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**ECE Student Support Referral Form**

**Regency Park Campus**

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| Name of Student: | **D.O.B.****DD/MM/YEAR** | **Date of Referral:**  |
| **Year & Class:** **New Student: Yes No**  | **Classroom Teachers:** |
| **Student’s First Language:****Other Language(s), if applicable:** | **Overall Student Strengths:** |
| **General Areas of Concern:** (Place a checkmark - **MCj04413100000[1]-** IN FRONT of the most appropriate areas from the list below)

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|  | **Memory****\_\_\_ mild****\_\_\_ moderate****\_\_\_ severe** |  | **Focus / Concentration****\_\_\_ mild****\_\_\_ moderate****\_\_\_ severe** |  | **Listening****\_\_\_ mild****\_\_\_ moderate****\_\_\_ severe** |  | **Speaking****\_\_\_ mild****\_\_\_ moderate****\_\_\_ severe** |
|  | **Articulation****\_\_\_ mild****\_\_\_ moderate****\_\_\_ severe** |  | **Reading****\_\_\_ mild****\_\_\_ moderate****\_\_\_ severe** |  | **Mark making****\_\_\_ mild****\_\_\_ moderate****\_\_\_ severe** |  | **Behaviour****\_\_\_ mild****\_\_\_ moderate****\_\_\_ severe** |
|  | **Mathematical Calculations / Concepts****\_\_\_ mild****\_\_\_ moderate****\_\_\_ severe** |  | **Social****Interactions****\_\_\_ mild****\_\_\_ moderate****\_\_\_ severe** |  | **Muscle control****Fine/ Gross****\_\_\_ mild****\_\_\_ moderate****\_\_\_ severe** |  | **Emotional****\_\_\_ mild****\_\_\_ moderate****\_\_\_ severe** |
|  | **Organizational****Skills****\_\_\_ mild****\_\_\_ moderate****\_\_\_ severe** |  | **Participation****\_\_\_ mild****\_\_\_ moderate****\_\_\_ severe** |  | **Other****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |

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| **The student’s current benchmark results are as follows:**

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| **Personal, Social and Emotional Development** | **Literacy** | **Communication and Language** | **Mathematics** |
| **Understanding the World** | **Physical Development** | **Expressive Arts and Design** |  |

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| **Observations & Comments:** |

**Parent Notification:**

The parent(s) have been notified regarding the concern(s). Yes \_\_\_\_ No \_\_\_\_

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| **Action Required** (*Please place tick -* *)* |
| \_\_ | Consultation regarding teaching strategies and/or resources | \_\_ | Support with Data Analysis e.g. developmental milestones |
| \_\_ | Student observation | \_\_ | Other – please specify on lines below |

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| **For Student Support Teacher Use Only****Received by (Student Support Teacher’s name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_****Classroom Observations (date):** |