



SCHOOL DISTRICT 36 (SURREY) LEARNING CENTRE REFERRAL

Referring To: _____ Date: _____
Site/Program

School Name: _____ School Courier # _____

Referring Team:

Administrator Contact: _____

School Case Manager/Key Contact: _____

Parent/Guardian Contacted about referral: _____

FOR OFFICE USE ONLY

FILE: Yes No

MIN CODE: _____

ZONE: _____

1. STUDENT INFORMATION

Legal Name: _____ Grade: _____ Age: _____

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

- Aboriginal Ancestry ELL Primary Language Spoken at Home: _____
- Born in Canada? *If no, how long has the student lived in Canada?* _____
- Multicultural/Settlement Worker is required to support communications with family
- Ministry Designation(s) if applicable: _____ Social Worker if applicable: _____

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 Resource Counsellor | <input type="checkbox"/> (Employee) Safety Plan |
| <input type="checkbox"/> (Positive) Behaviour Support Plan | <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"/> Career Development Facilitator |
| <input type="checkbox"/> District Behaviour Specialist | <input type="checkbox"/> Mental health supports | <input type="checkbox"/> Support blocks / tutorial |
| <input type="checkbox"/> District LST Helping Teacher | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Teacher of the Deaf and Hard of Hearing |
| | <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Teacher of the Visually Impaired |
| | <input type="checkbox"/> Safe Schools Liaison | <input type="checkbox"/> Visiting Teacher |
| | <input type="checkbox"/> Substance use support | <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:

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C. Adaptations/Strategies – School and/or district-based outcome of adaptation/strategies

Adaptations / strategies:	Outcome of adaptations / strategies:

3. DOCUMENTATION

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

- B. PR card
- C. Current report cards (2 years)
- D. Updated IEP / AIP (if applicable)
- Updated School Based Team Minutes
- Aboriginal Education Support documentation (if applicable)
- Special Education Ministry Audit Checklist appropriate to designation (If applicable)

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

- A. School Based Assessment Data
- B. Most recent Psycho-Educational or Psychological Assessment
- ICM meeting minutes
- Interagency Contact Log
- Student Learning Plan
- School Physician Communication Form
- Other: _____

C. Any additional information:

Please submit completed referral package (including documentation) to the learning centre principal for the intake review process. Keep copy of referral in student file.