School District 8
Kootenay Lake

Category H Audit Plan

Student: _____

School: _____PEN#_____

School Based Team Members:

| Category checklist | Updated to reflect 2020/2021 school year: <br> *Yes      No* | If not, what is the rationale? |
|---|---|---|
| Support planning tool | Updated to reflect the 2020/2021 school year: <br> *Yes      No* | Date that school team will be meeting to update the support planning tool: |
| Evidence of IEP consultation | *Yes      No* | Date of fall IEP meetings (this can be over a period of a few days or week): |
| This year's IEP- written to reflect any feedback on the audit form. | *Yes      No* | Date of fall IEP meetings (this can be over a period of a few days or week): <br><br> Team members who will be in attendance: <br><br> Person writing the IEP: <br><br> Target date of IEP completion: |
| Current behaviour plan | *Yes      No* | Date of meeting to write behaviour plan: <br><br> Team members who will be in attendance: <br><br> Person writing the behaviour plan: |
| Current safety plan | *Yes      No* <br> *N/A* | Date of meeting to write safety plan (to be completed by administrator, with input from school team): |

| Medical reports | Does the student have any upcoming medical appointments or assessments? Please provide details (i.e. – scheduled for an IHCAN or an appointment with the pediatrician). | | |
|---|---|---|---|
| Professional reports | Are there any current referrals in for a psych-ed or behaviour rating scales? | | |
| Inclusive Education Involvement | Who is involved from inclusive education? Are there outstanding referrals? | | |
| Evidence of outside agency support | *Yes        No* | If yes, what agency support(s) is the student accessing?<br><br>Is there a letter (on letterhead and dated) in the binder?<br>              Yes        No | If not, what is the plan to connect the student to outside agency support during the 2020/21 school year?  details: |
| History of behaviour | What is the plan for collecting a through, detailed record of significant behaviours that impact the student's learning and/or the learning of others?<br><br>Please attach a copy of what the school team is planning to use to collect data. | | |
| Additional Information: | <br><br>What is the plan for meeting with the student's parents or guardians?<br><br>Date of the next school based team meeting regarding this student: | | |