Child Assistance Team – Community Referral Form

This form should be used by community organizations, parents, or other concerned individuals to refer a child to the Child Assistance Team. The Referral Form should be completed and delivered to the school or education program the child attends. If the child is not in school, the Referral Form should be transmitted to the Department of Education, Special Education Program.

Name of Student:	**Grade:**	**DOB:**	**Date:**

The Department of Education is committed to providing a high quality education programs for ALL students. Some students experience problems that impact on their learning at school. There may be many reasons why a student does not meet the expected performance levels for their age/grade level. Research has found that early identification of at-risk students and the provision of specific educational interventions can assist struggling students in meeting expected performance levels.

The Department of Education has a Child Assistance Team (CAT) in each school to help students who are experiencing learning difficulties. The CAT is responsible for gathering information concerning students who are experiencing learning difficulties and developing Intervention Plans to help assist the student. The CAT can also refer a child to special education for further evaluation if needed.

The child identified above is being referred to the CAT for the following areas of concern:

☐ Vision	☐ Hearing	☐ Health (Physical/Motor)
☐ Intellectual/Cognitive	☐ Academic Achievement	☐ Speech and language
☐ Vocational	☐ Adaptive Behavior	☐ Social Emotional

Summary of Concerns: Please describe the areas of concern and what impact these will have on student learning at school. Please attach any further documentation of your concerns.

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_____

Referral Form Submitted by:

_____ _____ _____

Name Title/Position Date

_____

Contact Information (Phone number and/or address)

Referral Form Received by:

_____ _____ _____

Name Title/Position Date