

ST. JAMES-ASSINIBOIA SCHOOL DIVISION

CUMULATIVE FILE INSERT

2574 Portage Avenue (Please staple to inside cover of cum file) Winnipeg, Manitoba R3J 0H8 (204) 885-7594

JRA-E-1 LL#82264

* To be reviewed on an annual basis

* E.S.S. <u>School Clinical files are to be sent back</u>

to E.S.S when a student moves out of SJASD * Receiving school to request file from E.S.S.

Student's Name:			Birth Date:		MET Number:
	(Last)	(First)	(Day	y) (Month) (Year)	

Indicate each grade level that the student accessed the appropriate support/service. If a student changes schools (besides transitioning from EY to MY or MY to SY) please start a new sheet **Early Years School Name:** Middle Years School Name: **Senior Years School Name:** Service/Support 6 7 8 10 11 12 Κ 4 5 1 2 3 Reading Recovery Resource Teacher Counsellor Math Intervention Program Low Incidence Funding Individual Education Plan Adapted Learning Plan **URIS Health Care Plan** English as an Additional Language **Educational Support Services** 1 Braintree Crescent, Wpg, MB R3J 1C7 Phone: 885-1334 Fax: 885-7594 Psychology Social Work Speech and Language Pathology Physiotherapy Services Occupational Therapy Services Behaviour Intervention Team Deaf and Hard of Hearing Aboriginal Support Worker Student Threat Assessment Report **Interagency Services:** Children's Special Services Psychiatry MATC Other: (Principal or designate to initial once CUM is

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reviewed at end of each grade level.)