

STUDENT PROFILE:

**Academic Profile
& Work Habits**

Behavioural Profile

Interventions

S=Strength W=Weakness

Criteria (please check)	S ✓	W ✓	Criteria (please check if the statement applies to this applicant)	✓	Previous/Current School Interventions (please check if the intervention applies to this applicant)	✓	Previous/Current School Interventions (please check if the intervention applies to this applicant)	✓
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	Disrespectful of others' rights & property	<input type="checkbox"/>	Guidance	<input type="checkbox"/>	ESL/ESD	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	Bullies others verbally &/or physically	<input type="checkbox"/>	Modified Timetable/Day	<input type="checkbox"/>	Social Work	<input type="checkbox"/>
Literacy Skills	<input type="checkbox"/>	<input type="checkbox"/>	Is a victim of bullying	<input type="checkbox"/>	IST/SST	<input type="checkbox"/>	CYC/CYW	<input type="checkbox"/>
Numeracy Skills	<input type="checkbox"/>	<input type="checkbox"/>	Disrupts learning of other students	<input type="checkbox"/>	Coop	<input type="checkbox"/>	Psychiatry	<input type="checkbox"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	Is argumentative/defies or refuses to comply with requests/rules	<input type="checkbox"/>	Attendance Counsellor	<input type="checkbox"/>	Psychology	<input type="checkbox"/>
Homework Completion	<input type="checkbox"/>	<input type="checkbox"/>	Has anxiety/social emotional challenges	<input type="checkbox"/>	IEP/IPRC	<input type="checkbox"/>		
Cooperation with Staff	<input type="checkbox"/>	<input type="checkbox"/>	Demonstrates problems with self-control	<input type="checkbox"/>	Other Interventions (list)			
Participation in Class	<input type="checkbox"/>	<input type="checkbox"/>	Is disengaged & disinterested in school	<input type="checkbox"/>				
Responsibility for Actions	<input type="checkbox"/>	<input type="checkbox"/>	No Significant behavioural issues	<input type="checkbox"/>	Outside Agencies (list)			
Independent Work	<input type="checkbox"/>	<input type="checkbox"/>						

Plan for student at the completion of program at Delphi Secondary Alternative School:

Is there any other pertinent information that will assist in providing a successful learning environment?

Name of Parent/Guardian Signature Date

Name of Referring vice principal or principal Phone # /Ext.

_____ Signature _____ Date

_____ Student Index Card attached
 _____ Credit Counselling Summary attached

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