

Toronto City Schools
Intervention Assistance Team
Step 2: Parent Referral Form

This form should be sent home to the parent by the referring teacher, completed by the parent, and brought to the first IAT meeting.

Child's Name: _____

Sense of Purpose

Is your child involved in any activities at school or in the community?

What motivates your child to become successful?

Who does your child have a strong connection with or feel an obligation to? Who is their role model and why?

Mental health

How does your child typically respond to stress/challenging situations?

Do you consider your child to be a "happy" person? Why or why not?

Do you have concerns about your child's maturity level? Ability to focus?

Academic Skills

How much time does your child devote to studying and homework at home?

What is the environment like in which your child typically studies and does their homework?

What do you consider to be your child's academic strengths and weaknesses?

How often do you communicate with your child's teachers?

How often do you check your child's grades in Progress Book?

School Climate

Has there ever been a time that your child did particularly well in school? To what do you attribute that success? What changed?

What does your child say to you about school? Likes/Dislikes? Have you ever heard your child say they were "picked on" or "bullied" at school?

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Physical Concerns

What time does your child go to bed at night?
About how many hours of sleep do they get on a regular basis?
Do you consider your child to be a healthy child?
Are there any physical challenges that could be impacting his/her success at school?

Family:

Is there anything unique about your child's particular family situation which may be impacting his/her success at school?

Have you been having any discipline problems at home? What does and does not work?

What are your educational and behavioral expectations of your child while they are at school?

Social Environment:

How much time does your child spend watching television, playing video games, using the internet, or talking on the phone per night?

What does your child like to do in their free time?

What does your child do over the weekends? (Friday, Saturday & Sunday):

Does your child have good friends in their life?

Parent's Signature: _____ **Date:** _____