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| **Date d’ouverture du dossier**  (AAAA-MM-JJ) | | | |  | | | |  |
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| **Date de fermeture du dossier**  (AAAA-MM-JJ) | | | |  | | | |  |
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|  | | | | | | | | | Année scolaire | | 2016-2017 | | | 2017-2018 | 2018-2019 | 2019-2020 | 2020-2021 | | 2021-2022 | 2022-2023 | | 2023-2024 | 2024-2025 | 2025-2026 | | 2026-2027 | 2027-2028 | | | 2028-2029 | 2029-2030 | 2030-2031 |
| Contenu du dossier | | | | | | | | | | | |
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| Administration | Ouverture du dossier, motifs de consultation, référence | | | | | | | | | | |  | | |  |  |  |  | |  |  | |  |  |  | |  |  | | |  |  |  |
| Consentement l’intervention / contrat de services, entente | | | | | | | | | | |  | | |  |  |  |  | |  |  | |  |  |  | |  |  | | |  |  |  |
| Consentement à la communication - renseignements personnels | | | | | | | | | | |  | | |  |  |  |  | |  |  | |  |  |  | |  |  | | |  |  |  |
| Demande d’accès à l’information, consultation, obtention de copie | | | | | | | | | | |  | | |  |  |  |  | |  |  | |  |  |  | |  |  | | |  |  |  |
| Transfert, fermeture du dossier, cessation des services | | | | | | | | | | |  | | |  |  |  |  | |  |  | |  |  |  | |  |  | | |  |  |  |
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| Équipe multi | Rapport d’évaluation / bilan de l’équipe multidisciplinaire | | | | | | | | | | |  | | |  |  |  |  | |  |  | |  |  |  | |  |  | | |  |  |  |
| Rencontre, communication (résumé de discussion, annotation) | | | | | | | | | | |  | | |  |  |  |  | |  |  | |  |  |  | |  |  | | |  |  |  |
| Plan d’intervention, PII, PSII (élaboration, suivi, révision) | | | | | | | | | | |  | | |  |  |  |  | |  |  | |  |  |  | |  |  | | |  |  |  |
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| Planif / suivi | Communication avec le répondant (annotations, correspondance) | | | | | | | | | | |  | | |  |  |  |  | |  |  | |  |  |  | |  |  | | |  |  |  |
| Plan d’intervention professionnel – élaboration, suivi, révision | | | | | | | | | | |  | | |  |  |  |  | |  |  | |  |  |  | |  |  | | |  |  |  |
| Synthèse des interventions professionnelles déposée au D.A.P. | | | | | | | | | | |  | | |  |  |  |  | |  |  | |  |  |  | |  |  | | |  |  |  |
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| Évolution/ évaluation | Note évolutive / d’évolution (note de thérapie, plan de traitement) | | | | | | | | | | |  | | |  |  |  |  | |  |  | |  |  |  | |  |  | | |  |  |  |
| Rapport d’évolution (résumé d’évolution) | | | | | | | | | | |  | | |  |  |  |  | |  |  | |  |  |  | |  |  | | |  |  |  |
| Rapport d’évaluation (bilan, rapport final) | | | | | | | | | | |  | | |  |  |  |  | |  |  | |  |  |  | |  |  | | |  |  |  |
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| Restriction déontologique | Donnée brute non interprétée et protocoles d’évaluation  (verbatim, observation, hypothèse émise, piste à explorer, test, questionnaire, corrigé, feuille réponse) | | | | | | | | | | |  | | |  |  |  |  | |  |  | |  |  |  | |  |  | | |  |  |  |
| Rapport provenant de l’externe  (O1) Orthopédagogie (O2) Orthoptie (O3) Orthophonie  Autre\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |  | | |  |  |  |  | |  |  | |  |  |  | |  |  | | |  |  |  |
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| Interventions | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Date (aaaa-mm-jj) | | Précisions | | | | | | | | | | | | | | | | | | | | | | | | | | | Orthopédagogue | | | | |
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| Identification de l’élève | | | | | | | | | | | | | |
| **Nom** | | | | | | | | | **Prénom** | | | | | | | | | | | | | **Date de naissance** | | | | | | | | **Sexe** | | | |
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| **Adresse** | | | | | | | | | | | | | |  | | | | | | | | | | | | **Code permanent (si connu)** | | | | | | | |
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| Répondant(s) | | | | | | | | | | | | | |
| **Nom, prénom** | | | | | | | | | **Statut** | | | | | **Nom, prénom** | | | | | | | | | | | | | | | | **Statut** | | | |
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| **Téléphone résidence** | | **Téléphone cellulaire** | | | **Téléphone travail/# poste** | | | | | | | | | **Téléphone résidence** | | | | | **Téléphone cellulaire** | | | | | | | **Téléphone travail / # poste** | | | | | | | |
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| **Adresse courriel** | | | | | | | | | | | | | | **Adresse courriel** | | | | | | | | | | | | | | | | | | | |
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