

GROUP OF SCHOOLS OF _____

ASSESSMENT PROCESS PLANNING
(collecting information by reference to ICF)

ASSESSMENT ROADMAP

STUDENT'S IDENTIFICATION

Name: _____

Date of Birth: ____ / ____ / ____

School Year _____ **Kindergarten/School:** _____

DESCRIPTION OF THE STUDENT'S SITUATION

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MULTIDISCIPLINARY TEAM

Name	Service

WHAT TO ASSESS ?					
Functioning and disability					
	Chapters	Categories			
		Codes	Description	Existing Data	Information to be collected
Component: Body Functions					

ROADMAP ASSESSMENT

<i>WHAT TO ASSESS?</i>					
Functioning and Disability					
	<i>Chapters</i>	<i>Categories</i>			
		<i>Codes</i>	<i>Description</i>	<i>Existing Data</i>	<i>Information to be collected</i>
Component: Activity and Participation					

ROADMAP ASSESSMENT

<i>WHAT TO ASSESS?</i>					
Contextual Factors					
	<i>Chapters</i>	<i>Categories</i>			
		<i>Codes</i>	<i>Description</i>	<i>Existing Data</i>	<i>Information to be collected</i>
Component: Environmental Factors					

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Other relevant contextual factors, including personal factors		

ASSESSMENT ROADMAP

Person accountable for data collecting:

How to ASSESS?				
<i>Components</i>	<i>Categories</i>	<i>Information source</i>	<i>Tools</i>	<i>Scheduled</i>
Body Functions				
Activity & Participation				
Environmental Factors				