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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)   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **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**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  | | | | | |
| **The student’s current benchmark results are as follows:**   |  |  |  |  | | --- | --- | --- | --- | | **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):** |