Saskatchewan Rivers Public School Division
Excellence for Every Learner

Clear Form

Speech Language Pathologist/Occupational Therapist Referral Form

Date: _____

Student: _____ DOB (D/M/Y):_____ Age: _____

Grade: _____ Teacher: _____ School_____

Ed Support Teacher/Special Class Teacher: _____

Parent(s)/Guardian(s): _____

Legal Guardian/Social Worker (If Child is in Foster Care): _____

Custody Arrangements: _____

☐ **A conversation has occurred with an *Occupational Therapist* who indicated that this referral should be pursued.**

☐ **A conversation has occurred with a *Speech/Language Pathologist* who indicated that this referral should be pursed.**

Referral Requested By: ☐ **Parent** ☐ **Screening** ☐ **School-Based team**

☐ **Physician** ☐ **Child Development Clinic**

Referral Concern(s):

Is this student/family trying to access outside services? ☐ **Yes** ☐ **No** _____

Is this student involved with the Autism Services Team (PAPHR)? ☐ **Yes** ☐ **No**

☐ Communication:	☐ Social Behavioural:	☐ Physical:	☐ Academic:
○ Articulation/phonology ○ Voice ○ Hearing ○ Alternative/Augmented ○ Language ○ Disfluency (Stuttering Behaviour) ○ Pragmatics (Social Communication) ○ Other: _____ _____ _____ _____ _____	○ Explosive ○ Aggressive ○ Disruptive ○ Extremely Active ○ Impulsive ○ Inattentive ○ Poor Self-Esteem ○ Anxious ○ Withdrawn ○ Other: _____ _____ _____ _____ _____	○ Gross Motor ○ Fine Motor ○ Visual Impairment ○ Hearing Impairment ○ Chronic Health Problems ○ Sensory Processing ○ Other: _____ _____ _____ _____ _____ _____ _____	○ Reading Fluency ○ Reading Comprehension ○ Writing ○ Math ○ Organization ○ Memory ○ Other: _____ _____ _____ _____ _____ _____ _____

Other Information:

Strengths: _____

Other Agencies Involved: (ex: Autism Services) _____

List other schools this student has attended? _____

Attendance issues: ☐ Yes ☐ No _____

School Social Worker ☐ Yes ☐ No _____

ELL student: ☐ Yes ☐ No _____

Medication: ☐ Yes ☐ No _____

Current PPP: ☐ Yes ☐ No _____

Glasses: ☐ Yes ☐ No _____

Hearing Aids: ☐ Yes ☐ No _____

Diagnosis: ☐ Yes ☐ No ☐ Pending/in progress _____

Type: _____ Date: _____ Doctor: _____

Type: _____ Date: _____ Doctor: _____

Assessment Results:

Instrument	Date	Results
WISC		
WPPSI		
WAIS		
SLP		
OT		
WJ-III		**Standard Scores/Aged Based Norms:**
Other (i.e. WIAT, DRA)		

Please attach the following where applicable:

☐ Parental Consent ☐ Work Samples ☐ Checklists
☐ Collaborative Meeting Notes ☐ WJ-III summary ☐ Previous Assessments
☐ Other: _____ ☐ Total # of Pgs: _____

Other Information:

What strategies have been implemented?
For exit assessments: What are the student's plans for post-secondary education?

Signatures:

_____ _____ _____

Educational Support Teacher/ Special Class Teacher | Principal | Date