

Christ the Teacher Catholic Schools

Outside Agency Support Services

Record of School Visit

Name of Student: _____ Date: _____

School: _____

Representative:

Name and Title:

- | | |
|---|-------|
| <input type="checkbox"/> Social Services | _____ |
| <input type="checkbox"/> Public Health | _____ |
| <input type="checkbox"/> Indian Child & Family Services | _____ |
| <input type="checkbox"/> Young Offender Community Program | _____ |
| <input type="checkbox"/> R.C.M.P. | _____ |
| <input type="checkbox"/> Mental Health Services | _____ |
| <input type="checkbox"/> Alcohol & Drug Services | _____ |
| <input type="checkbox"/> Other | _____ |

Purpose of Visit: _____

Signature: _____

Consultation With:

- | | |
|--|---|
| <input type="checkbox"/> Principal | <input type="checkbox"/> Community School Coordinator/Liaison |
| <input type="checkbox"/> Vice-Principal | <input type="checkbox"/> Classroom Teacher |
| <input type="checkbox"/> Coordinator of Student Services | <input type="checkbox"/> Parent/Guardian |
| <input type="checkbox"/> Student Support Teacher | <input type="checkbox"/> Student |
| <input type="checkbox"/> School Counsellor | <input type="checkbox"/> Religion Liaison/Coordinator |
| <input type="checkbox"/> Other | |

General Comments:

Principal's Signature _____