2.4 Temporary Partial Day Program for Students - Request Form

Refer to AP 3111 - Exclusion of a Student/Partial Day Programming for more information.
This form is not intended to document suspensions.

(This form is to be filled out when a student is being considered for placement on a partial day program for five or more days)

Student's Name: _____ **School:** _____

Indigenous ☐ Yes ☐ No **Grade:** _____

Child/Youth in Care : ☐ Yes ☐ No **Ministry Designation:** _____

Date of SBT Meeting to discuss Student: _____

District Based Team Referral Date: _____

Date Partial Day Program to Start: _____

FBA/BIP In Place: ☐ **Yes** ☐ **No** _____

Regular review dates for this plan (minimum once every two weeks):

_____

Reasons for Partial Day Program:

_____

_____

Schedule for School Attendance: _____

_____

School Plan: For increased connection (PBIS plan/ Care Plan- Described) _____

Plan for Increased Attendance and Date:
(Include strategies/interventions in place and person responsible for implementation)

_____

Date of Parent/Guardian Consultation: _____

_____ Date:_____

Principal Signature

District Based Team Review Date: _____
District Principal/Assistant Superintendent Review Date: _____
Partial Day Approved Yes ☐ No ☐ Signed: _____

Copies to: *Assistant Superintendent, Inclusive Education *Student File
*District Principal