

FORMS (FOR GATHERING INFORMATION)

Critical Information

Student: _____

Parents/Guardians: _____

Agencies involved: _____

Status of Student: _____

Experience of student with Agencies:

Experience of student with School:

Experience of student at Home:

Experience of student in Community:

Other critical experiences or information:

 SPECIFIC BEHAVIOURS

In School/On playgrounds	In Home/In Community

 PATTERNS AND TRIGGERS

Patterns (Time/place/circumstance)	Triggers (people/situation/verbal/manner/behaviour)

 CHILD'S STORY

(Critical Events/Learnings/Life Patterns)

Home	School	Other

 HYPOTHESES/GUESSES

(or Confirmed by Student)

Coping Strategies	Dynamics	Needs

 PROGRAMMING NEEDS

System	Social-Learning	Personal/Emotional

 OUTCOMES

Student Specific	Performance Objectives (if taught or steps too big)

INTERVENTIONS

PROACTIVE INTERVENTIONS Largely Address Personal and Learning Needs	
School	Home/Other

REACTIVE INTERVENTIONS Largely address system and learning needs	
School	Home/Other

IMPLEMENTATION

Who	Does What	When

SUPPORTS REQUIRED BY CAREGIVERS

Materials	People

If there's a problem, whom do we call?

CRITICAL INFORMATION #2

1. Identifying Information

Student Name: MET #:

Birth date: Grade:

Gender:

Caregivers:

School division/district: School:

Agencies and personnel involved:

Legal status:

2. Description of Concerning Emotional/Behavioural Problems:

3. Development and Function of Student's Emotional/Behavioural Problems:

4. Diagnostic Information:

5. Summary of School Performance:

6. Identification of Treatment/Educational Goals

a. Treatment (Shared Service) Goals include:

7. Proposed Multisystem Treatment/Educational Plan:

a. Treatment Plan (Circle of Care): See attached Circle of Care Plan

b. Safety Plan

c. Educational Plan: See I.E.P

8. Case Management Process:

CIRCLE OF CARE TREATMENT PLAN

Shared Service Goal	Home Environment	School Environment	Other