



Relatedminds Educational Consultants  
9304A Salish Court  
Burnaby, British Columbia  
www.relatedminds.com  
778.998-7975  
relatedminds@gmail.com

## REFERRAL INFORMATION CONFIDENTIAL

Today's Date \_\_\_\_\_ Name of person completing form \_\_\_\_\_

Relationship to child/student \_\_\_\_\_

Student/child's full name \_\_\_\_\_

Nickname or name preference \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age Grade in school \_\_\_\_\_ Male or Female (please circle one)

### Parent Information

Parent 1 Name \_\_\_\_\_

Relationship of parent 1 to student: (circle one) biological, adoptive, step-parent, legal guardian

Parent 2 Name \_\_\_\_\_

Relationship of parent 2 to student: (circle one) biological, adoptive, step-parent, legal guardian

Relationship of parents to each other: (circle one)

married, divorced, separated, domestic partners, single, widowed, other (circle appropriate)

Address (street) \_\_\_\_\_

City Province Postal Code \_\_\_\_\_

Preferred daytime phone number ( \_\_\_\_\_ ) \_\_\_\_\_ (circle one) home, work, cell

Home phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell/Other ( \_\_\_\_\_ ) \_\_\_\_\_

Preferred Contact Time \_\_\_\_\_ E-mail address \_\_\_\_\_



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### School Information

School Level: (circle one) elementary, middle, high  
School Type: (circle one)  
public, private/independent, Montessori, charter, home school, other \_\_\_\_\_

School's name \_\_\_\_\_

School's address \_\_\_\_\_

City Province Postal Code \_\_\_\_\_

### Referral Information

Referred by (name/relationship) \_\_\_\_\_  
Please circle one: physician, agency, school/teacher, friend, other

How did you learn about Dr. Roche or RelatedMinds? \_\_\_\_\_

### Referral Concerns

We serve children/students who have the types of learning challenges experienced in general education classes. Below is a list of typical concerns that parents bring to us for assessment and intervention help. Because our assessments need to be focused, please **select up to 7 concerns** that are a priority for you and your child at the present time.

#### Reading

- \_\_\_ Reading decoding (i.e., sounding out or calling individual words)
- \_\_\_ Reading comprehension (i.e., understanding text)

#### Math

- \_\_\_ Recalling math facts
- \_\_\_ Remembering math procedures
- \_\_\_ Understanding math

#### Understanding

- \_\_\_ Sophisticated thinking
- \_\_\_ Comprehending when listening
- \_\_\_ Understanding, in general
- \_\_\_ Handling large amounts of information
- \_\_\_ Handling input (e.g., maintaining focus, not getting distracted)



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### Writing

- Written expression
- Spelling
- Handwriting legibly and efficiently

### Working

- Having enough mental energy to work
- Regulating output (e.g., inhibiting impulses, planning work, catching mistakes)
- Using hands and fingers to perform tasks
- Working quickly enough, in general
- Managing time effectively
- Using strategies
- Getting work completed (even with good understanding)
- Keeping materials organized

### Other

- Motivation about schoolwork
- Self-esteem about schoolwork
- Body coordination
- Getting along with others
- Remembering information in general
- Communicating orally
- Visual material (e.g., drawing, understanding graphs)
- Sequences, in general

Other concerns:

### Estimates of Academic Skills

Please do your best to estimate your child's academic skill levels in the following areas. **Circle the level you feel best describes your child's current performance.**

Reading: very delayed, somewhat delayed, on grade level, somewhat advanced, advanced

Math: very delayed, somewhat delayed, on grade level, somewhat advanced, advanced

Writing: very delayed, somewhat delayed, on grade level, somewhat advanced, advanced

Physical Activities: very delayed, somewhat delayed, on grade level, somewhat advanced, advanced



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Comments

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**Previous Assessment Findings**

Has your child been assessed previously for school learning problems? \_\_\_Yes \_\_\_No  
If yes, when was the most recent assessment completed? (provide month and year)

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Where was the most recent assessment completed? (e.g., school system, clinic)

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Who completed the most recent assessment? (e.g., psychologist)

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If the most recent assessment included IQ testing, what was the Full Scale IQ?

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If the most recent assessment resulted in a label or diagnosis, please select all that apply from the following list: **(circle)**

Reading Disability

Speech Language Delay

Autism

Writing Disability

Mental Retardation

Asperger's

Math Disability

Developmental Delay

ADHD

Other Health Impaired

Other labels/diagnoses or educational "codes":

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**Current Services and Supports (Circle the appropriate answer)**

Does your child receive special educational services? Yes No



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If yes, please mark all that apply:

pull-out resource: none, daily, weekly, less than weekly, as needed basis

self-contained resource: none, daily, weekly, less than weekly, as needed basis

pull-in/inclusive resource: none, daily, weekly, less than weekly, as needed basis  
 (in regular education classroom)

classroom for the developmentally delayed: none, daily, weekly, less than weekly, as needed basis

speech-language therapy: none, daily, weekly, less than weekly, as needed basis

occupational therapy: none, daily, weekly, less than weekly, as needed basis

physical therapy: D none, D daily, D weekly, D less than weekly, D as needed basis

Other services at school:

Does your child receive services outside of school? Yes No

If yes, please mark all that apply:

individual tutoring: none, daily, weekly, less than weekly, as needed basis

tutoring program (e.g., Sylvan): none, daily, weekly, less than weekly, as needed basis

Other services outside of school:

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**Emotional and/or Behavioral Issues**

Does your child have any significant emotional or behavioural issues at home or at school? Yes No

If yes, please briefly describe your concerns about your child's emotional or behavioral difficulty, as well as how it is being addressed (e.g., counseling):

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Are these emotional or behavioral issues the primary reason you are seeking an assessment at the Student Success Program? Yes No



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**Additional Information:**

Is English your child's primary language? Yes No

Does your child wear eyeglasses? Yes No

Are there any physical problems or conditions we should be aware of? Yes No

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Does your child take any medication? Yes No

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Please provide any additional information you believe would be helpful for us to know regarding your child:

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All information will be kept confidential. This includes your contact form and all associated records. You may also be asked to complete other assessment forms prior to coming to your appointment. These may include:

BASC-2 SNAP-IV General Child Intake Form CONNERS Scales BRIEF ABAS-2

**Please also bring with you a copy of:**

- any previous educational assessments
- previous educational testing
- Individual Education Plans (IEP's)
- relevant medical records
- educational records
- report cards
- teacher notes
- writing samples
- drawing samples
- any other information you think would be useful to the examiner