



Northwest School Division

Online Referral Form
School Year 2018 - 2019

General Information

School:

Ministry Number:

Services Requested

- Educational Psychology
 Occupational Therapy

Speech-Language Pathology

Status of Referral

Student Information

Date of Referral:

Grade:

School Year: 2017-2018

Age at Referral:

DOB:

School:

SSST:

Address:

Mother/Caregiver:

Father/Caregiver:

Work Phone:

Work Phone:

Relationship:

Relationship:

Cell Phone:

Cell Phone:

Home Phone:

Home Phone:

Email:

Email:

Who does the student live with?:

Siblings in school:



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Review Cumulative Folder to Complete the Following Information:

IIP in place:

ROA in place:

Date	Name/Role/Agency	Current Diagnosis
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Medical History

What level of Intense Needs Student is this student currently receiving?:

Criteria for Classification:

Mobility/ambulation (incl. equipment if using):

List current medications (name / dosage / frequency):

List health concerns (e.g. allergies, etc):

Applicable family information:

Additional comments:

School-based Interventions and Supports

School-based Team

School Phone:

School Fax:

Home Room Teacher:

Class Teachers

Sign-off

Principal:

Educational Assistants:

Additional Team Members:

Existing School-based Support Services:

Strengths:

Needs:

Need	Strategy/Intervention Tried	Was this strategy effective?
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Recommendations:

Referral for Division-based Interventions and Supports

Reason For Referral



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Document the reason(s) this student should be referred to the Professional Service Providers team:

What are the concerns?:

What has been observed?:

Pertinent information that may be impacting school functioning?



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Areas of Concern

Equipment/Modification/Adaptations that have helped

Motor Skills

- Fine-motor Skills
- Gross-motor Skills
- Sensory Processing
- Mobility

Social and Emotional Affect

- Social Skills
- Frustration Tolerance
- Accepting Responsibility
- Acceptance by Peers
- Hyperactivity
- Teasing or Bullying Towards Peers
- Having Few Friends
- Demanding Attention
- Acting Impulsively
- Distractibility
- Aggression
- Emotional Withdrawal
- Unhappy or Depressed Affect

Communication Skills

- Speech-sound Errors
- Difficulty Expressing Thoughts
- Difficulty Following Directions
- Stuttering
- Hearing
- Pre-reading (rhyming, blending)
- Decoding language
- Excessively Slow Copying
- Inattention During Instruction
- Task Initiation
- Task Completion
- Limited Working Vocabulary
- Reading Comprehension
- Spelling
- Recognizing Speech Sounds
- Discriminating Speech Sounds
- Working Memory
- Requires Frequent Repetition
- Long-term Memory



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Other:

Strengths:

Interests:

Previous Division Assessment or Outside Agency Involvement

Date	Name of Agency	Professional Role	Type of Involvement
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Assessments:

Date	Name of Assessment	Results
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Signatures

Classroom Teacher:
Student Support Services
Teacher:

Principal:
Superintendent /
Coordinator:
