



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

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TOGETHER EVERYONE ACHIEVES MORE PROGRAM
(T.E.A.M.)

REFERRAL FORM

REFERRING SCHOOL: _____

TEACHER: _____

EDUCATIONAL SUPPORT TEACHER: _____

A. GENERAL INFORMATION

STUDENT'S NAME: _____ DOB: _____
YR / MO / DAY

PARENT/GUARDIAN: _____

ADDRESS: _____

PHONE NO: _____ CELL PHONE NO: _____

GRADE PLACEMENT: _____ DATE OF REFERRAL: _____

B. EDUCATIONAL HISTORY

1. **General nature of attendance (see attached attendance profile of current school year) and enrollment history from Student Data System.**

2. How well does the child adjust to school situations?

- Poorly Fairly Well Well Excellently

Explain: _____

3. Does the child have a Personal Program Plan? (If yes, please attach a copy.) Yes No

4. Please note the student's strengths.

a. Academic

b. Behavioral

5. Areas of concern:

- | | | |
|--|--|---|
| <input type="checkbox"/> impulsive | <input type="checkbox"/> following directions | <input type="checkbox"/> easily distracted |
| <input type="checkbox"/> beginning tasks | <input type="checkbox"/> restless/fidgety | <input type="checkbox"/> sharing |
| <input type="checkbox"/> inattentive | <input type="checkbox"/> talks incessantly | <input type="checkbox"/> incomplete tasks |
| <input type="checkbox"/> stealing | <input type="checkbox"/> interrupts others | <input type="checkbox"/> lying |
| <input type="checkbox"/> disorganized | <input type="checkbox"/> self-destructive behavior | <input type="checkbox"/> defiant of adult requests |
| <input type="checkbox"/> inappropriate sexual behavior | <input type="checkbox"/> verbally aggressive | <input type="checkbox"/> excessive physical complaints |
| <input type="checkbox"/> cries easily | <input type="checkbox"/> physically aggressive | <input type="checkbox"/> fearful of people, events, etc. |
| <input type="checkbox"/> temper tantrums | <input type="checkbox"/> accepting responsibility | <input type="checkbox"/> does not anticipate consequences |
| <input type="checkbox"/> mood swings | <input type="checkbox"/> use of drugs or alcohol | <input type="checkbox"/> withdrawn/lethargic |
| <input type="checkbox"/> immature | <input type="checkbox"/> fire setting | <input type="checkbox"/> run away |
| <input type="checkbox"/> sniffing (glue or gasoline) | <input type="checkbox"/> shy | |
| <input type="checkbox"/> over inflated ego | | |
| <input type="checkbox"/> other _____ | | |

6. Parents shown support for the school by:

- attending parent-teacher interviews
- attending school programs
- supporting school efforts to remedy the problem

7. Behavioral Goals

Please list the behavioral changes that you would see as allowing this student to be successfully re-integrated into a regular classroom.

8. What interventions have been tried to date? What worked? Why or why not? How long were they in place?

9. Are there any medical conditions that you may be aware of?

10. Are there any other agencies or supports for this student?

C. ACADEMIC PROGRAMS

1. Mathematics:

Is the student meeting curriculum outcomes? What classroom or informal measures have you used to determine this?

2. Language Arts:

Is the student meeting curriculum outcomes? What classroom or informal measures have you used to determine this?

3. Please indicate the results of the following educational tests:

TEST	DATE	RESULTS
WIAT-III		
Behavioral Assessment Scale for Children (BASC)		
Other Achievement Tests		
WISC-IV		
Other Assessments		

Referring School Principal

Classroom Teacher

**Superintendent of Education:
Student Support Services**

Date

**** Referrals are to be sent through the Superintendent of Education:
Student Support Services**