

# INCLUSION OUTREACH

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## REFERRAL UPDATE

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### I. STUDENT INFORMATION

**PEN #**

|               |                            |
|---------------|----------------------------|
| Surname:      | Given Name(s):             |
| Birthdate:    | Gender:                    |
| Home Address: |                            |
| Diagnosis:    | Ministry Funding Category: |

### II. SCHOOL INFORMATION

|                                |                                                |               |
|--------------------------------|------------------------------------------------|---------------|
| Key Contact Person & Position: |                                                | <b>Email:</b> |
| Name of School:                | Classroom Placement                            | Phone:        |
| School Address:                |                                                | Fax:          |
| Teacher:                       | Teaching Assistant(s):                         |               |
| Principal:                     | School Hours (e.g., 8:40 – 12:00; 1:00 – 3:00) |               |
| School District Name and No:   |                                                |               |
| Director of Special Education: | District Partner:                              |               |

### III. PARENT/GUARDIAN INFORMATION

|                                                             |                |
|-------------------------------------------------------------|----------------|
| Parent/Guardian Name & Address, Postal Code:                | Phone (Home) : |
| <b>Email:</b>                                               | Phone (Work) : |
| Foster Parent/Associate Family Name & Address, Postal Code: | Phone (Home):  |
| <b>Email:</b>                                               | Phone (Work):  |
| MCF Social Worker Name & Address:                           | Phone:         |
| <b>Email:</b>                                               | Fax:           |

### IV. SIGNATURES

|            |                   |
|------------|-------------------|
| Parent:    | District Partner: |
| Principal: | District Admin:   |

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

