SCHOOL DISTRICT NO. 43 (COQUITLAM)

LEARNING SERVICES DISTRICT SCREENING FORM

Last revised: December 2016

BEHAVIOUR	☐
LANGUAGE	☐
T & E	☐

NAME _____ **SEX** _____

PARENT(S)/GUARDIAN(S) _____

ADDRESS _____

POSTAL CODE _____ **PHONE** _____

PRESENTED BY _____

DATE (Y/M/D) _____ **GRADE** _____

B.D. _____ **C.A.** _____

HOME SCHOOL _____

PRESENT SCHOOL _____

WISC-IV: **VC**_____ **PR** _____ **WR** _____ **PS**_____ **FSIQ** _____

(SS %ile)_____ **(DATE)** _____

STANFORD-BINET 5TH EDITION (SS/%ILE) _____

(DATE) _____

VERBAL		PERCEPTUAL		WORK MEMORY		PROCESS SPEED	
Sim		BD		DS		Coding	
Voc.		PC.		LN		Symbol	
Comp		MR		Arith.		Cancel	
Info.		Pic C					
Arith.							

ACHIEV. (DATE) _____ **(TEST)** _____ **(FORM)** _____

Reading	**SS**		**%ile**
Math	**SS**		**%ile**
Spelling	**SS**		**%ile**
Written Exp.	**SS**		**%ile**

PPVT-III (DATE) _____ _____ **%ile**

BEERY (DATE) _____ _____ **%ile**

MVPT (DATE) _____ _____ **PQ**

OTHER (DATE) _____ _____

SPEECH/LANG. ASSESS. (DATE) _____

HEARING ASSESS. (DATE) _____

VISION ASSESS. (DATE) _____

REASON FOR REFERRAL: _____

GOALS TO BE ADDRESSED: _____

CLASSROOM PERFORMANCE (STRENGTHS/WEAKNESSES): _____

PREVIOUS SPECIAL PROGRAMS & INTERVENTIONS: _____

OTHER MINISTRY/AGENCY INVOLVEMENT & CONTACTS: _____

SCREENING COMMITTEE RECOMMENDATION(S): _____

SCREENING COMMITTEE DISTRIBUTION ONLY

White	-	**Student Services**
Yellow	-	**Receiving Program**
Pink	-	**Student G4 File**
Golden Rod	-	**Referring Person**

TRANSPORTATION: YES _____ **NO** _____

CHAIRPERSON: _____