



RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD
BEHAVIOUR MANAGEMENT PROGRAMS
PRE-ASSESSMENT REFERRAL INFORMATION

Student's Name:

Date of Birth: (yyyymmdd)

Three empty boxes for date of birth

School:

Grade:

No. of Students in Classroom:

Class: [ ] Split [ ] Regular

Teacher:

E.A. :

Parent(s) Name(s):

Address and Telephone # fields

Siblings and Their Ages

Large empty box for siblings and ages

Previous Schools Attended:

Grades Repeated:

Two large empty boxes for previous schools and grades

Special Programming Information:

I.P.R.C. Date (yyyymmdd)

Three empty boxes for I.P.R.C. date

Exceptionality and/or Diagnosis:

Academic or Psychological Assessment by:

Date (yyyymmdd)

Three empty boxes for assessment date

Special Education Programs:

School & Attendance Counsellor(s):

Other Service Providers involved i.e., CHEO, Valleycrest, Phoenix Center, Family & Children Services, Psychologists, Psychiatrists, Safe School Co-ordinator, Mental Health Nurse

**Family History, and/or special circumstances:**

**Student History, i.e., absenteeism, suspensions, social skills, physical conditions & medications:**

**Identified Target Behaviours:**

**Identified Strengths of Student:**

**Potential Reinforcers for Student:**

**Completed by:** \_\_\_\_\_ **Special Ed. Teacher:** \_\_\_\_\_

**Date**  
(yyyy-mm-dd)

**Signature of Principal:** \_\_\_\_\_