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| **MOTIF(S) D’INTERVENTION** | | | | | | | | | | | | | | | | | |
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|  |  | Classement | |  | | Évaluation | |  | Suivi | |  | Validation de code |  | | Rôle-conseil / ad hoc | Autre : |  |
|  | |
| **Préciser** | | | |  | | --- | |  | |  | | | | | | | | | | | | | | | |
| **INTERVENTION(S) RÉALISÉE(S)** | | | | | | | | | | | | | | | | | |
| **DATE (S)** | | | | | **INTERVENTION(S)** (précisions au besoin) | | | | | | | | | | | | |
|  | | | | | Étude de cas | | | | | | | | | | | | |
|  | | | | | Évaluation | | | | | | | | | | | | |
|  | | | | | Observation directe | | | | | | | | | | | | |
|  | | | | | Rapport / document provenant de l’externe | | | | | | | | | | | | |
|  | | | | | Rencontre avec l’élève | | | | | | | | | | | | |
|  | | | | | Communication / rencontre : Parents Enseignants, direction et intervenants scolaires | | | | | | | | | | | | |
|  | | | | | Intervenants externes | | | |  | | | |
|  | | | |
|  | | | | | Participation à : Comité d’évaluation Comité d’expertise Comité clinique E.I.J. P.I. P.S.I.I. T.E.V.A. | | | | | | | | | | | | |
|  | | | | | Autre | |  | | | | | | | | | | |
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| **Conclusions / RECOMMANDATIONS** | | | | | | | | | | | | | | | | | |
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