



Referral to the Family Division for a child in preschool/primary school

Name of child		ID no. / kennitala	
<input type="checkbox"/> Icelandic as a second language		The child uses ___ glasses ___ hearing aids	
Address:		Postal address	Home phone
Parent A	ID no. / kennitala	Parent B	ID no. / kennitala
Address:		Address:	
Work phone:	Mobile phone:	Work phone:	Mobile phone:
Email		Email	
Native language		Native language	
The child lives with <input type="checkbox"/> parents <input type="checkbox"/> parent A <input type="checkbox"/> parent B <input type="checkbox"/> others, then whom:		Custody of the child <input type="checkbox"/> Joint custody <input type="checkbox"/> Parent A with custody <input type="checkbox"/> Parent B with custody <input type="checkbox"/> Other, then who:	
School		Teacher	
Class/department		Email	
Child's siblings			
Request comes from: <input type="checkbox"/> parent/guardian <input type="checkbox"/> School <input type="checkbox"/> Other, who?			



Referral requests the services of

<input type="checkbox"/> psychologist <input type="checkbox"/> teaching consultant <input type="checkbox"/> others:	<input type="checkbox"/> occupational therapist <input type="checkbox"/> speech pathologist
What are the guardians' expectations of the referral?	
What are the school's expectations of the referral?	
Has the child received services/counseling from the Árborg Family Division? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please specify:	
Has the child/guardian attended a course at the Árborg Family Division <input type="checkbox"/> Yes <input type="checkbox"/> No	
Which?	
Has the child received specialist help/counseling from elsewhere (from institutions, specialist)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please specify:	
Has the child attended a course with an outside party? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please specify:	
Who is the child's physician?	



Reason for referral, parents respond in collaboration with preschool and primary school

Select only one to three reasons for request. Prioritize from 1 - 3 according to importance where reason 1 is the most important and best describes the problem.

1	2	3	Difficulty concentrating and/or hyperactivity
1	2	3	Suspicion of autism spectrum disorder
1	2	3	Suspicion of delayed general development
1	2	3	Behavioral difficulties
1	2	3	Physical developmental problems due to: <input type="checkbox"/> fine motor skills <input type="checkbox"/> gross motor skills
1	2	3	Emotional condition/emotional difficulties
1	2	3	Language development problems due to: <input type="checkbox"/> pronunciation <input type="checkbox"/> expression <input type="checkbox"/> understanding <input type="checkbox"/> request for reassessment
1	2	3	Learning difficulties: <input type="checkbox"/> reading <input type="checkbox"/> mathematics <input type="checkbox"/> other
1	2	3	Poor social skills and/or communication problems
1	2	3	Poor school attendance

Other:



Guardian's description of the child

Strengths:
Interests and hobbies:
Behavior:
Emotional condition:
Communication/social skills:
What is most concerning about the child's behavior:
Does your child take any medication regularly?
Other things that the custodian wants to disclose:

School resources/support so far

Resources <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Art training	<input type="checkbox"/> Individual curriculum	<input type="checkbox"/> Social skills training	<input type="checkbox"/> Behavioral modification
<input type="checkbox"/> Solutions team	<input type="checkbox"/> Language stimulation	<input type="checkbox"/> Studying in a small group	<input type="checkbox"/> Student counseling
<input type="checkbox"/> Special education	<input type="checkbox"/> Work-related studies	<input type="checkbox"/> In-class/group support	<input type="checkbox"/> Speech training
<input type="checkbox"/> Teams	<input type="checkbox"/> Developmental therapist	<input type="checkbox"/> Occupational therapy	
Other and then what:			



The school's description of what causes the most concern regarding the child

Academic achievement compared to peers

Subject	Significantly below average	Below average	Average	Above average
1. Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Icelandic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Physical Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teacher's description of the child

Strengths
Concentration
Behavior
Emotional condition
Attendance
Application to studies
Developmental status
Communication/social skills
Other



Observations		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
The results of previous observations are included in the referral		
<input type="checkbox"/> Behavioral logging	<input type="checkbox"/> AEPS	<input type="checkbox"/> Hljóm
<input type="checkbox"/> Íslenski þroskalistinn	<input type="checkbox"/> Leið til læsis	<input type="checkbox"/> LOGOS
<input type="checkbox"/> LOGOS screening	<input type="checkbox"/> School skills assessment	<input type="checkbox"/> Smábarnalistinn
<input type="checkbox"/> Talnalykill	<input type="checkbox"/> TOLD	<input type="checkbox"/> TRAS
<input type="checkbox"/> WISC IV	<input type="checkbox"/> WPPSI-R	<input type="checkbox"/> Orðaskil
Other:		
The results of the observations should be included in the referral		

Attachments with referral

<input type="checkbox"/> Completed SDQ, ASSQ and ADHD lists from teachers and parents (required)
<input type="checkbox"/> Completed ASEBA lists from teachers and parents (required)
<input type="checkbox"/> Grades from standardized exams and the latest assessment of study performance (required)
<input type="checkbox"/> Printout of school attendance from Mentor (required if applicable)
<input type="checkbox"/> Individual curriculum (required if applicable)
<input type="checkbox"/> Copies of older specialist reports (required if older documents are available from other schools)

The guardian is aware of the processing of the aforementioned personal information and that the issues of the child and their family are discussed at a Student Protection Council meeting held for a child in primary school and at the preschools' advisory team meeting for a child in preschool. The Student Protection Council is a statutory collaborative forum between schools, school services and the healthcare center cf. Art. 40 of Act no. 91/2008 and the Regulation on Student Protection Councils in Primary Schools no. 388/1996. The Preschools' Advisory Team is a collaborative forum of Árborg's Family Division specialists, heads of departments/management of preschools and the healthcare center. Furthermore, parents allow members of the team to gather information and provide it to the extent deemed necessary to work on resolving cases as well as sending data by mail or email if necessary.

_____ Date
The guardian approves the request with a signature

_____ Date
Signature of principal/department head /special education director

Request approved at the Student Protection Council meeting/advisory team meeting dated, _____

Privacy and Handling of Personal Information



Árborg municipality, is the controller for referral to the Family Division for the purpose of assessing the need for specialist services according to Art. 21 and 22 of Act no. 90/2008 on Preschools and to Section IX. of Act no. 91/2008 on Primary Schools. Authorization for the processing of the aforementioned personal information is based on legal authority, cf. item 3, Par. 1 of Art. 9. of Act no. 90/2018 on Privacy and the Processing of Personal Information.

The request is processed with the following information: General personal information about the child and their parents, such as names, addresses, ID numbers, telephone numbers and e-mail addresses. Information about native language, the child's teacher, the school and class and the child's siblings is also processed.

Furthermore, information is processed about services already provided for a child, aids that the child uses, the child's physician and reasons for referral, such as behavioral problems, developmental problems, social and/or emotional problems, medicines that the child takes and observations that have already been made of the child's condition. . Other matters the referent discloses are discussed. Information is obtained from the referent, in addition to which the municipality retrieves basic information about parties to the National Registry. The municipality may also use the available data from the municipality when processing the application.

The municipality retains information in connection the application indefinitely in accordance with legal obligation. In general, the personal information that the municipality collects is handed over to the District Archives of Árneshöfn after thirty years. The municipality safeguards the security of personal information through appropriate organizational and technical measures, e.g. access controls and ciphertext. All staff involved in the processing of personal information in a request is bound by the obligation of confidentiality.

The municipality will not share personal information with other parties unless the municipality is obliged to do so on the basis of law, government directives or court rulings. Furthermore, the municipality will not share personal information outside the European Economic Area except on the basis of a special authorization to do so and not without informing the relevant parties of such.

An individual may have the right to access the personal information that the municipality processes in connection with the declination. An Individual may also have the right to object to the processing, have the information corrected, request that it be deleted, that the processing be restricted and/or receive information. Further information on these rights can be found in the municipality's Privacy Policy which is accessible on the website of Árborg municipality.

Special attention is drawn to the fact that if there is dissatisfaction regarding the municipality's handling of personal information, it is possible to contact the municipality's Data Protection Officer (personuvernd@arborg.is) or send a message to the Data Protection Authority (www.personuvernd.is).

I have read the above and am aware of how the Árborg municipality handles personal information.