

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: <u>Student name</u> 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>Who does it involve most often (if it involves other people)? <i>Example: It does not involve anyone else.</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>	

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:

- | | | |
|--|--|--------------------------|
| <input type="checkbox"/> Review the student's file | <input type="checkbox"/> Date of last vision test _____ | <input type="checkbox"/> |
| Date of last hearing test _____ | | |
| <input type="checkbox"/> Attendance Report | <input type="checkbox"/> Current IEP or SLP (if pertinent) | |
| <input type="checkbox"/> CYIC Annual Plan | <input type="checkbox"/> Latest Learning Update | |
| <input type="checkbox"/> Interagency involvement | | |

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 _____