

Referral to Guidance Counselor/Educational Psychologist

Referral Tracking Number (RTS#):

B	R	D.	S	C	H.	Y	R.	S	T	I	D

Student Name: _____

Date Received: _____

To be completed by the student support services team. Please submit to appropriate personnel with attachments.

Reason for Referral:

- ☐ Personality/behaviour concerns
- ☐ On-task behaviour concerns (approach, follow-through, and completion of tasks)
- ☐ Academic concerns (reading, writing, math, spelling)
- ☐ Processing concerns (motor, perception, sensory, association, memory, and problem solving)
- ☐ Social/emotional concerns
- ☐ Health/neurological concerns
- ☐ Cognitive concerns
- ☐ Possibly learning disabled
- ☐ Possibly gifted and talented
- ☐ Possibly developmentally delayed (0-8 years)

Other comments:

Completed by: _____ Date: _____

Checklist of Attachments

- ☐ Record of Interventions/Pre-Referral Form
- ☐ IEP
- ☐ First Steps Continuum (if applicable)
- ☐ Previous assessment results (if applicable)
- ☐ Other _____

