

**CONFIDENTIAL REQUEST FOR PSYCHO-EDUCATIONAL ASSESSMENTS**

<b>IDENTIFYING INFORMATION</b>		Student Number
Student Name		Date of Birth (YY MM DD)
School		Grade
Classroom Teacher		Special Education Teacher
No. days absent in current school year		Grade level repeated
Male/Female		Custodial Parent (Mother/Father)
Mother's Name: Address: Phone: Work Phone: Cell Phone:		Father's Name: Address: Phone: Work Phone: Cell Phone:
<b>HEALTH DATA</b>		
<b>VISION</b>  Name of Optometrist: Date of Assessment: Results:		<b>HEARING</b>  Name of Audiologist and Clinic: Date of Assessment: Results:
Are there other health/medical factors which might explain the student's academic or behavioural concerns (e.g. Allergies, Epilepsy, AD/HD)?  Please list current medications:		

Reason for Referral:
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**PRIORITIZE AREAS OF CONCERN:**

- 1 - extreme
- 2 - moderate
- 3 - mild

<i>Reading/Math</i>		<i>Written/Oral Output</i>		<i>Attention/Processing/Memory</i>		<i>Behaviour</i>	
word recognition		Spelling		inattention		classroom behaviour	
phonics/word attack		written language expression		impulsivity		non-classroom behaviour	
reading comprehension		fine motor skills		restlessness		adult interactions	
reading fluency		spatial perception		organizational skills		peer interactions	
math computational skills		copying skills		auditory process/compreh.		resistance to authority	
math application skills		speech articulation		auditory processing speed		effort/attitude	
		verbal retrieval		auditory/visual memory		anxiety/depression	
		oral language expression		following directions		social withdrawal	

Areas of Strength:

Program Modifications Implemented:

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I.P.R.C. Yes  \_\_\_\_\_ (Date)  
No

I.E.P. Yes  (please attach)  
No

Previous Psychological Testing Yes  \_\_\_\_\_ (Date)  
No

Exceptionality (if available): \_\_\_\_\_

This request must include:

- Behaviour Documentation (if applicable)
- Speech/Language Assessment (if applicable)
- Current Report Card
- IEP (if applicable)
- Audiogram (if applicable)
- Vision report (if applicable)