

Referral Update Form



*For students who have moved to a new school within BC

Please fax Inclusion Outreach or email completed form to: mstark@sd61.bc.ca

1031 Lucas Avenue

Victoria, BC V8X 5L2

Tel 250-595-2088

Fax 250-592-5976

www.inclusionoutreach.ca

1. STUDENT INFORMATION

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

2. SCHOOL INFORMATION

Case Manager:	Email:
School:	Address:
Telephone:	Grade:
Teacher – Name and Email:	School District:
Principal – Name and Email:	Educational Assistant – Name and Email:
District Administrator – Name:	District Partner – Name and Email:
Principal 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. PARENT/GUARDIAN CONSENT TO STUDENT WEBSITES

With your consent a password protected personal website will be developed for your child as a repository for information relevant to your child's education.

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 our website at www.inclusionoutreach.ca. 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, birth date 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 Inclusion Outreach Program Coordinator.

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 CONTINUE TO GIVE MY CONSENT for Inclusion Outreach and the school 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.

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/Guardian Name: _____ Parent/Guardian Signature: _____

Phone Number: _____ Email: _____ Date: _____

You may withdraw your consent at any time by contacting Inclusion Outreach or your child's school.

Personal information contained in this form is collected under s. 26 of the *Freedom of Information and Protection of Privacy Act* for the purpose of providing specialist consultant services by Inclusion Outreach. If you have any questions about the collection and use of this information please contact Inclusion Outreach at 1031 Lucas Avenue, Victoria, BC V8X 5L2 or call 250-595-2088

4. 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

5. 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