

**SCHOOL DISTRICT NO. 20 (KOOTENAY-COLUMBIA) – STUDENT SUPPORT SERVICES**

2001 Third Avenue, Trail BC V1R 1R6 – Phone 250.368.6434 / Fax 250.364.2470

SCHOOL BASED TEAM –**STUDENT REFERRAL**

DATE OF REFERRAL: _____	REFERRING TEACHER: _____
LAST NAME: _____	FIRST NAME: _____
SEX: <input type="checkbox"/> M <input type="checkbox"/> F	GRADE: _____
DATE OF BIRTH (d/m/y): _____	
SCHOOL: _____	TEACHER: _____
PARENT/GUARDIAN NAME(S): _____	
HOME PHONE: _____	OTHER PHONE: _____
HAVE YOU BEEN IN CONTACT WITH PARENTS/GUARDIANS REGARDING YOUR CONCERNS? <input type="checkbox"/> YES <input type="checkbox"/> NO	

What is your specific concern (the heart of the problem):

What is your goal (what you hope to see changed):

For the Referring Teacher`**What to Expect:**

1. 15-20 minutes of collaborative brainstorming with administrator, teacher, colleagues, SST/LAT, and possibly district staff. The focus is solution oriented.
2. Leave with ideas and a plan for intervention.
3. Plan to connect with school based team in upcoming months regarding success/failures of intervention plan.

How to Prepare:

1. Review the student's records, files, reports, etc.
2. Be prepared to share
 - a) your informal assessments;
 - b) outcomes of interview with parents;
 - c) discussions with student; and
 - d) what you've already done for intervention.
3. Bring work samples that illustrate your concerns.

For SBT Chair**Invitees:**
