School Based Team Referral Form

COWICHAN VALLEY School District

School Name:

Student Name:				Grade:	Designation:	
Name of Parent/Guardian:					Date:	
Date Contacted:	Method:	☐ phone	☐ email	☐ text	☐ in-person	☐ note
Referred by:						
Classroom Teacher(s) (if different from above):						
Is the student of Indigenous Ancestry: ☐ Yes / ☐ No						

Area(s) of Concern				
☐ Instructional	☐ Behavioural	☐ Social-Emotional	☐ Physical	☐ Other:

Prior to making a referral to School Based Team, please ensure the following have been completed:	
☐ I have explored Universal Strategies for this student. (Please click for Link)	
☐ I have reviewed the student's red file	☐ I have spoken to the current team involved with this student.
☐ I have met/spoke with the student regarding the concern	☐ I met with the school counsellor about this student's needs (if applicable)
☐ I have reviewed the most recent IEP/Learning Plan (if applicable)	☐ I have met with the case manager supporting this student (if applicable)
What are the student's strengths, talents, likes or interests?	
• • •	• • •

Describe one or two specific concerns prompting this referral.
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In what settings/situations does this occur **most** often?
In what settings/situations does this occur **least** often?

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Universal Strategies Explored (Please click for Link)		
Strategy you have tried to resolve this challenge? (pick one)		
Strategy has been in place for:	☐ less than one month	☐ greater than one month
Results of implementing the strategy:		
Strategy you have tried to resolve this challenge? (pick one)		
Strategy has been in place for:	☐ less than one month	☐ greater than one month
Results of implementing the strategy:		

What type of assistance are you seeking? What specific question would you like to explore with the SBT?

Please provide any additional relevant information:
When the referral is completed, please hand in or scan and email to the chairperson of your SBT.