



# Middle Level Transition Program Application Form

- Mahone Bay Centre Middle Level Transition Program*
- Gorham Memorial Middle Level Transition Program*

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Student's Name

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Sending School

# South Shore Alternate Schools

Students who attend the South Shore Alternate Schools must be committed to doing things differently. It can be thought of as a new beginning. Alternate education works only for those who have a desire to make changes and can demonstrate their willingness to follow through.

Read the statements below. These are the reasons why you should consider alternate education and what to expect if you are accepted.

Reasons to consider alternate education:

- You find working in a small group setting more to your style of learning
- You prefer more one-on-one help than you are presently receiving
- You are motivated to continue your education in a new environment
- You are ready to take more responsibility for your education and future.

What you must be able to commit to:

- Attending school every day
- Using class time wisely
- Making positive changes, academically and socially
- Participate positively in all aspects of school life (i.e. trips, projects, special programs)
- Taking responsibility for your education and your goals while leaving others to pursue their own without your interference.

# Middle Level Transition Program - Admissions Procedure -

## 1. Application

To be completed by student, parent/guardian and referring school or agency personnel. Application to be sent to:

Glen Matthews  
Principal, South Shore Alternate Schools  
Gorham Memorial Education Centre  
20 Payzant Street  
Liverpool, B0T 1K0  
Phone 354-7630  
Fax: 354-7631

## 2. Review of Application

Application will be reviewed by screening committee:

1. Student Development Coordinator – Middle Level
2. MLTP staff

## 3. Screening Process

- a. Academic Screening  
Students who can be accommodated through the regular school program will not be eligible for admission (i.e., high needs placement and IPP students).

### Basic Skills Testing

- Basic writing sample (Mathematics and Reading)

- b. Interview by committee (student and parent/guardian/sponsor)
  - Student Development Coordinator – Middle Level
  - Program Teacher/Counsellor
  - South Shore Regional School Board Psychologist
  - Outside Agency/educational personal
  - Community representative

- c. Check background information

## To Be Completed By Student

Student Information		Academic year	
		Address	
Surname		Community	
		Line 1	
Given Names		Line 2	
		Postal Code	
Date of Birth		Province	
m/d/y			
Gender		Phone	
Parent/Guardian 1		Parent/Guardian 2	
First Name		First Name	
Last Name		Last Name	
Relationship		Relationship	
Address		Address	
City		City	
Province		Province	
Postal Code		Postal Code	
Home Phone		Home Phone	
Work/cell		Work/cell	
Medical			
Health Card #		Doctor's Name	
Card Expiry date		Doctor Phone	
		Emergency Contact	
Medical Conditions & Medications		Emergency #	

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

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Strengths and Interests:

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Student Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

### To Be Completed By Parent or Guardian or Sponsor

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Or Guardian/Sponsor Name: \_\_\_\_\_

Briefly state your concerns and why you think your son/daughter/youth would benefit from a Transition program setting.

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## To Be Completed By School Official

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Briefly State Your Concern(s):

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### ***SCHOOL HISTORY***

<b>Name of School</b>	<b>Grades</b>	<b>Grade(s) Repeated</b>

School Attendance: \_\_\_\_ Satisfactory \_\_\_\_ Unsatisfactory

### **Previous Services Provided:**

<b>√</b>	<b>Previous Service</b>	<b>Date of Most Recent Service</b>	<b>Report(s) Available (indicate Yes or No)</b>
	Resource assessment		
	Resource assistance		
	Speech Language therapy		
	Psycho-educational assessment		
	Counselling/behaviour program		
	Hearing assessment		
	Vision assessment		
	IWK		
	Family and Children Services		
	Mental Health Services		
	Medical Care (including prescription drugs)		
	Probation Services		
	Drug Dependency		
	Other, please specify		

**Current Academic Achievement:**

Based on the following:

- \_\_\_ classroom teacher rating
- \_\_\_ Brigance
- \_\_\_ Other (specify)

<b>Word recognition</b>	___ at grade level	___ below grade level	___ above grade level
<b>Reading comprehension</b>	___ at grade level	___ below grade level	___ above grade level
<b>Spelling</b>	___ at grade level	___ below grade level	___ above grade level
<b>Written expression</b>	___ at grade level	___ below grade level	___ above grade level
<b>Mathematics</b>	___ at grade level	___ below grade level	___ above grade level

Other Assessment/Achievement Results:

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Intervention by Classroom Teacher:

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Intervention by Resource Teacher:

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In what ways have the parents been involved with the school in responding to the concerns described earlier? Describe.

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\_\_\_\_\_  
Person Completing Referral

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sending Principal

\_\_\_\_\_  
Date

**A POSITIVE BEHAVIOUR SUPPORT PLAN MUST BE ATTACHED TO THIS FORM BY THE SCHOOL IN ORDER FOR THIS APPLICATION TO BE CONSIDERED.**

- \* School is advised to retain a copy of this referral for school and student record.
- \* Please attach copy of transcript for Junior High.

**Middle Level Transition Program – Office Use Only**

Date Application Received: \_\_\_\_\_

Telephone Contact with Applicant: \_\_\_\_\_

Interview Date: \_\_\_\_\_ Interview Completed: \_\_\_\_\_

Screening Assessment: \_\_\_\_\_