



PROFESSIONAL SUPPORT SERVICES REFERRAL FORM

- Psychological Services
 Speech-Language Pathology Services
 Social Work Services
 Attendance

Student's Surname	First Name	Trillium Number
		Date

DAY	MONTH	YEAR		ETOBICOKE YEAR ROUND ALT CENTRE	10	ALL TEACHERS
Date of Birth			Sex	School	Grade/ Class am/pm	Teacher

Home Address	Postal Code	Home Phone Number

Mother/Guardian	Bus Phone	Legal Guardianship

Father/Guardian	Bus Phone	With whom does the student reside?

Language(s) Spoken at Home	Country of Birth	Date of Entry to Canada

<input type="checkbox"/> Number of Days Absent	<input type="checkbox"/> Letter Sent Home?	<input type="checkbox"/> Parent Contacted?		
Attendance Pattern			# of Schools Attended	# of Secondary Credits Granted

THE REFERRAL RECOMMENDATION MUST BE DISCUSSED WITH THE SCHOOL TEAM, THE SERVICE PROVIDER AND THE PARENTS/ GUARDIANS (OR STUDENT WHERE APPLICABLE) BEFORE THE REFERRAL WILL BE PROCESSED.

DAY MONTH YEAR	DAY MONTH YEAR	DAY MONTH YEAR
Discussed with School Team	Discussed with Service Provider	Discussed with Parent(s)/Guardian(s)

Other TDSB Services Currently Or Previously Involved

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Psychology | <input type="checkbox"/> Social Work | <input type="checkbox"/> Speech-Language Pathology | <input type="checkbox"/> Attendance |
| <input type="checkbox"/> Child & Youth Services | <input type="checkbox"/> Safe & Caring Schools | <input type="checkbox"/> Remedial/Resource | <input type="checkbox"/> Guidance |
| <input type="checkbox"/> ESL/ESD | <input type="checkbox"/> Occupational/Physio Therapy | <input type="checkbox"/> Special Education (<i>specify</i>) | <input type="checkbox"/> Student Success |
| <input type="checkbox"/> Alternative Program | <input type="checkbox"/> Other Agencies/ Professionals (Specify) | | |

To the parent/guardian and student:

Please sign this referral form as an indication of your permission to make this referral and open a confidential Support Services file to contain this referral. The professional who will provide the service will contact you to discuss this referral, and he or she will describe the services that will be offered to the student and obtain your informed consent.

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Signature of Parent, Guardian or Student as applicable

Signature of Principal

Personal information contained on this form or personal information collected on behalf of the Toronto District School Board regarding assessment and assistance of the student as indicated above, is collected under the legal authority of the Education Act, RSO 1990, Chapter E.2 as amended, in compliance with sections 14, 31 and 32 of the Municipal Freedom of Information and Protection of Privacy Act, 1989 and in compliance with the Personal Health Information Protection Act, 2004 and will be used for the purpose of providing professional consultation and advice.

SUPPORT SERVICES REFERRAL FORM

Memo to the Principal:

Principals have an obligation under the Education Act to inform the pupil or parent and to obtain a written permission from the pupil or parent where it is proposed to administer a test of intelligence or personality. For minor pupils under 18 years of age, the parent must provide the written permission. Pupils age 18 and over should sign the referral for themselves.

Ontario. Reg. 298 (*to the Education Act*) provides in part as follows:

11(3) In addition to the duties under the Act and those assigned by the board, the principal of a school shall, except where the principal has arranged otherwise under subsection 26(3) ,...

- (m) where it is proposed to administer a test of intelligence or personality to a pupil, inform the pupil and the parent of the pupil of the test and obtain the prior written permission for the test from the pupil or from the parent of the pupil, where the pupil is a minor;

Ontario's Age of Majority Act defines a minor to be anyone who has not yet attained age 18.