

Referral Form

Please submit on completion to:
Resource Teacher:Literacy,
 C/- Glenholme School, 149 Ranolf St, Rotorua.

Name _____	Child's Admission Number _____
School _____	School Number _____
D.O.B _____ Present Age _____	M / F Ethnicity _____
Teacher _____	Class Level: Yr _____
Attendance: Excellent / Good / Poor	No. of schools attended _____
Parent/caregivers name: _____ Phone Number _____	
This child lives with: Parents / Mother / Father / Caregivers / Other _____	

Referral type: 1:1 tutoring Assessment / evaluation / guidance

1. Current Instructional Reading Information ** 92-96% (Within the last 4 weeks)**
 *** Please attach running records.

Level	Title	Accuracy	S.C	Seen / Unseen	Comprehension / Retelling	Date Taken
		%	1:			

2. P.A.T (Age level scores please)

Listening Comprehension _____ Reading Comprehension _____ Vocabulary _____

STAR Total Score _____ Stanine _____

3. Written Language Comments.

4. Class Teacher's Description of child's needs in literacy area.

5. Brief statement of child's attitude, application and overall ability.

6. Health: Hearing, vision, physical – provide details please.

Has this child had his/her eyes checked by an Optometrist? Y/N. Date _____

7. Reading Recovery

Has this child had Reading Recovery? Y/N

_____ weeks _____ sessions From Level _____ to Level _____

Discontinued / Discharged / Referred on / Incomplete _____

8. School Based Support:

Please circle if attended.

H.P.P / P.P.P / S.A.A.R / T.A.R.P / Writing / Reading / Oral Language / Other

Current or most recent programme _____ Started _____ Completed _____

Time on programme, if current _____

Progress:

9. Assistance from other agencies.

Has this child been referred to:

GSE Y/N Date of referral _____

RTLB Y/N Name of caseworker _____

SLT Y/N Action Taken:

Signatures Needed

Principal _____ Date _____

Class teacher _____ Date _____

Parent / Caregiver:

This form contains confidential information on your child.

I / we give authority for the Resource Teacher of Literacy Service to obtain and share information as is necessary for this child.

Signed _____ Parent / Caregiver Date _____

Please note. This referral will be accepted when ALL boxes are completed.