



34 East 12th Avenue, Vancouver, BC V5T 2G5
 Phone: 604-873-4525
 Fax: 604-873-2122
 Email: info@bigsisters.bc.ca

Study Buddy Program Referral Form

The information provided will be maintained as confidential and secure record. Please note that it is your responsibility to let us know any changes in address and phone numbers.

All of the following must be met to become a Study Buddy Little Sister:

- Little Sister must be between 7 and 17 years old
- Little Sister must need academic support
- Little Sister cannot have access to tutoring through other agencies due to financial reasons

Please indicate the type of referral:

- Family School Community Other _____

Contact Information

Child's First Name	Last Name	Date of Birth	Age
Address		City	Postal Code
Home Phone	Parent Cell Phone	Child Cell Phone	
Parent Email	Child Email	CareCard Number	
First language of child and parent/ guardian		Parent/ Guardian's ability to communicate in English <input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No	
Mother's Name	Child Resides with Mother? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mother's Address	Occupation/ Place of Employment		
Work TEL	Is it okay to call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Father's Name	Child Resides with Father? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Father's Address	Occupation/ Place of Employment		
Work TEL	Is it okay to call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Guardian Information (If different from the above)

Guardian's Name	Guardian's Relation to Child
Guardian Address	
Home Phone	Cell or Work TEL

School Information

Child School	Grade
Teacher / Counsellor	Phone Number

Referring Worker (if applicable)

Name	Position
Agency	TEL
Address	Email
Type of Agency <input type="checkbox"/> MCFD <input type="checkbox"/> School <input type="checkbox"/> Aboriginal <input type="checkbox"/> Mental Health <input type="checkbox"/> Other _____	

Please check any family concerns that have affected the child:

- | | |
|--|---|
| <input type="checkbox"/> Divorce/separation | <input type="checkbox"/> Illness (<i>please specify</i>) |
| <input type="checkbox"/> School problems | <input type="checkbox"/> child _____ |
| <input type="checkbox"/> Academic problems | <input type="checkbox"/> family member _____ |
| <input type="checkbox"/> Problems with friends | <input type="checkbox"/> Death of a family member |
| <input type="checkbox"/> Child and/or family has moved frequently | <input type="checkbox"/> Fetal Alcohol Syndrome |
| <input type="checkbox"/> Drug/alcohol abuse | <input type="checkbox"/> Attention Deficit Disorder |
| <input type="checkbox"/> By the child | <input type="checkbox"/> Bullying |
| <input type="checkbox"/> Parents/guardians | <input type="checkbox"/> Hyperactive |
| <input type="checkbox"/> Other family member | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Physical abuse | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> of the child | <input type="checkbox"/> Behaviour problems (<i>please specify</i>) _____ |
| <input type="checkbox"/> of a parent | _____ |
| <input type="checkbox"/> of another family member | <input type="checkbox"/> Other Disability _____ |
| <input type="checkbox"/> Sexual abuse | _____ |
| <input type="checkbox"/> of the child | <input type="checkbox"/> Other Concerns _____ |
| <input type="checkbox"/> of a parent | _____ |
| <input type="checkbox"/> of another family member | _____ |
| <input type="checkbox"/> Sexual orientation/confusion | _____ |
| <input type="checkbox"/> Involvement with the police (<i>please specify</i>) | _____ |
| _____ | _____ |
| _____ | _____ |

Why do you feel that this child would benefit from having a Study Buddy tutor? (Attach another page if necessary)

PLEASE NOTE: Study Buddies are community volunteers who agree to spend quality time with a young child. They do not have specialized training to deal with some of the complex issues faced by children. A Caseworker will phone you to determine if the Study Buddy program is appropriate for your child as we are not able to find appropriate matches for all children who apply.

I agree to my child being matched with a volunteer from Big Sisters of BC Lower Mainland. I understand that I will need to participate in mandatory phone and occasional in-person meetings with a Big Sisters' caseworker throughout my child's match:

Signature of Parent/ Guardian _____ Date _____

Signature of Caseworker _____ Date _____

***** Please fill out this form as thoroughly as possible. The information you provide us with is crucial to our finding the best possible Study Buddy for the child. If sections are unknown, a Study Buddy caseworker can review these sections with the Parent/Guardian at the Screening Interview*****