



Meadow Lake Tribal Council Education

REFERRAL FOR ASSESSMENT

8003 Flying Dust Reserve
Meadow Lake, SK
S9X 1T8
Telephone: (306) 236-1354
Facsimile: (306) 236-2374

Student Information

Name of Student	Grade Placement
Date of Birth(mm/dd/yyyy) Age	Treaty Status Number
Parent(s)/Legal Guardian(s)	Address
Telephone	School
Classroom Teacher	Student Services Teacher
Principal	Referral Date

Diagnosis/Date of Diagnosis/Name of Diagnosing Member/Team					Number of Older Siblings		Number of Younger Siblings		
Main Language(s) Spoken at Home					Other Language(s) Spoken				
Attendance: Indicate actual attendance/total possible days									
September	October	November	December	January	February	March	April	May	June

Primary reason for referral & services sought: _____

☐ Occupational Assessment	☐ Speech Language Assessment
☐ Psychoeducational Assessment	☐ Cognitive ☐ Behaviour

All Areas of Concern (check applicable):

Academic:	Behavioural:	Social Emotional:
☐ Reading Achievement	☐ Self-regulation	☐ Social skills
☐ Math Achievement	☐ Sensory Processing	☐ Emotional development
☐ Written Language	☐ Concentration	☐ Victim of bullying/bullying behaviours
☐ Memory	☐ Attention	☐ Neglected/rejected by peers
☐ Cognitive development	☐ Aggression/Physical Violence	☐ Excessive sadness, worry, withdrawn
☐ other	☐ Following Directions	☐ Grief (death, divorce)
Fine & Gross motor:	Speech-Language:	☐ Self-esteem
☐ Fine motor (improved)	☐ Articulation (speech sounds)	☐ Trauma
☐ Gross motor(improved)	☐ Vocabulary	☐ Abandonment
	☐ Understanding of Language	☐ Self-harm
	☐ Sentence Construction	☐ Attendance
	☐ Fluency (stuttering)	

Student Strengths

- | | | | |
|---|--|---|--|
| ☐ reading achievement | ☐ work ethic | ☐ musical ability | ☐ cognitive development |
| ☐ math achievement | ☐ attention/concentration | ☐ creativity | ☐ memory |
| ☐ cheerful disposition | ☐ artistic talents | ☐ fine motor skills | ☐ cooperative |
| ☐ social skills | ☐ athletic ability | ☐ gross motor skills | ☐ Other _____ |

Additional Comments (include what motivates the student or any special interests):

Interventions Implemented (It is assumed strategies not checked either haven't been attempted or are not appropriate.)

Strategies Used

Ineffective Moderately Effective Effective

Classroom Teacher (Small group instruction, individual instruction) specify:

☐ ☐ ☐

Student Services Teacher (consultation, in class, small group pull-out, individual pull-out)specify:

☐ ☐ ☐

Educational Assistant (in-class small group pull-out, individual pull-out) specify:

☐ ☐ ☐

Modified/Alternate/Functionally Integrated - ELA program specify:

☐ ☐ ☐

Modified/Alternate/Functionally Integrated - Math program specify:

☐ ☐ ☐

Curriculum Adaptations (adaptive dimension) specify:

☐ ☐ ☐

Classroom Self-Regulation Strategies (heavy work, breaks, etc.) specify:

☐ ☐ ☐

Assistive Technology (devices/mechanical aids)

List aids: _____

☐ ☐ ☐

Please describe additional accommodations the student receives not listed above:

Previous Assessments: (Date, Assessor, Diagnosis, and Assessment Tool):

Current Reading Level	
Current Math Level	
Psychological Assessment	
Speech - Language Assessment/Therapy	
Occupational Therapy/Assessment	
Counselling	
Other (ie: EYE assessment data, ECIP reports, etc.)	

Outside Agencies: (List any other agencies currently involved with this student, such as: Alvin Buckwold Child Development Clinic (ABCDC); Child Development Clinic (CDC); Justice; Health, etc., include date of involvement:

School History (List all schools student has attended throughout their school career, including dates, retentions, etc.):

Family History & Background Information

Medical & Other Services

Last eye examination:

Date (dd/mm/yyyy)	Results

Last hearing examination:

Date (dd/mm/yyyy)	Results

Please check any items which apply to your child:

- | | | | |
|--|--|--|---|
| ☐ convulsions/ seizures | ☐ sleeping problems | ☐ lacks energy | ☐ ongoing medication |
| ☐ general allergies | ☐ eating problems | ☐ Tics/repetitive movements | ☐ food allergies |
| ☐ head injury | ☐ asthma | ☐ drug/alcohol use | ☐ speech problems |
| ☐ Others_: | | | |

Birth & Developmental History

Was the mother exposed to any substances or traumatic experiences during pregnancy? ☐ none ☐ yes

If yes, please list types of exposure(s), such as: grief; stress; alcohol; cigarettes; drugs; etc.:

Length of pregnancy _____ Condition at birth _____
Birth weight _____ Complications (if any) _____

Additional Comments:

At what age (year-month) did your child first do the following? ☐ met all developmental milestones

If developmental milestones were not met or delayed please complete the following:

Turn over _____	Walk alone _____	Speak first words _____
Crawl _____	Walk up stairs _____	Speak in sentences _____
Sit alone _____	Walk down stairs _____	Toilet trained during day _____
Stand alone _____	Understand first words _____	Toilet trained at night _____

Additional Information

Name some things your child does well (e.g., school work, hobbies, extra-curricular, sports).

What difficulties not previously mentioned is your child experiencing at home and at school?

What changes would you suggest to make things better for your child?
Is there additional information you could provide about your child which may be important for this assessment?

What do you hope to learn about your child from this assessment?

Student Services Team Signatures: (Please note that by signing this document you are indicating the information above is accurate to the best of your knowledge and you are expected to attend a collaborative team meeting to discuss assessment results and recommendations for program planning.)

Classroom Teacher _____

Student Services Teacher _____

Administrator _____

Other _____

Parent/Legal Guardian _____

Received:	
Processed:	
Student Services Coordinator Approval:	

MLTC office use only:

Informed Consent to Perform an Educational Evaluation

This form will provide information about the services provided through the Meadow Lake Tribal Council Student Services and about your rights and responsibilities as the parent/legal guardian of the student being referred. After your school's Student Services Teacher has reviewed the following information, if you have further questions or require additional explanation please discuss any questions with the Student Services Teacher or contact the clinician (Psychologist, Speech-Language Pathologist, Occupational Therapist), who will be working with your child.

Testing

Using a variety of assessment tools and standardized tests, we will attempt to answer the referral question(s) as presented in the referral form. These questions generally concern learning problems; behaviour; attention problems; academic achievement; speech and language difficulties; problems with physical, sensory, or motor skills; or social emotional difficulties. Throughout the assessment process, you have the right to inquire about the nature or purpose of all procedures. You also have the right to know the test results, interpretations, and recommendations. At any time you may withdraw consent in writing up until the assessment has taken place.

The assessment process generally involves the following:

1. A review of your child's confidential school file to gather information of previous assessments and academic progress;
2. Interviews with your child's classroom teacher, Student Services teacher, and other school staff involved with your child;
3. May include a parental interview to obtain additional developmental history and other information;
4. Classroom observation;
5. Administration of one or more educational and/or psychological assessment tools, usually completed over the course of one or two days;
6. Analysis of the test results;
7. Feedback meeting with parents/legal guardian, the student's teachers, school administration, student (when appropriate) during which the results and recommendations are explained;
8. Copies of the written report are provided to the parents and school file;

Types of Evaluations

- **Full Psychoeducational Evaluation.** The purpose of this evaluation is to examine the student's ability to think, reason, remember, and learn. This evaluation can be used to diagnose learning and behavioural disorders. It can also contribute to the diagnosis of emotional and attentional disorders in collaboration with a qualified medical practitioner.
- **Behavioural Evaluation.** The purpose of this evaluation is to provide a brief assessment of cognitive, academic, or personality functioning that may be contributing to academic or behavioral problems. The results will indicate whether a more in-depth study or referral to another agency for additional assessment or treatment is necessary.
- **Speech and Language Evaluation.** The purpose of this evaluation is to examine the child's ability to understand and use language, and produce speech sounds. It may also evaluate the child's fluency (stuttering) and vocal quality.
- **Occupational Therapy Evaluation.** This evaluation is used to assess the child in all performance areas (self-care, productivity, and leisure). Underlying motor skills such as muscle tone, strength, postural control, motor planning, balance, body awareness, and behaviour may also be assessed. In addition, the evaluation of fine motor skills such as printing/handwriting skills, and visual perception/ visual motor skills may also occur. An occupational therapy assessment may also determine the child's ability to interpret sensory input, that is, information that (s)he receives through the senses such as vision, hearing, touch, etc.

The clinician(s) that will be assessing your child are:

☐ Psychologist ☐ Sandy Gardiner, M.Ed, R.Psych. sandy.gardiner@mltc.ca Registered SK Lic. #417	☐ Psychologist ☐ Jody Bender, M.Ed, R.Psych (Provisional) ☐ Supervised by Sandy Gardiner jody.bender@mltc.ca Registered SK Lic. #1190
☐ Psychologist ☐ Lisa Gaylor, M.Ed, R.Psych. lisa.gaylor@mltc.ca Registered SK Lic. #989	☐ Occupational Therapist ☐ Jaye Warkentin, jaye.warkentin@mltc.ca Registered SK Licence # 1331
☐ Occupational Therapist ☐ Deanna Star, M. Ed., OT Reg, Sk. deanna.starr@mltc.ca Registered Licence #SK 1345	☐ Occupational Therapists ☐ Chloe Kjargaard and Jessica Elias Lopez.
	☐ Occupational Therapists ☐ Elissa Cooper and Hannah Sollid
☐ Speech-Language Pathologist ☐ Nausha Muc, M. SC., SLP (C) nausha.muc@mltc.ca Registered SK Lic. # 1580	☐ Speech- Language Pathologist ☐ Meagan Beck, M. SC., CCC-SLP meagan.beck@mltc.ca Registered, SK Lic. # 1281
☐ Speech-Language Pathologist ☐ Randa Tomczak, M. SC., SLP (C) randa.tomczak@mltc.ca Registered SK Lic. #1245	☐ Speech-Language Pathologist ☐ Jennifer Markosky, M.Sc., SLP-CCC, Reg SK jennifer.markosky@mltc.ca Registered SK Lic. #1331

Informed Consent for Assessment and Therapy

I/We understand that the information obtained in this evaluation is confidential and will not be released to any person or organization without my/our written permission other than members of the MLTC Education Assessment team listed above and such information may be shared electronically. The only exceptions to this policy are in situations where information is disclosed indicating the child is at-risk for harm to self or others (ie: drivers licence, Duty to report, etc.). By law, the clinician or the Meadow Lake Tribal Council is required to release information with or without the permission of the parent(s)/legal guardian(s), to the proper authorities.

I/We understand that if the clinician deems that additional testing is necessary, I/we will be advised of the reasons. I/We consent to follow up therapy. I/We understand that I/we have the right to discontinue the evaluation/therapy process at any time. However, I/we understand that the clinician may be unable to provide feedback of the test results if testing is terminated.

As the parent(s)/guardian(s) of this child, I/We acknowledge that I/we have been informed of the nature of the proposed assessment and/or therapy and have read and understood this consent form. I/we freely grant permission for Meadow Lake Tribal Council Student Services to conduct an assessment, programming, and/or follow up for my/our child. I/We understand that I/we have a right to be fully informed regarding any of the

above and that the information gained will be used in developing an appropriate educational plan for my/our child. I/We also understand that this information will be shared with school personnel who are involved in instruction and programming for my/our child. Unless withdrawn, **consent will be considered valid for a period of one year following the date indicated below.**

Please check one and sign below:

- ☐ The information provided above has been explained to me. **I DO** hereby freely authorize the Meadow Lake Tribal Council – Student Services team to provide the services indicated on this form.
- ☐ The information provided above has been explained to me. **I DO NOT** authorize Meadow Lake Tribal Council – Student Services team to provide the services indicated on this form.

Parent/Guardian

Date

Parent/Guardian

Date

