

## School Letterhead

### AP 207-1 School Based Team Referral Form

School Name \_\_\_\_\_

Student Name: _____ Address _____ Birthdate: _____ Phone: _____ Name of Parent/Guardian: _____ Date Parent Contacted: _____	Contact was made by: <input type="checkbox"/> Phone Call <input type="checkbox"/> Email <input type="checkbox"/> Note home <input type="checkbox"/> Text <input type="checkbox"/> Other (specify) _____
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What is the child's MOE Special Education designation? \_\_\_\_\_

Have you previously referred this student to the SBT?  Yes  No If yes, what was the date: \_\_\_\_\_

Primary reason(s) for referral:

Academic  Behaviour  Social  Emotional  Medical  Attendance  Other \_\_\_\_\_

What are the student's strengths, talents, likes or interests?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please describe one or two specific concerns prompting this referral.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_

In what settings/situations does this occur most often? \_\_\_\_\_

In what settings/situations does this occur least often? \_\_\_\_\_

What is **one** strategy you have tried to resolve this challenge? \_\_\_\_\_

\_\_\_\_\_ Date you began strategy: \_\_\_\_\_

Results of implementing the strategy: \_\_\_\_\_  
\_\_\_\_\_

What is the **second** strategy you have tried to resolve this challenge? \_\_\_\_\_

\_\_\_\_\_ Date you began strategy: \_\_\_\_\_

Results of implementing the strategy: \_\_\_\_\_  
\_\_\_\_\_

How does this student's academic skills compare to the average child in your class? (bring work samples if appropriate to the referral)

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What would be the best time of day for someone to observe the student challenges that you have described?

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Please provide any additional pertinent information such as:

- Current report card
- Current IEP
- Attendance Report

Please complete a file review of the student's permanent record file.

When this referral is completed please hand in or scan and email to the chairperson of the SBT

Our SBT meetings are held in room \_\_\_\_\_ on the \_\_\_\_\_