



School District 8
Kootenay Lake

Alternative Education Program Referral Form

(For Screening Committee Purposes)

Student: _____ Grade: _____
 Referred by: _____ Parent/Guardian Name: _____
 Position: _____ Parent/Guardian Signature: _____
 Date: _____

Check ONE of the following:

Student is wishing to **enter program** and

- Is school aged
- Non- graduated
- Meets the criteria 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 (ie. drug and alcohol supports, counseling, etc.)

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

Student Signature: _____ Date: _____

1. Primary reason(s) for referral (please check):

____ Academic ____ Behavioural ____ Socio-Emotional ____ Medical

____ Attendance ____ Other _____

- 1) Has this student previously been referred to a School Based Team? ____ yes ____ no
- 2) Does this student currently have an IEP on file? ____ yes ____ no
- 3) If YES, which designation (Eg./ Category G, H, etc.)? _____

2. Current Agency Involvement:

____ MCFD ____ Community Services ____ CYMH (Child and Youth Mental Health)

____ Youth & Family Worker ____ ARC ____ Freedom Quest ____ COINS

____ Other: _____

3. Type of graduation plan: ____ Dogwood ____ Evergreen ____ Adult

4. Indigenous Ancestry: ____yes ____no

5. Contextual info (point form):

Attachments (please include physical documents where applicable):

____ Report Card ____ Student Schedule ____ IEP/SLP ____ Attendance Summary
 ____ Worrisome Behaviour Report ____ Conduct/Suspensions
 ____ Other _____

SBT is requesting a) Single semester or b) Full year program

Date of Referral Meeting: _____