



**MONSIGNOR FRASER COLLEGE
TRANSITION TO WORK PROGRAM
SCHOOL REFERRAL**



► Referral Form to be completed by student's Special Education Teacher or Special Education Dept. Head.

<p>Date: _____</p> <p>Name of Referring Person: _____</p> <p>School: _____</p> <p>School Phone #: _____</p> <p>Campus Requested:</p> <p><input type="checkbox"/> Isabella Campus</p> <p><input type="checkbox"/> Midland Campus</p> <p><input type="checkbox"/> Norfinch Campus</p>	<p>Student Name: _____</p> <p>Student D.O.B.: _____</p> <p>Student TCDSB #: _____</p> <p>Home Phone #: _____</p> <p>Cell Phone #: _____</p> <p>Main Intersection of Residence: _____</p> <p>Present identification: _____</p> <p>Level of Support: (check all that apply)</p> <p><input type="checkbox"/> Outside Agencies</p> <p><input type="checkbox"/> CYW</p> <p><input type="checkbox"/> EA (Level of Support Required: _____)</p> <p><input type="checkbox"/> SIP</p> <p><input type="checkbox"/> SEA EQUIPMENT</p>
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Please attach all of the following documents to support the processing of this application:

- Current Copy of IEP
- Credit counselling summary/ or most recent transcript
- Copy of Assessment(s)

Monsignor Fraser College Program Locations and Contact Information:

Campus:	Program:	Phone Number:	Fax Number:
Isabella Campus (Sherbourne & Bloor)	18-20, Over 21	416-393-5533	416-393-5912
Midland Campus (Midland and Finch)	18-20, Over 21	416-393-5532	416-397-6309
Norfinch Campus (Finch and Hwy 400)	18-20	416-393-5558	416-393-5542

Student History and Profile:

1. How many credits does the student have to date? _____

2. In what courses and what levels is the student currently registered?

3. Is the student able to use the TTC on his/her own? Yes No

4. Please List:

Educational/Vocational Institutions attended beginning with the most recent:
Most recent school attended: _____ **Last day attended:** _____

Name of Institution:	Dates Attended
_____	20__ to 20__
_____	20__ to 20__
_____	20__ to 20__

5. Has the student ever attended a Section 23 Program? Please elaborate:

6. a) Has this candidate ever been Suspended from your school? Yes No

Number of Suspensions: _____

Reason for Suspension(s):

If yes, did the student complete a “Progressive Discipline” program?

Name of Program: _____

b) Has this candidate ever been expelled? Yes No

If yes, did the student complete an “Expulsion Program”?

Name of Program: _____

7. Are there any medical concerns or conditions that we need to be aware of? Please explain.

8. Are there any social/emotional/behavioural concerns we need to be made aware of?
Please explain.

9. Are you aware if this candidate has been, or is currently receiving service from any agencies?

Yes No

Agency/Institution

Contact

Telephone Number

10. LIVING ARRANGEMENTS (Please check):

Lives with parents _____

Lives with guardian _____

Lives with father _____

Lives alone _____

Lives with mother _____

Lives with other _____

11. WORK HISTORY/Co-operative Education Training Stations

PERIOD

EMPLOYER

DUTIES

REASON FOR LEAVING

20__ TO 20__ _____

20__ TO 20__ _____

20__ TO 20__ _____

12: What are some of the student's?

a) APTITUDES AND STRENGTHS

b) WORK INTERESTS

c) GENERAL INTERESTS:

d) IMMEDIATE GOALS:

1. _____

2. _____

e) LONG RANG GOALS:

1. _____

2. _____

13. Why are you referring this student to this program? How do you anticipate this program will be of benefit to the student?

REFERRING SCHOOL/AGENCY: _____

CONTACT NAME/SIGNATURE: _____

POSITION: _____

TELEPHONE NUMBER: _____

PLEASE REMEMBER TO ATTACH SUPPORTING DOCUMENTS WITH SCHOOL REFERRAL.