



Grade 8 – 9 Collegiate Transition

Form to be completed by School Team
(Teacher, EAL Teacher, Resource Teacher & Administrator)
Include Counsellor if involved

Date: _____

Student ID #:	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unspecified	DOB: (mm/dd/yyyy)
Name:	Elementary School:	
Intensive Support Student: <input type="checkbox"/> Yes <input type="checkbox"/> No Intensive Support Category: _____ Assistive Technology transitioning with student: <input type="checkbox"/> Yes <input type="checkbox"/> No IIP: <input type="checkbox"/> Yes <input type="checkbox"/> No PBIS: <input type="checkbox"/> Yes <input type="checkbox"/> No Safety Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No Learning Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No		

RECOMMENDATION(S)

Recommended Referral for Support

- Secondary Counsellor Resource Literacy Support Math Support Other _____
 Recommended Elementary Contact Person _____

Parental/Guardian supportive of recommendations Yes No

Recommended Referral for EAL Support

Recommended support: Direct Instruction EAL Tutorial Both
 EAL Benchmark: Reading _____ Writing _____ Speaking _____ Listening _____

Recommendation Declined

Recommended Program

- Functional Life Skills (FLS) Alternative Education Work Study (AEWS) Autism Asperger's Resource Room (AARR)
Separate transition referral form available through Special Education Branch

Recommendation Declined

Elementary Interventions and Programming (if applicable, specify)

- | | |
|--|--|
| <input type="checkbox"/> School-based Resource Program _____ | <input type="checkbox"/> Elementary Counsellor _____ |
| <input type="checkbox"/> LLI _____ | <input type="checkbox"/> Special Program _____ |
| <input type="checkbox"/> Roadways Lite _____ | <input type="checkbox"/> Jordan's Principle _____ |
| <input type="checkbox"/> Roadways to Reading _____ | <input type="checkbox"/> Outside Agency _____ |
| <input type="checkbox"/> Adjusted Programming _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> HI/VI Resource _____ | |

TESTING RESULTS

Secondary Team please refer to the CUM folder and/or resource file for the following information:

- Achievement scores (i.e.: Kaufman)
- Insight & CAT/4
- Fountas and Pinnell: Level _____ (if available) Grade Equivalent _____
- SPS Mathematics Quick Screeners
- Psycho-educational Assessment Completed Date: _____
- NO assessment results available

_____	_____
Elementary Principal Signature	Date

****Please print a copy of the Student's Term 1 Progress Report and attach****

-----**TEAM FOLLOW UP**-----

ELEMENTARY TEAM (Grade 8 Teacher, Resource Teacher, EAL Teacher if necessary)	SECONDARY TEAM (Counsellors, Resource Teacher(s), EAL Teacher and Administrative Representative)
<ul style="list-style-type: none"> <input type="checkbox"/> Photocopy this form on yellow paper and provide to secondary counsellor when collecting Grade 9 registration forms <input type="checkbox"/> Place in Student Cumulative Folder 	<ul style="list-style-type: none"> <input type="checkbox"/> Secondary counsellor staple form to grade 9 registration form <input type="checkbox"/> Connect with recommended elementary contact person