

FIRST PLACE ALTERNATE PROGRAM APPLICATION

The First Place Program services the Ottawa-Carleton District School Board. It is a program designed for grade 7 and 8 students who are having difficulty attending school. First Place is not a therapeutic program. First Place staff works with the student to primarily assist with:

- closing academic gaps, in accordance with the Ministry of Ontario curriculum
- developing skills and mind-sets so that consistent school attendance becomes a routine
- developing social skills and building positive peer relationships
- developing resiliency skills to face challenges
- building community relationships in the Ottawa area

The program is designed and facilitated by two teachers and one educational assistant. The program includes strategies such as door-to-door transport, a non-rotary classroom, high staff-to-student ratios to help close academic gaps, field trips in the community, guest speakers and workshops, daily physical activity, and stress reduction techniques.

Students are admitted on a one-month trial basis to assess if the program is a good fit.

Documentation to Include (where applicable):

- Attendance record
- IPRC
- IEP
- Most recent report card
- Assessments (e.g., Psychological, Speech and Language, OT...)

FIRST PLACE ALTERNATE PROGRAM APPLICATION

Student Name & Pronouns:	
-------------------------------------	--

Date of Application:	
-----------------------------	--

DOB (d/mth/yr)		Grade		Age	
-----------------------	--	--------------	--	------------	--

Sending School	
Phone #	
P/VP	
LST	
HR Teacher	
Office Administrator	
School Social Worker	
School Psychologist	
Computer Login	
OEN#	
OCDSB#	

Medical Diagnoses, Medication, Allergies	
Health Card #	

FIRST PLACE ALTERNATE PROGRAM APPLICATION

Parent/Guardian 1		Parent/Guardian 2	
Address		Address	
Contact #(s)		Contact #(s)	
email		email	

Student lives with (include siblings):	
---	--

Attendance History	
---------------------------	--

IPRC		IEP w/mods		SEA	
-------------	--	-------------------	--	------------	--

Family and Family History:	
Difficulties at School:	

FIRST PLACE ALTERNATE PROGRAM APPLICATION

School Psychologist Comments (if involved)	 Psychologist Name:
Itinerant Educational Assistant Comments (if involved)	 Itinerant Educational Assistant Name:

Principal Name:

Signature:

Date:
