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

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

Check One of the Following:

☒ Student is wishing to **enter program** and is:

- School aged.
- Non-graduated.
- Meets the criteria for K-12 general funding.
- Learning Plan/IEP in place or in process.
- Exit Strategy is in place or in process of development
- Evidence of needing additional services (e.g., drug and alcohol supports, counselling, etc.)

Program Requested

☐ REACH

☐ SEQUOIA

☐ Student is wishing to **exit program** (provide details of where the student is planning to go for school):

Student Signature:	Date:

Primary Reason(s) for Referral (please check):

☐ Academic ☐ Attendance ☐ Behavioural ☐ Medical
☐ Socio-Emotional ☐ Other:

Has this student previously been referred to a School-Based Team? ☐ No ☐ Yes Date:

Does this student currently have an IEP on file? ☐ No ☐ Yes Designation:

Current Agency Involvement:

☐ ARC ☐ COINS ☐ Community Services ☐ CYMH (Child and Youth Mental Health
☐ Freedom Quest ☐ MCFD ☐ Other:

Type of Graduation Plan: ☐ Dogwood ☐ Evergreen ☐ Adult

Indigenous Ancestry: ☐ Yes ☐ No

Contextual Info (point form):

Required Attachments (please include physical documents):

☐ Attendance Summary ☐ Conduct/Suspensions ☐ IEP/SLP ☐ M17
☐ Report Card ☐ Student Schedule ☐ Worrisome Behaviour Report
☐ Other:

Principal Signature:	Date:

Clear Form