

SCHOOL DISTRICT 36 (SURREY) LEARNING CENTRE REFERRAL

FOR OFFICE USE ONLY

School Courier # _____ Date: _____

School Name: _____

FILE: ____Yes ____No

MIN. CODE: _____

ZONE: _____

Referring Team:

Administrator Contact: _____

Case Manager/Key Contact: _____

1. STUDENT INFORMATION

Legal Name: _____ Grade: _____

PEN: _____ Date of birth: _____ (yyyy/mm/dd)

Aboriginal Ancestry ELL Primary Language Spoken at Home: _____ Refugee Status

Born in Canada? *If no, how long has the student lived in Canada?* _____

Multicultural/Settlement Worker is required to support communications with family

Student in Special Education category: _____ Social Worker: _____

Custodial Parent/Legal Guardian(s): _____

Home Address: _____

Postal Code: _____ Email: _____

Telephone Number(s): _____

2. STUDENT INFORMATION (Please indicate services/supports already in place for this student)

A. Current school / outside agency supports

- | | | |
|---|--|--|
| <input type="checkbox"/> Aboriginal Education Support | <input type="checkbox"/> District LST Helping Teacher | <input type="checkbox"/> Substance Use Support |
| <input type="checkbox"/> (Positive) Behaviour Support Plan | <input type="checkbox"/> District Resource Counsellor | <input type="checkbox"/> <i>Employee) Safety Plan</i> |
| <input type="checkbox"/> Career Facilitator | <input type="checkbox"/> District Special Ed Helping Teacher | <input type="checkbox"/> School Counsellor |
| <input type="checkbox"/> Child/Youth Care Worker | <input type="checkbox"/> Health support
(specify _____) | <input type="checkbox"/> School Psychologist |
| <input type="checkbox"/> Community Health Nurse / Delegated Care Plan | <input type="checkbox"/> IEP / AIP / Student Learning Plan | <input type="checkbox"/> Speech-Language Pathologist |
| <input type="checkbox"/> District Action Team for Autism | <input type="checkbox"/> Learner Support Team Teacher | <input type="checkbox"/> Support blocks / tutorial |
| <input type="checkbox"/> District Behaviour Specialist | <input type="checkbox"/> Mental health supports | <input type="checkbox"/> Teacher of the Deaf and Hard of Hearing |
| | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Teacher of the Visually Impaired |
| | <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Visiting Teacher |
| | <input type="checkbox"/> Safe Schools Liaison | <input type="checkbox"/> Other (specify): _____ |

B. Referral Concerns (Adverse experiences – check all that apply)

Attendance issues related to:

- | | |
|--|--|
| <input type="checkbox"/> Health / mental health, self or family | <input type="checkbox"/> School avoidance – peer relations |
| <input type="checkbox"/> Sibling responsibilities | <input type="checkbox"/> School avoidance – learning issues |
| <input type="checkbox"/> Employment pressure | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Caregiver / Custody / Guardianship disruption | <input type="checkbox"/> Health risk behaviour – substance / other _____ |
| <input type="checkbox"/> Food / shelter insecurity | <input type="checkbox"/> Multiple schools |
| <input type="checkbox"/> Health / mental health – self / family | <input type="checkbox"/> Early learning issues |
| | <input type="checkbox"/> Self-regulation issues |

Contact with the legal system: Police Contacts No Contact Orders

Other concerns:

LEARNING CENTRE REFERRAL

3. DOCUMENTATION

A. **The following documentation must be attached (copies of)**

- | | | |
|--|---|--|
| <input type="checkbox"/> PR card | <input type="checkbox"/> Updated School Based Team Minutes | <input type="checkbox"/> Special Education Ministry Audit Checklist appropriate to designation |
| <input type="checkbox"/> Current report cards (2 years) | <input type="checkbox"/> Aboriginal Education Support documentation (if applicable) | |
| <input type="checkbox"/> Updated IEP / AIP (if applicable) | | |

B. **The following documentation should be attached if available and relevant to this referral**

- | | | |
|---|--|--|
| <input type="checkbox"/> School Based Assessment Data | <input type="checkbox"/> ICM meeting minutes | <input type="checkbox"/> School Physician Communication Form |
| <input type="checkbox"/> Most recent Psycho-Educational or Psychological Assessment | <input type="checkbox"/> Interagency Contact Log | |
| | <input type="checkbox"/> Student Learning Plan | |

Other:

Attempted strategies / interventions:

Any additional anecdotal information:

Please submit completed referral package (including documentation) to the learning centre principal for the intake review process.

