



Settlement Workers In Schools (SWIS) 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: _____

Length of time in Canada: _____

Interpreter needed for meetings: Yes No

Specific areas of support needed? _____

School Information

Referring School: _____

School staff making referral: _____

School staff contact: _____

Date referred: _____

*Parent has consented to be contacted by SWIS? Yes No

Email to: Amy Paran / Clara Kong swis@kcris.ca

For assistance please call: **778-470-6101 ext. 119**