



Community Inclusion Youth Worker Referral Form

School _____ Grade _____ September 2024/25 school year

Students Name _____ DOB _____

Parent/Guardian _____ Phone Number _____

Designation

C (Moderate Intellectual) **K** (Mild Intellectual) **D** (FASD) with low adaptive **G** (Autism) with low adaptive

Most Current Assessment Date _____

CLBC Eligible statement in assessment with assessor form **Yes** **No**

Case Coordinator _____

Graduation Track: Dogwood Adult Dogwood Evergreen

Anticipated Graduation Date _____ anticipating a 12+ additional year **Yes** **No**

Do they have social service supports set up? CYSN Social Worker Navigator CLBC Facilitator
Other

District or School Supports _____

Does the student identify as an Indigenous person (that is, First Nations, Métis, or Inuit)? **Yes** **No**

Living on Reservation Off Reservation

Your Name _____ Date _____

