

Samples of Referral Forms Used

STUDENT SERVICES INTAKE FORM

Reference Number: _____
No. _____

I.D

Referral taken by: _____

Date:

Surname	First	Middle	Date of Birth (YY/MM/DD)
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Address: _____

Mother _____ Father _____
Guardian _____

Address of Parent/Guardian: (If different from above)

Telephone: Mother (H) _____ (W) _____ Father (H) _____
(W) _____

School: _____ School
Telephone _____

Teacher: _____
Class/Form: _____

Presenting Problem:

Tick boxes as applicable:

Areas of specified difficulties/challenges:

Physical † Speech Difficulties Learning Difficulties
Behavioural//Emotional Difficulties

School Attendance: Irregular Non Attendance

Involvement with Outside Agencies:

Children's Development Centre Probation Department
 Juvenile Liaison Scheme Child Care Board
 Child Guidance Clinic Private Support Services
 Edna Nicholls Centre Welfare Department
 Other (Specify) _____

Attached Reports: Psychological Edna Nicholls Children
 Development Centre Medical Guidance Counsellor Other
 (Specify) _____

Referral made by: School Parents/Guardians Other (Specify)

How was referral made? Walk-in Telephone Letter Other
 (Specify) _____

Officer Assigned: _____

Signed _____

Date Assigned: _____

MINISTRY OF EDUCATION, YOUTH AFFAIRS AND SPORTS.

MINISTRY OF EDUCATION, YOUTH AFFAIRS AND SPORTS

Referral - Student Services Section.

I.D NO._____

Surname First Name and Middle Name Date of Birth
YY/MM/DD)

Address_____

Mother_____ Father_____
Guardian_____

Address of Parent/Guardian (If different from
above)_____

Telephone: Mother (H)_____ (W)_____ Father (H)_____
W) _____

School:_____
School Telephone _____

Teacher:_____
Class/Form_____

Reason(s) for Referral:

Tick areas of difficulties/challenges:

Hearing Vision Physical Large Motor Fine Motor Learning Difficulties

Behavioural Social/Emotional/Difficulties Speech Difficulties Language Difficulties

School Attendance Regular_____ Irregular_____

Non Attendance _____

Involvement with Outside Agencies:

1. Children's Development Centre
2. Juvenile Liaison Scheme
3. Child Guidance Clinic
4. Edna Nicholls Centre

Probation Department
Child Care Board
Private Support Services
Other

Please give details

Intervention Strategies used at the school to date:

(a) _____

(b) _____

(c) _____

The student has had his/her Vision Checked Hearing Checked

Please list any supporting documents attached with referral form (e.g. Psychological, Children's Development Centre Report: Edna Nicholls Centre Report)

1. _____

2. _____

3. _____

When completing this form the following guidelines should be observed.

1. All referrals should be processed through the Principal before submitting to the Ministry.
2. Schools should consult with parents to discuss the difficulties being experienced by the student prior to submission of the referral.
2. Please complete appropriate checklist to address areas of difficulty. This should be done after a period of observation and attach to referral form.

Referral Initiated by: _____ Date _____

Parent Consulted: YES NO

Date: _____

Principal's Signature _____ Date: _____

**Please submit to the Senior Education Officer – Student Services Section,
Ministry of Education**