



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.

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

Attach Registration Verification Form and Index Card

Parent has verified this information is correct

School Information

Current School Name: _____

Reason for referral:

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

Details: _____

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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Gary Allan High School
Student Referral Form**

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

- | | |
|--|---|
| <input type="checkbox"/> SELF RELIANT (18+, upgrading) | <input type="checkbox"/> STEP (16-19) |
| <input type="checkbox"/> SCORE (14-15, fixed intake dates) | <input type="checkbox"/> TREX (Construction, Landscaping) |
| <input type="checkbox"/> EXCEL (employed or work ready,
application & screening required) | <input type="checkbox"/> TEAM (Teen Mother Program) |
| | <input type="checkbox"/> Above program with coop (application required) |
| | <input type="checkbox"/> Cross Registration Possible |

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

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: Please be as specific as possible.

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: _____

Strategies that work with this student: _____



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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

<input type="checkbox"/>	Referral Form completed in full
<input type="checkbox"/>	Attendance Summary, Index Card, and Registration Verification included
<input type="checkbox"/>	Current Credit Counselling Summary
<input type="checkbox"/>	Current IEP
<input type="checkbox"/>	Safety, or Behaviour plans if applicable
<input type="checkbox"/>	Excel Application if Applicable

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

Program Leaders

Tammy McLeod-Casey – SCORE/STEP/TEAM
 Lynn Ohanian – EXCEL
 Jodie Schnurr – Site Head Burlington Campus
 Dan Visentin – Site Head Oakville Campus
 Denise Spring – Site Head Milton Campus
 Denise Besworth – Site Head Halton Hills Campus

Telephone Number

905-632-2944 ext. 144
 905-691-0190
 905-632-2944 ext. 129
 905-845-7542
 905-878-2244
 905-873-8783

Fax Number

905-637-5390
 905-637-5390
 905-637-5390
 905-845-7892
 905-878-7350
 905-873-8830

Signatures

Principal or Vice Principal (please print)

Name of Primary Student Advocate

Signature of Principal or Vice Principal

Date

Phone Contact Information and extension

Phone Contact Information and extension