

## REFERRAL TO SPECIAL SERVICES

**Special Services**

Date:

Student Name:		Date:	
School:		OEN:	
Grade:		Date of Birth:	
School Year:		Principal:	
IPRC Identification:		Placement:	
Attendance Record:	Current year days absent: Last year days absent:	Additional Attendance related information:	
Past Psychoeducational Assessment:		Most Recent Date:	

**Other Relevant Assessments:**

a)	Date:
b)	Date:
c)	Date:

**Agency Involvement:**

a)	Date:
b)	Date:
c)	Date:

**Medical Information:**

**Presenting Issue:**

**Strengths/Needs:**

Student:

Interventions by Classroom Teacher:

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Interventions by Resource Teacher:

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Response of Parent/Guardian(s):

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Additional Comments:

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School Based Team Meeting

Date:

Members Present:

Discussion:

Action:

- Contact Parent
- Consultation
- Admit to Resource Case Load
- Develop IEP
- Refer for Psychoeducational Assessment
- Refer for Counselling
- Refer to Itinerant Services
  - Behaviour (**attach behaviour checklist**)
  - High Needs (**attach universal supports list**)
  - Hearing
  - Vision
- Complete Referral to Assistive Technology
- Complete Referral to Speech & Language
- Refer to IPRC

Principal's Comments:

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**Principal's Signature**

Date:

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