BEHAVIOUR CONSULTATION REFERRAL

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| STUDENT NAME: | | |  | | | | |  | | DOB: | |  | |  | GRADE: | |  | |
| SCHOOL: |  | | | | |  | AB ED CODE: | |  | | IS ATTENDANCE A CONCERN? | | | | | Yes  No | |
| DIAGNOSIS (if any): | | | |  | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | |
| OTHER SUPPORTS & SERVICES: (OT, SLP, FSLC, Pediatrician, Psychologist etc.) | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| AREAS OF NEED TO BE ADDRESSED: | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | |  | | | | |  | | | |
| WHEN DOES THE BEHAVIOUR MOST OFTEN OCCUR? (time of day, specific class, specific area of the school etc.) | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| STRATEGIES OR INTERVENTIONS BEING USED TO SUPPORT STUDENT  *List the areas of concern and the related supports/interventions the student has received or is currently receiving.* | | | | | | | | | | | | | | | | | | |
| AREA OF CONCERN | | | | | STRATEGY/INTERVENTION USED | | | | | | | | DURATION | COMMENTS | | | | |
|  | | | | |  | | | | | | | |  |  | | | | |
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BEHAVIOUR CONSULTATION CONSENT

|  |  |  |  |  |  |  |  |  |  |  |
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| STUDENT NAME: | |  | | | |  | SCHOOL: | |  | |
|  | | | | | |  | | | | |
| EXPLAINATION OF CONCERNS: | | | | | | | | | | |
|  | | | | | | | | | | |
| **This service is requested and provided to your child to enhance his/her participation in learning. Reports and documentation derived from this service are confidential and will be shared in accordance with the Freedom of Information and Privacy Protection Act.** | | | | | | | | | | |
| I, |  | | | hereby consent to the Behaviour Consultation for | | | | | | |
|  | Parent/Guardian | | |  | | | | | | |
|  | | | , born | | |  | | | | . |
| Student | | |  | | | mm/dd/yyyy | | | |  |
|  | | | | |  | | |  | | |
| Parent Signature | | | | |  | | | Date | | |
|  | | | | |  | | |  | | |
| Principal Signature | | | | |  | | | Date | | |
|  | | | | |  | | |  | | |
| Learning Support Teacher Signature | | | | |  | | | Date | | |