

**Annapolis Valley Regional School Board  
REQUEST FOR SEVERE LEARNING DISABILITIES PROGRAM**

(r-Nov 10/03)

**Student Information:**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Address (Civic): \_\_\_\_\_ Address (Mailing - if different): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postal C. \_\_\_\_\_ Postal C. \_\_\_\_\_

Phone (H): \_\_\_\_\_ Legal Guardian(s): \_\_\_\_\_

Referral Date: \_\_\_\_\_ Referring Teacher(s): \_\_\_\_\_

\_\_\_\_\_

*Note: Prior to completing this form, school staff should ensure that the student meets the following criteria:*

- The student has average or above average cognitive ability (WISC done in grade 4 or above and not more than 3 years old).
- The student has experienced unexpectedly poor school performance.
- The student exhibits severe deficits in one or more areas of basic literacy.
- The student has made minimal progress despite intensive efforts to support literacy development at the school level over a two to three year period.

**Part A:**

1. Provide a summary of the student's current school performance:

2.a) Describe support efforts that have been made over the last three years. Refer specifically to the strategies and adaptations made by the Program Planning Team to address the learning needs identified on the psychoeducational assessment and SLP reports. (use space as required on following page):

b) How much Resource assistance is currently provided to this student per week/cycle?

In Class \_\_\_\_\_

Pull Out \_\_\_\_\_

3. What classroom adaptations are currently in place for this student?

4. Other supports? (speech-language, outside agencies?) Explain.

**\*\* NOTE: Academic Achievement scores must be within the same school year.**

**Part B:**

1. Recent cognitive ability test results (*include dates*):

2. Graded passage reading test results (ARI, Woodcock, etc.) (*include dates*):

Word Recognition:

Comprehension:

3. Diagnostic numeracy achievement test results (KeyMath, Woodcock, etc.) (*include dates*):

Operations:

Problem Solving:

4. Standardized spelling test results (WRAT, Kottmeyer, etc.) (*include dates*):

Written Language:

5. Hearing/Vision test results:

6. Other test results (reading, language, etc.):

**Part C:**

1. Did this student repeat any grades? Describe:

2. Describe the student's classroom behaviour:

3. Describe home support/contact with home:

4. How does this student perceive his/her own learning?:

**Part D:**

Please attach the following to this application **before forwarding it** to the Coordinator of Student Services:

1. A recent, 50-word unassisted, unedited free form writing sample.
2. Two other written work samples taken from classroom work.
3. A copy of any other specialists' reports available (e.g. - Speech-Language, Program Advisors, outside agencies)
4. A copy of the student's report cards for the past two years.
5. A copy of any student program plan used by the school (IPP, Resource support program plan, etc.)

**Part E:**

If the student is accepted for support in the Severe Learning Disabilities Program, the school staff and the legal guardian(s) accept and give consent for the student to be withdrawn from class (regular or resource) for direct service from the Learning Disabilities Specialist.

Signatures:

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Resource Teacher

\_\_\_\_\_  
Legal Guardian

---

**MAIL ORIGINAL DOCUMENT (WITH ATTACHMENTS) TO:**

**Coordinator of Student Services**  
AVRSB  
121 Orchard St., PO Box 340  
Berwick, NS BOP 1EO