



# Vice Principal's Recommendation Form for L'Amoreaux C.I.



To be filled out by an administrator of the last school the student attended.  
Please bring the form to L'Amoreaux or ask the school to fax the form to 416-396-6753

## STUDENT INFORMATION:

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Number

\_\_\_\_\_  
Birth date

\_\_\_\_\_  
Parent/Guardian Phone Number

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Today's Date

## REFERRAL MADE BY:

\_\_\_\_\_  
Administrator Name

\_\_\_\_\_  
Title/ School / Board

\_\_\_\_\_  
P/VP Phone Number and Extension

\_\_\_\_\_  
P/VP Signature

\_\_\_\_\_  
Today's Date

## PROGRAM NEEDS

Please state the reason for change of school:

\_\_\_\_\_

Please check all that the student has been resourcing and/or needs:

ESL support  Yes  No

Focus on Success  Yes  No

Special Education IPRC  Yes\*  No

Special Education IEP  Yes\*  No

\*If yes, what is the designation?

L.D.  M.I.D  Behavioural  Autism  Other \_\_\_\_\_

## PERFORMANCE

Please check the appropriate boxes

Achievement Concerns  Yes  No

Attendance Concerns  Yes  No

Behavioural Concerns  Yes  No

Suspensions  Yes\*  No

Expulsion  Yes\*  No

\*If yes, please provide details \_\_\_\_\_

## FURTHER COMMENTS

We welcome any comments on this student's learning profile and what supports and strategies would help the student to achieve success. \_\_\_\_\_

\_\_\_\_\_