



Prework Training Program Referral Form

School Board:

School Name:

Student's Family Name: _____ First Name: _____

Permanent Code: _____

Address: _____

Postal Code: _____ Phone number: _____

Date of Birth: ____/____/____ (Student **must** be 15 years of age before Sept. 30th of year of enrollment)
YYYY/MM/DD

Student's Current Academic Profile: Students eligible for the 3-year Prework Training program are currently performing at a Cycle II or Cycle III Elementary level in English Language Arts and Mathematics. Copies of the following **must** be attached to this Referral Form:

IEP

End of Cycle Three Elementary Report Card

Most Recent High School Report Card

Student's Difficulty Code, if any: _____

Has a placement in the Prework Training program been discussed with the student and his/her parents/guardians?

Yes

NO

What are some of this student's interests and strengths?

Please include any potential workplace health and safety concerns to be considered to properly prepare the student for practicum placements beginning in Year 2 of the program:

Referring Teacher, Principal or Professional: _____

Principal's Signature: _____ Date: _____

YYYY/MM/DD