

EASTERN SHORES SCHOOL BOARD  
**REFERRAL FORM**  
DEPARTMENT OF STUDENT SERVICES

4

**IDENTIFICATION**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Grade: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Home address: \_\_\_\_\_

Telephone Number: (Home) \_\_\_\_\_ (Other) \_\_\_\_\_

SCHOOL: \_\_\_\_\_ Referring Teacher: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GRADE THE AREAS OF GREATEST CONCERN** (1-4, 1 being the greatest concern)

- Personality-behavior characteristics
- On-Task behaviors (approach, follow-through & completion of tasks)
- Academic problems (reading, math & spelling)
- Processing problems (perception, association, memory & problem solving)

**CHECK (✓) ITEMS DESCRIPTIVE OF STUDENT**

- |  |   |
|--|---|
| <input type="checkbox"/> Unaccountable underachievement                  | <input type="checkbox"/> Loner  |
| <input type="checkbox"/> Frequent absences                               | <input type="checkbox"/> Highly sensitive to reactions and criticism of others        |
| <input type="checkbox"/> Unhappiness or depression                       | <input type="checkbox"/> Cries easily   |
| <input type="checkbox"/> Destroys property of others                     | <input type="checkbox"/> Lacks energy, appears tired                                  |
| <input type="checkbox"/> Frequently lies or boasts                       | <input type="checkbox"/> Complains of hunger or frequently has no or inadequate lunch |
| <input type="checkbox"/> Often steals                                    | <input type="checkbox"/> Unkept appearance  |
| <input type="checkbox"/> Disrupts classroom procedure                    | <input type="checkbox"/> Tries too hard to please others                              |
| <input type="checkbox"/> Poor peer relation                              | <input type="checkbox"/> Constantly seeks the attention and approval of others        |
| <input type="checkbox"/> Excessive timidity or quietness                 | <input type="checkbox"/> Overly concerned with a sense of order and consistency       |
| <input type="checkbox"/> Daydreams                                       | <input type="checkbox"/> Tends to resist change                                       |
| <input type="checkbox"/> Shows unusual anxiety, fearfulness or tenseness |   |

- |  |   |
|--|---|
| <input type="checkbox"/> Shows fear of getting dirty                       | <input type="checkbox"/> Associates mainly with younger children                                      |
| <input type="checkbox"/> Displays facial or other bodily twitching or tics | <input type="checkbox"/> Inattentive in class   |
| <input type="checkbox"/> Complains of headaches, stomach aches...          | <input type="checkbox"/> Has a short attention span   |
| <input type="checkbox"/> Appears to be incapable of having fun             | <input type="checkbox"/> Easily gets discouraged or anxious in some learning tasks                    |
| <input type="checkbox"/> Speaks incessantly of a dislike for school        | <input type="checkbox"/> Displays unusual behavior  |
| <input type="checkbox"/> Immature & irresponsible in dealing with others   | <input type="checkbox"/> Hyperactivity  |
| <input type="checkbox"/> Defiant, impertinent or disobedient in class      | <input type="checkbox"/> Confusion in understanding & following directions                            |
| <input type="checkbox"/> Teases, fights with or bullies other children     | <input type="checkbox"/> Appears to be uncoordinated  |
| <input type="checkbox"/> Loud & boisterous                                 | <input type="checkbox"/> Reversals in reading and/or writing ( <i>particularly after age 9</i> )      |
| <input type="checkbox"/> Irritable temperament or temper tantrums          | <input type="checkbox"/> Confusion in recognizing right from left ( <i>particularly after age 9</i> ) |
| <input type="checkbox"/> Overly competitive with others                    | <input type="checkbox"/> Inability to retain information  |
| <input type="checkbox"/> Frequent displays of jealousy                     | <input type="checkbox"/> Inappropriate or delayed response  |
| <input type="checkbox"/> Has trouble with the police                       | <input type="checkbox"/> Inability to organize self   |
| <input type="checkbox"/> Feelings of inferiority or inadequacy             | <input type="checkbox"/> Difficulty in sexual identification or adjustment                            |
|  | <input type="checkbox"/> Immature speech and/or language development                                  |

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**DESCRIBE STUDENT'S .....**

A. Special abilities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

B. Other Disabilities or problems not underlined on Page 1: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**When and where does this student display the problems you have described?  
Be specific.**

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**Does any particular kind of incident or situation precipitate this student's problems?  
Be specific.**

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**How have you tried to assist this student? What worked? What did not work?**

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**CHECK (✓) SCHOOL SERVICES THIS STUDENTS IS CURRENTLY RECEIVING OF WHICH YOU ARE AWARE:**

L.D. (*free flow*)       Speech/Language       Counseling  
 Social Work       Other (*specify*): \_\_\_\_\_

**CHECK (✓) PROBLEM AREA ONLY AND DESCRIBE CONCERNS IN AREAS CHECKED:**

**Reading:**       Decoding       Sight Reading  
                   Oral Reading       Comprehension  
                   Sight Vocabulary       Reading Rate  
                   Inference

**Description:** \_\_\_\_\_  
\_\_\_\_\_

**Math:**       Facts       Computation       Concepts

**Description:** \_\_\_\_\_  
\_\_\_\_\_

**Spelling:**       Description: \_\_\_\_\_

**Social Studies:**  Description: \_\_\_\_\_

**Sciences:**       Description: \_\_\_\_\_

**Expressive Skills:**

- Orally to Teacher     Orally to Group     Written Expression  
 Thought Formulation

Description: \_\_\_\_\_  
 \_\_\_\_\_

**Written Expression:**

- Punctuation     Spelling     Capitalization  
 Sentence & Paragraph Formulation

Description: \_\_\_\_\_  
 \_\_\_\_\_

**Coordination:**     *Fine Motor*    Description: \_\_\_\_\_  
                            *Gross Motor*    Description: \_\_\_\_\_

**Memory**         *Short-Term*    Description: \_\_\_\_\_  
                            *Long-Term*    Description: \_\_\_\_\_

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**INTELLIGENCE TEST RESULTS (if available)**

GRADE        \_\_\_\_\_        TEST        \_\_\_\_\_        RESULTS        \_\_\_\_\_

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**HEALTH HISTORY**

Developmental History: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Current Attendance:     Regular     Irregular

Physician: \_\_\_\_\_

**Vision:**        Date: \_\_\_\_\_        R: \_\_\_\_\_        L: \_\_\_\_\_  
                           Tester: \_\_\_\_\_

**Hearing:**     Date: \_\_\_\_\_        R: \_\_\_\_\_        L: \_\_\_\_\_  
                           Tester: \_\_\_\_\_

Recommendations: \_\_\_\_\_  
 \_\_\_\_\_

**SPECIFIC MEDICAL FINDINGS**

*(heart, lungs, glands, enuresis, muscular coordination, nervous conditions, etc.....)*

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**COMMENTS**

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