**ENTERPRISE CENTRE REFERRAL**

Please indicate where this student will be attending:

On Site – at the Enterprise Centre

Satellite – remotely at home school

*Date:* Click or tap to enter a date.

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| **STUDENT INFORMATION** | | | | | | | | |
| **Student Full Name**: | | | | | | | | |
| **Date of Birth**: Select Month Select Day, Select Year | | | | **Student Number**: | | | | |
| **Student Address**: | | | | | | | | |
| **Student Email Address**: | | | | **Student Phone Number**: | | | | |
| **School**: | | | | **Referring Administrator**: | | | | |
| **Parent(s) / Guardian(s)**: | | | | | | | | |
| **Address**: | | | | | | | | |
| **Phone** (Home): | | | (Work): | | | (Cell): | | |
| **Is this student currently living at home?** Yes No | | | | | | | | |
| **Is this student currently attending classes?**  Yes  No | | | | **ELPA Status**:  Pass  Incomplete  Exempt | | | | |
| **AREA(S) OF CONCERN:** | | | | | | | | |
| Academic | Social | Emotional Health | | | Behaviour | | Attendance | Physical Health |
| **Please elaborate on area(s) of concern**:  Do the student’s parent(s)/guardian(s) share your concerns? Yes  No | | | | | | | | |
| **CURRENT SUPPORT** | | | | | | | | |
| **Please indicate a contact name for each checked item** | | | | | | | | |
| Child and Youth Team Name:  EST-Guidance Name:  SIW  SLP Name: | | | | EST-Resource Name:  APSEA Name:  Educational Assistant  District Lead Name: | | | | |
| **Other services/agencies involved with student (Please indicate a contact name for each checked item):** | | | | | | | | |
| OT Name:  PT Name:  Medical Doctor Name:  Mental Health Name: | | | | Addictions Name:  Social Development Name:  Transition Housing Location:  Public Safety Name: | | | | |
| Other: | | | | | | | | |
| **EDUCATION PLAN** | | | | | | | | |
| **Academic List:** | | | | **Behaviour:** | | | | |
| PLP  Acc Adj Ind | | | | PLP-IBSP BSAP  Other (VTRA, Suicide Intervention Plan) | | | | |

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| Please email this form to:   * **Kendra Broad** – ESS Subject Coordinator[kendra.broad@nbed.nb.ca](mailto:kendra.broad@nbed.nb.ca) * *CC* the following:   **Iona Brown** – Alternative Education Lead [iona.brown@nbed.nb.ca](mailto:iona.brown@nbed.nb.ca)  **Peter Hobbs** – The Enterprise Center [peter.hobbs@nbed.nb.ca](mailto:peter.hobbs@nbed.nb.ca)  **Please check: (Ensure that all pertinent documentation related to this referral has been uploaded to the student’s electronic file.)** |