

4.4 School-Based Team Referral Template 1

<p>School Name: _____</p> <p>Address: _____</p> <p>Phone #: _____</p>
<p>Student's Name: _____ Date of Referral: _____</p> <p>Referring Teacher: _____ Grade: _____ Date of Birth: _____</p> <p>Name of Parent(s)/Guardian(s): _____</p> <p>Parents/guardians have been made aware of the following concerns: Yes No</p>

What is the student doing successfully in school? Where have you seen growth and improvements?

Focus Skill #1: Academic Behaviour Social-Emotional Medical Other

<p>Student is having difficulty doing what specifically? Example: <i>Student name</i> has difficulty keeping hands to self</p>	<p>When does it happen most/least often? What is the setting? Example: <i>it happens most often when the hallways are crowded and filled with students. After recess, lunch, and after school bells.</i></p> <p>Who does it involve most often (if it involves other people)? Example: <i>With 3 specific classmates.</i></p>
<p>Please describe one strategy you have already tried to teach this focus skill. Approximately, when did you begin teaching the strategy?</p>	



Results of implementing strategy?

Please describe a **second** strategy you have already tried to teach this focus skill.
Approximately, when did you begin teaching the strategy?

Results of implementing strategy?

Focus Skill #2: Academic Behaviour Social-Emotional Medical Other

Student is having difficulty **doing what specifically?**
Example: Student name has difficulty beginning and completing their work.

When does it happen most/least often? What is the **setting?** *Example: It happens most often when it is pencil to paperwork and at their desk working independently.*

Who does it involve most often (if it involves other people)? *Example: It does not involve anyone else.*

Please describe **one** strategy you have already tried to teach this focus skill.
Approximately, when did you begin teaching the strategy?

Results of implementing strategy?



Please describe a **second** strategy you have already tried to teach this focus skill.
Approximately, when did you begin teaching the strategy?

Results of implementing strategy?

Please complete/review the following before handing in this referral:

Review the student's file

Date of last vision test _____

Date of last hearing test _____

Attendance Report (if pertinent)

Current IEP or report card (if pertinent)

Clear Form

Thank you for taking the time to fill out this SBTM referral form!