**STUDENT SERVICES**

**SCHOOL DISTRICT NO. 50 (HAIDA GWAII)**

**107 3rd Avenue, Queen Charlotte, BC V0T 1S0**

**Phone: 250-559-8471 Fax: 250-559-8849**

ANNUAL DESIGNATION *RENEWAL* REQUEST

**C**

|  |  |  |
| --- | --- | --- |
| **Student Name:** | **D.O.B.** |  |
| **School:** | **Grade:** | **Date:** | **PEN #** |

***Check*** each of the following to confirm that the student file contains the necessary evidence/documentation.

|  |
| --- |
| 1. **DEFINITION**: **Moderate to Profound Intellectual Disabilities**
 |
| * Assessment documentation shows the student’s intellectual functioning is 3 or more standard deviations below the mean on an individually administered Level C assessment of intellectual functioning (SS≤54), and
* Assessment documentation shows there are limitations of similar degree in 2 or more adaptive skill areas on a norm referenced measure of adaptive behaviour.
 |

|  |
| --- |
| 1. **IDENTIFICATION & ASSESSMENT**:
 |
| * The assessment document is present in the student’s designation file.
* The student’s report card and/or progress reports indicate support services are present in the classroom/school program.
 |

|  |
| --- |
| 1. **PLANNING & IMPLEMENTATION**:
 |
| * The designation file is organized according to district standards
* A current IEP is in place.
* The IEP has individualized goals and measurable objectives.
* The goals correspond to the category.
* The IEP includes an evaluation of strategies and interventions used.
* The student is being offered learning activities in accordance with the IEP.
* The IEP outlines methods for measuring progress in relation to the goals/objectives.
* There is evidence that the IEP has been recently reviewed.
* There is evidence that the parent/guardian was offered the opportunity to be consulted about the preparation of the IEP.
 |

|  |
| --- |
| 1. **SUPPORTS & SERVICES**:
 |
| * The services outlined in the IEP relate to the identified needs of the student.
* The student is receiving special education services to address the needs identified in the assessment documentation that are beyond those offered to the general student population and are proportionate to the level of need.
 |

**Confirmation of Appropriate Documentation**

Principal Signature: SBT Chair Signature: Date: