SCHOOL DISTRICT 36 (SURREY)
LEARNING CENTRE REFERRAL

FOR OFFICE USE ONLY

FILE: Y / N

MIN. CODE: ______________

ZONE: __________________

School Courier #___________________ Date: ________________

School Name: ____

Referring Team: *(Last name / role)*

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1. STUDENT INFORMATION

Legal Name: ____ Date of Birth: ____________________ Grade: _______

P.E.N. _____________________________________

❑ 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 ____

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*

❑ Aboriginal Education Support
❑ (Positive) Behaviour Support Plan
❑ Child/Young Care Worker
❑ Community Health Nurse / Delegated Care Plan
❑ District Action Team for Autism
❑ District Behaviour Specialist
❑ District LST Helping Teacher
❑ District Resource Counsellor
❑ Health support *(specify ____________________)*
❑ IEP / AIP / Student Learning Plan
❑ Learner Support Team Teacher
❑ Mental health supports
❑ Occupational Therapist
❑ Physiotherapist
❑ Safe Schools Liaison
❑ Substance use support
❑ (Employee) Safety Plan
❑ School Counsellor
❑ School Psychologist
❑ Special Education Helping Teacher
❑ Speech-Language Pathologist
❑ Support blocks / tutorial
❑ Teacher of the Deaf and Hard of Hearing
❑ Teacher of the Visually Impaired
❑ Visiting Teacher
❑ Other *(specify):* ________________

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

Attendance issues related to:

□ Health / mental health, self or family
□ Sibling responsibilities
□ Employment pressure
□ School avoidance – peer relations
□ School avoidance – learning issues
□ Other: ______________________________

❑ Caregiver / Custody / Guardianship disruption
❑ Food / shelter insecurity
❑ Health / mental health – self / family
❑ Health risk behaviour – substance / other ________________________
❑ Multiple schools
❑ Early learning issues
❑ Self-regulation issues

Contact with the legal system:

❑ Police contacts
❑ No contact orders

Other concerns: ____

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LEARNING CENTRE REFERRAL

3. DOCUMENTATION

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

- ❑ PR card
- ❑ Current report cards *(2 years)*
- ❑ **UPDATED** IEP/AIP/ Student Learning Plan
- ❑ **UPDATED** School Based Team Minutes
- ❑ Aboriginal Education Support documentation *(if applicable)*
- ❑ Special Education Ministry Audit Checklist appropriate to designation

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

- ❑ School Based Assessment Data
- ❑ Most recent Psycho-Educational or Psychological Assessment
- ❑ ICM meeting minutes
- ❑ Interagency Contact Log
- ❑ School Physician Communication Form

Other: ____

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Potential return to neighbourhood school: ______________________________

Any additional anecdotal information:

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