



AP 207.4a District Based Team Referral Form

School Name: _____
Date of Referral: _____
Referred by: _____

Student Name: _____
Address: _____
Birthdate: _____ Grade: _____
Name of Parent/Guardian: _____
Have the parents been notified? yes no

Does the child have a MOE Inclusive Education designation? yes If yes, which code? _____

Have you previously referred this student to the DBT? 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 that the school has used to resolve this challenge?

Date you began strategy: _____

Results of implementing the strategy:

What is the second strategy that the school has used 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 Manager of Safe Schools.