BRITISH COLUMBIA DEAF EDUCATION COMMITTEE (BCDEC)



Date:		
Principal:		
School Name and Address:		
Dear (Principal of School):		
Re (Student's name):		
in February 2021. Upon registration of our the school district complete the attached Stu	en in September 2021 at your school when re child, I/we, as the parents/guardians, will be adent Referral form to the <i>BC Deaf Education</i> Terms of Reference to determine whether or	requesting that n Committee
Provincial Outreach Program: Deaf and Hand of Hearing/specialists and parents form will enable us and our child's preschool	om school districts who work in collaboration and of Hearing (POPDHH), their district teat to initiate and prepare referrals. The signed to provide important information to the BC ely manner, and start the process to determine	scher of the Deaf Student Referral CDEC so that they
according to the criteria listed in the Terms	af (BCSD), students will be reviewed and dee of Reference. Once the BC Deaf Education s eligible to attend BCSD, that decision will b	Committee has
Sincerely,		
Parent(s) / Guardian(s)		
I,(Principa	al), have received this letter on	date.