



**2025-2026**  
**School Year**

**Fernie Secondary School**  
102 Fairway Drive  
Fernie, BC V0B 1M0

## Summary of Supports

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Learning Services Teacher: \_\_\_\_\_

**EA Support 2025/2026**

EA	
<b>Semester 1</b>	
Block 1 – SEM 1	
Block 2	
Block 3	
Block 4	
<b>Semester 2</b>	
Block 1 – SEM 2	
Block 2	
Block 3	
Block 4	

Does the student drop in for Learning Services for Support?

- Extra Help
- Quiet Space
- Reader / Scribe
- Technology
- SEL Check-In
- Break from Class
- Other \_\_\_\_\_

Does the student have a Support Block in Learning Services: Y/ N

Semester: \_\_\_\_\_ Block: \_\_\_\_\_

Teacher: \_\_\_\_\_

Does the Student require direct supervision over lunch hour?

Y/ N EA: \_\_\_\_\_