

School Based Team Referral Form

Referring staff member to complete Page 1 only.

| | | | | | |
|---|-----------------------------------|--|-----------------------------------|---|---------------------------------|
| Name: | | Date: | | | |
| Referred By: | | Subject: | | | |
| Check Area(s) of Concern: | <input type="checkbox"/> Academic | <input type="checkbox"/> Speech/Language | <input type="checkbox"/> Physical | <input type="checkbox"/> Social-Emotional | <input type="checkbox"/> Other: |
| Prior to making a referral to School Based Team, please ensure you have done the following things (as relevant): | | | | | |
| <input type="checkbox"/> I read this student's file. | | <input type="checkbox"/> I spoke to other current teachers of this student. | | | |
| <input type="checkbox"/> I met/spoke with this student regarding my concern. | | <input type="checkbox"/> I met with the school counselor about this student's needs. | | | |
| <input type="checkbox"/> I shared my concerns with the parents/guardians on (date) _____ by: <input type="checkbox"/> phone <input type="checkbox"/> email | | <input type="checkbox"/> I met with the IST about this student's needs. | | | |
| | | <input type="checkbox"/> I reviewed the most recent IEP or Learning Plan, if applicable. | | | |
| Student's strengths, interests: | | | | | |
| | | | | | |
| Provide a snapshot of this student's academic learning at this time. | | | | | |
| (e.g. literacy, oral language, math, other?) | | | | | |
| | | | | | |
| Please describe the Tier 1 strategies that have been explored for this student: (Alternately – highlighted strategies on the Tier 1 Matrix, and attach to this referral) Link: https://nplslearns.sd68.bc.ca/universal-tier-one-matrices/ | | | | | |
| Key Interventions: | | Support Provided by: | | Timeframe: | |
| | | | | | |
| What type of assistance are you seeking? What is the specific question you would like to explore with the SBT? | | | | | |
| (Examples include tier 1 interventions and accommodations to support academic learning; functional assessment and programming; support with strategies for social-emotional learning; support for managing risk behaviours) | | | | | |
| | | | | | |

School -Based Team Meeting Notes

| | | |
|---|----------------------|-----------------|
| Date: | SBT Members Present: | |
| Initial Meeting Notes: | | |
| <p>Please describe the impact of the current interventions:</p> <p>Additional strategies/interventions to consider:</p> <p>Other Notes:</p> | | |
| Action Steps: | | |
| <p>Strategies to try:</p> <p>Other Follow-Up:</p> | Person Responsible: | Follow Up Date: |
| Follow Up Meetings: | | |

Date:

Progress on Current Interventions:

Other Notes:

Follow Up Action Steps:

Date:

Progress on Current Interventions:

Other Notes:

Follow Up Action Steps:

Date:

Progress on Current Interventions:

Other Notes:

Follow Up Action Steps: