



## 2.4 Partial Day Program for Students

At times, partial day programs are created to accommodate a student's specific need. Refer to [AP 3111 - Exclusion of a Student/Partial Day Programming](#) for more information. *This form is not intended to document suspensions.*

*(This form is to be filled out when a student is placed on a partial day program for more than one week)*

Student's Name:	_____	School:	_____
DOB:	_____	Grade:	_____
Gender:	_____	Designation:	_____
Aboriginal:	Yes	No	
Date of External SBT Meeting to discuss Partial Day Program:	_____		
Date Partial Day Program started:	_____		
FBA/BIP Required:	Yes	No	Service Plan/IEP: _____
Regular review dates for this plan (minimum once every two weeks):			
_____			

Schedule for School Attendance:
Reason for Partial Day Program:
Names of Staff Consulted: _____
Date of Parent/Guardian Consultation: _____
Intervention Plan:
Plan for Increased Attendance and Date: <i>(Include strategies/interventions in place and person responsible for implementation)</i>

\_\_\_\_\_  
*Principal's Signature*

Copies to: \*Assistant Superintendent, Inclusive Education      \*Student File