Beautiful Plains SCHOOL DIVISION

Referral for School Psychology Assessment

School Information Form

Student:	School:
Grade:	Teacher:
Date of Birth (day/month/year):	
Parents/Guardians:	Phone Number(s):

Nature of Concerns:

- ☐ Cognitive Concerns (e.g. experiencing difficulty meeting grade-level outcomes)
- ☐ Academic Concerns
  - ☐ Reading
  - ☐ Writing
  - ☐ Math
  - ☐ Other
- ☐ Behavioural Difficulties
- ☐ Social/Emotional Difficulties
- ☐ Limited Adaptive (Daily Living) Skills
- ☐ Transitioning
- ☐ Re-assessment/Update
- ☐ Funding Purposes
- ☐ Other: _____

Reason for Referral (i.e. main concern to be addressed):

_____

_____

_____

_____

Previous Assessments/Testing:

- ☐ No.
- ☐ Yes. Please list the instruments/tests used, along with the date.

Tests Date

- _____ _____
- _____ _____
- _____ _____
- _____ _____

Is **attendance** an issue for this student? Yes / No. If yes, please describe.

_____

_____

What is this student's **family situation** (e.g. who do they live with)?

_____

_____

Does the student have any **medical problems** or **physical disabilities**? Yes / No. If yes, please describe.

-
-

Is this student on any **medications**? Yes / No. If yes, please list below.

-
-

Academic Functioning:

☐ *No Concerns*
☐ Please Describe your concerns:

_____

_____

_____

Please complete the following checklist (best estimation using classroom assessments e.g. F&P):

	More than 2 years below grade level	***Less than 2 years below grade level***	***At grade level***	***Above grade level***
Reading—decoding/fluency	☐	☐	☐	☐
Reading—comprehension	☐	☐	☐	☐
Writing—copying skills	☐	☐	☐	☐
Writing—composition	☐	☐	☐	☐
Math—computation	☐	☐	☐	☐
Math—problem solving	☐	☐	☐	☐

Hearing Date of last *hearing* check: _ _ _ _ _ _ _ _ _ _ _

- ☐ *No Concerns.*
- ☐ Please describe your concerns:

Vision Date of last *vision* check: _ _ _ _ _ _ _ _ _ _ _

- ☐ *No Concerns.*
- ☐ Please describe your concerns:

Motor Skills [Gross *(e.g. running, jumping, coordination)* and Fine *(e.g. printing, drawing, dressing*)]

- ☐ *No Concerns*
- ☐ Please describe your concerns:

Communication/Language Skills

- ☐ *No Concerns*
- ☐ Please describe your concerns:

Behavioural Functioning

- ☐ *No Concerns*
- ☐ Please describe your concerns:

Social/Emotional Functioning

- ☐ *No Concerns*
- ☐ Please describe your concerns:

Adaptive Functioning

- ☐ *No Concerns*
- ☐ Please describe your concerns:

What individual/classroom/school interventions are currently in place?

- ☐ None
- ☐ Adaptations
- ☐ Individualized Education Plan
- ☐ Reading Recovery
- ☐ Resource Support
- ☐ Other: _____

Specialist Services:

- ☐ None
- ☐ Speech/Language Pathologist
- ☐ Occupational Therapist
- ☐ Guidance Counsellor
- ☐ Alternative Program _____
- ☐ EAL Support
- ☐ Other: _____

Involvement with Outside Agencies (e.g. mental health agencies, child and family services):

- ☐ None
- ☐
- ☐
- ☐

Strengths (academic/social/behavioural)	**Challenges** (academic/social/behavioural)

Additional comments and/or concerns:

Signature of Resource Teacher: _____

Signature of Classroom Teacher: _____

Form Completed: _____
DATE

Received: _____
DATE