



## AP 207.1 School Based Team Referral Form

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

Date of Referral: \_\_\_\_\_

Referred by: \_\_\_\_\_

<p>Student Name: _____</p> <p>Address: _____</p> <p>Birthdate: _____ Grade: _____</p> <p>Name of Parent/Guardian: _____</p>
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Does the child have a MOE Inclusive Education designation?    yes    If yes, which code? \_\_\_\_\_

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

Primary reason(s) for referral:

Academic    Behaviour    Social    Emotional    Medical    Attendance

Other: \_\_\_\_\_

What are the student's:

Strengths \_\_\_\_\_

Interests \_\_\_\_\_

Needs \_\_\_\_\_

Please describe one or two specific current concerns prompting this referral.

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

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

What are the antecedents? \_\_\_\_\_

What is the first strategy you used 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:

\_\_\_\_\_



Describe the student's academic performance this year (bring work samples if appropriate to the referral)

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

Please provide any additional pertinent information such as:

- Current report card       Safety Plan
- Current IEP                 FBA
- Attendance Report         Behaviour Plan

**When this referral is completed please email the document to the Principal.**