

SCHOOL REFERRAL FORM

- Please ensure your Director of Student Services approves the SHOS referral **PRIOR** to completing this form as some services have quotas.
- This form is to be completed **IN FULL**, preferably by the classroom or resource room teacher
- Please forward to your Director of Student Services for her or his signature.
- If student is eligible for services from REACH or ERECS (Edmonton Regional Educational Consulting Services – formerly Belvedere) or has P.U.F. funding they are expected to continue with these services and are **not eligible** for SHOS.

Please Note: Completed forms and thorough responses speed the referral process

Person Completing Form:

Print Name & Role **Date**

Director of Student Services:

Signature **Date**

Student's
 Legal Name: _____ Birth Date: _____ Gender: ___ Grade: ___
(First, Middle, Last) (dd – Mon - yyyy)

Parent(s): _____ Mailing Address: _____ City: _____ Postal Code: _____ Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____	Legal Guardian: _____ Address: _____ City: _____ Postal Code: _____ Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____
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E.C.S./School: _____	School Address: _____
School Phone #: _____	School Fax #: _____
School Contact Person: _____	Day/Times Attending Class: _____
Teacher: _____	Phys. Ed. Schedule: _____
Phys. Ed. Teacher: _____	Diagnosis: _____
Teacher Assistant(s): _____	Student Funding Code (i.e., 42, 54): _____

- Reason for Referral:

- What are 1 or 2 questions you would like answered about this student and/or your concerns?

Please check off only the disciplines you are requesting from SHOS:

Priority Ranking	Occupational Therapist	Physical Therapist	Psychologist	Nurse
<p>Urgent Student must be seen immediately. Examples:</p> <ul style="list-style-type: none"> • Student has acute deterioration in ability to function in the classroom. • Post surgery, immediate equipment needs. 				
<p>High Student should be seen as soon as possible. Examples:</p> <ul style="list-style-type: none"> • Student is having difficulty functioning in the classroom. • Current school program is in jeopardy. 				
<p>Medium Student is having some difficulty participating in school activities. Examples:</p> <ul style="list-style-type: none"> • A program may already be in place but a review of goals and strategies is required. • Student has current needs, but there is a recent assessment from other agency within past year (e.g. START, CSC, etc.). 				
<p>Low Student is doing well in most areas. Examples:</p> <ul style="list-style-type: none"> • Teachers have questions or concerns regarding student's growth and development. • Long-term re-assessment is required. 				

1. Please list your student's strengths:

2. Considering the concerns you have identified on this referral, please provide a rating of how successful this student is currently in his or her school program: _____
 (Please rate from 1 through 10 where 1 = "Not at all Successful" and 10 = "Very Successful")

3. Please list all services the student is currently accessing within the school and/or community (i.e., FSLW, Guidance Counselor, Private Counselors, Children's Mental Health Specialist)

Please attach all documents (e.g. previous assessments) completed within the last 2 years:

- | | |
|-----------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Psychology | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Behavior Management | <input type="checkbox"/> IPP |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Speech-Language Pathology |
| <input type="checkbox"/> Vision/Hearing | <input type="checkbox"/> Other _____ |

Please complete all sections of the following checklist.

Even if this student is not being referred for all disciplines, the additional information may be helpful for the therapist(s) who will be providing services.

(Please feel free to attach a note with additional concerns or information)

OCCUPATIONAL THERAPY

Fine Motor:

- Weak or awkward pencil grasp
- Pencil lines are shaky, too faint or too dark
- Difficulty using scissors
- Frequently changes hands when coloring/printing
- Erases excessively
- Fatigues during printing, coloring or cutting
- Difficulty with two-handed tasks (e.g. tying shoes, opening lunch containers, stabilizing paper)
- Difficulty typing; using computer mouse
- Difficulty grasping and manipulating small objects
- Poor desk posture (slumps, head too close to work, leans)

Visual Motor/Perceptual:

- Unable to recognize and match colors, shapes, sizes, letters, etc.
- Difficulty forming printed letters/numbers
- Difficulty forming cursive letters
- Letter and/or number reversals (e.g. *b* for *d*) or inversions (e.g. *u* for *n*)
- Difficulty with spacing, sizing, or letter placement
- Difficulty copying work from books (e.g. excessive errors, slow)
- Difficulty copying work from the board (e.g. excessive errors, slow)
- Difficulty with visual tasks (e.g., puzzles or finding objects in a desk/cluttered shelf)
- Squints, rubs eyes, or complains of eyes hurting

Sensory:

- Distractible, or poor attention span
- Dislikes standing in lines; pushes or shoves others
- Avoids putting hands in messy substances (e.g. clay, finger paint, paste)
- Stands at desk while doing work; leaves seat often
- Difficulty transitioning between activities
- Becomes upset with unexpected changes in routine
- Appears tired or lacking in energy
- Difficulty sitting/standing or keeping hands still (e.g. is in constant motion)
- Bothered or distracted by noise, lights, smells, clothing tags, touch
- Avoids specific food textures (e.g. crunchy, mushy, chewy, mixed textures, or meat)
- Chews on fingers or clothing

Self Care:

- Difficulty toileting independently
- Gags, coughs, or chokes while eating or drinking
- Drools
- Cannot independently use utensils or a regular cup
- Difficulty sleeping
- Difficulty organizing his/her space (e.g., work space, locker/desk, or bedroom)
- Difficulty putting on clothes (including buttons, zippers, and other fasteners)
- Unable to follow directions; difficulty following classroom routine

- This student may require special equipment to communicate such as a computer or communication board

1. Please indicate what strategies have already been tried. What worked/did not work?

2. Additional Comments:

PHYSICAL THERAPY

- Tends to slouch when sitting or standing; leans on wall or furniture
 - Difficulty balancing (e.g. standing still, in crowded hallway, on one foot, on tiptoes)
 - Falls often; does not get arms out in time to stop fall
 - Knocks over objects; runs into walls/doors/people by accident
 - Walks awkwardly (e.g. arms out to side, leans, feet wide apart)
 - Walks on toes; not able to walk on heels
 - Difficulty running
 - Difficulty with activities such as jumping, swimming, riding a bike
 - Difficulty going up and/or down stairs
 - Difficulty throwing, catching or kicking a ball
 - Switches between left and right sides when kicking or throwing
 - Difficulty playing on playground equipment (e.g. slide, swing, jungle gym, balance beam)
 - Difficulty standing up from the floor
 - Appears to have weak muscles
 - Is not able to keep up with peers in physical education class
 - Becomes tired easily
 - Prefers sitting and indoor activities after school and on weekends (e.g. TV, computer/video games)
 - Difficulty naming his/her own body parts and/or left from right
 - Complains of pain
- The Physical Education teacher would like to have further strategies to work with my student
- I am concerned about my student's physical development. Please explain further:

1. If there were one thing I wish could be physically easier for my student to do, it would be:

2. Please indicate what strategies have already been tried. What worked/did not work?

3. Additional Comments:

PSYCHOLOGY

Memory - Compared to others of the same age this student has difficulty remembering:

- Past events or experiences
- Ideas and concepts
- Expectations, rules or routines
- Rote facts or figures
- Instructions

Academics - This student has trouble with the following school-related skills:

- Reading
- Arithmetic
- Spelling
- Expressing ideas in writing

Organized, Flexible and Persistent Thinking – Compared to others of the same age this student has difficulty:

- Participating in daily routines
- Organizing materials (desk, locker, clothes, toys)
- Getting started on something new
- Persevering with schoolwork or homework
- Gathering the right materials for a task or class
- Staying focused when noise or other activities are happening
- Making progress on tasks without constant reminders or attention from an adult
- Recognizing mistakes in school or other tasks
- Planning ahead; predicting consequences of actions
- Shifting from one topic or activity to the next one
- Completing whole tasks or following instructions without "drifting" to other things
- Due to missed days of school
- Listening to directions right to the end; attending to teacher's instruction

Emotions – The following emotions are severe enough to interfere with life at home or school:

- Worry or fears
- Anger, resentment, or rage
- Wide or sudden changes of mood
- Sadness, discouragement or depression
- Dislike of school

Social Interactions, Behaviour, and Communication – Compared to others of the same age this student has difficulty:

- Understanding social expectations
- Interacting with other children
- Complying with general rules or requirements
- Controlling activity level to fit the situation (classroom, restaurant etc.)
- With stealing
- With lying to impress others
- With threats, bullying or teasing from others
- With being overly quiet or passive
- Getting off favourite topics or interests when others don't share the interest
- Interacting with the teacher or other adults
- Cooperating with requests or tasks
- With high activity level; fidgeting, squirming
- Controlling emotions when necessary
- With lying to get out of trouble
- With lying to manipulate others (dominate peers, get others into trouble)
- Bullying, threatening, or deliberately annoying others
- With taking others' comments too literally
- Accepting praise; recognizing own success

1. Please indicate what strategies have already been tried. What worked/did not work?

2. Additional Comments:

NURSING

My student:

- Has diabetes (insulin, blood sugar monitoring).
- Has a heart condition/blood pressure problems (pacemaker, regular blood pressure monitoring, low activity tolerance, tires easily, dizzy spells).
- Requires special medical devices or treatments to assist with breathing (oxygen, suction, tracheostomy, ventilator, oxygen monitor, pacemaker, and inhalers).
- Has chronic pain and requires treatments/medications related to pain relief (Rheumatoid arthritis, Cancer).
- Is on a special diet/at risk for choking/requires assistance to feed (special consistency, meals cut up, allergies, G-tube, pump, assistance of another for feeding).
- Requires assistance with elimination (help with toileting, catheterization, changing diapers, special bowel or bladder routine, regular toileting).
- Requires special treatments, dressing changes, I.V. therapy, medication monitoring, and wound care.

1. Please indicate what strategies have already been tried. What worked/did not work?

2. Additional Comments (Please comment on concerns indicated above):
