

Assessment Referral Letter

Student's Name:

Grade:

School:

The student named above is being referred for an assessment. This document will provide a brief overview of concerns to help plan the right type of assessment for the student. It is vital that all relevant information is included, to ensure that the assessment covers all areas of concern. This the referral letter will be shared with both the parents of the student and the practitioner conducting the assessment.

Reason for Referral

Briefly outline all the concerns

Assessment Focus

Please select all areas of concern that may warrant further assessment:

Cognitive

Social emotional

Literacy

Motor and/or sensory

Mathematics

Developmental (i.e. delays, maturity)

Oral language and/or speech

Re-evaluation

Attention and/or executive functioning skills

Assessment Timeline

For students who may be eligible to apply for examination accommodations please provide information on any deadlines related to these applications.

Educational Program

Please indicated what educational program the student is following at school:

IB

A Levels

Bilingual

AP

Swiss Local

Other:

School Contact Information

Please provide the contact information for the case manager or teacher/s who should be the point of contact for the practitioner.

Name:

Email Address:

Parents/guardians: By signing your initials below you agree to allow the practitioner to contact the school in order to ask questions related to this evaluation.

Document Review

Please initial below to confirm that this letter has been reviewed by:

Date:

A school representative

Date:

A parent or guardian