



Referral to Student Support Services Unit

Please observe the following guidelines when completing this form:

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.
3. Please complete Student Profile Form. This should be done after a period of observation and attach to referral form.
4. Please answer all questions.

I.D. _____ D.O.B. _____ Age _____

Surname _____ First Name and Middle Name _____ Gender (M/F) _____

Address: _____

Mother: _____ Father: _____ Guardian _____

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

Please indicate with whom child resides: _____

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

Father (H) _____ (W) _____ (C) _____

School: _____ School Telephone _____

Teacher: _____ Class/Form: _____

Challenges of student: *(Please be specific)*

Tick areas of difficulties/challenges:

Hearing Vision Physical Behavioural Social/Emotional Difficulties
Speech and Language Difficulties Learning Difficulties

Describe, *(please be specific)*

School Attendance: Regular Irregular Non Attendance

Involvement with Outside Agencies: _____

Intervention Strategies used at the school to date: *(Please be specific)*

- (a) _____
(b) _____
(c) _____

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

1. _____
2. _____
3. _____

Referral Initiated By: _____ Date: _____

Parent consulted: YES NO Date: _____

Principal's Signature: _____ Date: _____

Please submit completed form to the **Senior Education Officer, Student Support Services Unit,**
Ministry of Education, Science, Technology and Innovation