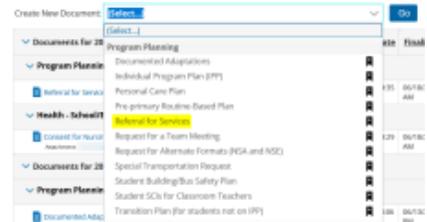




Student Services- Community of Schools Referral for Services

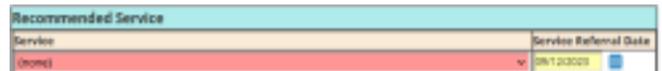
1. After searching for a student, choose Referral for Services from the drop-down list of documents.



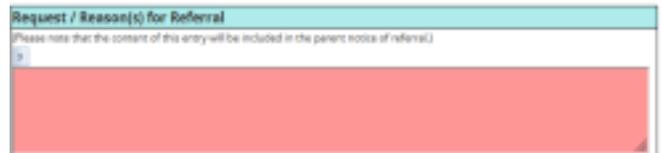
2. Click on Go, name the service in the Label/Comment box (Ex.: AT, OT/PT, Psych, SLP, etc.). Click New.

3. Choose Referral Source from the lookup link.

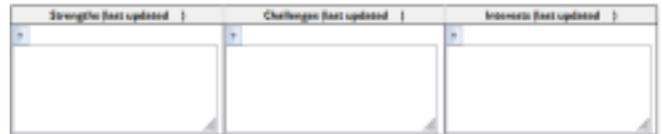
4. Choose the Recommended Service.



5. Complete the Request/Reason(s) for Referral section. (The service provider needs to know why the service will be important for a student).



6. Strengths/Challenges/Interests are viewable on many screens and edits made in one location carry over to all locations.



7. Enter the applicable Background Information.

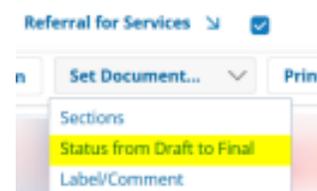


8. The following message will appear to notify parent(s)/guardian(s) of the referral in the form of a letter. SSRCE schools notify parent(s) personally, regarding the referral, in lieu of this letter.



- Finalize document and notify appropriate staff of the referral (both can be done on the Finalization screen).
- Please notify parent of the referral using the attached Referral for Services Letter

9. Under Set Document click Status from Draft to Final. Click Accept.





Student Services- Community of Schools Referral for Services

For each referral for service, **Copy and Paste** the referral section into TIENET “**Request / Reason(s)**” section and complete.

Each service **can only have one open service** at a time. For a new referral of the same service, the status of the existing one must be changed to Service Discontinued or deleted, if appropriate, by the SSRCE TIENET Administrator.

The Service Provider updates Service Data information. A referral is only visible to the Service Provider when the document is **set to Final**.

Note any additional diagnosis/disorder/supports, not recorded in TIENET/PowerSchool (Diagnosis/Disorder, IWK, Pediatrician, SLP, Early Intervention, Mental Health/Rehab, Academic Interventions, OT/PT, School Counsellor, SchoolsPlus, etc.).

Assistive Technology Services

Copy and Paste the referral section into TIENET “**Request / Reason(s)**” section and complete

Note: Assistive Technology is any device and/or service that enhances the functional capability of an individual with a disability. Assistive Technology can enhance functional skills in many areas including: *Physical, Communication, Hearing, Vision, Cognitive, Positioning and Seating, Writing, Reading, Math, Organization, Recreation, Activities of Daily Living, Sensory, Self Regulation*

Identify Tier 1 technology and strategies already implemented:

Identify Tier 2 and 3 more specialized technology was used in the past:

Identify the Barrier to Learning: (*this does NOT refer to the student*)

For example: X= the student cannot write. √= Instead we are asking you to reframe the problem by stating something like... “the design of the activity does not offer flexible means of demonstrating knowledge that is accessible to the learner”)

Setting for use of AT (choose which apply/delete others): Classroom, Learning Centre, Connect Centre, Other



Student Services- Community of Schools Referral for Services

Identify the task:

Reading (choose which apply/delete others): Letter Recognition, Phonemic Awareness, Phonological Sequencing, Rhyming, Sound/Symbol Correspondence, Sight Word Recognition, Background Knowledge, Fluency, Motivation, Vocabulary, Comprehension, Memory

Writing (choose which apply/delete others): Fine Motor Skills, Visual Skills, Organization and Attention, Written Expression/Mechanics Skills, Spelling Skills

Math (choose which apply/delete others): Number Sense, Problem Solving, Reasoning, Computation, Geometry Spatial, Measurement, Patterns and Relationships, Fractions and Decimals, Word Problems

Physical Education (be specific):

Organization (provide examples):

Daily Living (provide examples):

Other:

Available technology for student use, within the school setting (choose which apply/delete others): iPad, Chromebook, Other

Autism Services

Copy and Paste the referral section into TIENET “**Request / Reason(s)**” section and complete

Reason for the referral (be specific):

Overview of Student Profile:

- A. Areas of Strength** (choose which apply/delete others- add more information if applicable): communication strengths, strong visual learner, strong memory for routines, specific academic strengths, strong peer connections, highly engaged with support, other (specify)

- B. Areas of Challenge** (choose which apply/delete others- add more information if applicable): social communication needs, difficulty with flexibility, emotional regulation challenges, sensory differences, executive functioning challenges, behavioral escalation, difficulty generalizing skills, other (specify)

- C. Description of Current Concerns** (choose which apply/delete others- add more information if applicable): difficulty understanding language (*e.g., following single or*



Student Services- Community of Schools Referral for Services

multi-step directions, abstract or figurative language), needs support expressing ideas, limited initiation (*e.g., rarely starts conversations or asks for help without prompting*), difficulty reading social cues, Echolalia (*e.g., repeating words or phrases heard in the environment*), Scripted language (*e.g., using memorized phrases rather than generating new language, uses language that does not seem to fit the context*), other (specify)

D. Social Interaction (choose which apply/delete others- add more information if applicable): limited peer engagement, difficulty forming friendships, needs adult facilitation, challenges with group activities, difficulty reading social cues, other (specify)

E. Emotional Regulation (choose which apply/delete others- add more information if applicable): frequent dysregulation, difficulty calming, escalation with changes, difficulty identifying emotions, sensory overload triggers, other (specify)

F. Behavioural Concerns (choose which apply/delete others- *please briefly describe what this looks like and when it typically occurs (e.g., during transitions, following demands, or in unstructured settings + Data collected (e.g., ABC-style notes, brief duration or intensity tracking, or 3-point observable behaviour tracking)*): safety risk, flight risk, aggression, self injury, crisis incidents, other (specify)

G. Sensory Needs (choose which apply/delete others- add more information if applicable): auditory sensitivity, visual sensitivity, tactile sensitivity, movement seeking, movement avoiding, uses sensory tools, other (specify)

H. Learning & Executive Functioning (choose which apply/delete others- add more information if applicable): task initiation difficulty, organizational challenges, needs explicit routines, difficulty with flexible thinking, challenges with transitions, other (specify)

Interventions Implemented (Tier 1, 2, 3):

Tier 1 Strategies Implemented (choose which apply/delete others): visual schedules, clear routines, task chunking, sensory tools, break cards, choice boards, predictable environment, other (specify)

Tier 2 Targeted Supports (choose which apply/delete others): Learning Centre support, social skills group, regulation plan, check in/check out, modified work output, collaboration with SLP, collaboration with OT, other (specify)

Tier 3 Intensive Supports (choose which apply/delete others): ISP/BISP, one-on-one support, frequent Learning Centre intervention (*frequency and goals*), specialized communication systems, other (specify)



Student Services- Community of Schools Referral for Services

Contexts Impacted (choose which apply/delete others): classroom routines, transitions, unstructured spaces, group work, academic demands, community based programs, school events, other (specify)

Team Questions / Goals of Support (be specific):

Urgency of Referral (choose which apply/delete others): routine, moderate priority, high priority

Attachments (upload to TIENET referral):

- Safety Regulation Plan
- Behavioural Data
- Work Samples

Occupational Therapy / Physiotherapy Services
Copy and Paste the referral section into TIENET “**Request / Reason(s)**” section and complete

Reason for the referral (be specific):

Fine Motor/Handwriting (choose which apply/delete others): Functional Fine Motor, Activities of Daily Living, Handwriting impacting participation in school, Continued Assessment/Intervention from previous years, Program/Supports currently in place

Behaviour/Sensory (choose which apply/delete others): Safety risks, Sudden decline resulting in crisis, Self regulation/behaviour needs, Formal/informal supports in place

Gross Motor/Coordination (choose which apply/delete others): Sudden decline/change resulting in crisis or post surgery, Multiple physical needs, Formal/informal supports in place

Transfers/Equipment (choose which apply/delete others): Need for equipment/assessment to attend school, Skin integrity issues, Safety risks, Training required for staff

School Psychology / Behaviour Consults
Copy and Paste the referral section into TIENET “**Request / Reason(s)**” section and complete



Student Services- Community of Schools Referral for Services

Reason for the referral (be as specific as possible, what question(s) are you hoping to have answered? What information are you hoping to gain?):

Area(s) of concern (choose which apply/delete others): Experiencing difficulty with meeting grade level outcomes (e.g. reading, writing and/or math), Behavioural difficulties, Social/Emotional difficulties, Attendance

Service Being Referred (choose which apply/delete others): Behaviour Consultation, Psycho-Educational Assessment

Interventions Implemented and not currently documented in TIENET (provide details including focus, timeline and duration of both past and current supports): Academic/resource support, Behaviour Support, Math Intervention, explicit phonological awareness/phonics instruction (e.g. LiPS), private tutoring

Describe Relationships with Peers and Adults:

Describe Behaviours at School:

List any known medication taken at home or school:

Additional Support Services: Mental Health, School Counsellor, Autism Services, SchoolsPlus, School Health Partnership Nurse, Other

Specific Learning Disability Services
(in TIENET as Severe Learning Disability Services)
Copy and Paste the referral section into TIENET “**Request / Reason(s)**” section and complete

Document LD or Specific Learning Disorder Diagnosis and Date in TIENET. **When an external report is received, contact your School Psychologist. If an SPT meeting is scheduled then you can extend the invite to the LD Specialist Teacher.*

Source of Assessment (choose which apply/delete others): School Psychologist Psycho-Educational Assessment, Private Psycho-Educational Assessment

Location of Assessment (choose which apply/delete others): Uploaded to TIENET Confidential File, Filed in Paper Confidential File, Report not yet received at school.

Reason for the Referral (be specific):

Direct Service (choose which apply/delete others): Supporting the student to work towards independence, Student’s Learner Profile, Student self-advocacy tools, Transition



Student Services- Community of Schools Referral for Services

supports, Technology needs

Speech Language Pathology Services
Copy and Paste the referral section into TIENET “**Request / Reason(s)**” section and complete

Reason for the referral (be specific):

Language (choose which apply/delete others): Difficulty understanding language, Difficulty using language to express thoughts or ideas, Difficulty with phonological awareness skills, Difficulty with social language/social interaction

Speech (choose which apply/delete others): Mispronounces one or more sound(s), Difficult to understand, Stutters

Voice (choose which apply/delete others): Characteristics such as hoarseness, nasality, too low/high pitch

Hearing (choose which apply/delete others): Known or suspected hearing loss