

# ARROW LAKES SCHOOL DISTRICT

Board Office: 98 6<sup>th</sup> Avenue NW  
 Box 340, Nakusp, BC V0G 1R0  
 Phone: 250-265-3638

## SPECIAL SERVICES REFERRAL FORM Psychoeducational Services

Name of Student: _____	Date of Birth: _____
School: _____	Grade: _____
School Phone Number: _____	Gender: (M/F) _____
Student Support Teacher: _____	Parents: _____
Classroom Teacher: _____	Address: _____
Principal: _____	Phone: (H) _____
Date of Referral: _____	Phone: (W) _____

Please check appropriate box:

- First time referral
- Re-referral                      Date of previous referral: \_\_\_\_\_
- Transferred in from out of province
- Adjudication Purposes

1. Reasons for Referral (after completing the Summary of Student Difficulties Checklist: Appendix C, please indicate the top 5 areas of concern in the chart below with the highest priority being a 1. Provide a comment(s) about what in that area is seen as the most important.

Rank	Reason	Comments
	Classroom Participation/Behaviour	
	Academic Concerns:	
	✓      Reading	
	✓      Writing	
	✓      Spelling	
	✓      Math	
	✓      Completing Homework	

	<b>Social:</b>		
	✓	Peer relationships	
	✓	Teacher relationships	
	Emotional: (anger, depression)		
	Inappropriate Behaviour (swearing, lying, etc.)		

2. SPECIFIC REFERRAL QUESTION: (What is the information you hope to gain from this assessment?)

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3. Background Information:

Attendance: (see attached)	Grades repeated:
No. of schools attended:	Previous assessments: Y ( ) N ( )
Pre-school attendance: Y ( ) N ( )	Primary language in home:
Medical Assessment: Y ( ) N ( )	Vision assessment: Y ( ) N ( )
Medications:	Hearing assessment: Y ( ) N ( )
Current IEP: Y ( ) N ( )	

4. Classroom Interventions: To be completed by classroom teacher and then given to Support Services Teacher to include with referral. If the strategy was suggested but not tried, the number would be 0.

Teaching Strategies:	No. of times tried	Better	No Change	Concern Worse
Student Outcome Expectations:	No. of times tried	Better	No Change	Concern Worse

Behaviour Techniques:	No. of times tried	Better	No Change	Concern Worse

Classroom Teacher(s) Signature(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. School Based Team Meeting: (From minutes of SBTM or Sift & Sort, etc.) Record "0" if the recommendation was made but not tried.

SBTM Suggestions: In class assistance, L.A.T. room assistance, individual 1-on-1, group support, etc.	No. of times tried	Better	No Change	Concern Worse

6. In School Assessments Completed if different from those in Appendix A: (see attached results)

Assessment Name	Description	Student Results

7. Have parents been informed about the reason for this referral? Y ( ) N ( )

## Appendix C

### Summary of Student's Difficulties

(In each section, check the appropriate items)

#### Basic Reading Skills and Reading Comprehension

- Confuses similar letters, words, sounds
- Does not recognize words
- Weak word analysis skills
- Loses place, skips words or lines
- Poor reading comprehension
- Does not comprehend what is read (listening comp)
- Other: \_\_\_\_\_

#### Mathematics

- Difficulty remembering number facts
- Difficulty understanding math concepts
- Understands math concepts but has difficulty applying concepts to daily work
- Difficulty with word problems, problem solving
- Other: \_\_\_\_\_

#### Spelling

- Difficulty associating sounds with letters
- Incorrect order of letters in words
- Does not apply spelling skills in daily writing
- Other: \_\_\_\_\_

#### Speech Language

- Articulation problems
- Difficulty expressing ideas verbally
- Immature speech
- Limited vocabulary
- Speaks too loudly
- Other: \_\_\_\_\_

#### Written Language

- Difficulty formulating and organizing ideas
- Problems with spelling, capitalization, punctuation
- Vocabulary/content simplistic
- Other: \_\_\_\_\_

#### Behaviour

- Difficulty with attention and concentration
- Poor impulse control
- Hyperactive, always on the go, restless
- Non-compliant
- Socially immature
- Poor attitude
- Forgetful, disorganized
- Disruptive in class
- Other: \_\_\_\_\_

#### Auditory Skills

- Does not understand directions, instructions
- Has trouble organizing what is heard
- Needs instructions repeated
- Difficulty retaining memorized work (labels, etc.)
- Forgets things day to day
- Other: \_\_\_\_\_

#### Visual Skills

- Poor organization skills
- Reversals in printing/writing
- Weak sight vocabulary
- Other: \_\_\_\_\_

#### Gross Motor

- Generally awkward in P.E.
- Poor eye/hand coordination
- Other: \_\_\_\_\_

#### Fine Motor

- Has difficulty manipulating small objects
- Has difficulty staying on lines, consistently
- Has difficulty copying from board (slow and/or inaccurate)
- Has difficulty copying at desk
- Letter formation is poor
- Drawings are immature
- Other: \_\_\_\_\_

#### Work Habits

- Lacks interest
- Seldom completes classroom work in school
- Homework assignments incomplete
- Performs inconsistently day-to-day
- Lacks organization
- Other: \_\_\_\_\_

#### Social-Emotional

- Has trouble getting along with peers and/or staff
- Socially isolated
- Feels anxious and/or withdrawn
- Is fearful
- Cries easily
- Unusual behaviour e.g. \_\_\_\_\_
- Often seems tired with little energy
- Other: \_\_\_\_\_