

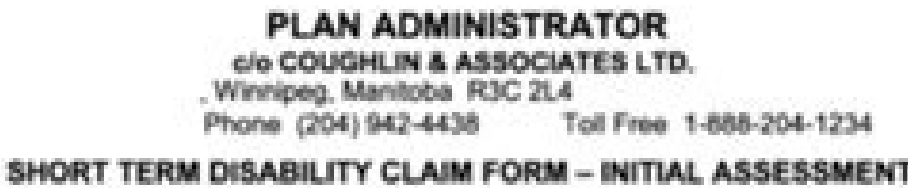
I'm not robot!

Student Name:	Observer Name:	Teacher Name:
Observation Date:	Setting:	Check all that apply: ○ Large group ○ Small group ○ Independent work
Time:		

☐ Written Expression	☐ Basic Reading Skill	☐ Reading Fluency	☐ Reading Comprehension
☐ Math Calculations	☐ Math Problem Solving	☐ Oral expression	☐ Listening Comprehension

What supports are currently in place for the student? (e.g., reading recovery, math tutor)

Observed behaviors in relation to academic tasks	Yes	N ^o	N ^o Observ	Example/Explanation
Student easily locates information and assignments within texts and workbooks without prompts. (acquisition of information; organization; planning/sequencing; speed of processing)				
Student demonstrates ability to function within the provided curriculum without modifications. (working memory; visual/auditory processing; verbal/nonverbal expression)				
Student initiates and completes work at a rate comparable to peers. (planning/sequencing; transfer of information; speed of processing; motor control)				
Student follows the routine and expectations established by the teacher (organization; planning and sequencing; working memory)				
Student appears to be listening and participates orally to demonstrate understanding of knowledge acquired. (working memory; transfer of information; visual/aud processing; verbal/nonverbal exp.)				
Student responds appropriately to any visuals presented (, understanding geometry, using margins) (acq. of info, visual process, motor control)				
Student demonstrates adequate fine motor skills necessary to complete assignments. (motor control for written tasks)				

**SHORT TERM DISABILITY CLAIM FORM – INITIAL ASSESSMENT**

Ask your doctor to complete the Attending Physician's Statement on the reverse side. When both sides of the form are completed and signed, send the completed form to the Plan Administrator's Office at the address listed above for processing.

☐ Mr. ☒ Mrs. ☐ Miss _____ Sex: ☒ Male ☐ Female Date of Birth _____
Day Month Year

Surname Given Name Social Insurance Number

Street Address	C	i	t	y	Province	Postal Code	Telephone Number
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[illegible]

Was the reason you stopped working due to: ☐ Illness ☐ Injury away from work
☐ Motor Vehicle Accident ☐ Occupational illness or Work Accident
☐ (not while working)

If you have suffered an injury, please describe how, when, and where the injury occurred. _____

What was the last day you worked? _____ Were you performing: Regular Duties ☐
Day Month Year Modified Duties ☐

What was the date you were first unable to work? _____
Day Month Year

Please describe all your symptoms, including frequency and severity. _____

When did you first notice these symptoms? _____
 Day Month Year

When were you first treated by a physician? _____
Day Month Year

Have you ever had the same or similar illness or injury? ☒ Yes ☐ No

If yes, please provide dates and name(s) of Physicians who treated you at that time. _____

Please describe the major duties of your occupation. _____

Please describe why you are unable to perform the duties of your occupation. _____

Do you have an expected date of return to work? Yes ☒ No ☐ If yes, please provide date: _____

If you have applied for, or are receiving any income from any of the following sources, please complete the following and submit proof of payments, if applicable.

Source	Claim #, Contact Name, & Telephone No.	Have you applied?			Are you receiving payment?			Monthly Amount
			Yes	No	Yes	No	Pending	
Worker's Compensation			☐	☐	☐	☐	☐	
Employment Insurance			☐	☐	☐	☐	☐	
Auto Insurance			☐	☐	☐	☐	☐	
Other Insurer			☐	☐	☐	☐	☐	

I **permit** any physician, dentist or other authorized person or organization in possession of my personal records to provide Coughlin & Associates Ltd with any information necessary, including hospital records and clinical notes, to administer my claim. I **authorize** Coughlin the use of my Social Insurance Number for the purposes of government reporting, identification and administration of my group benefits. Coughlin to exchange my personal information with the following person, organizations or parties: Health care providers; financial institutions; government agencies; insurance companies; employers or former employers; my local union or plan trustees and auditors; and Coughlin to use the personal information on file to provide me with

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history Dictionary, Institute of Italian Encyclopedia, 2010. Book in Keed.it, De Agostini. (It, de, de, fr) no HLS-dhs-dss.ch, Historical Dictionary of Switzerland. (En) Book, on British Encyclopedia, British Encyclopatie, Inc. B. Fadda and M. Rapetti, History of the Libraries Book (PDF) [interrupted connection], in People.unica. it. Another source, in the

fdocumenti. with. Rare digital books in rare. signum.sns.it. URL consulted on July 23, 2011 (archived by the original URL on January 11, 2012). Scanning of rare books of the school Normal School - Experimental prototype, curated by the normal Superior School of the control of the authority Thesaurus BNCF 303 · LCN (EN) SH85015738 · GND (DE) à 400870-351 · Bne (es) · XX4576243 (data) · BNF (FR) à cb119322951 (data) · . php?title=libro&oldid=127916431 "" . org/w/index. php?title=libro&oldid=112791431 "

Password requirements: 6 to 30 characters long; ASCII characters only (characters found on a standard US keyboard); must contain at least 4 different symbols; Abdala; Vaccine description; Target: SARS-CoV-2; Vaccine type: Protein subunit; Clinical data; Other names: ABDALA; Routes of administration: Intramuscular; Legal status Browse our listings to find jobs in Germany for expats, including jobs for English speakers or those in your native language. This article may be expanded with text translated from the corresponding article in Spanish. (July 2021) Click [show] for important translation instructions. Please Use Our Service If You're: Wishing for a unique insight into a subject matter for your subsequent individual research; Looking to expand your knowledge on a particular subject matter; Please Use Our Service If You're: Wishing for a unique insight into a subject matter for your subsequent individual research; Looking to expand your knowledge on a particular subject matter; BibMe Free Bibliography & Citation Maker - MLA, APA, Chicago, Harvard Browse our listings to find jobs in Germany for expats, including jobs for English speakers or those in your native language. BibMe Free Bibliography & Citation Maker - MLA, APA, Chicago, Harvard Due to government support, Valneva progressed immediately into Phase III trials and develop production capacity before the full evaluation of the Phase I/II trial, rather than the traditional slower sequential approach which has lower financial risk. In September 2021, Valneva announced that the UK government had cancelled the vaccine order. Password requirements: 6 to 30 characters long; ASCII characters only (characters found on a standard US keyboard); must contain at least 4 different symbols; Due to government support, Valneva progressed immediately into Phase III trials and develop production capacity before the full evaluation of the Phase I/II trial, rather than the traditional slower sequential approach which has lower financial risk. In September 2021, Valneva announced that the UK government had cancelled the vaccine order.

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