



Psychology Referral Form

Today's Date: _____ Teacher's Name: _____

Child's Name: _____ Student's Grade: _____

Describe the student's positive qualities.

What kind of challenges is this child experiencing that causes you concern? Please list any academic, social, emotional, or behavioural difficulties observed.

Have the concerned identified above been long standing concerns or have they occurred relatively recently?

Is this student on any specific program? Please check all that apply.

_____ Support for Success Plan

_____ Behavioural Intervention Plan (BIP)

_____ Individual Education Plan with Academic Goals (IEP)

_____ Individual Education Plan with Behavioural Goals (IEP)

_____ Modified Program

Does this student have educational assistant support?

_____ YES _____ NO

If YES, how often does this student receive educational assistant support and how many different educational assistants are involved with this student?

Has this student received Tier Two Interventions (i.e. Reading Recovery, Levelled Literacy, Resource Support, etc.)? If so, please list the services and the dates they were provided. Please also indicate how successful they were in assisting this student.

Grade	Intervention	Successful?

Has this student had previous formal assessments? If so, please indicate the grade in which these formal assessments were conducted (i.e. psychological assessment, academic achievement assessment, behavioural assessment).

Grade	Assessment

In the current academic school year, please indicate which steps have been taken to assess and increase student progress. Please check all that apply.

_____ Collection and analysis of classroom work by the student services teacher.

_____ Observation of student in the classroom by the student services teacher.

_____ Co-teaching with the student services teacher and the classroom teacher.

_____ Pre-referral consultation with a clinician to provide additional strategies, to do an observation of the student, or to determine whether a formal assessment referral needs to be started.

_____ Additional assessment conducted by the student services teacher.

Compared to their classroom peers, please rate your perceptions of this student's skills in the following areas (please circle the appropriate number):

Reading (Decoding)

1	2	3	4	5
Far Below Average	Below Average	Average	Above Average	Unsure

Reading (Comprehension)

1	2	3	4	5
Far Below Average	Below Average	Average	Above Average	Unsure

Spelling

1	2	3	4	5
Far Below Average	Below Average	Average	Above Average	Unsure

Written Expression

1	2	3	4	5
Far Below Average	Below Average	Average	Above Average	Unsure

Mathematics

1	2	3	4	5
Far Below Average	Below Average	Average	Above Average	Unsure

Please rate the student on the following behaviours by checking the appropriate box.

N = Never, S = Sometimes, O = Often

Behaviours	N	S	O	Behaviours	N	S	O
Acts before thinking				Out of seat			
Blurts out answers				Socializes during class time			
Gives up easily				Daydreams			
Off-task				Perfectionistic			
Seeks reassurance				Trouble following along			
Appears happy				Gets along with peers			
Gets along with adults				Takes risks in learning			

Are there any other concerning classroom behaviours that this student is currently presenting with?

To your knowledge, is this student experiencing any significant stressors at school or at home that could be impeding their current academic, social, emotional, or behavioural functioning (i.e. bullying, friend who moved away, parental divorce, death of a loved one).

Is this student's family aware of your concerns? What kind of home support has been provided?

To your knowledge, does this child receive any further outside supports to address these concerns (i.e. tutoring, counseling, etc.)?

Is there anything else that you feel is important for me to know?

What information are you hoping to gain by having the School Psychologist involved?

Thank you very much for taking the time to fill out this questionnaire. If you have any questions or concerns, please do not hesitate to contact the Assistant Superintendent or the School Psychologist at any time.

Student Services Teacher Signature

Date

Principal Signature

Date

Assistant Superintendent of Student Services Signature

Date

Date Received by the School Psychologist: _____