



BRAVE LEARNERS PROGRAM

DOCUMENT: 1. BLP SCHOOL REFERRAL PACKAGE CHECKLIST

PLEASE SELECT PROGRAM STREAM OF SUPPORT:				
☐ BRAVE KIDS (general program		ming support)	☐ BRAVE TALKERS (selective mutism support)	
STUDENT NAME:				
GRADE:				
SCHOOL:				
PARENT NAME:				
REFERRING CASE MANAGER:				
REFERRAL DATE:				
REQUIRED DOCUMENTS CHECKLIST: All documents listed below are required to provide a comprehensive understanding of the student's social-emotional, behavioural, and cognitive functioning to accurately assess eligibility for the program. School Based Team (SBT) has discussed and supports the referral for Brave Learners. SBT Meeting minutes are included (from no more than 3 months prior to referral date).				
	Psych Ed. is recommended. If not available, a Level B assessment will suffice. (In extreme cases, Level A assessment may be submitted.)			
	Document 2. BLP Referral Form: School Case Manager fills in and signs form. • All other necessary documents for a student support referral must also be included.			
	Document 3. BLP Parent Consent to Participate: Parents fill in and sign form.			
	Document 4. District Release of Information Form: School Case Manager fills in form. • Must include CYMH contact information • Parent/Guardian(s) must sign the completed form and check all boxes on the top			
	 Parents book an appo 	Classroom Teache intment with CYMI form to the CYMI	er and Parent/Guardian(s), fill out this form. H for an intake at their local CYMH office. H intake to inform the CYMH Clinician they are	

	CYMH: Initial Supports and Services Plan (ISSP) After attending an intake at CYMH, the intake Clinician will send home the ISSP document outlining various supports and resources available to the family, which may include a recommendation for the Brave Learners Program. • Parents can give this document to the school to include in the referral package OR • Parents can ask the CYMH intake Clinician to send this directly to Brave Learners Program Coordinator		
	CYMH: Initial Mental Health Assessment (IMHA) After attending an intake at CYMH, the intake Clinician will send home a report from the child's initial mental health assessment done at the intake. • Parents can give this document to the school to include in the referral package OR • Parents can ask the CYMH intake Clinician to send this directly to Brave Learners Program Coordinator		
FOR SELECTIVE MUTISM STREAM ONLY			
	Document <u>6. BLP School Speech Questionnaire</u> : Classroom Teacher to complete.		
	The school must be able to provide a private quiet space in the school for the student to participate in weekly support visits.		
	The student has a selective mutism diagnosis given by a GP, Pediatrician, or a mental health professional, with report to be included in this BLP Referral Package		
OPTIONAL CHECKLIST			
	333 (H designation) is recommended to reflect the level of school supports already provided.		
	Any other comprehensive mental health assessment confirming an anxiety disorder.		

HOW TO SUBMIT:

- ⇒ SCAN AND SEND the entire package to: <u>bravelearners@surreyschools.ca</u>
- ⇒ VIA FAX to 604-595-6400 to: Education Services School Brave Learners Program Coordinator
- ⇒ VIA COURIER #525 to: Brave Learners Program Coordinator

NEXT STEPS:

The Program Coordinator reviews all referrals for completeness. If additional information is needed, the referring teacher will be contacted directly. In the months leading up to an intake, the Program Advisory Committee holds a Referral Screening Meeting where it is determined if the program is a good fit for a student. The Program Coordinator will then contact the school to inform them the student has been accepted into the program and will schedule a Program Intake Meeting to initiate programming.

For any questions about the referral process or documents, please contact the Brave Learners Program Coordinator at <u>bravelearners@surreyschools.ca</u>.