



Confidential Referral Form

Student Name:	
Gender: M / F	Date of Birth: (day/month/year): ____ / ____ / ____
Parental Authorization: As part of the application process to Island Primary, I hereby authorize the release of information regarding my child (named above) to be made to Island Primary.	
Parent/Guardian Name:	
Parent/Guardian Signature:	

Referring school: the student whose name appears above has applied for admission to Island Primary. This reference is an important part of the application process. Please complete this form and return it directly to the Admissions Secretary via email to admissions@islandprimary.org. All information will be treated in the strictest confidence.

Referring School:	
Referring Teacher Name	
School Email Contact:	
Length of time acquainted with the student:	

Please indicate the most relevant category for each area of development below.

Area of Development	Excellent	Very Good	Average	Poor
Attention Span / Completes Tasks				
Follows Directions				
Displays Good Manners				
Classroom Participation				
Motivation to Learn				
Organization				
Resilience				
Social & Peer Interaction				
General Behaviour				



Has the student been assessed, recommended or involved in any of the following?	Yes	No
Early Intervention Program		
Support for Learning		
Occupational or Speech Therapy		
ABA Therapy		
Educational Psychologist		
Any disciplinary or other concerns?		
If yes, please provide additional information which might be helpful:		

Please provide your feedback on the following:	Consistently	Usually	Sometimes	Rarely
Does the family have realistic expectations for their child?				
Does the family communicate openly with the school/teachers?				
Does the family respect the rules/policies of the school?				
Is the family open to feedback regarding recommendations?				
Current Attendance Average (%)	Please provide an average if possible:			
Are tuition accounts in good standing?	Yes		No	

Any further comments which may be helpful to us?

Would you be willing to provide us with additional information if requested? Yes / No (circle)

 Teacher's Signature
 Dated:

 Principal or School Counsellor Signature
 Dated: