

## STUDENT EDUCATIONAL REFERRAL REQUEST FORM

Form 361-01

Please scan all documentation to email directly to:  
[learningservices@gypsd.ca](mailto:learningservices@gypsd.ca)

Student Name:		
D.O.B.:	Grade:	AB ED Student I.D.#:
School:		Teacher:
Parent(s)/Legal Guardian(s):		
Mailing Address:		Telephone:
If coded, give #:	Previously coded? Year:	Code #:
Previously received psycho-educational assessment (yes/no):	Date/year of assessment:	

**Student is receiving following services (check only those that apply):**

check box	Type of Service
<input type="checkbox"/>	speech/language
<input type="checkbox"/>	occupational therapy
<input type="checkbox"/>	physical therapy
<input type="checkbox"/>	in-school counseling
<input type="checkbox"/>	family school liaison/family student therapist assistance
<b>Other? (Specify)</b>	

**Please provide information in the following areas:**

Does student have or experience:	Check Box	If yes, how are they being addressed or explain?
vision difficulties?	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	
hearing difficulties?	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	
current medical assessment	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	



<b>Student Referral Request: SUBMISSION REQUIREMENTS</b> (School-based-team decision based on classroom observations, FBAs, student assessments)	<b>Teacher Checklist</b>
Functional Behavioral Assessment *(if a behavior assessment is requested)	<input type="checkbox"/>
Level B Assessments: <ul style="list-style-type: none"> <li>• WJIV results summary sheet</li> </ul>	<input type="checkbox"/>
Classroom teacher one-page executive summary of the student (all aspects) And why a request for an Educational Psychological Assessment is being requested – (determine if the student has a cognitive or learning disability, programming recommendations, AISH, Diploma accommodations)	<input type="checkbox"/>
Previous psychological-educational assessments	<input type="checkbox"/>
Current school year speech-language pathologist reports/assessments	<input type="checkbox"/>
Counseling/FSL information	<input type="checkbox"/>
Copy of current student IPP	<input type="checkbox"/>
Student assessment referral request (achievement/cognitive/behavioral)	<input type="checkbox"/>

Learning Services Approval: \_\_\_\_\_ Date: \_\_\_\_\_

<b>check box</b>	<b>Services to be provided</b>
<input type="checkbox"/>	Cognitive Ability Assessment: comments(s)
<input type="checkbox"/>	Cognitive Achievement Assessment: comment(s)
<input type="checkbox"/>	Behavior Assessment: comment(s)
	Other:

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the parent refuses to agree to the assessment, please note this directly on the student referral form and student IPP. (Please sign and date).

**Parents (to be completed after IL Supervisor has been informed):**

I have read and discussed the above information and agree to an individual assessment of my child by contract psychologists hired by GYPSD#77. I understand that my child's assessment date and time may need to be rescheduled due to unforeseen circumstances.

Parent's/Guardian's:

Print Name(s): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_