

Referral to Guidance Counselor/Educational Psychologist

Referral Tracking Number (RTS#):

B	R	D.	S	C	H.	Y	R.	S	T	I	D

Student Name: _____

Date Received: _____

To be completed by the student support services team. Please submit to appropriate personnel with attachments.

Reason for Referral:

- Personality/behaviour concerns
- On-task behaviour concerns (approach, follow-through, and completion of tasks)
- Academic concerns (reading, writing, math, spelling)
- Processing concerns (motor, perception, sensory, association, memory, and problem solving)
- Social/emotional concerns
- Health/neurological concerns
- Cognitive concerns
- Possibly learning disabled
- Possibly gifted and talented
- Possibly developmentally delayed (0-8 years)

Other comments:

Completed by: _____ Date: _____

Checklist of Attachments

- Record of Interventions/Pre-Referral Form
- IEP
- First Steps Continuum (if applicable)
- Previous assessment results (if applicable)
- Other _____

