

Criteria for Intensive Supports
(Requires assessment and documentation by qualified practitioners,
that the student's educational performance is adversely affected)

- Blind or Visual Impairment:** Has a measured loss of central visual acuity that is 20/70 or less in the student's better eye with proper correction; or that the student's field of vision is not greater than 20 degrees at the widest diameter
- Deaf or Hard of Hearing:** Has a hearing loss greater than 34 decibels in the better ear; or has a unilateral hearing loss which is 50 decibels or more and there is a significant delay in speech and language
- Intellectual Disability:** Student scores below 50 plus 5 on an individualized standard assessment and demonstrates a significant deficit in adaptive behaviour on an individual assessment
- Mental Health Impairment:** Requires a diagnosis of mood disorder, anxiety disorder or personality disorder
- Multiple Disability:** Student meets criteria for any two categories listed
- Orthopaedic Disability:** Mobility is seriously restricted; student is limited in self help, requires specialized transportation, or requires technological aids to access the curriculum
- Pervasive Developmental Disorder:** Requires a diagnosis of Autism Spectrum Disorder, Asperger's Disorder, Rett's Disorder, Childhood Disintegrative Disorder or Pervasive Developmental Disorder – Not Otherwise Specified
- Physical Health Impairment:** The student's physical health limits or doesn't permit school attendance for at least three months, or may require personal care/supervision to ensure health and safety
- Prenatal Substance Exposure:** Requires a diagnosis of Fetal Alcohol Spectrum Disorder, pFASD, Alcohol-Related Neurodevelopment Disorder or Alcohol-Related Birth Defects; or the student has prenatal exposure to drugs
- Substance-related Disorders:** Students must have a diagnosis of substance use or a substance induced disorder.
- Other:** Diagnosed condition
- Other:** Undiagnosed condition

<input type="checkbox"/> Diagnosis/Assessment	Professional/Role	Agency	Year

Undiagnosed

Completed by: _____ Date: _____

Completed by: _____ Date: _____

Completed by: _____ Date: _____

SCHOOL DIVISION OFFICE USE			
Provincial Criteria for the Identification for Intensive Supports Level I and II			
Consistent	<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Level I <input type="checkbox"/> Occasional School Team Support <input type="checkbox"/> Occasional School Division Team Support <input type="checkbox"/> Occasional Other Agency Support </td> <td style="width: 50%; vertical-align: top;"> Level II <input type="checkbox"/> Frequent School Team Support <input type="checkbox"/> Frequent School Division Team Support <input type="checkbox"/> Frequent Other Agency Support </td> </tr> </table>	Level I <input type="checkbox"/> Occasional School Team Support <input type="checkbox"/> Occasional School Division Team Support <input type="checkbox"/> Occasional Other Agency Support	Level II <input type="checkbox"/> Frequent School Team Support <input type="checkbox"/> Frequent School Division Team Support <input type="checkbox"/> Frequent Other Agency Support
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Flexible	<p>The School Division Superintendent of Student Support Services approves that the needs of the student and programming provided are reflective of Level I or II Intensive Supports:</p> <input type="checkbox"/> Meets criteria for Intensive Supports Level I <input type="checkbox"/> Meets criteria for Intensive Supports Level II		
School Division Approved by: _____ Date: _____			

2010-2011 Impact Assessment
Identification of Students Requiring Intensive Supports

School Division: _____

School: _____ **Date:** _____
Day Month Year

Student: _____
Last First Middle Gender

Birth Date: _____ **Grade:** _____
Day Month Year

School Division ID: _____ **Ministry ID:** _____

