**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**:  |
| **Student Preferred Pronouns: (Ex. he/him, she/her, they/them):** |
| **Date of Birth**: Select Month Select Day, Select Year | **Student Number**:  |
| **Student Address**:  |
| **Student Email**:  | **Student Phone Number**:  |
| **School**:  | **Referring ESST member**:  |
| **Parent(s) / Guardian(s)**:  |
| **Address**: |
| **Phone** (Home):  | (Work): | (Cell): |
| **Is this student currently living at home?** [ ] Yes [ ] No**Does this student have a computer and internet access at home?** ☐Yes ☐No |
| **Is this student currently attending classes?** [ ]  Yes [ ]  NoIf no, please provide last date of attendance:  | **ELPA Status**: [ ]  Pass [ ]  Incomplete [ ]  Exempt |
| **AREA(S) OF CONCERN:** |
| [ ]  Academic | [ ] Social | [ ] Emotional Health | [ ] Behaviour | [ ]  Attendance | [ ] Physical Health |
| Please provide a **detailed** description of the area(s) of concern and interventions implemented to date:Are the parent(s)/guardian(s) aware of the referral? [ ] Yes [ ]  No Do the student’s parent(s)/guardian(s) share your concerns? [ ] Yes [ ]  No |
| **CURRENT SUPPORT****All pertinent documentation related to this referral has been uploaded to the student’s electronic folder** [ ] Yes [ ] No |
| **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 Support 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** |
| **Academics:** | **Behaviour:** |
| [ ]  PLP-ACC [ ] PLP-ADJ [ ] PLP-IND | [ ]  PLP-IBSP [ ] BSAP [ ]  Other (VTRA, Suicide Intervention Plan) |

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| Please email this form to:* **Iona Brown** – Alternative Programs Coordinatoriona.brown@nbed.nb.ca
* *CC* the following:

**Erin Gibbs – Enterprise EST-Guidance** erin.gibbs@nbed.nb.ca |