



## Early Entrance Recognition Referral Student Information Form

### General Information

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Month/Day/Year

Address: \_\_\_\_\_  
Postal Code

Parent/Guardian(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Siblings in School: Yes/No \_\_\_\_\_  
School

### Assessment Information

	Referred/ Pending (Please check)	Completed (Date) (please check)	Parent Consent To Release (please check)	Attached to Referral (please check)
Medical				
Psychological/Adaptive Behaviour				
Speech and Language				
Motor Skills				

Does he/she have a diagnosis: Yes/No Please name: \_\_\_\_\_

Is he/she on medication: Yes/No Please name: \_\_\_\_\_

Allergies: \_\_\_\_\_

Transportation: \_\_\_\_\_

Other considerations: \_\_\_\_\_

## Agency Contact Information (currently involved)

Psychologist \_\_\_\_\_ Phone/email \_\_\_\_\_  
ECIP Worker \_\_\_\_\_ Phone/email \_\_\_\_\_  
Speech Language Pathologist \_\_\_\_\_ Phone/email \_\_\_\_\_  
Physician \_\_\_\_\_ Phone/email \_\_\_\_\_  
Occupational Therapist \_\_\_\_\_ Phone/email \_\_\_\_\_  
Social Worker \_\_\_\_\_ Phone/email \_\_\_\_\_  
Other (Agency Program) \_\_\_\_\_ Phone/email \_\_\_\_\_

## Overall Profile/Student Needs

Please provide a brief description in each applicable category.

Domain	Assessed Delay
<b>Social Skills</b> Mild/Moderate/Significant	
<b>Speech and Language</b> Mild/Moderate/Significant	
<b>Gross and Fine Motor</b> Mild/Moderate/Significant	
<b>Cognitive</b> Mild/Moderate/Significant	
<b>Behaviour</b> Mild/Moderate/Significant	
<b>Adaptive Behaviour</b> (i.e. toilet training) Mild/Moderate/Significant	
<b>Other (i.e. sensory)</b> Mild/Moderate/Significant	

Referred by: \_\_\_\_\_ Agency: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Early Entrance Recognition Referral Student Informal Form **and** supporting documentation copied to:

Susan Protz  
Student Services Coordinator  
Prairie Spirit School Division  
121 Collins Street  
Warman, Sask. S0K 4S0

Phone: 306-683-2845 Fax: 306-934-8221 email: [susan.protz@spiritsd.ca](mailto:susan.protz@spiritsd.ca)

**REFERRAL PROCESS BEGINS WHEN ALL ASSESSMENT DOCUMENTATION IS RECEIVED.**