

Therapeutic Farm School Program

School Referral Form

Student name: _____ School: _____
Teacher(s): _____ Case Manager: _____
Pronouns: _____ Grade: _____
Date of Birth: _____ School year: _____

Please circle the below options that best fits the student current attendance at school:

- Is the student currently attending school? YES or NO
If the answer is yes, what is the duration of the time spent at school per day:
1 hour or less 3 hours or less Half days (am or pm) Full days
- Is the student currently attending school 5 days per week: YES or NO
If the answer is no, how many days a week does the child currently attend school:
1 2 3 4
- If the student's time at school is decreased, please explain (*use an additional paper if necessary*): _____

Additional information about the student:

- Diagnosis/Assessments: _____

- Medications: _____

- Cultural connections (Yukon First Nations/Other): _____

- Social Adaptations/Modifications: _____

Which of the following services/supports does the school provide and/or is currently received by the student:

Services/Supports	Yes/No	Comments
Student Support Plan		
Individualized Education Plan (IEP)		
Safety Plan		
Behaviour Support Plan		
Educational Psychology Report		
Educational Assistant (full-time or part-time)		
Resource Room Program		
Assistive Technology		
Communication device/system		
Occupational Therapy (Student Support Services)		
Physical Therapy (Student Support Services)		
Speech and Language Therapy (Student Support Services)		
Social Worker		
Inclusion Worker		
Counselling		
In-school supports provided by YNFED		

Please rate the students performance in the following areas as you observe on a day-to-day basis:

Skill Set	Major Concern	Minor Concer	No Concern
Social/Emotional			
Interest in peers			
Attempts to engage peers			
Social Responses to peers			
Group interactions with peers			
Imaginative play			
Solitary play			
Repetitive motor movements or behaviours (spinning , flapping, tics, ect.)			
Ability to share			
Turn-taking			
Offering comfort			
Compliance with rules and limits			
Adjustment to new or changed routines			

Student Performance Continued

Skill Set	Major Concern	Minor Concer	No Concern
Behaviour			
Attention Span			
Impulsivity			
Hyperactivity or motor restlessness			
Defiance/Noncompliance with authority			
Physical aggression towards others			
Destruction of property			
Runs away from school			
Frequently absent			
Starts fires			
Lies			
History of trouble with the law			
Unusual fears			
Obsessive Interests/topics			
Somatic complaints (stomach aches, beadaches, pains)			
Difficult temperament/moods			
Other (specify)			

Student Performance Continued

Skill Set	Major Concern	Minor Concer	No Concern
Reading			
Word Recognition			
Reading comprehension			
Spelling			
Accuracy			
Fine motor skills			
Mathematics			
Number sense			
Problem Solving			
Computation			
Language			
Comprehension of verbal instruction			
Oral sentence structure and fluency			
Reciprocal conversations			
Inappropriate use of language			
Knowledge/Memory			
General knowledge			
Immediate memory			
Long-term memory			

