

Telephone: 3928548/9  
Fax: 3928136  
Reference:  
Date:



REPUBLIC OF BOTSWANA

Central Resource Centre (CRC)  
For Special Education  
Ministry of Education  
Private Bag 005  
Gaborone  
BOTSWANA

## *REFERRAL FORM*

### REFERRING AGENCY

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Name of Referrer: .....  
Designation: .....  
School/Institution: .....  
Address: .....  
Telephone: .....  
Email address: .....

### CLIENT OR LEARNER DETAILS

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Name of Child: .....  
Date of Birth: .....  
Sex: .....  
Name of school: .....  
Standard/form: .....

### Reasons for Referral:

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**Any Medical Condition:** .....

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**PARENT OR GUARDIAN OF CLIENT / LEARNER'S DETAILS**

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*This should be completed if the referring person is different and parental consent should be sourced before completing referral.*

**Parent/ Guardian Name:** .....

**Parent/ Guardian Address:** .....

**Parent/ Guardian Telephone:** .....

**Parent /Guardian Email address:** .....

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**Signature of Referrer:** .....

**Date:** .....

**Signature of Parent/guardian:** .....

**Date:** .....

**NB: Referral forms can be posted to the following address:**

Division of Special Education  
Central Resource Center  
Private Bag 005  
Gaborone

**or**

**Fax:** 3928136

