



**PRINCE ALBERT** Est. 1887  
**CATHOLIC SCHOOL DIVISION**  
*Learning for life through Catholic Education*

118 – 11<sup>th</sup> Street E.  
Prince Albert, SK S6V 1A1  
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**LUCY BAKER REFERRAL FORM**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_  
(D / M / Y)  
Grade: \_\_\_\_\_ Repeated Grade: \_\_\_\_\_ Program: K-8 Regular \_\_\_\_\_ PPP \_\_\_\_\_  
Parent(s)/Guardian(s): \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Work Number: \_\_\_\_\_ Cellular Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Educational Support Teacher: \_\_\_\_\_ Teacher: \_\_\_\_\_  
Cumulative Folder Available:  Yes  No  
Special Education File Available:  Yes  No  
Referral Initiated by: \_\_\_\_\_ Date of Referral: \_\_\_\_\_  
\*\*Attached Attendance Profile and SDS Enrollment History

REFERRAL CRITERIA	
<input type="checkbox"/>	Students experiencing academic difficulty.
<input type="checkbox"/>	Students who are experiencing severe attendance issues.
<input type="checkbox"/>	Student with significant contributing factors (substance abuse, young offender status, gang association)
<input type="checkbox"/>	Requested by _____ (Outside Agency)

Reason for Referral: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BACKGROUND INFORMATION	
Vision:	_____

Hearing:	
General Health:	
Medication:	
Physical Challenges:	
Previous Medical Diagnosis:	
Doctor:	

<b>FAMILY INFORMATION</b>
Who does the student live with? Mental Health Issues? Siblings? Etc.?  _____  _____  _____

<b>AREAS OF CONCERN</b>					
Please indicate the areas of concern that are preventing the student from accessing the curriculum:					
<b>WORK HABITS</b>		<b>ACADEMIC (cont.)</b>		<b>PERSONAL &amp; SOCIAL GROWTH (cont.)</b>	
<input type="checkbox"/>	Planning / Organization	<input type="checkbox"/>	Reversal of Numbers and/or letters	<input type="checkbox"/>	Inattentive
<input type="checkbox"/>	Clumsy / Awkward	<input type="checkbox"/>	Math Reasoning Skills	<input type="checkbox"/>	Interrupt Others
<input type="checkbox"/>	Paper / Pencil Tasks Illegible	<input type="checkbox"/>	Math Calculation Skills	<input type="checkbox"/>	Self-Destructive Behavior
<input type="checkbox"/>	Eye-Hand Coordination	<b>PERSONAL &amp; SOCIAL GROWTH</b>		<input type="checkbox"/>	Inappropriate Sexual Behavior
<input type="checkbox"/>	Formation of Letters			<input type="checkbox"/>	Excessive Physical Complaints
<input type="checkbox"/>	Initiation of Work	<input type="checkbox"/>		<input type="checkbox"/>	Accepting Responsibility
<input type="checkbox"/>	Completion of Work	<input type="checkbox"/>	Distractibility	<input type="checkbox"/>	Mood Swings
<input type="checkbox"/>	Planning / Organization	<input type="checkbox"/>	Excessive Movement	<input type="checkbox"/>	Use of Drugs or Alcohol
<input type="checkbox"/>	Personal Organization	<input type="checkbox"/>	Peer Relations	<input type="checkbox"/>	Fire Setting
<b>ACADEMIC</b>		<input type="checkbox"/>	Social Skills	<input type="checkbox"/>	Over Inflated Ego
		<input type="checkbox"/>	Stealing	<input type="checkbox"/>	Lack of Trust
		<input type="checkbox"/>	Lying	<input type="checkbox"/>	Lack of Initiative / Interest
<input type="checkbox"/>	Processing Speed	<input type="checkbox"/>	Defiant Attitude	<input type="checkbox"/>	Frustration Tolerance
<input type="checkbox"/>	Written Expression	<input type="checkbox"/>	Verbally Aggressive	<input type="checkbox"/>	Accepting Responsibility
<input type="checkbox"/>	Reading Comprehension	<input type="checkbox"/>	Physically Aggressive	<input type="checkbox"/>	Aggression
<input type="checkbox"/>	Reading Fluency	<input type="checkbox"/>	Fearful of People, Events, etc.	<input type="checkbox"/>	Anxiety
<input type="checkbox"/>	Short Attention – Reading	<input type="checkbox"/>	Immature	<input type="checkbox"/>	Attendance
<input type="checkbox"/>	Short Attention – Copying	<input type="checkbox"/>	Sniffing (glue or gasoline)	<input type="checkbox"/>	Doesn't Anticipate Consequences
		<input type="checkbox"/>	Withdrawn / Shy	<input type="checkbox"/>	Negative Peer Group

1. What classroom and/or informal assessment measures have been used to determine the student's level of instruction?

2. Is this student meeting curriculum outcomes?  Yes  No  
 Explain how.

3. What strategies does the student use to cope in the classroom?

**FORMAL ASSESSMENT INFORMATION**

**Most Recent Cognitive Assessment** (Attach summary of results)

Assessment Tool:

Date:

**Most Recent Achievement Tests** (Attach summary of results)

Assessment Tool:

Date/Grade:

**Most Recent Behavioral Assessment** (Attach summary of results)

Assessment Tool:

Date/Grade:

**OUTSIDE AGENCY INVOLVEMENT**

(as per Student Impact Assessment Profile)

Agency:	Professional:	Date:	Type of Involvement:

**OBSERVED STUDENT BEHAVIOR**

How does the student respond to visual, oral or written material?

How does the student respond to assigned tasks?

<b>How does the student persist with tasks?</b>	<b>How does the student organize his/her time and materials?:</b>
<b>Describe the student's use of oral language (fluency, willingness to speak)?:</b>	<b>Does the student prefer to work individually, in partners or in a group?</b>
<b>How does the student respond to auditory, visual or proximal teacher cues?:</b>	<b>How does the student respond to authority?</b>
<b>How does the student interact with peers?</b>	<b>Does the student have any environmental preferences (desk arrangements, lights, sounds, etc.)?</b>

Have the reason for the referral been discussed with the parent?  Yes  No

By whom? \_\_\_\_\_

Has the referral been discussed with the student?  Yes  No

By whom? \_\_\_\_\_

Do the parents agree with the referral?  Yes  No

Parent's Signature: \_\_\_\_\_

\_\_\_\_\_  
Educational Support Teacher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Division Representative

\_\_\_\_\_  
Date

