



# District Alternative Programs Referral Form For the 2021-2022 School Year

School District #39. 1580 West Broadway Vancouver, BC. V6J 5K8

## Student Information:

Application Date: \_\_\_\_\_

Student Legal Name (First and Last): \_\_\_\_\_ Preferred Name (if different): \_\_\_\_\_ Pronoun(s): \_\_\_\_\_

Pupil #: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Date of Birth (dd/mm/yyyy): \_\_\_\_\_

Ministry Designation(s): \_\_\_\_\_ ELL:  No  Yes - Years of ELL Service \_\_\_\_ Indigenous:  No  Yes

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Is student in support of referral?  No  Yes Is parent/guardian in support of referral?  No  Yes

## Parent(s)/Guardian(s) Information:

1) Name: \_\_\_\_\_ Relationship to Youth: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship to Youth: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Language Spoken at Home: \_\_\_\_\_ Preferred Program Start Date: \_\_\_\_\_

Current School/Program: \_\_\_\_\_ Catchment School (if different): \_\_\_\_\_

Referring Staff Member: \_\_\_\_\_ Role: \_\_\_\_\_ Ext: \_\_\_\_\_

**Check box(es) for program(s) of interest :** (Refer to the program links below or contact programs directly for more information.)

### [VSB Student Supports Alternative and Alternate Programs](#)

#### Junior District Alternative Programs

- [Foundation](#) (Gr. 8-10)
- [Streetfront](#) (Gr. 8-10)
- [Sunrise](#) (Gr. 8-9)
- [Tupper Alternative](#) (Gr. 8-9)
- [Vinery](#) (Gr. 8-9)
- [West](#) (Gr. 9-10)

#### Senior District Alternative Programs

- [Heron's Nest for Young Parents](#) (Gr. 8-12)
- [Outreach](#) (Gr. 10-12)
- [Spectrum](#) (Gr. 10-12)
- [Take A Hike](#) (Gr. 10-12)
- [Total Education](#) (Gr. 10-12)
- [Tupper Nova](#) (Gr. 10-12)

\_\_\_ [Unsure](#) – Student needs a smaller, more supportive, learning environment

**Vancouver Inter-Agency Programs – For reference only.** Referrals for these programs must be submitted through a current Social Worker or Youth Justice Worker.

- [Aries](#) (Gr. 8-10)
- [Cedar Walk](#) (Gr. 10-12)
- [East Vancouver Education Center](#) (Gr. 8-12)
- [Genesis](#) - North, Central, South (Gr. 10-12)

- [Pinnacle](#) (Gr. 10-12)
- [South Vancouver Learning Center](#) (Gr. 8-10)
- [Summit](#) (Gr. 8-12)

**Outside Agency Involvement** (i.e. Social Worker, Counsellor, Therapist, Psychiatrist, Psychologist, etc.):

Title/Position	Name	Phone	Email

**Please Attach a Copy of the Student's** (*Applications will not be considered until all documents are received*):

- Permanent Student Record - *Required*
- Latest Report Card - *Required*
- School Based Team Notes - *Required*
- Pre-Referral Intervention Strategies (PRIS) form - *Required*
- Individualized Education Plan - *if applicable*
- Psycho Educational Assessment - *if applicable*
- Other(s): \_\_\_\_\_

**Will you also be applying for a Special Education program?**

Yes      No      If yes, program(s)

**About This Student:**

This student does well when:

This student needs support with:

Rationale for program preference(s):

Please combine all documents into one file and email application or direct questions to: [alteredreferral@vsb.bc.ca](mailto:alteredreferral@vsb.bc.ca)