



FORT LA BOSSE SCHOOL DIVISION

PREPARING STUDENTS FOR THE FUTURE

www.flbsd.mb.ca

Psychology Referral Form

Please Check One:

- Referral for Assessment
- Referral for Consultation

Child's Name:	Date:
School:	Grade:
Sex:	Date of Birth:
Teacher:	Parent or Guardian Phone Number(s):
Parents/Legal Guardians:	Parent or Guardian Email:

What is the primary reason for referral?

Describe the student's strengths and positive qualities.

What kind of challenges is this child experiencing that causes you concern? Please list any:

Academic: _____

Social: _____

Emotional: _____

Behavioural: _____

How long have the above been a concern?

Please list any in-class supports/strategies that have been implemented to support the student.

Has the student received any Tier 2 school-based interventions (e.g., levelled literacy, Barton reading program)? Please list.

Student Support Service Involvement (Check where appropriate, and provide name):

- Speech/Language _____
- Counselling _____
- Resource Teacher Involvement _____
- Physiotherapist/Occupational Therapist _____
- Other (External Services)_____

Has the student had a previous psychoeducational/psychology assessment? If so, when and by whom?

What information are you hoping to gain by having the School Psychologist involved?

How will the information be used to support the student's learning?

Other Comments/Additional Information:

Please include the resource report and student profile with the referral.

Signatures

Resource Teacher: _____

Principal: _____

Date: _____

The psychology referral process may involve: file review, observations in the classroom, teacher and parent interviews and rating scales, recommendations for programming and/or classroom strategies, and the opportunity to co-teach. If this referral is for a consultation, it may or may not lead to a formal assessment, if the school psychologist recommends a psychoeducational assessment, the school team will contact you directly.

I give permission for the school psychologist to complete assessments, counselling, or individual work with my child. I am willing to meet with him/her to support the assessment and to review assessment results and recommendations.

Parent/Legal Guardian Signature: _____

Date: _____

Student Service Coordinator: _____

Date: _____

Date received by the school psychologist: _____

This information or personal health information is being collected under authority of Fort La Bosse School Division and will be used for educational purposes or to insure the health and safety of the student. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act and the Personal Health Information Act. If you have any questions about the collection, contact the Fort La Bosse School Division Access and Privacy Coordinator at 748-2692.