**Guidelines for Comprehensive Assessment**

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**Definition of Comprehensive Assessment**

A comprehensive assessment is required to inform program planning team decisions. These decisions may include the implementation of accommodations, modified prescribed programming, and/or an alternate program, course or curriculum. The purpose of a comprehensive assessment is to:

1. Answer the referral question in a valid and reliable manner; AND
2. Determine or confirm whether a student’s difficulties are the result of an exceptionality; AND
3. Provide clarity on how a student’s exceptionality impacts programming.

A comprehensive assessment will look different depending on the exceptionality being considered and the data already available. A comprehensive assessment will always include:

- a review of the cumulative and confidential files
  - previous formal and informal assessment results
  - pre-referral intervention strategies
  - academic history
- interview information (family, educators, etc.)
  - emotional/behavioural development, learning style, social development, etc.
  - family history
  - cultural implications
  - developmental milestones
  - medical history
- observation of student in multiple school settings

A comprehensive assessment may also include:

- observation of student in settings outside the school
- speech-language assessment information
- assessment information from the instructional resource teacher
- formal assessment of cognitive ability
- formal assessment of achievement
- formal and informal assessment of:
  - learning style
  - memory
- communication
- information processing
- behaviour
- emotional development
- other variables

A comprehensive assessment will provide the assessor and/or the assessment team with the information needed to describe the student’s strengths and challenges, and identify the exceptionality, where present. The information gathered will inform the programming decisions to be made by the program planning team.

In the case where an exceptionality is identified by a medical professional, the programming needs of the student will be determined by the program planning team after the comprehensive assessment has been completed. (Consultation with medical specialists is important in determining the student’s strengths and needs; however specialists outside of the program planning team do not determine a student’s educational plan).

Comprehensive assessments which do not require the use of psycho-educational tools can be processed more quickly, enabling the program planning team to make programming decisions in a timely manner.

A comprehensive assessment report (not generated by assessment software) summarizing the process and the findings of the assessment will always be completed to inform programming decisions.
Comprehensive Assessment Standards

1. Levels of Assessment and Qualification

1.1. Standards for testing are set by the Canadian and American Psychological Associations. These standards define the distinctions among levels of tests; test user qualifications and responsibilities, and restrictions for the purchase of tests.

1.2. Level A Tests

1.2.1. These are tests which can be administered, scored and interpreted with the aid of the manual and a familiarity with the student population. This category includes such assessments as: Write Traits, First Steps, and Ontario Comprehension Assessment.

1.2.2. Qualifications for administration and interpretation of Level A tests:
   - Minimum qualifications are a Bachelor of Education Degree, experience working within a school system as a teacher and a familiarity with the topic.
   - No formal training in assessment required.

1.3. Level B Tests

1.3.1. These are tests that require specific training for administration, scoring and interpretation. These tests are more complex than Level A tests and require an understanding of psychometric principles, the traits being measured, and the student population. This category includes such assessment as: WIAT, PAL and WF:AS.

1.3.2. Qualifications for administration and interpretation of Level B tests:
   - In addition to the qualifications for Level A Tests, Level B test administrators must have an undergraduate special education course in assessment OR Level C assessment qualifications.

1.4. Level C Tests

1.4.1. These tests are more complex than Level A and B tests. They require an in-depth understanding of psychometric principles, the traits and constructs being measured, and the student population. This category
includes such assessment as WISC, WAIS and other intellectual assessment tools.

1.4.2 Qualifications for administration and interpretation of Level C tests:
- At least a Master’s degree in Special Education, Educational Psychology or equivalent,
- A graduate level course in the assessment of intelligence, and
- Any additional requirements stipulated by the test publisher.

2. Confidentiality in Assessment

2.1. The purpose of an assessment is to inform a student’s educational programming. This means that the information contained in the assessment must be shared respectfully with program planning teams in order for team members to make informed decisions.

2.1.1 Reasonable precautions must be taken to protect confidential information gathered throughout the assessment process.

2.1.2 Comprehensive assessments are kept in the student’s confidential file.

2.1.3 Educational Psychologists may also keep confidential files at their workplace secured appropriately.

2.1.4 Guidance Counsellors and Educational Psychologists are responsible for the sharing of appropriate information on the contents of a comprehensive assessment with educators working with the student.

2.1.5 The information gathered must be treated with respect and only the information pertinent to the assessment and programming decisions should be documented in the written report.

2.1.6 Assessment scores must be thoroughly explained to parents/guardians and educators.

2.1.7 Written parent/guardian consent must be obtained before sharing comprehensive assessment information with professionals outside of education such as members of an ISSP team.
3. Time Frame for Assessment

3.1. The service delivery team determines that an assessment referral is necessary.

3.2. The service delivery team formulates a referral question and then determines to whom to refer.

3.3. Informed written consent is requested from the parent/guardian. When the service delivery team determines that an assessment referral is necessary, parent/guardian consent must be obtained as soon as possible.

3.4. Assessment waitlists should be kept current; immediate data entry into Referral Tracking System (RTS) is required. RTS data should always reflect current assessment needs enabling schools and districts to proactively address assessment waitlists.

3.5. A comprehensive assessment will be completed within 100 working days, notwithstanding extenuating circumstances. This does not include weekends and holidays. This time frame will begin when signed consent is received from parents/guardians and be completed when the program planning team meets to decide on programming options.

3.6. The time frame below outlines the guidelines for certain assessment tasks. Anything that can be accomplished earlier should be. However, the 100 day deadline should not be exceeded.

<table>
<thead>
<tr>
<th>Ongoing collaboration among assessment team</th>
<th>Guidelines</th>
<th>Assessment Task</th>
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<tbody>
<tr>
<td>Day 1</td>
<td></td>
<td>Informed signed consent for assessment received from parent/guardian and signed by principal.</td>
</tr>
<tr>
<td>No later than day 7</td>
<td></td>
<td>Referral information is entered into RTS</td>
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<tr>
<td>No later than day 21</td>
<td>Members of the assessment team communicate to plan and discuss the assessment process including the identification of the lead assessor, team member responsibilities and deadlines for submitting assessment results to lead assessor.</td>
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<tr>
<td>No later than day 84</td>
<td>Assessment report completed by lead assessor.</td>
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<tr>
<td>No later than day 94</td>
<td>Lead assessor meets with parents/guardian to discuss assessment results.</td>
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<tr>
<td>No later than day 100</td>
<td>Lead assessor meets with the program planning team, provided there is an exceptionality present that requires individualized programming.</td>
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</tbody>
</table>
4. Considerations for the Administration of Assessment

4.1. When a referral for assessment is made, the service delivery team will determine what type of assessment the student requires (cognitive, achievement, behaviour, etc.). The assessment team would then use their professional judgment to choose the appropriate instrument (WISC, WIAT, Conner’s, etc.) and the assessor responsible.

4.2. In selecting assessment instruments, assessors should:

   4.2.1. Consider the student’s developmental, physical, and communication abilities.

   4.2.2. Consider the student’s language, culture and background.

   4.2.3. Evaluate the validity and reliability of each instrument.

   4.2.4. Be familiar with the instrument and be able to administer as specified in the manual.

4.3. The following factors also need to be considered:

   4.3.1. Assessors should meet with the student prior to assessment in order to explain the purpose of the assessment and to build rapport.

   4.3.2. Assessments are conducted at a time when the student is physically and mentally prepared for testing. During the assessment period the assessor needs to be alert to the following and respond appropriately. The student’s:
       - health
       - motivation
       - comfort level (physical or emotional)
       - fatigue

   4.3.3. Assessors should be alert to and record student behaviours such as anxiety, organization skills, motor skills and interpersonal skills.

   4.3.4. Behaviour or unexpected events during the assessment, which may affect the results and interpretation, should be recorded.
4.3.5. Testing should be conducted in a comfortable setting with adequate light, heat and space.

4.3.6. Distract ions should be minimized (private location; do not disturb sign on door; turn off ringer on telephone, etc.).

4.3.7. For Level B and C assessments, no other individuals should be present during the assessment session(s).

5. **Interpreting Assessment Scores**

5.1. Test scores on standardized assessments should be used only as one indication of functioning and considered in light of all other information collected before arriving at any conclusions. Information on a student’s background, learning, and behaviour is gathered from multiple sources, and is vital to the accuracy of the assessment.

5.2. Individual assessors are responsible for scoring the assessments they have completed and for providing scores and observations to the lead assessor in a timely manner. However, specialized assessments performed by itinerants for the visually impaired, deaf and hard of hearing, and speech language pathology require a completed report. This report must be provided to the lead assessor and will include both scores and interpretation.

5.3. As referenced in the Comprehensive Assessment Procedure Checklist, the lead assessor is responsible for analyzing the data and reports from the other team members, in light of the information gathered from assessment, file review, observations and interviews. From this analysis, the lead assessor will make conclusions regarding the student’s strengths and needs, identify or confirm an exceptionality, if present, and write the comprehensive assessment report.

6. **Writing a Comprehensive Assessment Report**

6.1. Components of a comprehensive assessment report:

6.1.1. Background information – includes file review and interview information as outlined in the definition of comprehensive assessment.
6.1.2. Behavioural observations – includes observations made in various settings prior to assessment as well as those made during the administration of the assessment instrument.

6.1.3. Assessment instruments – identifies and briefly describes the purpose of each assessment instrument used, the date the assessment was delivered, and by whom.

6.1.4. Test results – presented in a template and would describe the skills measured by each subtest and the student’s score.

6.1.5. Interpretation/Conclusions – the lead assessor analyzes all information gathered and presents his/her conclusions in a logical and concise manner moving from global information to specific details.

6.1.6. Summary – provides an answer to the referral question(s). Will also identify or confirm an exceptionality, if present, and outline how it may have an impact on the student’s learning. If no exceptionality is present, this should be stated. In this case, further investigation may be required.

6.2. The writing of a comprehensive assessment report is the responsibility of the lead assessor.

6.3. The report should:

6.3.1. Be provided in a timely manner as outlined in Comprehensive Assessment Standard 3.

6.3.2. Be written in a clear and concise manner.

6.3.3. Provide information on strengths and needs.

6.3.4. Indicate any reservations concerning the validity of the test results due to unique administration conditions.

6.3.5. Be provided to parents/guardian in a face-to-face meeting, during which the results are discussed and explained.

6.3.6. Be explained to the student in a developmentally appropriate manner. Parents/guardian should be consulted prior to this discussion occurring.
6.3.7. Be explained to educators working with the student during a program planning team meeting, as outlined in Comprehensive Assessment Standard 3.

6.3.8. Be kept in the student’s confidential file.

6.4. The files of students who are receiving special education support are reviewed on an annual basis. This will ensure that the results of a comprehensive assessment report from a previous year are considered during program planning.

7. Presenting Assessment Findings

7.1. Once the comprehensive assessment report is completed a meeting is scheduled with the parent/guardian. The lead assessor, in consultation with the parent/guardian, determines if the student attends this meeting or if a separate session is required.

7.2. At the meeting the lead assessor shares assessment findings and a paper copy of the comprehensive assessment report is provided to the parent/guardian.

7.3. During this meeting the lead assessor will:

7.3.1. Describe the assessment process.

7.3.2. Explain assessment scores to parents/guardians in clear terms avoiding technical language. When explaining the assessment results to a student the information must be provided in a manner that is developmentally appropriate. Scores must be explained in relation to the:

- Grade level/age appropriate population.
- Educational and developmental strengths and needs.
- Impact on graduation and post-secondary options.
- Possible programming implications (programming decisions are made by the program planning team).

7.3.3. Ensure that the explanation given encompasses all the information gathered, including such things as academic history, interview information, medical history, and assessment scores.
7.3.4. Name the exceptionality if present and recommend the parent/guardian follow up with outside agencies if appropriate.

7.3.5. Explain the assessment results in relation to how the student learns.

7.3.6. Review the program planning team process and how that team can ensure appropriate services are delivered to the student.

7.4. The assessor’s copy of the report should be signed and dated by the parent/guardian at this time.

7.5. Once the parent/guardian and the student meeting(s) have been held, the lead assessor will review the assessment findings with the program planning team. During this meeting the lead assessor will:

7.5.1. Indicate the exceptionality.

7.5.2. Explain the assessment results in relation to how the student learns.

7.5.3. Participate in program planning.
Components of the Comprehensive Assessment

1. **Referral Question:**
   - Is informed by pre-referral data
   - Identifies the purpose of the assessment
   - Guides the assessment process

2. **Referral Tracking System (RTS):**
   - Vision and hearing screening completed
   - Informed written consent for assessment is obtained
   - Referral information is entered into RTS
   - RTS information is to be updated as each assessor completes their assessment
   - RTS files have to be marked as complete once assessment findings have been explained to parents/guardians

3. **Assessment Team:**
   - Identified by the service delivery team
   - Based on the referral question
   - May include: Instructional Resource Teacher, English Second Language Teacher, Speech-Language Pathologist, other itinerants, Guidance Counsellor, Educational Psychologist

4. **Background Information:**
   - Results of hearing and vision screening
   - A review of the cumulative and confidential files
     - previous formal and informal assessment results
     - pre-referral intervention strategies
     - academic history
   - Interview information (family, educators, etc.)
     - Emotional/behavioural development, learning style, social development, etc.
     - Family history
     - Cultural implications
     - Developmental milestones
     - Medical history
   - Observation of the student in multiple settings
5. **Assessment Instruments:**
   - Formal and/or informal
   - Used to assess: adaptive abilities, achievement, behaviour, cognition, executive functioning, language, speech, etc.

6. **Comprehensive Assessment Process:**
   - See Comprehensive Assessment Procedures
   - See Comprehensive Assessment Standards

7. **Writing the Comprehensive Assessment Report:**
   - See Comprehensive Assessment Report Standards

8. **Assessment Findings:**
   - Meet with parents/guardians
   - Describe the assessment process
   - Explain the assessment results
   - Name the exceptionality if present
   - Explain the assessment results in relation to how the student learns
   - Explain findings to the student as developmentally appropriate
   - Review assessment findings with the program planning team
   - Was an exceptionality identified?
   - What is the impact of the findings on learning?

9. **Program Planning:**
   - Programming decisions are made by the program planning team
   - Programming decisions are guided by the student’s exceptionality(s), assessment results, and strengths and needs.
Comprehensive Assessment Procedures Checklist

1. ____ Based on the referral question an assessment team is identified by the service delivery team.

2. ____ Informed written consent for assessment is obtained.

3. ____ Referral information is entered into RTS.

4. ____ A lead assessor is identified by the assessment team.

5. ____ The assessment team completes a plan which outlines responsibilities.

6. ____ Team members individually keep track of information gathered and sources.

7. ____ Team members share pertinent information gathered during the file review, interviews and observations.

8. ____ Team members complete his/her assessment responsibilities and enter the information into RTS.

9. ____ Team members discuss and update the assessment plan if further questions are identified during the assessment process.

10. ____ Each team member completes an objective report of findings. Reports should include subtest scores, observations and/or background information gathered.

11. ____ Lead assessor receives individual team members’ reports.

12. ____ Lead assessor analyzes and collates findings of team members to create a Comprehensive Assessment Report.

13. ____ The referral question(s) is answered through the assessment and referenced in the Comprehensive Assessment Report.

14. ____ The Comprehensive Assessment Report is shared with the parents/guardians and student as developmentally appropriate.

15. ____ Comprehensive Assessment findings are shared with the program planning team or relevant school personnel.

16. ____ Program planning team will determine programming needs, informed by assessment findings. Student programming is entered into RTS.

17. ____ The Comprehensive Assessment Report is stored in the student’s confidential file.
## Kindergarten to Grade 12 Assessment Process Graphic

<table>
<thead>
<tr>
<th>Pre-referral</th>
<th>Who</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Teachers</td>
<td>• observes student and identifies areas of need</td>
</tr>
<tr>
<td></td>
<td>Parents/Guardians</td>
<td>• consults with parents and educational personnel throughout the pre-referral process</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• utilizes additional classroom-based strategies</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Referral to Service Delivery Team</th>
<th>Who</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Service Delivery Team</td>
<td>• ensures vision and hearing screening are up to date</td>
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<tr>
<td></td>
<td>Referring teacher</td>
<td>• reviews the pre-referral documentation</td>
</tr>
<tr>
<td></td>
<td>Parents/Guardians</td>
<td>• may recommend classroom interventions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• may refer for comprehensive assessment, identify the assessment team, obtain parent/guardian consent and enter referral data into RTS</td>
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<table>
<thead>
<tr>
<th>Comprehensive Assessment</th>
<th>Who</th>
<th>Action</th>
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<tbody>
<tr>
<td></td>
<td>Comprehensive assessment team</td>
<td>• identifies the lead assessor and completes a plan which outlines responsibilities</td>
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<tr>
<td></td>
<td></td>
<td>• individually keeps track of information gathered and shares pertinent information gathered during the file review, interviews and observations</td>
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<tr>
<td></td>
<td></td>
<td>• completes assessment responsibilities and enters information into RTS</td>
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<tr>
<td></td>
<td></td>
<td>• discusses and updates the assessment plan if further questions are identified during the assessment process</td>
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<tr>
<td></td>
<td></td>
<td>• provides the lead assessor with an objective report of findings (including subtest scores and observations)</td>
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<tr>
<td></td>
<td></td>
<td>• lead assessor analyzes and collates findings of team members to create a Comprehensive Assessment Report</td>
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<tr>
<td></td>
<td></td>
<td>• Comprehensive Assessment Report is shared with the parents/guardians and student (as developmentally appropriate)</td>
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<tr>
<td></td>
<td></td>
<td>• comprehensive assessment findings are shared with the program planning team or relevant school personnel</td>
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<tr>
<td></td>
<td></td>
<td>• program planning team will determine programming needs, guided by the student’s exceptionality(s), assessment results, and strengths and needs</td>
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<tr>
<td></td>
<td></td>
<td>• lead assessor enters assessment conclusions and programming decisions in RTS</td>
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Protocol for Managing Assessment Waitlists

1. Management of Assessments Using the Referral Tracking System

The Referral Tracking System (RTS) is an electronic tool which enables users to manage assessments. Accurate data must be entered in RTS to facilitate the management of assessment waitlists by assessors, school administrators, and district personnel. Data is entered as follows:

- The Service Delivery Team enters assessment referral when parent/guardian consent has been signed.
- Each individual assessor will enter assessment data once completed.
- The lead assessor enters assessment findings in RTS.

Each user of RTS has rights to access assessment information respective to their position:

- Assessors can access their own work.
- Principals can access the work of assessors in their school.
- Program Specialists can access the work of assessors in their assigned schools.
- Senior district/region personnel can access the work of assessors in their district.

2. Minimum Expectation for Assessment

Full-time Guidance Counsellors are expected to be the lead assessor in 15 comprehensive assessments per school year. Full-time Educational Psychologists are expected to be the lead assessor in 25 comprehensive assessments per school year. This is a minimum and assessors may exceed this number. (See Definition of Comprehensive Assessment).

3. Time Allocated for Assessment

Assessors need to develop a timetable that reflects designated time for assessment. The time allocated must allow the assessor to complete at least the minimum requirement of assessments during the school year (if the number of comprehensive assessment referrals warrants this time allotment). Principals, program specialists, and senior education officers must ensure that the time allocated for assessment is respected.
4. **Time Management**

A comprehensive assessment will be completed within 100 working days, as outlined in the Comprehensive Assessment Standards. This time frame encompasses:

- informed consent obtained
- entering data in RTS
- participating in service delivery team meetings
- conducting assessments
- conducting parent/guardian and student meetings
- participating in program planning.

Assessors may be leading multiple comprehensive assessments at any given time.

5. **Flexibility in Resource Distribution**

Assessment waitlists should be monitored by assessors, school administrators, and district personnel through RTS. Resources at school and district levels may need to be redistributed in order to meet the assessment requirements of schools. For example, the service delivery team may reassign the assessment responsibilities of their assessors. Similarly, district-based assessors may be directed to complete assessments outside of their assigned schools.
Comprehensive Assessment Report Outline

This outline is provided as a template. Assessors are free to use other templates which include the necessary information. A comprehensive assessment report must include sections 1-2. This information will be gathered through a review of the cumulative and confidential files, interview information (family, educators, etc.) and observation of student in multiple settings. It must also include sections 6-8. Sections 3-5 will be completed if assessment tools are used.

<table>
<thead>
<tr>
<th>Student:</th>
<th>Grade:</th>
</tr>
</thead>
<tbody>
<tr>
<td>School:</td>
<td>DOB:</td>
</tr>
<tr>
<td>Parent(s)/Guardian(s):</td>
<td>Phone #:</td>
</tr>
<tr>
<td>Name &amp; Title of Lead Assessor:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

1. Purpose of Assessment:

2. Background Information gathered through file review, observations and interviews.
   a. Family history, cultural implications, etc.
   b. Developmental milestones and medical history
   c. Emotional/behavioural/social development
   d. Overview of previous comprehensive assessment results
   e. Academic history and learning style

3. Observations during formal assessment:

4. Tests Administered:

5. Test Results:

6. Conclusions:
   a. Answer the referral question in a valid and reliable manner
   b. Determine or confirm whether a student’s difficulties are the result of an exceptionality
   c. Provide clarity on how a student’s exceptionality impacts programming

7. Recommendations to inform (not direct) the programming decisions made by the program planning team.

8. Signature of Examiner:
**File Review – Template**

This template may be used to support the gathering of information for the completion of a comprehensive assessment report.

<table>
<thead>
<tr>
<th>Student:</th>
<th>Grade:</th>
<th>Age:</th>
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<tbody>
<tr>
<td>Area of concern or exceptionality (if formally identified):</td>
<td>Year exceptionality identified:</td>
<td></td>
</tr>
<tr>
<td>Review Completed By:</td>
<td>Date of Review:</td>
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<table>
<thead>
<tr>
<th>School</th>
<th>Grade</th>
<th>Year</th>
<th>Days Absent</th>
<th>Relevant Comments/Grades</th>
<th>Special Services</th>
<th>Testing Info</th>
</tr>
</thead>
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Department of Education  
June 2014

Comprehensive Assessment Guidelines
### Patterns of Strengths Identified

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<thead>
<tr>
<th>Patterns of Needs Identified</th>
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### Questions or concerns arising from this review

<table>
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<tr>
<th>Medical Information - Please specify any pertinent information</th>
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**Signature:**

**Date:**