

**Department of Education
Provincial Adolescent School
Referral/Intake Form**

FORWARD TO SCHOOL BOARD/DISTRICT SPECIAL EDUCATION CONSULTANT

Date: _____

General Information

Name of Student _____ Date of Birth _____

Address _____

Mother's Name _____ Phone # (h) _____ (w) _____

Address _____

Father's Name _____ Phone # (h) _____ (w) _____

Address _____

Guardian(s) _____ Phone _____ Address _____

Other People _____
in the home: Name/Relation _____ Age _____ School & Grade (if applicable) _____

Social Workers, Probation Officers and/or Board Personnel Involved (if applicable)

Name _____ Phone # _____

Phone # _____

Medical Information

Medications _____

Physical Challenges/Concerns _____

Allergies _____

Academic Information (Please feel free to add information on a separate sheet.)

I. Current Academic History:

Current School _____ Grade _____

School Contact Person _____ Title _____

<u>Subject</u>	<u>Texts Used</u>	<u>Marks Accumulated</u>
Language Arts	_____	_____
Math	_____	_____
Science	_____	_____
Social Studies	_____	_____

Presenting Academic Weaknesses _____

Presenting Academic Strengths _____

Social Behaviour _____

Special Abilities/Interests _____

II. Previous Academic History:

Previous Schools Attended _____

Years in School _____ Grades Repeated _____

Standardized Assessment

Psycho Educational Assessments on File Yes _____ No _____
If yes, where can they be found? _____

Assessment Requested Yes _____ No _____
Please specify _____

Interventions

Strategies/Supports Attempted to Date

Interventions by School Student Services Team:

Sample

What Interventions have been most Successful?

Reason for Referral:

What do you expect the Provincial Adolescent School to do for this Student?

Please feel free to add information you feel is appropriate.