Form 363-1

Ed. Psych Referral Form

Name:	**Grade:**	**Date of Birth:**
Parents(s)/Guardian(s) Names:		
Parents(s)/Guardian(s) Phone Numbers:		

In order to assist in determining an appropriate way to assist your child, a referral to an Educational Consultant/Psychologist is suggested. An assessment will be conducted with your child, which may include tests of intellectual ability, academic achievement, adaptive functioning, and emotional/behavioral functioning, depending upon the reason for the referral. Results of this assessment, and recommendations to assist in your child's educational programming, will be shared with school personnel involved in your child's education program. Opportunity for you to meet with the Consultant/Psychologist and teachers to discuss assessment results and recommendations will be provided. Prior to this assessment, your written permission is required. Please complete and return this permission form, and the information sheet, where provided.

Date *Parent/Guardian Signature* *Print name please*

Date *Teacher Signature* *Print name please*

Date *Principal Signature* *Print name please*

Student Referral Form

(to be completed by school/teacher)

Person completing this form: _____

Referral Date: _____

Child's Last Name: _____ Child's First Name: _____

Age: _____ Date of Birth: _____ □ Male □ Female Grade: _____

Teacher(s) name(s): _____ Principal: _____

Teaching assistants and other teachers: _____

_____

Reasons for referral: (Be specific; list behaviour issues, academic concerns, etc.)

_____

_____

_____

How long have these concerns been present: _____

What interventions have already been tried to assist this student and what were the results?

_____

_____

List any special services (therapy, resources, assessment) that your student has received at school:

_____

_____

_____

List any prior formal assessments:

Type of assessment	Date	Results

Outside school services accessed: _____

_____

Grades repeated (if any): _____ Attendance: _____

Describe the student's assets/strengths in the following areas:

Academic: _____

Cognitive: _____

Language: _____

Perceptual/Motor _____

Attention/Distractibility _____

Social/Behavior/Emotional _____

Other: _____

Do you perceive specific difficulties in the following areas?

Academic: _____

Cognitive: _____

Language: _____

Perceptual/Motor _____

Attention/Distractibility _____

Social/Behavior/Emotional _____

Other: _____

Describe the student's attitude and interactions with:

Peers: _____

Teachers/School Personnel _____

Family Members (if observed): _____

Current school grades/achievement test results: _____

_____

General comments and any other relevant information about this student that you think would be helpful (family or emotional history):

Information and History Form

(To be completed by parent/guardian)

Person completing this form: _____ Date: _____

Child's surname: _____ First Name: _____

Age: _____ Date of Birth: _____ Gender: □ Male □ Female Grade _____

Mother's complete name: _____

Mother's address: _____ Postal Code: _____

Mother's occupation: _____ Level of education: _____

Phone No. (Home): _____ Phone No. (Work): _____ Birthdate: _____

Father's complete name: _____

Father's address: _____ Postal Code: _____

Father's occupation: _____ Level of education: _____

Phone No. (Home): _____ Phone No. (Work): _____ Birthdate: _____

Is child adopted? □ Yes □ No If yes, have they been told? □ Yes □ No

Child lives with: □ Both parents □ Mother □ Father □ Other

No. of years parents together: ____ Separations? _____ Divorced? _____

List all people living in the home:

Name	Relationship to child	Date of birth

Other brothers/sisters not living in home:

Name Date of birth

Developmental History

Please briefly describe why your child has been referred:

Birth and Development History:

Prenatal/Pregnancy (special circumstances such as medical problems, mother's health or stresses and/or alcohol/cigarette use during pregnancy):

Birth (Normal? Complications such as premature delivery, forceps or cesarean delivery?)

Birth weight:

At what age did your child

Sit independently:

Walk alone:

Speak first word:

Put several words together:

Toilet trained: Day: Night:

Describe any feeding or sleeping problems:

How would you describe your child as an infant/toddler: (eg. calm, alert, colicky, cuddy, quiet, overactive, sociable, affectionate, stubborn, challenging, cheerful)

Has your child ever had any *vision* problems: □ Yes □ No

If yes, what and when? _____

When was your child's last vision exam: _____

Has your child ever had any *hearing* problems? □ Yes □ No

If yes, what & when? _____

Has your child received *any other previous therapy or intervention services*: □ Yes □ No
If yes, please describe what type of service (assessment, therapy, counseling, tutoring, occupational therapy) where and when.

Type of Services	Service Provider	Date
Assessment		
Counselling/Therapy		
Tutoring		
Occupational Therapy		
Speech Therapy		
Other		

Medical History

Family Physician: _____

Address: _____ Phone: _____

Medical Specialists _____

Address: _____ Phone: _____

Family Medical History: Please describe serious mental or physical illnesses in your family and relationship of person to your child (i.e. grandparent, aunt, uncle, brother, sister, etc.

List any operations, serious illness, hospitalizations, accidents, broken bones, allergies that your child has had and what age they were:

Does your child have any medical conditions? □ Yes □ No

If yes, please describe:

Is your child currently on any medication? □ Yes □ No

If yes, please describe:

Current Information

How would you describe your child now? Please describe your child's strengths:

What are your present concerns about your child's academic/behaviour, and social and/or emotional development?

Child's personal habits that cause problems (sleep disturbance, mannerisms such as nail biting, shyness, stealing, etc.)

How does your child get along with:

Parents:

Siblings:

Peers:

Teachers:

Is your child involved in any after school activities (sports, hobbies, clubs, etc.)?

Any additional comments or information?

Past schools attended:

Name of school	Location	Years/grades attended