



## 9.2 Alternate Education Program Referral (For District-Based Team Committee Purposes)

Student:	Current School:	Grade:
Parent/Guardian Name:		Parent/Guardian Signature:
Referred by Principal (name):		Date:

Check One of the Following:	
<input type="checkbox"/> Student is wishing to <b>enter program</b> and is: <ul style="list-style-type: none"><li>School aged.</li><li>Non-graduated.</li><li>Meets the criteria for K-12 general funding.</li><li>Learning Plan/IEP in place or in process.</li><li>Exit Strategy is in place or in process of development</li><li>Evidence of needing additional services (e.g., drug and alcohol supports, counselling, etc.)</li></ul>	Program Requested <input type="checkbox"/> REACH <input type="checkbox"/> SEQUOIA
<input type="checkbox"/> Student is wishing to <b>exit program</b> (provide details of where the student is planning to go for school):	
Student Signature:	Date:

<b>Primary Reason(s) for Referral (please check):</b>			
<input type="checkbox"/> Academic	<input type="checkbox"/> Attendance	<input type="checkbox"/> Behavioural	<input type="checkbox"/> Medical
<input type="checkbox"/> Socio-Emotional		<input type="checkbox"/> Other:	
Has this student previously been referred to a School-Based Team?		<input type="checkbox"/> No	<input type="checkbox"/> Yes      Date:
Does this student currently have an IEP on file?		<input type="checkbox"/> No	<input type="checkbox"/> Yes      Designation:
<b>Current Agency Involvement:</b>			
<input type="checkbox"/> ARC	<input type="checkbox"/> COINS	<input type="checkbox"/> Community Services	<input type="checkbox"/> CYMH (Child and Youth Mental Health)
<input type="checkbox"/> Freedom Quest		<input type="checkbox"/> MCFD	<input type="checkbox"/> Other:
<b>Type of Graduation Plan:</b>		<input type="checkbox"/> Dogwood	<input type="checkbox"/> Evergreen <input type="checkbox"/> Adult
<b>Indigenous Ancestry:</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Contextual Info (point form):</b>			
<b>Required Attachments (please include physical documents):</b>			
<input type="checkbox"/> Attendance Summary	<input type="checkbox"/> Conduct/Suspensions	<input type="checkbox"/> IEP/SLP	<input type="checkbox"/> M17
<input type="checkbox"/> Report Card	<input type="checkbox"/> Student Schedule	<input type="checkbox"/> Worrisome Behaviour Report	
<input type="checkbox"/> Other:			
Principal Signature:		Date:	