

Support Services Referral Form

(To be completed for referral to PST team)

This form is to be completed by an educator who would like to refer a student for support services by involving the school-based Problem-Solving Team (PST). Based on the discussion of the PST, referrals will be made to the appropriate department or student support service (attendance, discipline, Office of Student Intervention). This checklist **MUST BE** completed entirely & then provided to the onsite PST coordinator.

In order for the student to receive the appropriate service and support, please take time to observe the student, provide your own interventions / strategies, and then complete the referral.

Your Name / Role: _____ **School:** _____

Student's Name: _____ **Grade:** _____ **Date completed:** _____

Academic Concerns	N/A	Almost Never	Occasionally	Frequently
Repeated tardiness or truancy				
Extreme mobility				
Chronic suspensions				
High risk of retention				
Chronic low achievement				
Chronic absences or significant attendance issues				
Hyperactivity	N/A	Almost Never	Occasionally	Frequently
Out of Seat, constantly moving (with understanding of what is developmentally appropriate given age)				
Difficulty focusing				
Signs of Depression	N/A	Almost Never	Occasionally	Frequently
Withdrawn				
Tired, lethargic				
Seems unhappy				
Zones into space / day dreams				
Cries without provocation				
Aggression/Disruption	N/A	Almost Never	Occasionally	Frequently
Physically attacking others				
Verbal aggression				
Threats				
Explosive episodes				
Destructive				
Openly defiant				
Other Behaviors of Concern	N/A	Almost Never	Occasionally	Frequently
Negative comments about self				
Has no friends				
Does not seem to enjoy anything				

Perfectionism				
*Threats to harm self or others				
Themes of violence in work				
Self-harming behaviors				
*Suicidal comments or ideations				
Leaving Classroom / School				
Sexualized Behavior				

*****If you noted any suicidal or self-harming behaviours or thoughts – please follow up with administration / social worker ASAP and follow suicide protocol.**

*****If abuse / neglect is reported please follow child abuse / neglect procedure and immediately contact MO Children’s Division at 1-800-392-3738.**

Please check what interventions you have tried to address the concerns noted above:

Intervention	Dates/ Frequency / Duration	Result / Outcome
Parent Conferences		
Tutoring		
Supplemental Reading Program		
Behavior Plan		
Individual Conference with Student		
Small Group Instruction		
Rearranged physical setting		
Assigned Seating		
Modified assignments		
Provided extended Time/modified tests		
Differentiated instruction/materials		
Referred to counselor		

Please provide any other concerns you may have:



To be signed or initialized by PST Coordinator:

Date received: _____ ***Please initial:*** _____

***** After receiving the checklist / referral, PST Coordinator will:***