





# SBRS - Principal Referral Form (cont'd)

Student Name:

D.O.B:

Special Circumstances/Custody Arrangements (required):

### SCHOOL INFORMATION:

School:	Board:
Grade:	Classroom Number:
Learning Platform: <input type="checkbox"/> In Person Learning <input type="checkbox"/> Virtual Learning Program	
Class Placement: <input type="checkbox"/> Regular <input type="checkbox"/> Modified Program <input type="checkbox"/> Life Skills Program <input type="checkbox"/> Other:	
Principal:	Email: Ext.
Resource Teacher:	Email: Ext.
Classroom Teacher:	Email: Ext.

Educational Assistant(s) (please specify level of support):

### Current School Interventions/Supports:

Student Receiving Resource Assistance     IEP     IPRC     Assistive Technology  
 Enrichment     Deaf and Hard of Hearing     Blind-Low Vision  
 ABA Team     Collaborative Support Team (CST)     Mental Health Professionals  
 Student Support & Wellbeing Team (SSWT)  
 Psycho Educational Assessment Completed: Date of Ax:  
 List the Assessments completed by Psychologist (i.e. Beery):

### ADDITIONAL INFORMATION:

Strengths/Interests and Favourite Qualities of Student:

### PLEASE REMEMBER TO INCLUDE THE COMPLETED FORMS/SUPPLEMENTARY INFORMATION WITH THIS REFERRAL:

Teacher Checklist (**required** for Occupational Therapy and Physiotherapy referrals)  
 Sample of Written Output **OR** Drawing/Colouring if not yet printing (**required** for OT fine motor & Assistive Technology referrals)  
 SBRS Speech-Language Pathology's Referral Form **OR** School Board Speech Language Pathology's Report (one of the above **required** for all Speech Therapy referrals)  
 Other reports to support the need for assessment  
 Applicable Individual Education Plan Goals  
 Safety plan (**required if one exists**)

**Principal** is aware and agreed to the school making this referral.

Date:



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**Once completed please print and send by mail, courier or fax to:**

**Pathways Health Centre for Children  
1240 Murphy Road, Sarnia, ON N7S 2Y6  
Tel: (519) 542-3471 Toll Free: 1-855-542-3471  
Fax: (519) 542-4115**

For more information and/or questions regarding the referral process, please contact  
Tammy Holubeshen @ 519-542-3471 Ext.# 1284, [tholubeshen@pathwayscentre.org](mailto:tholubeshen@pathwayscentre.org)