Student Support SCHOOL LEVEL INTERVENTION PROCESS Services Checklist: (Date completed) Student name: Inform Principal School: (Referral online form) School year: _ School-team Checklist: (Date completed) Classroom Checklist: Parental communication/ consent Consult with Student Services Teacher (Date completed) confirmed and upload it into CLEVR **START** In-school and division St. Services personnel Transition meeting Consult Educational Psychologist Implement and Classroom teachers review track Tier I cum. file/student history for interventions In CLEVR complete Referral online each student and Case History forms Is further NO YES Speech-Language action Apply Adaptive Pathologist required? Dimension for all students Occupational Inform parents of concerns and Therapist start the CLEVR Referral online Document Form observations Wellness Coordinator Administer Conduct in-school **Division Counsellor** appropriate assessments assessment(s) Mental Health Academic Complete CLEVR ROA (Record of Social Skills Adaptations) where appropriate and **Community Organizations** share with parents and Employment School-based team meeting: NO action plan devised Other Are students able Implement and track to meet essential Tier II interventions learning outcomes? **Debriefing Meeting** Follow-up meeting YES Is further action Develop plan of action required? and/or develop IIP Continue to monitor and adapt for individual student YES needs

Continuous follow-up