

Middle Level Transition Program



Application Form

Student's Name _____

Home School _____

Mahone Bay Centre

Note: The school is advised to place a copy of this referral form in the student's confidential record.

Office Use Only

Date Application Received: _____

Application Screening Decisions:

- Student accepted Date: _____
- Further Information required
By whom: _____ Date: _____
- Interview is required before a decision is made Date: _____
- Student not accepted at this time but application will be kept on file

Parent Contact Date: _____

Transition Meeting Date: _____

Notes:

Section A: Student Demographics

First Name: _____

Last Name: _____

Student Number: _____

Date of Birth: _____

Current School: _____

Current Grade: _____

Parent Contact 1

Name: _____

Address: _____

First Contact number: _____

Second Contact number: _____

Parent Contact 2

Name: _____

Address: _____

First Contact number: _____

Second Contact number: _____

Section B: Student Questionnaire

1. Why are you interested in attending the Middle Level Transition Program?

2. What are your strengths and interests? *(This could include, but is not limited to, the subjects that you like most.)*

3. What are your challenges? *(This could include, but is not limited to, the subjects that you like most or find most difficult.)*

4. How do you get along with other people?

5. If you are accepted into the Middle Level Transition program, what changes are you willing to make to help with you success?

Student Signature: _____

Date: _____

Section C: Parent Questionnaire

Name of person(s) completing this section: _____

Relationship to student: _____

1. Why do you support this application to the Middle Level Transition Program?

2. What are the goals for your child?

3. What are your expectations of this program?

4. What do you see as your role in helping help your child to succeed?

Signature: _____

Date: _____

Section C. To be completed by School Official

Name of person(s) completing this section: _____

Date of Program Planning Meeting: _____

Why is this student being referred to the Middle Level Transition Program?

What goals do you have for this student? (*length of stay, interventions, etc.*)

Summary of interventions by Classroom Teacher

Summary of intervention by Resource/Behaviour Support Teacher

School Attendance: ___ Satisfactory ___ Unsatisfactory

Describe briefly ways parents/guardians have been involved with the school in responding to concerns.

Previous Services Provided:

√	Previous Service	Date of Most Recent Service	Report(s) Available (indicate Yes or No)
	Level B Testing		
	Resource Support		
	Speech Language therapy		
	Psycho-educational assessment		
	Guidance Counselling		
	Hearing assessment		
	Vision assessment		
	IWK		
	Child Welfare Services		
	Mental Health Services		
	Medical Care (including prescription drugs)		
	Probation Services		
	Addictions		
	Other, please specify		

Summary of other Assessment and/or Achievement Results:

Academic Achievement: Attach most recent report card.

Provincial Literacy Assessment Results: _____

Provincial Math Assessment Results: _____

Person Completing Referral

Date

Sending Principal

Date