

Settlement Workers In Schools Program

School Staff Referral Form

Student/Family Information

Student's name: _____

Parent's name: _____

Contact number: _____

E-mail: _____

Country of Origin: _____

First Language: _____

Grade: _____

Age: _____

First time in Canada: Yes No

Interpreter needed for meetings: Yes No

Specific areas of support needed? _____

School Information

Referring School: _____

School staff making referral and contact: _____

Date referred: _____

Email to: Fleeha Ahmad at RVimmigrantservices@ccis-calgary.ab.ca