



Halton District School Board Gary Allan High School Student Referral Form

Alternative Programs

Alternative Programs at Gary Allan High School are for students in grades 9 to 12 who may have been unsuccessful in a regular school setting or who require a differentiated schedule for personal reasons. It is the expectation that students are referred from the home school to Gary Allan High School, that the student fit the profile of one or more of the Gary Allan alternative programs and that the alternative setting has been outlined to the parent(s)/guardian(s) and the student.

The student will only be considered for registration if the following information is completed/provided. If this student is considered to be high risk or has a history which includes multiple suspensions, more information may be required. These programs do not have ESL staff to support students who require these services.

Student Information

Student's Full Name: _____
Surname First Name Ontario Education Number

Student's Address: _____
Street Address City Postal Code

Student's Home Tel #: _____ Date of Birth: _____ Age: _____ Male Female
(yyyy/mm/dd)

Student's Cell #: _____ Student's Email: _____

Parent/Guardian Information

Mother: _____ Address: _____

Home Tel #: _____ Work #: _____ Cell #: _____

Email Address: _____

Father: _____ Address: _____

Home Tel # _____ Work #: _____ Cell #: _____

Email Address: _____

Guardian: _____ Address: _____

Home Tel #: _____ Work #: _____ Cell #: _____

Email Address: _____

School Information

Current School Name: _____ Telephone #: _____ Ext: _____

Referred By: _____ Title: _____

Reason for referral:

(Rank or choose what is most critical) Academic Behavioural Personal

Details: _____



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Background Information

IEP: Yes No *If yes, please include a copy* Literacy Test Completed: Yes No

Brief description of IEP Exceptionality: _____

Parent/Guardian has been consulted and supports this referral: Yes No

Student supports the referral: Yes No

Student Pathway (Apprenticeship/College/University/Workplace/Community): _____

Suspension(s): Yes No Details: _____

Expulsion: Yes No Details: _____

Interventions

Support From: Guidance Counsellor Special Education Social Worker P/VP
 Student Success Teacher Family Case Conferencing Health Professionals Co-op

Timetable Accommodations: Course/level changes Part-Time Program Credit Recovery/ILC

Resource Support Results: _____

External Agency Involvement: None Current Within One Year Within Two Years More Than Two Years

Details: _____

Other Comments/Interventions: _____

Program Recommendation(s): Check all that may be appropriate

EXCEL SRLP SCORE PEAK (Burlington)
 SMART STEP TEAM TREX (Burlington)

Please refer to garyallan.ca for more information on programs and student profiles

How will the student benefit by attending GAHS? _____

What are your recommendations concerning the academic program? _____

To have a successful return to the home school, what will the student be able to demonstrate?

Academically: _____

Behaviourally: _____

Personally: _____



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Student Skills Profile:

Topic	Strength	Need	Topic	Strength	Need
Working Independently	<input type="checkbox"/>	<input type="checkbox"/>	Honesty	<input type="checkbox"/>	<input type="checkbox"/>
Homework Completion	<input type="checkbox"/>	<input type="checkbox"/>	Relationship Skills	<input type="checkbox"/>	<input type="checkbox"/>
Team Work/Working with others	<input type="checkbox"/>	<input type="checkbox"/>	Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	Reading Comprehension	<input type="checkbox"/>	<input type="checkbox"/>
Time Management	<input type="checkbox"/>	<input type="checkbox"/>	Written Work	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Communication	<input type="checkbox"/>	<input type="checkbox"/>	Thinking Skills	<input type="checkbox"/>	<input type="checkbox"/>
Conflict Resolution	<input type="checkbox"/>	<input type="checkbox"/>	Initiative	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	Self-Regulation	<input type="checkbox"/>	<input type="checkbox"/>

The greatest barrier(s) to this student achieving success so far has been: _____

Application Checklist

- Referral Form completed in full
- Attendance Print-out
- Credit Counselling Summary submitted
- Current IEP, Safety, or Behaviour plans if applicable
- Program specific application form completed by student/parent(s)/guardian(s)

Please refer to program intake procedures, or contact the following people for more information:

Program Leaders	Telephone Number	Fax Number
Kevin Rogers – SCORE/SMART/STEP/TEAM	905-632-2944 ext. 144	905-637-5390
Jodie Schnurr – EXCEL/PEAK/TREX	905-691-0190	905-637-5390
Nicole Hagley – Site Head Burlington Campus	905-632-2944 ext. 129	905-637-5390
Dan Visentin – Site Head Oakville Campus	905-845-7542	905-845-7892
Jan Burns – Site Head Milton Campus	905-878-1480	905-878-7350
Karen O’Brien – Site Head Halton Hills Campus	905-873-8783	905-873-8830

Signatures

Principal or Vice Principal (please print)

Name of Counsellor or Student Advocate

Signature of Principal or Vice Principal

Date