



CHILD & YOUTH SERVICES REFERRAL FORM

Student's Surname	First Name	Trillium Student Number
		Date

DAY	MONTH	YEAR		ETOBICOKE YEAR ROUND ALT CENTRE	10	ALL TEACHERS
Date of Birth			Sex	School	Grade/ Class	Teacher

Home Address	Postal Code	Home Phone Number

Mother/Guardian	Bus Phone	Legal Guardianship

Father/Guardian	Bus Phone	With whom does the student reside?

<input type="checkbox"/>	Number of Days Absent	<input type="checkbox"/>	Letter Sent Home?	<input type="checkbox"/>	Parent Contacted?
Attendance Pattern				# of Schools Attended	# of Secondary Credits Granted

THE REFERRAL TO BE DISCUSSED WITH THE SERVICE PROVIDER AND THE PARENTS/ GUARDIANS (OR STUDENT WHO IS OF THE AGE OF CONSENT*) BEFORE THE REFERRAL WILL BE PROCESSED.

(* STUDENTS 16 AND OLDER CAN CONSENT. Exceptions for STUDENTS 14 TO 16 may be made in special circumstances – PLEASE CHECK WITH THE CHIEF OF CHILD AND YOUTH SERVICES.)

DAY	MONTH	YEAR
Discussed with Service Provider		

DAY	MONTH	YEAR
Discussed with Parent(s)/Guardian(s) or Student (as applicable)		

Reason for Referral		
<input type="checkbox"/> Individual Counselling	<input type="checkbox"/> Life Skills/Social Skills	<input type="checkbox"/> NDT (Non-Discretionary Transfer)
<input type="checkbox"/> Group Counselling	<input type="checkbox"/> Emotional/Social Wellbeing	<input type="checkbox"/> Other _____
Other TDSB Services Currently Or Previously Involved. Please specify: (Professional Support Services, Special Education, Guidance, etc.)		

To the parent/guardian and student:

Please sign this referral form as an indication of your permission to make this referral. The professional who will provide the service will contact you to discuss this referral, and he or she will describe the services that will be offered to the student and obtain your informed consent.

Signature of Parent, Guardian or Student as applicable

Signature of Principal

Personal information contained on this form or personal information collected on behalf of the Toronto District School Board regarding assessment and assistance of the student as indicated above, is collected under the legal authority of the Education Act, RSO 1990, Chapter E.2 as amended and in compliance with sections 14, 31 and 32 of the Municipal Freedom of Information and Protection of Privacy Act, 1989 and will be used for the purpose of providing professional consultation and advice.

Original – CYC

1 Copy – Parent(s)/Guardian(s) or Student

1 Copy - OSR