



Scarborough Centre for Alternative Studies (SCAS)

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EDVANCE REFERRAL FORM

STUDENT INFORMATION:

Student Name: _____ Date of Birth: _____

Address: _____

Home Phone Number: _____ Cell: _____

PREVIOUS SCHOOL INFORMATION:

School Name: _____

Vice-Principal's Name: _____ Signature: _____

Phone Number: _____ Extension: _____ Today's Date: _____

Can this student return to your school? Yes No

Learning Profile:

Please provide anecdotal comments on this student's learning profile (work habits, discipline issues, etc).

Does this student have an IEP? Yes or No.
If yes please indicate _____ Most Recent IEP attached.

Attendance/Punctuality: Attendance Profile attached

Please comment on this student's most recent attendance pattern.

REASONS FOR REFERRAL: (Please check off as many as applicable)

- Student is between 18 and 20 and student is required to have a minimum of 5 credits and must have ENG1P1, ENG1D1, or ESLBO8 and one of MPM1D1, MFM1P1 or MAT1L1.
- Student has 20 + credits and is looking to complete their OSSD or upgrade for post-secondary.
- Student has struggled in a mainstream environment and would benefit from an adult environment because they are capable of succeeding in a fast pace timetable structure requiring maturity and work ethics.
- Student is returning to education after a significant absence from a mainstream school
- Other: **Please elaborate:** (please turn over, if more writing space is required).