

4.4 School-Based Team Referral Template 1

School Name: _____

Student's Name: _____ Date of Referral: _____

Referring Classroom/Course Teacher: _____ Grade: _____

Name of Parent(s)/Guardian(s): _____

Parents/guardians have been made aware of the following concerns: Yes No Date _____

Have parents/guardians consented to an SBT Referral?

Yes

No

Date _____

STOP - Do not proceed until informed consent has been provided by parents.

Student is Indigenous

is CYIC

is ELL

has Ministry Inclusive Education If so: Category _____

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

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

Student is having difficulty **doing what specifically?**
Example: Student name has difficulty keeping hands to self

When does it happen most/least often? What is the **setting**? Example: it happens most often when the hallways are crowded and filled with students. After recess, lunch, and after school bells.

	<p>Who does it involve most often (if it involves other people)? <i>Example: 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> <p>Results of implementing strategy?</p>	
<p>Please describe a second strategy you have already tried to teach this focus skill. Approximately, when did you begin teaching the strategy?</p> <p>Results of implementing strategy?</p>	

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

<p>Student is having difficulty doing what specifically? <i>Example: Student name has difficulty beginning and completing their work.</i></p>	<p>When does it happen most/least often? What is the setting? <i>Example: It happens most often when it is pencil to paperwork and at their desk working independently.</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>	<p>Who does it involve most often (if it involves other people)? <i>Example: It does not involve anyone else.</i></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?

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

Review the student's file

Date of last hearing test _____

Attendance Report

CYIC Annual Plan

Interagency involvement

Date of last vision test _____

Current IEP or SLP (if pertinent)

Latest Learning Update

Teacher Signature: _____ Date: _____
(Confirming Information is accurate and complete)

IST Name _____ Signature _____
(Confirming Information is complete) Date: _____

Student will be placed on SBT list for SBT Meeting on _____ or student will not place on SBT list

Rationale _____