



BIG BROTHERS BIG SISTERS  
UPPER FRASER VALLEY  
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### Little Brother/ Little Sister Referral

Date: \_\_\_\_\_ Referring Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Agency: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Gender:  Male  Female

Parent/ Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### IDENTIFYING NEEDS AND REASON FOR REFERRAL

Mark all that apply to the child

#### A. FAMILY SITUATION

- Family difficulties  Low income/ poverty  
 Single parent  Other: \_\_\_\_\_

Comments: \_\_\_\_\_

#### B. SOCIAL

- Difficulties relating to adults  Bullied or  Bully  
 Difficulties relating to peers  Social isolation  
 Poor communication skills  Demonstrates anger  
 Low energy  Seeks attention inappropriately  
 Tendency to give up easily  Other: \_\_\_\_\_

Comments: \_\_\_\_\_

#### C. INTERESTS

- Arts/ Crafts  Board games/ Puzzles  Movies, TV  
 Computers  Outdoor activities (hike, bike)  Sports

Other Interests: \_\_\_\_\_

Signature of Referring Person: \_\_\_\_\_