

STUDENT EDUCATIONAL REFERRAL REQUEST FORM

Form 361-01

Please scan all documentation to email directly to:
learningservices@gypsd.ca

Student Name:		
D.O.B.: dd/mm/year	Grade:	AB ED Student I.D.#:
School:		Main 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 counsellor/family student therapist assistance
	Other? (Specify

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"/>	
When was the last vision assessment? If not in the last year, please have this completed before sending the form in.		
hearing difficulties?	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	
When was the last hearing assessment? If not in the last year, please have this completed before sending the form in.		

current medical assessment	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	

Student Referral Request: SUBMISSION REQUIREMENTS (School-based-team decision based on classroom observations, FBAs, student assessments)	Teacher Checklist
Functional Behavioral Assessment *(if a behavior assessment is requested)	<input type="checkbox"/>
Level B Assessments: <ul style="list-style-type: none"> WJIV results summary sheet, which must have been completed in the last 6 months. 	<input type="checkbox"/>
Classroom teacher one-page executive summary of the student (all aspects)	<input type="checkbox"/>
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/FSLC 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: _____

check box	Services to be provided
<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

Signature

Date