Surrey Schools
LEADERSHIP IN LEARNING

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)

- ❑ Reviewed student file
- ❑ Reviewed work samples
- ❑ Observed/recorded behaviour / learning
- ❑ Integrated Case Management
- ❑ Assessed performance (strengths & needs)
  - □ Level A □ Level B
  - □ Psycho-educational
- ❑ Consultation with staff
- ❑ Consultation with student
- ❑ Collaboration with parent / guardian(s) Date: _____
- ❑ Other:

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

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

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

- ❑ Visuals to support program
  - □ *Schedule: written/pictures*
  - □ *Other:* _____
- ❑ Same routines daily
- ❑ Consistent use of language amongst adults
- ❑ Flip cards/check-off lists
- ❑ Adapted curriculum and materials
- ❑ Adapted teaching strategies (groups, pairing)
- ❑ Motivational Procedures
  - □ *Positive reinforcement*
  - □ *Offer choices*
  - □ *Use strengths/interests often*
  - □ *Other:* _____
- ❑ Knowledge of expectations: Contingency map first then:
  - □ *What finished looks like*
  - □ *Templates*
  - □ *Timers/clocks*
  - □ *Other:* _____
- ❑ Reinforced for positive behaviour
  - □ *Token board*
  - □ *Class reward*
  - □ *I'm working for*
  - □ *Other:* _____
- ❑ Rehearsal strategies
  - □ *Prior to event with few distractions*
  - □ *Social stories*
  - □ *Other:* _____
- ❑ Environmental Adaptations
  - □ *Lighting*
  - □ *Preferential seating*
  - □ *Adjusted classroom layout*
  - □ *Use of movement breaks*
  - □ *Colour-coding/labelling*
  - □ *Minimized distractions*
  - □ *Other:* _____

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):*

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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).