

IDENTIFICATION

Name: _____
 School: _____

Father's Name: _____
 Address: _____

Mother's Name: _____
 Address: _____

Person entitled to parental authority:

 Address: _____

Student referred by: _____

REASON FOR REFERRAL

- Personality-behaviour characteristics
 Psychological problem
 Physical problem

CHECK (✓) ITEMS DESCRIPTIVE OF STUDENT

- Unaccountable underachievement
 Frequent absences
 Unhappiness or depression
 Destroys property of others
 Frequently lies or boasts
 Often steals
 Disrupts classroom procedure
 Poor peer relation
 Excessive timidity or quietness
 Shows unusual anxiety, fearfulness or tenseness
 Shows fear of getting dirty
 Displays facial or other bodily twitching or tics
 Complains of headaches, stomach aches...
 Appears to be incapable of having fun
 Speaks incessantly or a dislike for school
 Immature and irresponsible in dealing With others
 Defiant, impertinent or disobedient in class
 Confusion in recognizing right from left (particularly after age 9)
 Teases, fights or bullies other children
 Loud and boisterous
 Irritable temperament or temper tantrums
 Overly competitive with others
 Frequent displays of jealousy
 Associates mainly with younger children
 Loner
 Highly sensitive to reactions and criticism of others

CLSC SERVICES REFERRAL FORM

Birth date: _____ Sex: _____
 Grade: _____

Phone (home): _____
 Phone (office): _____

Phone (home): _____
 Phone (office): _____

Phone (home): _____
 Phone (office): _____

- Behaviour problem
 Social problem

- Cries easily
 Lacks energy, appears tired
 Complains of hunger or frequently has no or inadequate lunch
 Unkempt appearance
 Tries too hard to please others
 Constantly seeks the attention and approval of others
 Overly concerned with sense of order and consistency
 Tends to resist change
 Inattentive in class
 Has a short attention span
 Easily gets discouraged or anxious in some learning tasks
 Displays unusual behaviour
 Hyperactivity
 Confusion in understanding and following directions
 Appears to be uncoordinated
 Reversals in reading and/or writing (particularly after age 9)
 Inability to retain information
 Inappropriate or delayed response
 Inability to organize self
 Difficulty in sexual identification or adjustment
 Feelings of inferiority or inadequacy

Resume of observed needs / problems:

What has been done to help this student? (Be specific)

Strengths the student has:

Name of professional(s) already involved in this situation and type of service or testing received:

Suggestions or comments:

PARENT(S) AUTHORIZATION SECTION

- I authorize the following professional employed by the CLSC- _____ to meet my child:

Date

Signature

- I, undersigned _____ authorize _____
Employed by CLSC- _____ to have access to the following information concerning my child.

Report Cards
 Social / Behaviour

Psychological / Psycho educational
 Other (specify)

Date

Signature

THIS AUTHORIZATION IS REVOCABLE AT ANY TIME BY WRITTEN NOTICE, AND SHALL IN ANY CASE BE VALID FOR THE CURRENT SCHOOL YEAR _____ - _____.

PROFESSIONAL SECTION

The request was received on the (date): _____

A follow-up will be given by (professional): _____

Date

Signature

First copy: Professional from CLSC- _____ **Second copy :** School **Third copy :** Parent(s)