MARKVILLE STUDENT SUCCESS REFERRAL FORM

Date: _______  Student: ___________________________________  Grade: _______

Referring Teacher: _______________  Course: _______  Period: ___  Rm.: ___

CHECK APPROPRIATE STUDENT SUCCESS TEAM CONTACT

_____ Special Education (900 code) Dean Treasure/Lisa Mathura
_____ E.L.L. (800 code) Hara Avgeropoulos
_____ At Risk (700 code or no code) Heather Wager (Sem. 1 and 2), Vandita Kant (Sem. 2)
_____ Literacy Concerns (which may lead to lack of success on the OSSLT)
    Mark Melnyk, Adrienne Chong

SPECIFIC CONCERNS (check off major area(s) of concern and write any specific comments in the space provided, use the back if needed)

_____ Academic  _____ Attendance  _____ Literacy  _____ Social/Emotional
_____ Behavioural  _____ Other: ___________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Teacher Signature: ______________________________________________________

-----------------------------------------------------------------------------
(Student Success Team Member fills out bottom portion)

Referral Forwarded to: ___________________________________  Date: __________

(name of Student Success Teacher)

RECOMMENDATIONS (a copy to be given to the referring classroom teacher)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Plan for Follow-up: _____ by the Student Success Teacher on an ongoing basis
                     _____ follow up as requested by subject teacher

Signature of Student Success Teacher: ______________________________________