

**Greater Saskatoon Catholic Schools
Referral Form for Elementary Alternate Behavior Programs**

Father Vachon Early Intervention Program _____ St. Augustine Early Intervention Program _____
 START Program at St. Frances School _____

Student's Name _____	Date _____
School _____	Grade Placement _____
Date of Birth _____ Age _____	Classroom Teacher _____
Parent/Guardian _____	Learning Assistance _____
Address _____	Teacher _____
Phone (Home) _____ Phone _____	Elementary _____
(Work) _____	Social Worker/ _____
	Counsellor Contact _____

REASON FOR REQUEST

Areas of Problem Behavior	Frequency of Behavior	Intensity of Behavior
	1. Occasionally 2. Several times a day 3. Constant	1. Mild 2. Moderate 3. Severe
Verbal Aggression		
Physical Aggression		
Time on Task		
Acceptance of Authority		
Peer Relationships		
Personal Responsibility		
Bullying Behavior		
Problem Solving		
Comments: (include relevant vision/hearing/medical information – diagnosis, medication, allergies)		

Presently Used	Needs to be implemented or continued	Accommodations
		Daily assignment book/daily communication between teacher and home
		Parent Conference
		Student Conference
		Social Skill Training
		Behavior Management Plans
		Personal Program Plan
		Time Out/Detentions/Suspensions
		Learning Assistance Programming
		Modifying/Adapting Language Arts Program
		Modifying/Adapting Mathematics Program
		Change in time tabling, school day
		Counselling Support _____(identify)
		Outside agencies (Child & Youth, Family Physician, Child Psychiatry, Family Services, Parent Aid) _____

What specific behaviors need to change in order for this student to be successfully reintegrated back into the classroom?

ASSESSMENT DATA

Cognitive	WRMT-R	Key Math	Behavioral
Date _____	Date _____ Gr. Placement _____	Date _____ Gr. Placement _____	Date _____ Gr. Placement _____
<input type="checkbox"/> WISC-III <input type="checkbox"/> Woodcock-Johnson <input type="checkbox"/> Other	Word ID _____ Word Attack _____ Pass Comp. _____ Full Scale _____ Clusters _____ Readiness _____ Reading _____ Comprehension _____	Basic Concepts Operations _____ Application _____ Total Test _____	<input type="checkbox"/> BASC <input type="checkbox"/> Conners <input type="checkbox"/> Other

Program/Curricula Regular Modified Alternate Dates of Intervention _____ to _____

In-Class Support
 In-Class Small Group
 Pull-Out Individual
 Pull-Out Small Group

Current Academic Performance	At Grade Level	Below Grade Level	Above Grade Level
Reading Decoding Skills			
Reading Comprehension			
Listening Comprehension			
Mathematical Reasoning			
Computation			
Written Work:			
Spelling			
Grammar/Mechanics			
Organization			
Oral Expression			
Work/Study Habits			
Physical Education Skills			
Strengths and Areas of Interest:			

EMERGENCY CONTACTS

Name	Address	Phone Number

Desired Outcome for the Student:

Additional Comments:

Parents Involved in Referral Process Yes No