



650 Kawkawa Lake Road, Hope, B. C. V0X 1L4

STUDENT SERVICES  
Phone (604) 869-2411  
Fax (604) 869-7400

## PSYCHO-EDUCATIONAL REFERRAL CHECKLIST Elementary, Middle & Secondary Schools

Referral for: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Prepared by: \_\_\_\_\_ School: \_\_\_\_\_

Psycho-educational referral must include the following and are NOT processed until all the required documentation is received. Please send the complete package only.

- Request for Student Services Referral completed and signed  
\_\_\_\_\_ New Referral \_\_\_\_\_ Re-assessment \_\_\_\_\_ Date of previous assessment
  
- Copy of the student's permanent record card
  
- Hearing Report          Dated: \_\_\_\_\_
  
- Vision Report          Dated: \_\_\_\_\_
  
- School Based Testing
  
- Parent Information Form
  
- School Information Form
  
- Copy of most recent report card

If available, copies of the following should be included:

Learning Assistance/Learning Support Report Card (most recent)

Individual Education Plan (most recent only)

Supporting documentation:

\_\_\_\_\_ Medical

\_\_\_\_\_ Psychological

\_\_\_\_\_ Psychiatric

\_\_\_\_\_ Speech & Language

\_\_\_\_\_ Other services (medical, counseling, etc.) Please indicate the professionals

and/or institution that provided services and dates the services were provided.

Service(Service Provider)

Date

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\*\*Adapted from Mission Public Schools

