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|  | **Form 210-19** |
|  | **Inclusion and Intervention Plan Rubric (ISIS)** |
| **Vertical_BW PNG 060409** | Insert School Name,Address, Town, Sask., Postal CodePhone: (Number) Fax: (Number)email address if applicable | **Reference** | **AP 210 Services for Students with Diverse Needs** |
| **Revised** | **July 18, 2017** |
| **Level** | **School** |
| **Submit to** | **Student Support Services Consultant** |
| **When** | **As required** |

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| **Student Name** (last, first, middle) |  | **Date** |  |
| **Birth Date** (mm/dd/yyyy) |  | **Gender** |  | **Grade** |  |
| **School Name** |  | **Student ID** |  |

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| **Independence** | Completes tasks and follows instructions in a manner similar to same-age peers | Completes tasks and follows instructions with occasional assistance and supervision | Completes tasks and follows instructions with frequent assistance and supervision | Completes tasks with continuous assistance and supervision |
| **Personal/social Wellbeing** | Generally demonstrates positive age-expected emotional health and social skills | Occasionally benefits from support in developing age-expected emotional health and social skills | Frequently benefits from support in developing age-expected emotional health and social skills | Requires intensive support in developing age-expected emotional health and social skills |
| **Communication** | Effectively understands and expresses ideas, thoughts and needs in a manner similar to same-age peers | Occasionally has difficulty understanding and/or expressing ideas, thoughts and needs; requires prompts and supports | Frequently has difficulty understanding and /or expressing ideas, thoughts and needs; requires prompts and supports | Requires intensive support to communicate basic needs and wants |
| **Health/Medical needs/Personal Care** | No health needs and/or medical conditions is currently well-managed | Requires occasional monitoring and/or assistance with health and/or personal care needs | Requires frequent monitoring and/or assistance with health and/or personal care needs | Requires intensive monitoring and/or assistance with health and/or personal care needs |
| **Academic Achievement** | Performing at or above expected achievement based on individual learning capacity | Performing at expected achievement with specific adaptations and supports based on individual learning capacity | Performing below expected achievement with specific adaptations and support based on individual learning capacity | Unable to demonstrate expected achievement with intensive adaptations and supports based on individual learning capacity. |
| **Safety** | No threat or harm to self or others | Requires occasional supervision to ensure no harm to self or others | Requires frequent supervision and prompting to ensure no harm to self or others | Requires intensive supervision and behavioural intervention to ensure no harm to self or others |
| **Sensory** | Readily regulates sensory information presented in the environment | Occasionally experiences difficulty regulating sensory information | Frequently experiences difficulty regulating sensory information | Continuously requires intensive individual sensory programming to regulate sensory information |
| **Motor Skills** | Does not require assistance for age-expected motor activities | Occasionally requires assistance with age-expected motor activities | Frequently requires assistance with age-expected motor activities | Continuously requires assistance with age-expected motor activities |
| **Transition** | Does not require assistance during transitioning | Requires occasional assistance during transitioning | Requires frequent assistance during transitioning | Requires continuous assistance during transitioning |
| **Other** |  |  |  |  |

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|  |  | **Blind or Visual Impairment** Measured loss of central visual acuity that is 20/70 or less in the better eye with proper correction; or field of vision is not greater than 20 degrees at the widest diameter. |
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|  |  | **Deaf or Hard of Hearing** Hearing loss greater than 34 decibels in the better ear; or a unilateral hearing loss with is 50 decibels or more and a significant delay in speech and language. |
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|  |  | **Intellectual Disability**A disorder that includes both intellectual and adaptive functioning deficits in conceptual, social, and practical domains. Also referred to as Intellectual Developmental Disorder. |
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|  |  | **Bipolar, Depressive, anxiety or Related Disorders**Includes Selective Mutism, Obsessive-Compulsive Disorder, Psychotic Disorders, etc. |
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|  |  | **Orthopaedic Disability**Mobility is significantly impacted; limitations are documented in self-care (e.g., feeding, dressing, toileting), and specialized transportation is required. |
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|  |  | **Autism Spectrum Disorder**Includes the previously diagnosed Asperger’s Syndrome and Pervasive Developmental Disorder. Also includes Autism Spectrum Disorder associated with a known medical or genetic condition (e.g. Rett’s Disorder, Childhood Disintegrative Disorder) or environmental factor (lead paint exposure, acquired brain injury). |
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|  |  | **Physical Health Impairment** School attendance is limited for at least three months secondary to physical health issues, or supervision is required to ensure health and safety with personal care (e.g. managing medications, provision of medical procedures). |
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|  |  | **Neurodevelopmental Disorder associated with prenatal substance exposure**Includes Fetal Alcohol Spectrum Disorder (FASD), related disorders or documentation of prenatal exposure to substances. |
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|  |  | **Substance-related and Addictive Disorders** Substance use or a substance induces disorder. |
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|  |  | **Other Diagnosed**Diagnosed condition. |
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|  |  | **Undiagnosed** Undiagnosed condition. |
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| **Learning Capacity** | * Low average cognitive ability (IQ ~>80)
 | * Cognitive ability not formally assessed
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| * Above average cognitive abilities (IQ>115)
* Average cognitive ability (IQ ~100
 | * Borderline cognitive ability (IQ~60-80)
* Significant cognitive impairment (IQ ~<55)
 | * Cognitive ability cannot be classified
* Cognitive ability is not known at this time
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|  |  | **Diagnosis/Assessment** | **Professional/Role** | **Agency** | **Year** |
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|  |  | **Undiagnosed**  |  |  |  |
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| **Completed by** |  | **Date** |
| **Completed by** |  | **Date** |
| **School-Based Administrator’s Signature** |  | **Date** |
| **Superintendent of Education’s Signature** (Student Support Services) |  | **Date** |

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|  |  | Level One |  |  | Level Two |