

## PSYCHO-EDUCATIONAL SERVICES REFERRAL

*Referral will be shared with True Balance Counselling*

STUDENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_  
ASN: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ AB ED CODE: \_\_\_\_\_  
DIAGNOSIS (if any): \_\_\_\_\_

IS THIS STUDENT AN **ENGLISH LANGUAGE LEARNER**? ☐ Yes ☐ No

IF YES, AT WHAT LEVEL ON THE ESL PROFICIENCY BENCHMARKS ARE HIS/HER ENGLISH LANGUAGE SKILLS?  
*Please provide the average of the concerning categories.*

☐ Beginning ☐ Developing ☐ Expanding ☐ Bridging ☐ Extending

IS ATTENDANCE A CONCERN? ☐ Yes ☐ No

IF YES, PLEASE EXPLAIN:

CURRENT SPECIALIZED ASSESSMENTS (instruments, dates, and professionals involved):  
*Within in the last 3 years (please make sure they are attached).*

### STUDENT CHECKLIST

*Please check all boxes that apply.*

#### Reading

- ☐ Reverses letters when reading
- ☐ Read at a slow pace
- ☐ Sounds out words that should be sight words
- ☐ Reading substitutions are visually similar but disrupt meaning
- ☐ Loses place/omits words when reading
- ☐ Has difficulty copying correctly from the board
- ☐ Reading errors are similar in meaning
- ☐ Struggles to apply what he/she has read
- ☐ Other:

#### Memory/Executive Functioning

- ☐ Cannot remember what he/she has seen
- ☐ Frequently forgets directions
- ☐ Forgets things already learned
- ☐ Is often not prepared for class
- ☐ Is often late/forgetful
- ☐ Loses assignments and/or belongings
- ☐ Has a messy locker/desk
- ☐ Notes are disorganized
- ☐ Struggles to plan ahead
- ☐ Other:

#### Written Language

- ☐ Spelling errors resemble correct word in appearance
- ☐ Writing posture concerns
- ☐ Written work is untidy
- ☐ Incorrect sequence of movement in forming letters
- ☐ Reverses letters
- ☐ Has difficulty copying correctly from the board
- ☐ Letters vary in size and wander off the page
- ☐ Struggles to express ideas in writing in a logical manner
- ☐ Completes written work at a slower pace
- ☐ Other:

**Oral Language/Listening**

**Comprehension**

- ☐ Has limited listening/speaking vocabulary
- ☐ Has difficulty discriminating between similar sounds
- ☐ Mispronounces words
- ☐ Has difficulty learning phonics
- ☐ Struggles to apply what he/she has heard
- ☐ Other:

**Motor Skills/Orientation**

- ☐ Coordination difficulties
- ☐ Fine motor skills seem delayed
- ☐ Visual-motor coordination difficulties
- ☐ Balance difficulties
- ☐ Difficulties telling time
- ☐ Struggles to judge time spans (birthdate, bedtime)
- ☐ Has difficulty comparing sizes/differences
- ☐ Confuses directions
- ☐ Other:

**Attention/Impulsivity**

- ☐ Attention wanders
- ☐ Easily distracted by sights/sounds
- ☐ Daydreams
- ☐ Comments off topic
- ☐ Struggles to attend to important details
- ☐ Starts assignments without having listened to directions
- ☐ Constantly moving
- ☐ Acts impulsively
- ☐ Has a short attention span
- ☐ Other:

**Disruptive Behaviours**

- ☐ Behaviour is inconsistent from day to day
- ☐ Fighting/physical contact
- ☐ Refuses to follow directions
- ☐ Uses inappropriate language
- ☐ Has made threats towards self or others
- ☐ Stealing
- ☐ Dislikes school
- ☐ Loses temper easily
- ☐ Has difficulty taking responsibility
- ☐ Blames others
- ☐ Lacks empathy
- ☐ Other:

**Emotional Concerns**

- ☐ Mood changes quickly and drastically
- ☐ Seems sad/withdrawn
- ☐ Difficult to engage
- ☐ Is frequently truant
- ☐ Gets nervous before assignments/exams
- ☐ Gets nervous when talking in front of others
- ☐ Cries often and easily
- ☐ Seems disconnected from reality
- ☐ Has unusual thoughts or perceptions
- ☐ Obsessively persists in an activity/train of thought
- ☐ Fixates on particular events/objects
- ☐ Other:

**Social Perceptions**

- ☐ Does not participate in group activities
- ☐ Does not like change
- ☐ Has few friends
- ☐ Seems unaware of personal boundaries of self and/or others
- ☐ Does not seem to notice or respond appropriately to social cues
- ☐ Is one of the last to be picked for teams/games
- ☐ Other:

*Please describe any additional social, emotional, behavioural or academic concerns you have.*

**PRE-REFERRAL STRATEGIES OR INTERVENTIONS USED TO SUPPORT STUDENT**

*List the main areas of concern and the related supports/interventions the student has received or is currently receiving.*

***Please be specific.***

AREA OF CONCERN	STRATEGY/INTERVENTION USED	DURATION	COMMENTS

\_\_\_\_\_  
**Teacher Signature**

\_\_\_\_\_  
**Principal Signature**

\_\_\_\_\_  
**Date**

DIVISION OFFICE USE:

Date Received: \_\_\_\_\_

Action: ☐ Approved

☐ Not Approved

Initials: \_\_\_\_\_

Comments: \_\_\_\_\_