

SOUTH SHORE REGIONAL SCHOOL BOARD
REFERRAL FORM FOR – CORE PROGRAM PLANNING TEAM
PROBLEM SOLVING SESSION

Student's Name:	Date of Birth (D/M/Y):
School:	Grade:

Referred By: _____ **Date:** _____

Background & brief summary of concerns:

What interventions and/or adaptations have been tried, and what successes and difficulties have resulted?

What specific request is being made?

Action Taken:

- ___ Referral to Individual Program Planning Team
- ___ Copy to Confidential File
- ___ Referral to Student Development Coordinator

Copy to Confidential File
Copy to Core Team Binder