



North Okanagan-Shuswap School District No. 83  
INCLUSIVE EDUCATION DEPARTMENT

Student: _____ Year: →		20__	20__	20__	20__	20__
Case Manager: _____						
Review each year to ensure category eligibility Ministry Category → A B C D E F G H K P Q R						
TABS	DESCRIPTION OF CONTENTS					
AUDIT CHECKLIST	Ministry Category checklist-current school year					
	INADS this year (for category A-H)					
	INADS last year (for category A-H)					
	Support Planning Tool completed(1 <sup>st</sup> IEP or significant change in need)					
IEP	Evidence of IEP Consultation					
	This year's IEP					
	Last year's IEP					
BEHAVIOUR PLAN (Cat. R/H)	Within the past 12 months, review regularly, include data summary					
SD No. 83 SAFETY PLAN	Within the past 12 months, review regularly, include data summary					
MEDICAL REPORTS (Shows diagnoses)	Doctor					
	Pediatrician					
	Psychiatrist					
	IHCAN					
	Other Medical:					
PROFESSIONAL REPORTS OR LETTERS	Psycho Ed: full or behavioural					
	OT/PT					
	Hearing/Vision					
	SLP					
	Behaviour consultation – FBA					
	Other: MCFD, counsellor, etc.					
	Proof of ongoing Outside Agency					
HISTORY OF BEHAVIOUR	Current records of significant behaviours for the past 1-2 years					
TEAM MEETING NOTES	Identify date, topics, action, participants					

X \_\_\_\_\_  
Case Manager

\_\_\_\_\_  
Date

X \_\_\_\_\_ Approved/Declined  
Principal of Inclusive Education

\_\_\_\_\_  
Date