

REFERRAL FOR STUDENTS IN NEED OF A PSYCHOLOGICAL ASSESSMENT

1. If a classroom teacher has a concern, he/she should talk to the Student Services Resource Teacher and try any strategies that the Student Services Resource Teacher suggests.
2. Achievement testing by the Student Services Resource Teacher needs to be completed.
3. The Student Services Resource Teacher will talk to the psychologist to determine if a psychological assessment is appropriate. The Student Services Resource Teacher may contact the parents or may request that the classroom teacher contact the parents to discuss completing a referral form for a psychological assessment only after approval to go ahead with the referral from the Assistant Superintendent to discuss a possible assessment date.
4. The Student Services Resource Teacher may contact the parents or may request that the classroom teacher contact the parents to discuss completing a referral form for a psychologist only after approval to go ahead with the referral form the Assistant Superintendent of Student Services.
5. Complete the referral form and have parents, student services resource teacher and principal sign it.
6. Send referral form to Assistant Superintendent of Student Services.
7. Assistant Superintendent will give form to psychologist.
8. Psychologist will complete the assessment which may involve classroom observations, rating form completed by parents and/or teachers, interview with parents, formal testing and have a written report 4 weeks after the assessment.
9. Following the assessment the psychologist will meet with the school team to discuss the results and to elicit further recommendations to include in the report.
10. The psychologist and the school team will meet with parents to discuss the assessment findings and recommendations.

REQUEST FOR PSYCHOLOGIST SERVICES

1. Name: _____ Birthdate: _____ Age: _____ Sex: _____
2. Address: _____ Phone No. _____ Language in Home _____
3. School: _____ Level: _____ Teacher: _____
4. Parents (Guardian): Father's Name: _____ Mother's Name: _____
5. Siblings and
Ages: _____

6. Reason for Referral (Please be Specific):

7. Description of Presenting behavior:

8. Please Indicate what specific help you wish to obtain for this child (i.e., functional level,
programming): _____

9. Previous Intelligence and achievement scores and
dates: _____

10. Medical Problems (Brief Description i.e., hearing, speech, language, vision, physical defects,
medication,etc.): _____

11. Signature of Parents agreeing to this referral: _____
Date: _____
Signed: _____
Position: _____
Date: _____