

School District 36 (Surrey) Education Services School Brave Learners Program Referral

Date: _____

School Name: _____

Referring Teacher: _____

Student Information:

Legal Name: _____ Date of Birth: _____ / _____ / _____ Grade: _____

yyyy / mm / dd

Aboriginal ELL Primary Language Spoken at Home: _____ P.E.N. _____

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

Multicultural/Settlement Worker is required to support communications with family

Custodial Parent / Legal Guardian(s): _____

Home Address: _____

Postal Code: _____ Email: _____

Telephone Number(s): _____

Current Designation(s) *(if applicable)*: _____ Current Diagnoses *(if applicable)*: _____

Actions Already Taken By School (please check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Reviewed student file
<input type="checkbox"/> Reviewed work samples
<input type="checkbox"/> Observed/recorded behaviour / learning
<input type="checkbox"/> Integrated Case Management | <input type="checkbox"/> Assessed performance (strengths & needs)
<input type="checkbox"/> Level A <input type="checkbox"/> Level B
<input type="checkbox"/> Psycho-educational
<input type="checkbox"/> Consultation with staff | <input type="checkbox"/> Consultation with student
<input type="checkbox"/> Collaboration with parent / guardian(s)
Date: _____
<input type="checkbox"/> Other: _____ |
|--|---|--|

Current School / District Supports (please check services/supports already in place for this student)

- | | | |
|--|--|--|
| <input type="checkbox"/> Aboriginal Child/Youth Care Worker
<input type="checkbox"/> Augmentative / Alternative Communication
<input type="checkbox"/> Positive Behaviour Support Plan
<input type="checkbox"/> Child/Young Care Worker
<input type="checkbox"/> Community Health Nurse / Delegated Care Plan
<input type="checkbox"/> Deafblind Team
<input type="checkbox"/> District Action Team for Autism
<input type="checkbox"/> District Behaviour Specialist – consultation required
<input type="checkbox"/> District LST Helping Teacher | <input type="checkbox"/> District Resource Counsellor – consultation required
<input type="checkbox"/> Early Intervention Team
<input type="checkbox"/> Education Assistant / ABA Support Worker (# of Hours: _____)
<input type="checkbox"/> I.E.P.
<input type="checkbox"/> Integration Support Teacher
<input type="checkbox"/> Learner Support Team Teacher
<input type="checkbox"/> Occupational Therapist
<input type="checkbox"/> Physiotherapist
<input type="checkbox"/> Safe Schools Liaison
<input type="checkbox"/> Employee Safety Plan | <input type="checkbox"/> School Counsellor
<input type="checkbox"/> School Psychologist
<input type="checkbox"/> Special Education Helping Teacher
<input type="checkbox"/> Speech-Language Pathologist
<input type="checkbox"/> Teacher of the Deaf and Hard of Hearing
<input type="checkbox"/> Teacher of the Visually Impaired
<input type="checkbox"/> Visiting Teacher
<input type="checkbox"/> Other (specify) _____ |
|--|--|--|

Partner agencies involved? *(CYMH services are mandatory, others may include: private SLP, private OT/PT, MCFD, etc.)*

Date: _____ Name: _____

Date: _____ Name: _____

Date: _____ Name: _____

Strategies Used Consistently at School (please check all that apply):

- | | | |
|---|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Visuals to support program <ul style="list-style-type: none"> <input type="checkbox"/> <i>Schedule: written/pictures</i> <input type="checkbox"/> <i>Other: _____</i> <input type="checkbox"/> Same routines daily <input type="checkbox"/> Consistent use of language amongst adults <input type="checkbox"/> Flip cards/check-off lists <input type="checkbox"/> Adapted curriculum and materials <input type="checkbox"/> Adapted teaching strategies (groups, pairing) <input type="checkbox"/> Motivational Procedures <ul style="list-style-type: none"> <input type="checkbox"/> <i>Positive reinforcement</i> <input type="checkbox"/> <i>Offer choices</i> <input type="checkbox"/> <i>Use strengths/interests often</i> <input type="checkbox"/> <i>Other: _____</i> | <ul style="list-style-type: none"> <input type="checkbox"/> Knowledge of expectations: Contingency map first then: <ul style="list-style-type: none"> <input type="checkbox"/> <i>What finished looks like</i> <input type="checkbox"/> <i>Templates</i> <input type="checkbox"/> <i>Timers/clocks</i> <input type="checkbox"/> <i>Other: _____</i> <input type="checkbox"/> Reinforced for positive behaviour <ul style="list-style-type: none"> <input type="checkbox"/> <i>Token board</i> <input type="checkbox"/> <i>Class reward</i> <input type="checkbox"/> <i>I'm working for</i> <input type="checkbox"/> <i>Other: _____</i> <input type="checkbox"/> Rehearsal strategies <ul style="list-style-type: none"> <input type="checkbox"/> <i>Prior to event with few distractions</i> <input type="checkbox"/> <i>Social stories</i> <input type="checkbox"/> <i>Other: _____</i> | <ul style="list-style-type: none"> <input type="checkbox"/> Environmental Adaptations <ul style="list-style-type: none"> <input type="checkbox"/> <i>Lighting</i> <input type="checkbox"/> <i>Preferential seating</i> <input type="checkbox"/> <i>Adjusted classroom layout</i> <input type="checkbox"/> <i>Use of movement breaks</i> <input type="checkbox"/> <i>Colour-coding/labelling</i> <input type="checkbox"/> <i>Minimized distractions</i> <input type="checkbox"/> <i>Other: _____</i> |
|---|--|--|

Student Profile (please describe strengths/concerns in each of the domains listed below as they relate to referral.):

a. *Academic Development (achievement):*

- *Literacy*

- *Numeracy*

b. *Physical Development*

c. *Language Development (expressive and receptive):*

d. *Social/Emotional Development (behavioural):*

Health - please note any health concerns, medical diagnoses, or medications. If there is a medical or psychiatric diagnosis, please attach medical report(s).

Documentation:

- PR Card
- Current IEP/Student Learning Plan

Consent/Signatures

- Parent/Guardian has been given the opportunity to consult about this referral

Principal: _____ Date: _____
(Please print clearly) *(Initials)* *yyyy / mm / dd*

Case Manager: _____ Date: _____
(Please print clearly) *(Initials)* *yyyy / mm / dd*

Schools must scan and email the referral package in one pdf to bravelearners@surreyschools.ca and then file a copy of this referral in the student's Permanent Records File (Student Support Red File).