



# RAAFT Assessment – Assessor/District Document Nanaimo Ladysmith Public Schools

**Do not place in student’s general or designation file**

Name of Student \_\_\_\_\_ MyEd # \_\_\_\_\_ 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 \_\_\_\_\_

### Sent to:

- 1) **Copy to Manager**  c/o DAC – HR – in a sealed envelope marked “Confidential”  
    **Senior HR Manager – Mental Wellness**
- 2) **Original for Assessor**  stored confidentially and securely for a period of no less than one year from date of completion by the individual conducting the assessment