Delphi Secondary Alternative School 109 Chartland Blvd, Scarborough Ontario (P) 416-396-6919 (F) 416-396-6484 REFERRAL FORM

Please Note:

This referral does not guarantee acceptance into Delphi as we first need to ensure that we can provide a timetable and the resources to support the student's success. The student should continue in attendance at your school until registration and a start date at Delphi school has been confirmed. Please note the referral must be completed by either a vice principal or principal.

Student Name	Date:
Surname First Name	
Date of Birth:	Student #:
Month/Day/Year	D :::
Referral made by:	Position:
School:	Phone /Ext #:
Reason for Referral:	·
COMMITMENT:	
Are the parent(s)/guardian(s) supportive of this application	Yes □ No □
Has the student stated a willingness to attend Delphi and atte	empt change? Yes □ No □
SPECIAL EDUCATION:	
Does this student have an IEP? If yes, please fax a copy of the student's current school year	Yes □ No □ IEP with the referral
SUSPENSIONS:	
Has this student ever been suspended from school and/or fac If yes, please attach a summary of the suspension and/or school	

STUDENT PROFILE:

Academic Profile & Work Habits S=Strength W=Weakn

Behavioural Profile

Interventions

S=Strength W=We	eakn	ess	J					
					Previous/Current School		Previous/Current School	
Criteria	S	W	Criteria	✓	Interventions	✓	Interventions	'
(please check)	√	✓	(please check if the statement		(please check if the		(please check if the	
			applies to this applicant)		intervention applies to this applicant)		intervention applies to this applicant)	
A 44 1			D:			_		
Attendance			Disrespectful of others' rights & property		Guidance		ESL/ESD	[
Punctuality			Bullies others verbally &/or physically		Modified Timetable/Day		Social Work	
Literacy Skills			Is a victim of bullying		IST/SST		CYC/CYW	
Numeracy Skills			Disrupts learning of other students		Coop		Psychiatry	ב
Organizational Skills			Is argumentative/defies or refuses to comply with requests/rules		Attendance Counsellor		Psychology	
Homework Completion			Has anxiety/social emotional challenges		IEP/IPRC			
Cooperation with Staff			Demonstrates problems with self-control		Other Interventions (lis	t)		
Participation in Class			Is disengaged & disinterested in school					
Responsibility			No Significant behavioural		Outside Agencies (list)			
for Actions			issues					
Independent Work								
			nent information that will assist in p			g env	ironment?	
Name of Parei	nt/G	uard	ian Signature Date					
Name of Refe	rring	g vic	e principal or principal Phone # /Ext	•				
			Card attached elling Summary attached	ignat	ure		Date	

Please return to Delphi by fax at 416-396-6484