**Options Referral Process**

***Step One*** (January)– Secondary school resource teachers and department heads/curriculum leaders will select students whom they feel will be good candidates for the Options Program. Guardian/student input will be sought as to whether they wish to make an application to the program.

*\*Application to the Options program does not guarantee acceptance into the program.*

***Step Two*** –***A - (***January)

Resource teacher/department head will complete the school portion of the application. Include a copy of the students most recent IEP, report cards, two most recent co-op evaluations, a resume and myBlueprint profile.

***Step Two* –*B-*** (January)

Student/guardian will complete the portion indicated.

***Step Three*** (January) – Once the application has been completed, it will be given to the appropriate school administrator to review and sign to indicate his/her agreement to the suitability of the student for the Options program.

***Step Four*** (February) – Completed application packages will be sent to the co-coordinator/consultant who will copy the application and distribute it to all members of the selection committee.

***Step Five*** (March/ April) – Consultant/Co-coordinator will schedule a meeting at the student’s school to review the application. The student will participate in an interview with the selection committee members (includes Options teacher, consultants from the SCCDSB, the LKDSB, and representatives from Community Living Chatham-Kent and Community Living Wallaceburg). During the interview, parents/guardians will participate in a parent information session.

***Step Six*** (April)*-* Once a decision has been made regarding all potential candidates, the consultant or co-coordinator of the school board in which each student is registered will mail out a letter of acceptance or refusal. It is recommended that a phone call precede a letter of refusal explaining why the student was deemed unsuitable for the program at that time.

**Note re: Exiting the Program**

* The Options program is intended to be at most a two year program.
* The student is not expected to return to Secondary School.
* Student may secure employment.
* ***Students graduate in June of the calendar year in which they turn 21 years of age.***
* The student may exit the program voluntarily.
* There will be an Annual Review and discussion with the Transition Planning Team.

**Options**

**Mission Statement and Objectives**

**Mission Statement:** To provide students who have an intellectual disability, campus based education, and work training opportunities.

**Objectives:**

1. To provide students with an accessible, dynamic, and supportive learning environment that adapts to their changing requirements for quality lifelong learning experiences.
2. To assist students in successfully developing their knowledge, skills, and values to enhance their quality of life and improve their ability to acquire meaningful employment or pursue additional education.
3. To promote students’ civic involvement through collaborating with community partners and utilizing existing community resources in a mutually beneficial way.
4. To provide opportunities for a natural progression from secondary school to college, employment, volunteering, and life as an adult.
5. To provide an age appropriate setting for socialization and inclusion in campus life and the community.

 **Options Student Referral Form**

(Completed by School Team)

The Secondary School Team\* having considered the Mission and Objectives of the Options program, recommend that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ be considered for admission to the program.

*\*(The Secondary School Team consists of the following members: the Administrator responsible for Special Education in the school, the Special Education Curriculum Leader/Department Head, the Resource teacher and the Coordinator/Consultant for the school.)*

**The following admission criteria have been met:**

* The student has completed four years at the secondary level.
* The student is working towards a Certificate of Achievement, a Certificate of Accomplishment or an Ontario Secondary School Diploma.
* The student has or is planning to participate in the school’s graduation ceremony.
* The student has an intellectual disability (which may be in combination with other disabilities such as a traumatic brain injury, orthopaedic disability or autism).

**It has been determined by the secondary school team that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has demonstrated skills in the following areas:**

* a level of independence that precludes constant support
* academic success
* ability to manage transportation independently (will be required to the College and Co-op placements)
* appropriate social and communication skills
* self-determination skills
* success in appropriate leisure and recreational activities

**The IEP Team has determined that:**

* The student has proven independence in both school and workplace settings.
* The student has successfully completed at least two co-op placements.
* The student is able to use transportation independently.
* The student has identified competitive employment as a goal.
* The student has a good attendance record.

**Application Completion:**

* Student/ Family/ Guardian have completed the student portion
* Resource Teacher/ Curriculum Leader/ Department Head completed the school portion
* Administration reviewed and signed to indicate agreement to the suitability of this candidate

**APPLICATION PACKAGE MUST INCLUDE**

* **Most recent IEP**
* **Two most recent co-op supervisor evaluations**
* **Most recent report card**
* **myBlueprint profile**
* **Resume**
* **Referral Form must be completely checked or discussed with Options Committee**

**Transition Planning**

A critical part of the referral process is discussion relating to transitions into and out of the Options Program.

Referred students need clearly defined goals for entering the program. These goals are evaluated throughout the course of the year. Discussion needs to address specific planning for the student leaving the program. These discussions will be supported by the student’s transition planning team (student/guardian, support agency, school administration, Options teacher, Options committee representation)

* **Annual Review**

The Options Program will hold annual reviews in the spring of the school year. Students are encouraged to invite all members of their transition planning team to attend this meeting. During these meetings the team will discuss the student’s goals, plans for the next year and possible exit from the program.

* **Goal Setting Review**

Discussion and decisions related to student placement in the Options program need to take into account the student’s continuing ability to benefit from the program and progress in achieving their personal goals. Students who are not benefiting from the program, display lack of motivation in their class and/or cooperative placements will meet with the transition planning team. At the meeting the student and transition planning team will discuss whether it is appropriate for the student to remain in the program. If the student is to remain in the Options Program a plan of action will be developed to assist the student in areas of difficulty. A review date will be set by the team.

* **Exiting the Program**

A Student’s exit from the Options Program may occur in any of the following formats:

* Voluntary exit by the student
* Exit based on decisions of the transition planning team
* Student secures employment and decides to leave the program
* June of the year in which the students reach their 21st birthday

*This section to be completed by Student, assisted by Family/ Guardian*

**Student Profile**

Date of Profile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Compiled by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Name Last Name

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Month/Day/Year

Student’s age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Documentation is completed and submitted in support of the application to the Options program. Completion of student profile information does not reflect or guarantee entry to the program.**

# **Parent / Guardian Information**

(Completed by Student/ Family/ Guardian)

## Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal

Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resides With: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1st Emergency**

**Contact**

**Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2nd Emergency**

**Contact**

**Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone: Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Work Skills**

(Completed by school team)

Please rate the student’s skill level in each of the following areas:

**Independent Requires much prompting**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** |

**Motivated Requires incentive**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** |

**Sociable Withdrawn**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** |

**Focused Inattentive**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** |

**Interpersonal Skills**

**Compliant Non-compliant**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** |

**Respects others Argumentative**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** |

**Good problem solving skills Lacks conflict resolution skills**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** |

**Empathetic Lacks empathy**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** |

# Please describe any barrier to employment the school has identified for the student:

#

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Transitions**

When transitions have been made in the past, such as from one school to another, were problems encountered, and if so what were they?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# **Vocational Needs**

(Completed by school team)

## What kinds of employment seem most interesting to the student?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What kinds of employment would the student most dislike?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What are the strengths the student has to help them reach their career goals?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Life Skills**

(Completed by school team)

Are there any behaviour or safety concerns of which the committee needs to be aware?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are there any additional communication needs or assistive devices that the student requires to be successful in a classroom or workplace setting?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Life Skills (continued)**

(Completed by school team)

**What is the student’s primary method of communication?**

□ Verbal □ Pictures □ Augmentative Communication Device

□ Sign Language □ Gestures □ Written Expression

Please rate the student’s skill level in each of the following areas:

**Clothing Care**

|  |  |  |
| --- | --- | --- |
| Independent | Requires some support | Requires Complete support |

**Consumer Skills**

|  |  |  |
| --- | --- | --- |
| Independent | Requires some support | Requires Complete support |

**Meal Preparation and Nutrition**

|  |  |  |
| --- | --- | --- |
| Independent | Requires some support | Requires Complete support |

**Community Awareness**

|  |  |  |
| --- | --- | --- |
| Independent | Requires some support | Requires Complete support |

**Time Management/ Organization**

|  |  |  |
| --- | --- | --- |
| Independent | Requires some support | Requires Complete support |

**Household Management**

|  |  |  |
| --- | --- | --- |
| Independent | Requires some support | Requires Complete support |

**Self-Advocacy**

|  |  |  |
| --- | --- | --- |
| Independent | Requires some support | Requires Complete support |

**Health/ First Aid**

|  |  |  |
| --- | --- | --- |
| Independent | Requires some support | Requires Complete support |

**Hygiene/ Grooming**

|  |  |  |
| --- | --- | --- |
| Independent | Requires some support | Requires Complete support |

**Safety Awareness**

|  |  |  |
| --- | --- | --- |
| Independent | Requires some support | Requires Complete support |

**Please tell us who in the community currently provides support to your child**

Community Living \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact information\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other:** (e.g. Family Service Kent, Blind/ Low Vision Support, Robarts, Mental Health and Addictions …)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency/ Contact info \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency/ Contact info \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency/ Contact info \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency/ Contact info \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **I give permission for information pertaining to academic success, work experience, independence skills and/ or behaviour be forwarded to or received from the following Member Organizations of the Options Committee:**Lambton Kent District School Board – Options representative St. Clair Catholic District School Board – Options representativeCommunity Living Chatham-Kent – Options representative Community Living Wallaceburg – Options representativeSt. Clair College – Options representative  **And:**Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature of Student:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature of Parent or Legal Guardian:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***Student Profile Compiled by:***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian (Please Print) Parent/Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher (Please Print) Teacher Signature

***Student Profile Approved by:***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Leader Name (please print) Program Leader Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator Name (please print) Administrator Signature

**Student’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_