



## 2.4 Temporary Partial Day Program for Students - Request Form

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 being considered for placement on a partial day program for five or more days)

<b>Student's Name:</b> _____ <b>Indigenous</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Child/Youth in Care :</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Date of SBT Meeting to discuss Student:</b> _____ <b>District Based Team Referral Date:</b> _____ <b>Date Partial Day Program to Start:</b> _____ <b>FBA/BIP In Place:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No _____ <b>Regular review dates for this plan (minimum once every two weeks):</b> _____	<b>School:</b> _____ <b>Grade:</b> _____ <b>Ministry Designation:</b> _____
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<b>Reasons for Partial Day Program:</b> _____ _____ <b>Schedule for School Attendance:</b> _____ _____ <b>School Plan: For increased connection (PBIS plan/ Care Plan- Described)</b> _____ <b>Plan for Increased Attendance and Date:</b> <i>(Include strategies/interventions in place and person responsible for implementation)</i> _____ <b>Date of Parent/Guardian Consultation:</b> _____
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\_\_\_\_\_  
Date: \_\_\_\_\_

Principal Signature

District Based Team Review Date: \_\_\_\_\_

District Principal/Assistant Superintendent Review Date: \_\_\_\_\_

Partial Day Approved Yes ☐ No ☐ Signed: \_\_\_\_\_

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

