CONCERN

Please indicate the areas of concern that are preventing the student from accessing the curriculum:

| COMMUNICATON | | ACADEMIC | | PERSONAL & SOCIAL GROWTH | |
|--------------------------|----------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | Oral Expression | <input type="checkbox"/> | Short Term Memory | <input type="checkbox"/> | Frustration Tolerance |
| <input type="checkbox"/> | Hearing | <input type="checkbox"/> | Long Term Memory | <input type="checkbox"/> | Accepting Responsibility |
| <input type="checkbox"/> | Following Directions | <input type="checkbox"/> | Processing Speed | <input type="checkbox"/> | Aggression |
| <input type="checkbox"/> | Listening Comprehension | <input type="checkbox"/> | Written Expression | <input type="checkbox"/> | Anxiety |
| WORK HABITS | | <input type="checkbox"/> | Reading Comprehension | <input type="checkbox"/> | Attendance |
| | | <input type="checkbox"/> | Reading Fluency | <input type="checkbox"/> | Impulsivity |
| <input type="checkbox"/> | Planning / Organization | <input type="checkbox"/> | Short Attention – Reading | <input type="checkbox"/> | Distractibility |
| <input type="checkbox"/> | Clumsy / Awkward | <input type="checkbox"/> | Short Attention – Copying | <input type="checkbox"/> | Excessive Movement |
| <input type="checkbox"/> | Paper / Pencil Tasks Messy | <input type="checkbox"/> | Reversal of Numbers and/or letters | <input type="checkbox"/> | Peer Relations |
| <input type="checkbox"/> | Eye-Hand Coordination | <input type="checkbox"/> | Math Reasoning Skills | <input type="checkbox"/> | Social Skills |
| <input type="checkbox"/> | Formation of Letters | <input type="checkbox"/> | Math Calculation Skills | | |
| <input type="checkbox"/> | Initiation of Work | | | | |
| <input type="checkbox"/> | Completion of Work | | | | |
| <input type="checkbox"/> | Personal Organization | | | | |

1. What classroom and/or informal assessment measures have been used to determine the student's level of instruction?

2. Is this student meeting curriculum outcomes? Yes No
Explain how.

3. What strategies does the student use to cope in the classroom?

FORMAL ASSESSMENT INFORMATION

Most Recent Cognitive Assessment (Attach summary of results)

| | |
|------------------|--|
| Assessment Tool: | |
| Date: | |

Most Recent Achievement Tests (Attach summary of results)

| | |
|------------------|--|
| Assessment Tool: | |
| Date/Grade: | |

Most Recent Speech and Language Assessment:

(Indicate areas of concern with details)

| | | |
|---------------------------------|--|------------------|
| Articulation: | | |
| Expressive Language: | | |
| Receptive Language: | | |
| Language(s) spoken in the home: | First Language: | Second Language: |
| Speech/Language Therapy | <input type="checkbox"/> Previous <input type="checkbox"/> Ongoing | |

Most Recent Behavioral Assessment (Attach summary of results)

| | |
|------------------|--|
| Assessment Tool: | |
| Date/Grade: | |

OUTSIDE AGENCY INVOLVEMENT

(as per Student Impact Assessment Profile)

| Agency: | Professional: | Date: | Type of Involvement: |
|---------|---------------|-------|----------------------|
| | | | |
| | | | |

How will the results of this assessment inform and improve instruction? _____

OBSERVED STUDENT BEHAVIOR

| | |
|--|---|
| How does the student respond to visual, oral or written material? | How does the student respond to assigned tasks? |
| | |
| How does the student persist with tasks? | How does the student organize his/her time and materials?: |
| | |

| | |
|---|--|
| <p>Describe the student's use of oral language (fluency, willingness to speak)?:</p> | <p>Does the student prefer to work individually, in partners or in a group?</p> |
| <p>How does the student respond to auditory, visual or proximal teacher cues?:</p> | <p>How does the student respond to authority?</p> |
| <p>How does the student interact with peers?</p> | <p>Does the student have any environmental preferences (desk arrangements, lights, sounds, etc.)?</p> |

Educational Support Teacher

Date

Principal

Date

Superintendent of Education – Student Support Services

Date