



# Community Inclusion Youth Worker Referral Form

School \_\_\_\_\_ Grade \_\_\_\_\_ September 2022/23 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 \_\_\_\_\_

