Bombay Cluster

Resource Teacher : Learning and Behaviour.
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Screening when considering an RTLB Referral.

Date:
School:
Teacher:
Pupil: Age: DOB: Year: of

I would like to have a screening carried out on my student in the area of…. (tick).

Learning	Behaviour
If the area is learning, list where your student is operating at in the areas of concern….. **Reading** **Written Language** **Numeracy** **Oral Language** Expressive Receptive	**Evidence** Please include anecdotal notes explaining incidents of the behaviour/s causing concern. (minimum of 5 days). When the RTLB comes to observe, can you indicate a time when it will be possible to observe the behaviour/s listed in the anecdotal notes. Time

Have you discussed the possible referral concerns with the school SENCO?	Yes/ No
Have you discussed the referral concerns with the family?	Yes/ No
Do the family share your concerns?	Yes/ No
Has the student transferred from another school	Yes/ No
Indicate other agencies who have been involved	