

Referral Form



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1. STUDENT INFORMATION

Surname, First Names:	Birthdate:
Gender Identity:	PEN#:
Diagnosis:	Ministry Funding Category:

2. SCHOOL INFORMATION

Case Manager:	Email:
School:	Address:
Telephone:	Grade:
Principal – Name and Email:	School District:
Teacher – Name and Email:	Educational Assistant – Name and Email:
Principal Signature:	District Partner – Name and Email:
District Administrator Signature:	District Partner Signature:

Please note: Cost for release time for team meetings for teacher(s), educational assistant(s) and district support staff is to be covered by the student's district

3. REFERRAL PROCESS

In addition to completion of this Referral Form, please include:

- ☐ A short video of the student including examples of mobility, communication, classroom inclusion and mealtime (*school is responsible for obtaining appropriate parental permissions*).
- ☐ A copy of the student's most recent IEP.
- ☐ Detailed outline of questions you would like answered and specific problems or areas of concern your team members may have.
- ☐ Any relevant medical reports contained within the student's school file.

Submit the Referral Form, requested documents and video to your District Partner for forwarding to Inclusion Outreach. Upon acceptance, parents/guardians, the school Case Manager and your District Partner will be notified by email.

4. PARENT/GUARDIAN CONSENT TO STUDENT WEBSITES

Student websites are developed in collaboration with Open School BC (OSBC), Services and Technology Division, BC Ministry of Education. Each of our student-specific, password protected websites is essentially a course about that student and information is stored on secure Canadian servers located at the Ministry. OSBC has undergone a Privacy Impact Assessment (PIA) to ensure it conforms to the Freedom of Information and Protection of Privacy Act of BC. Further information about Inclusion Outreach can be found on their website at www.inclusionoutreach.ca

In accordance with the *Freedom of Information and Protection of Privacy Act*, Inclusion Outreach and the school district are seeking your consent to collect, use and disclose photographs, videos and images, including student publications and/or artwork and/or names of students, for education-related purposes, and to exchange information with necessary contacts regarding your child.

Examples of personal information that may be collected include:

- Personal information such as name, birthdate and school name.
- Information regarding the student's educational program.
- Photos and videos of the student.
- The student's medical information.

If you have any questions about this consent or about the collection of student personal information, you may contact the School Principal, the Inclusion Outreach Program Coordinator.

Parent/Guardian Name:	Email:
Address:	Telephone:
MCFD Social Worker: (if applicable)	Email:

Please complete A OR B (but not both A and B);

Upon acceptance into the Inclusion Outreach Program and while my child is enrolled in the above-noted school;

- A. _____ **I GIVE MY CONSENT** for Inclusion Outreach, the school or school district to utilize a personal student website to collect, use, and share my child's personal information for purposes consistent with the above. This consent may be withdrawn at any time in writing.
- B. _____ **I DO NOT CONSENT** for Inclusion Outreach, the school or school district to utilize a personal student website to collect, use, and share my child's personal information for purposes consistent with the above.

Parent Signature

Date

**For parents who have court orders describing their parental rights, this form should be signed by a parent who has the right to exercise the student's privacy protection rights.*

5. STUDENT STATUS

Has the student been referred to and/or received services from: <input type="checkbox"/> SET-BC <input type="checkbox"/> Deaf/Blindness Provincial Outreach Program (POPDB) <input type="checkbox"/> Autism & Related Disorders Provincial Outreach Program (POPARD) <input type="checkbox"/> Other
Has the student been identified as having a sensory disorder? <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Other
Please provide us with any information on the student's current health status (e.g. seizure activity, time medication, special rest periods, gastrostomy tube, level of care):
What is the student's current level of communication?
What mobility aids does the student utilize?

6. DISTRICT SUPPORT SERVICES

Occupational Therapist	Phone	Email
Physiotherapist	Phone	Email
Speech Language Pathologist	Phone	Email
Teacher of the Deaf and Hard of Hearing	Phone	Email
Teacher of the Visually Impaired	Phone	Email
Other	Phone	Email

Questions you would like answered and specific problems or areas of concern your team members may have: