



RE-ENGAGEMENT THROUGH RESILIENCE

**at First Place
2020-2021**

PLEASE MAKE A COPY AND RENAME THIS DOCUMENT PRIOR TO ENTERING DATA

The application is to be completed by the referring school multidisciplinary team. For program information and selection criteria please refer to: **Final First Place Criteria 2020-2021**

Please **email your application as a PDF document** to:

Grade 7-8 students: firstplaceintermediate.applications@ocdsb.ca

Grade 9-10 students: firstplacessecondary.applications@ocdsb.ca

Student Name:					
Date of Application:					
DOB (d/mth/yr)		Grade		Age	
Sending School					
Phone #					
P/VP					
LST					
HR Teacher					

Office Administrator	
School Social Worker	
School Psychologist	
email and password	
OEN#	
OCDSB#	
Medical Diagnoses, Medication, Allergies	
Health Card #	

Mother/ Guardian		Father/ Guardian	
Address		Address	
Contact #(s)		Contact #(s)	
email		email	

Student lives with (include siblings):	
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Attendance History	
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IPRC		IEP		SEA	
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Family and Family History:	
Difficulties at School:	
Behaviours at School:	
Behaviours at Home:	
Social and Self-Concept:	
School Strengths and Competencies:	
Interests:	
List interventions to Date (e.g., SW, Multi-D, YSB, CHEO, Outside Agencies) - include dates:	

School Social Worker Comments	<p>.</p> <p>Social Worker Name:</p>
School Psychologist Comments	<p>Psychologist Name:</p>

Please list any community based supports: social worker, psychologist, psychiatrist, etc. (optional)	<p>Psychologist Name:</p>
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Documentation to Include (where applicable):	<ul style="list-style-type: none"> <input type="checkbox"/> Attendance record <input type="checkbox"/> IPRC <input type="checkbox"/> IEP
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	<ul style="list-style-type: none"><input type="checkbox"/> Most recent report card<input type="checkbox"/> Assessments (e.g., Psychological, Speech and Language, OT...)
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Principal Name: _____

Signature: _____

Date: _____