



RAAFT Assessment – Assessor/District Document Nanaimo Ladysmith Public Schools

Do not place in student’s general or designation file

Name of Student _____ Pupil # _____ D.O.B. _____

Student’s School _____ School Phone _____

Grade _____ Gender _____ Date _____ Time _____

Parent(s) has been contacted

Parent/Guardian (Mother) _____ Home Phone _____ Cell/Work _____

Parent/Guardian (Father) _____ Home Phone _____ Cell/Work _____

Upon Completion of RAAFT Assessment (indicate assessment below)

MILD RISK MODERATE RISK HIGH / IMMINENT RISK

Description:

Signatures

Form and assessment completed by _____ Date _____

Signature _____ Role _____

Consulted with _____ Date _____

Principal’s Name _____ Date _____

Principal’s Signature _____

To Do:

- 1) **Email a clear copy of the form to learningservices@sd68.bc.ca with subject line "Confidential".**
- 2) **Original form is to be stored confidentially/securely by the individual doing the assessment for a period of no less than one year from the date of completion.**

The information on this form is collected under the authority of the School Act, Sections 13 and 79. The information provided will be used for educational program purposes and, when required, may be provided to health services, social services or other support services as outlined in Section 79(2) of the School Act. If you have any questions about the collection and use of this information, please contact the principal of your school or the Information and Privacy Officer, Nanaimo Ladysmith Public Schools, 395 Wakesiah Avenue, Nanaimo, BC V9R 3K6.

Telephone 250 754-5521