

Group of Schools of _____

TECHNICAL-PEDAGOGICAL REPORT

(D. L 3/2008, art°6°)

DECISION TAKING – taking into account the results of the assessment and the functioning profile

Student's Identification

Name: _____ Birthday Date: ____/____/____

School level: _____ Kindergarten/School:

SPECIAL EDUCATION NEED (mark with a cross)

a) No, it doesn't confirm a specialized education intervention

b) Yes, it confirms a specialized education intervention

FUNCTIONING PROFILE

1. ACTIVITY & PARTICIPATION

2. BODY FUNCTIONS

3. ENVIRONMENTAL FACTORS

4. REASONS THAT JUSTIFY THE PERMANENT SPECIAL EDUCATIONAL NEEDS/ typology

5. ANSWERS AND EDUCATIONAL MEASURES TO ADOPT

Date: ____/____/____

Intervenants Signatures _____

Parent Guide: _____

Date ____/____/____

Director's Homologation: _____

Date: ____/____/____