

Referral to NLSD#113 Children's Services Unit 2009 - 2010



All the following fields are mandatory. Incomplete referrals may delay service

Date: _____

Personal Information		
Name of the child	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Age _____ Years
	Date of Birth _____ (mmm/dd/yy)	
School	Grade	Grades retained <input type="checkbox"/> Yes <input type="checkbox"/> No
Referring teacher(s)		
If yes, which grade(s)		

Name parent / guardian	
Name parent / guardian	
Child lives with	Relationship
Home address	Home phone
	Work phone

Placement in Modified, Alternate or Life Skills Programs in High School
Tick this box if this referral is to justify placing in <i>Modified, Alternate or Life Skills</i> <input type="checkbox"/>

Signatures

Principal:

Resource Teacher:

Classroom Teacher:

Counselor / School Social Worker, if applicable:

Other:

Numeracy / Literacy Catalyst Teacher (if available in school):

Mandatory documents attached (failure to attach below documents will delay service)	
<input type="checkbox"/> Peabody Picture Vocabulary Test Summary Form	Available at time of assessment
<input type="checkbox"/> Completed Classroom Observation Form	<input type="checkbox"/> Age-based Achievement Test Results (WJ-III Ach <i>or</i> WIAT-II)
<input type="checkbox"/> Signed Permission & Release of Information Form	BELOW IS FOR CENTRAL OFFICE USE ONLY. NOT FOR SCHOOL USE
<input type="checkbox"/> Completed Learning Support Forms	<input type="checkbox"/> Psych <input type="checkbox"/> SLP <input type="checkbox"/> OT <input type="checkbox"/> PT. Date: _____
<input type="checkbox"/> Completed Behaviour Descriptor Forms, if applicable	<input type="checkbox"/> Psych <input type="checkbox"/> SLP <input type="checkbox"/> OT <input type="checkbox"/> PT. Date: _____
<input type="checkbox"/> Numeracy / Literacy Intervention Plan(s)ž]ZUdd`]WV`Y	<input type="checkbox"/> Psych <input type="checkbox"/> SLP <input type="checkbox"/> OT <input type="checkbox"/> PT. Date: _____
<input type="checkbox"/> Summarized Record of Adaptations Form(s)ž]ZUdd`]WV`Y	<input type="checkbox"/> Psych <input type="checkbox"/> SLP <input type="checkbox"/> OT <input type="checkbox"/> PT. Date: _____
<input type="checkbox"/> Other document(s) as attached	This referral justifies referral to: <input type="checkbox"/> Psych <input type="checkbox"/> SLP <input type="checkbox"/> OT <input type="checkbox"/> PT
Referral Form, Bcj Ya VYf`% , 2009	Date received: _____

Fax the completed referral form with attachments to (306) 425 – 4095
or send by internal mail to NLSD#113 attn: Jennifer Mayer - Halkett

The following fields are mandatory. If not applicable, write N/A. Incomplete referrals may delay service.

School Attendance		
Please indicate this students attendance in days for the prior 10 months of school.		
Actual days:	Possible days:	Number of late:

Achievements			
Current Guided Reading level		Current Grade level in Math	
Current Grade level in Reading and LA		Other	

Language		
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Cree <input type="checkbox"/> Dene	Secondary Language: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Cree <input type="checkbox"/> Dene	<input type="checkbox"/> Other (please indicate)

Northern Lights School Division #113 personnel and other agencies involved with this child		
Name Person / Agency		Date last seen:
Name Person / Agency		Date last seen:
Name Person / Agency		Date last seen:
Name Person / Agency		Date last seen:

Medical Information		
Known allergies		
Medication		
Mental health diagnoses	<input type="checkbox"/> No <input type="checkbox"/> Yes, please indicate:	
Recent Hearing test	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	Date of test:
Recent Vision test	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	Date of test:
Additional Medical information		

Additional Concerns

Please tick ALL applicable areas to create a brief student profile

Speech & Articulation	Language / Vocabulary	Ability / Academics
<input type="checkbox"/> Voice quality (i.e. hoarse, breathy, nasal, stuffy) <input type="checkbox"/> Stuttering (repetition, prolongations, blocks) <input type="checkbox"/> Omits speech sounds (i.e. "ba" for "ball") <input type="checkbox"/> Omits parts of words (i.e. "baba" for "bottle") <input type="checkbox"/> Distorts speech sounds ((i.e. slushy "s") <input type="checkbox"/> Substitutes speech sounds (i.e. "tup" for "cup") <input type="checkbox"/> Adds speech sounds (i.e. "buhlue" for "blue") <input type="checkbox"/> Unorganized words (i.e. "pasgetti" for "spaghetti") <input type="checkbox"/> Mutism (to rule out Oral Motor Problems)	<input type="checkbox"/> Difficulty with decoding language <input type="checkbox"/> Excessively slow copying skills <input type="checkbox"/> Difficulty with recognition of sounds <input type="checkbox"/> Difficulty with discrimination between sounds <input type="checkbox"/> Limited vocabulary <input type="checkbox"/> Difficulty following visual directions <input type="checkbox"/> Difficulty following verbal directions <input type="checkbox"/> Difficulty expressing self <input type="checkbox"/> Unable to sequence information <input type="checkbox"/> Difficulty phonological awareness <input type="checkbox"/> Difficulty with word-finding <input type="checkbox"/> Frequently refers to items as "that thing".	<input type="checkbox"/> Difficulty with reading comprehension <input type="checkbox"/> Difficulty with Spelling <input type="checkbox"/> Poor short-term memory <input type="checkbox"/> Requires frequent repetition <input type="checkbox"/> Difficulty with retrieving knowledge <input type="checkbox"/> Ignores operation signs <input type="checkbox"/> Poor math facts <input type="checkbox"/> Difficulty counting <input type="checkbox"/> Difficulty grouping (objects) <input type="checkbox"/> Difficulty with place value <input type="checkbox"/> Difficulty with grasping math concepts

Attention	Behaviour / Emotional / Social	Motor / Sensory issues
<input type="checkbox"/> Inattention during instruction <input type="checkbox"/> Difficulty initiating work <input type="checkbox"/> Difficulty completing assignments <input type="checkbox"/> Difficulty staying on task <input type="checkbox"/> Appears to be daydreaming	<input type="checkbox"/> Does not accept responsibility <input type="checkbox"/> Not accepted by peers <input type="checkbox"/> Appears hyperactive <input type="checkbox"/> Inappropriately Teases / bullies peers <input type="checkbox"/> Often uses unacceptable language <input type="checkbox"/> Has trouble making and keeping friends <input type="checkbox"/> Demands attention <input type="checkbox"/> Acts impulsive <input type="checkbox"/> Distractible <input type="checkbox"/> Emotional responses to minor changes <input type="checkbox"/> Aggressive <input type="checkbox"/> Immature behaviour <input type="checkbox"/> Low tolerance for frustration <input type="checkbox"/> (Seems) Withdrawn <input type="checkbox"/> Appears unhappy / depressed <input type="checkbox"/> Talks about wishing to be dead	<input type="checkbox"/> Shows physical symptoms under stress <input type="checkbox"/> Unusual posture or motor movement <input type="checkbox"/> Rubbing eyes constantly <input type="checkbox"/> Clumsy / Awkward <input type="checkbox"/> Difficulty with sensory processing <input type="checkbox"/> Messy paper / pencil tasks <input type="checkbox"/> Messy or poor cursive writing <input type="checkbox"/> Difficulty with eye-hand coordination <input type="checkbox"/> Difficulty with fine motor coordination <input type="checkbox"/> Difficulty with gross motor coordination
<p style="text-align: center;">Other</p> <input type="checkbox"/> Vision difficulties <input type="checkbox"/> Hearing difficulties <input type="checkbox"/> Tilts head toward direction of sound <input type="checkbox"/> Crusted, red or swollen eyelids, <input type="checkbox"/> Watery eyes 	<p>When at least one checkmark has been placed in the Behaviour / Emotional / Social Profile Box, please complete the Behaviour Descriptor Checklists.</p>	

Services requested	What is the primary reason for referral? Please be as specific as possible.
<input type="checkbox"/> Psych <input type="checkbox"/> SLP <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> Other 	

NLSD#113 Permission & Release of Confidential Information Form

I agree to the referral of my child _____, born _____ to Northern Lights School Division #113 Special Education/Student Services personnel for assessment and/or program planning. I understand that this assessment may involve, but is not limited to: classroom observations; standardized and informal testing of speech, language, ability, academic achievement and motor & sensory; evaluation of behavioural / social concerns; as well as interviews with my child, his/her teachers, and/or family.

I will be invited to an interpretive conference (when available) at the completion of the assessment and I understand that I may participate in any planning that may be determined to be helpful to my child. When and if, within the next 24 months, a follow-up is deemed necessary, this consent will cover that process.

I hereby authorize Northern Lights School Division #113 to provide and/or exchange information with the following institutions / agencies:

- Kinsmen Children's Centre/ Alvin Buckwold Child Development Program, Saskatoon, *as needed*
- Speech Language Services, *as needed*
- Child Youth Development Clinic, Prince Albert, *as needed*
- Medical Clinic / Family Physician / (Child) Psychiatrist / (Child) Psychologist, *as needed*
- NLSD#113 Head Start Partnership, *as needed*
- Government Agencies, *as needed*

I also authorize Northern Lights School Division #113 to provide and/or exchange information with the following persons, institutions or agencies:

1. _____
2. _____



Signatures

Parent name (please print):

Signature parent for permission for Assessment:

Signature parent for Release of Confidential Information:

Permission obtained by (please print name):

Signature:

Signing date:



Learning Support Form

Transition to Tier 3

To be completed by Classroom Teacher

Student name:	Grade:	Date of completion:
Completed by:		

Step 1: Complete this rating of students academic performance
(This rating is an assessment of performance and NOT ability. Assistance does NOT refer to the use of computers or other adaptive equipment)

How much ...					
assistance is now given to enable the student to interact/communicate with peers?	<input type="checkbox"/> not applicable	<input type="checkbox"/> No assistance	<input type="checkbox"/> Minimum	<input type="checkbox"/> Moderate	<input type="checkbox"/> Maximum
assistance is now given to enable the student to pay attention and stay focused?	<input type="checkbox"/> not applicable	<input type="checkbox"/> No assistance	<input type="checkbox"/> Minimum	<input type="checkbox"/> Moderate	<input type="checkbox"/> Maximum
assistance is now given to enable the student to answer questions during class?	<input type="checkbox"/> not applicable	<input type="checkbox"/> No assistance	<input type="checkbox"/> Minimum	<input type="checkbox"/> Moderate	<input type="checkbox"/> Maximum
assistance is now given to enable the student to ask questions during class?	<input type="checkbox"/> not applicable	<input type="checkbox"/> No assistance	<input type="checkbox"/> Minimum	<input type="checkbox"/> Moderate	<input type="checkbox"/> Maximum
assistance is now given to enable the student to read aloud in class?	<input type="checkbox"/> not applicable	<input type="checkbox"/> No assistance	<input type="checkbox"/> Minimum	<input type="checkbox"/> Moderate	<input type="checkbox"/> Maximum
assistance is now given to enable the student to participate in silent reading?	<input type="checkbox"/> not applicable	<input type="checkbox"/> No assistance	<input type="checkbox"/> Minimum	<input type="checkbox"/> Moderate	<input type="checkbox"/> Maximum
assistance is now given to enable the student to complete class projects?	<input type="checkbox"/> not applicable	<input type="checkbox"/> No assistance	<input type="checkbox"/> Minimum	<input type="checkbox"/> Moderate	<input type="checkbox"/> Maximum
assistance is now given to enable the student to write in class?	<input type="checkbox"/> not applicable	<input type="checkbox"/> No assistance	<input type="checkbox"/> Minimum	<input type="checkbox"/> Moderate	<input type="checkbox"/> Maximum
assistance is now given to enable the student to take quizzes or tests?	<input type="checkbox"/> not applicable	<input type="checkbox"/> No assistance	<input type="checkbox"/> Minimum	<input type="checkbox"/> Moderate	<input type="checkbox"/> Maximum
assistance is now given to enable the student to turn in homework?	<input type="checkbox"/> not applicable	<input type="checkbox"/> No assistance	<input type="checkbox"/> Minimum	<input type="checkbox"/> Moderate	<input type="checkbox"/> Maximum
assistance is now given to enable the student to organize assignments?	<input type="checkbox"/> not applicable	<input type="checkbox"/> No assistance	<input type="checkbox"/> Minimum	<input type="checkbox"/> Moderate	<input type="checkbox"/> Maximum
assistance is now given to enable the student to manage time?	<input type="checkbox"/> not applicable	<input type="checkbox"/> No assistance	<input type="checkbox"/> Minimum	<input type="checkbox"/> Moderate	<input type="checkbox"/> Maximum

Step 2: The student could benefit from Intensive Support in the following areas (maximum of three)

Step 3: In which context / subject might the student most benefit from Intensive Support? (i.e.: during recess, math)

<input type="checkbox"/> interact/communicate with peers <input type="checkbox"/> pay attention and stay focused <input type="checkbox"/> answer questions during class <input type="checkbox"/> ask questions during class <input type="checkbox"/> read aloud in class <input type="checkbox"/> participate in silent reading	<input type="checkbox"/> complete class projects <input type="checkbox"/> write in class <input type="checkbox"/> take quizzes or tests <input type="checkbox"/> organize assignments <input type="checkbox"/> manage time	
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For every Area identified in Step 2, describe the classroom assistance.

Step 4: Focus Area 1 (Tick 1st area selected at step 2)		What kind of classroom assistance did work and what kind of classroom assistance did not work?
<input type="checkbox"/> interact/communicate with peers <input type="checkbox"/> pay attention and stay focused <input type="checkbox"/> answer questions during class <input type="checkbox"/> ask questions during class <input type="checkbox"/> read aloud in class <input type="checkbox"/> participate in silent reading	<input type="checkbox"/> complete class projects <input type="checkbox"/> write in class <input type="checkbox"/> take quizzes or tests <input type="checkbox"/> organize assignments <input type="checkbox"/> manage time	

If needed, continue to the next focus area

Step 4: Focus Area 2 (Tick 2nd area selected at step 2)		What kind of classroom assistance did work and what kind of classroom assistance did not work?
<input type="checkbox"/> interact/communicate with peers <input type="checkbox"/> pay attention and stay focused <input type="checkbox"/> answer questions during class <input type="checkbox"/> ask questions during class <input type="checkbox"/> read aloud in class <input type="checkbox"/> participate in silent reading	<input type="checkbox"/> complete class projects <input type="checkbox"/> write in class <input type="checkbox"/> take quizzes or tests <input type="checkbox"/> organize assignments <input type="checkbox"/> manage time	

If needed, continue to the next focus area

Step 4: Focus Area 3 (Tick 3rd area selected at step 2)		What kind of classroom assistance did work and what kind of classroom assistance did not work?
<input type="checkbox"/> interact/communicate with peers <input type="checkbox"/> pay attention and stay focused <input type="checkbox"/> answer questions during class <input type="checkbox"/> ask questions during class <input type="checkbox"/> read aloud in class <input type="checkbox"/> participate in silent reading	<input type="checkbox"/> complete class projects <input type="checkbox"/> write in class <input type="checkbox"/> take quizzes or tests <input type="checkbox"/> organize assignments <input type="checkbox"/> manage time	

Return this completed form to the Resource Teacher

A copy of this completed form must be kept in the student's file, since it can become part of a referral to the Special Needs Unit.



Behaviour Descriptor Form

From tier 2 to tier 3

To be completed by **Classroom teacher** when applicable (See Profile Page)

Student name:	Grade:	Date of completion:
Completed by:		

Step 1: Complete this description of student's behaviour

Physical aggression: The child makes a forceful movement directed at another person (student or school staff), either directly or by utilizing an object as an extension of the hand or food.	What usually triggers the behaviour? Choose from the list below	What usually is your response? Choose from the list below
<input type="checkbox"/> Blocking someone with arms or body; tripping, kicking or hitting another person		
<input type="checkbox"/> Snatching objects		
<input type="checkbox"/> Throwing objects at another person		
<input type="checkbox"/> Pinching and biting		
<input type="checkbox"/> Spitting		
<input type="checkbox"/> The child makes threatening gestures		
<input type="checkbox"/> Other, specify:		
Comments:	A. Transition B. Denied Access C. Classroom instruction D. New Task E. Teacher Attention to others F. Told "NO" G. Idle / waiting H. Direct order I. Redirection J. Corrective feedback K. Choice given L. Asked to leave building M. Close physical proximity N. When asked a question O. Other (specify)	A. Choice given B. Redirection C. Discussion with staff D. Change / delay / stop activity E. Ignore F. Personal space given G. Verbal reprimand / warning H. Natural consequence I. Send home J. Send to office K. Removal of preferred task L. Removal of non preferred task M. Withholding reinforcement N. Detention O. Other (specify)

Step 2: Complete this description of student's behaviour

Student Name:		
Destruction of Property: Without permission, the child damages, breaks or otherwise destroys property or (own) possessions.	What usually triggers the behaviour? Choose from the list below	What usually is your response? Choose from the list below
<input type="checkbox"/> Tearing or crumpling work		
<input type="checkbox"/> Breaking crayons, pencils, or pens.		
<input type="checkbox"/> Misuses books (ripping out pages, or writing on pages)		
<input type="checkbox"/> Writing on another child or on another child's work.		
<input type="checkbox"/> Writing on desks, walls, windows, doors		
<input type="checkbox"/> Other, specify:		
Comments:	<ul style="list-style-type: none"> A. Transition B. Denied Access C. Classroom instruction D. New Task E. Teacher Attention to others F. Told "NO" G. Idle / waiting H. Direct order I. Redirection J. Corrective feedback K. Choice given L. Asked to leave building M. Close physical proximity N. When asked a question O. Other (specify) 	<ul style="list-style-type: none"> A. Choice given B. Redirection C. Discussion with staff D. Change / delay / stop activity E. Ignore F. Personal space given G. Verbal reprimand / warning H. Natural consequence I. Send home J. Send to office K. Removal of preferred task L. Removal of non preferred task M. Withholding reinforcement N. Detention O. Other (specify)

Step 3: Complete this description of student's behaviour

Student Name:		
Verbal abuse: The child uses abusive language and gestures to children.	What usually triggers the behaviour? Choose from the list below	What is usually your response? Choose from the list below
<input type="checkbox"/> The child curses at another, says "shut up" to another		
<input type="checkbox"/> The child sticks out his or her tongue at another		
<input type="checkbox"/> The child threatens verbally		
<input type="checkbox"/> The child teases others		
<input type="checkbox"/> The child bullies others		
<input type="checkbox"/> Other, specify:		
Comments:	A. Transition B. Denied Access C. Classroom instruction D. New Task E. Teacher Attention to others F. Told "NO" G. Idle / waiting H. Direct order I. Redirection J. Corrective feedback K. Choice given L. Asked to leave building M. Close physical proximity N. When asked a question O. Other (specify)	A. Choice given B. Redirection C. Discussion with staff D. Change / delay / stop activity E. Ignore F. Personal space given G. Verbal reprimand / warning H. Natural consequence I. Send home J. Send to office K. Removal of preferred task L. Removal of non preferred task M. Withholding reinforcement N. Detention O. Other (specify)

Step 4: Complete this description of student's behaviour

Student Name:		
Defiance or Non-compliance The child fails to initiate appropriate behaviour in response to a command or request from a school staff member	What usually triggers the behaviour? Choose from the list below	What is usually your response? Choose from the list below
<input type="checkbox"/> The child says "No, I won't", or "I won't do that"		
<input type="checkbox"/> The child ignores direct instruction by a staff member		
<input type="checkbox"/> The child argues over insignificant details		
<input type="checkbox"/> The child avoids responsibility and does not follow any rules		
<input type="checkbox"/> The child gets caught up in the game of disruption		
<input type="checkbox"/> Other, specify:		
Comments:	<ul style="list-style-type: none"> A. Transition B. Denied Access C. Classroom instruction D. New Task E. Teacher Attention to others F. Told "NO" G. Idle / waiting H. Direct order I. Redirection J. Corrective feedback K. Choice given L. Asked to leave building M. Close physical proximity N. When asked a question O. Other (specify) 	<ul style="list-style-type: none"> A. Choice given B. Redirection C. Discussion with staff D. Change / delay / stop activity E. Ignore F. Personal space given G. Verbal reprimand / warning H. Natural consequence I. Send home J. Send to office K. Removal of preferred task L. Removal of non preferred task M. Withholding reinforcement N. Detention O. Other (specify)

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