



### 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)*

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Tick areas of difficulties/challenges:

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

Describe, *(please be specific)*

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School Attendance: Regular  Irregular  Non Attendance

Involvement with Outside Agencies: \_\_\_\_\_

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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*