

NOTIFICATION OF CHANGE OF SCHOOLS: STUDENTS REFERRED TO AND/OR RECEIVING SERVICES FROM STUDENT SUPPORT SERVICES

TO BE FILLED OUT BY SENDING SCHOOL

Name of Student: _____ Date of Birth: _____
(Surname) (Given) (YYYY/MM/DD)

School: _____ Grade: _____ Destination School: _____

☐ IEP Updated: _____

☐ StLP Updated: _____

☐ BSP Updated: _____

☐ Safety Plan Updated: _____

Classroom Teacher(s): _____

Case Manager: _____

☐ Referral for Direct Services or Assessment to Student Support Services

School support services utilized	Student Support Services Involvement Past (P); Current (C)
School Based Team _____	Student Support Services Consultant _____
Learning Assistance Teacher _____	Occupational Therapist _____
Remedial Tutor/Educational Assistant _____	Physical Therapist _____
School Counselor _____	School Psychologist _____
Other school-based resources _____	Speech Language Pathologist _____
	Teacher, Hearing Impaired _____
	Teacher, Visually Impaired _____

Specialized Equipment List: (If transferring within the territory, contact the relevant Student Support staff regarding transfer of equipment and materials to the receiving school. If leaving the territory, return equipment and materials to Student Support Services).

(Principal's Signature) (Date)

Copies to: Destination School
Director, Student Support Services

This information is being collected under the authority of the *Education Act* for the purpose of assessing student needs and determining student programming. This information may be shared with other agencies as required to be in establishing related data bases. This information is protected under the *Access to Information and Protection of Privacy Act*. For further information, please direct inquires to the Principal of the school designated on this form or the Director Student Support Services, at 667-8000.