



# U-Turn Referral Form



UTurn KW (P): 885.0800 (F): 885.0123       UTurn Cambridge (P): 622-9041 (F): 740-7362

Program being applied to:  U-Turn (ages 15-18)  U-Turn Connect (Grade 8 & 9)

Please ensure that the **CCS and the Index Card Short Version** are attached, as well as the IEP (if applicable). Referrals will not be considered without these documents. Please check off below:

CCS (Trillium)       Index Card Short Version (Trillium)       IEP (if applicable)

## Part I - Student Data & Contact Information

Date of Referral \_\_\_\_\_ Home School \_\_\_\_\_

Student Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

Student's Current Phone Number (best contact #): \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ Phone number: \_\_\_\_\_

Student resides with: \_\_\_\_\_ Phone number: \_\_\_\_\_

P/VP \_\_\_\_\_ Number and Extension \_\_\_\_\_

Internal school supports: \_\_\_\_\_

External Agency Involvement: \_\_\_\_\_

### OSR Search shows:

Suspensions:  Yes  No

Number and Reasons: \_\_\_\_\_

Threat Risk Assessment:  Yes  No

Assessment rating: \_\_\_\_\_

Psycho-educational Assessment:  Yes  No Date completed: \_\_\_\_\_

Behaviour and/or Safety Plan:  Yes  No

**If yes, please provide the behaviour and/or safety plan**

Diagnosis (if any): \_\_\_\_\_

## Part II – Please check off core motivators for truancy, observable behaviours and/or circumstances impeding the academic success. Please check all that apply.

Learning Difficulties

Bullying/Intimidation

Family Issues

Anxiety

Homelessness (or risk of)

Young Parent/pregnant

Gang Involvement

Trauma

Other: \_\_\_\_\_

Substance Use/Abuse: what \_\_\_\_\_

Mental Health: what \_\_\_\_\_

Social Isolation: why \_\_\_\_\_

Behaviour Issues: what \_\_\_\_\_

Behind in Credits

Lack of Social/Family Support

Contact with Police

**Please indicate the frequency and intensities of behaviours/issues causing truancy.**

Main behaviour/issue causing truancy is \_\_\_\_\_

- Hourly                                       Daily                                       Weekly  
 Moderate                                       Severe                                       Extreme

**Part III – In accordance with the Student Success Framework (2008) please check off the interventions that have been initiated for this student. Please check all that apply:**

- Fast Forward Student     Credit Recovery                       Student Success     Parent Meeting  
 Referred to SBT                       Modified Schedule                       IEP Review                       VP Intervention  
 Supervised Study                       Credit Intervention                       Attendance Councilor/Social Worker  
 Anxiety Protocol  
 Outside Agency Involvement: who \_\_\_\_\_  
 Other \_\_\_\_\_

**Part IV – Successful Interventions/Support**

- Parents ARE willing and active participants of student’s support system     YES     NO
- Please indicate the above interventions that have worked in supporting this student:

Intervention	Ways in which support was successful

**Part V – Re-entry. Please check and fill in ALL information. Incomplete information will delay acceptance.**

- **Re-Entry Date**                       February                                       September
- Name of transition coordinator (this person is expected to be at the exit interview for the student)

Digital Signature \_\_\_\_\_ Number \_\_\_\_\_ EXT. \_\_\_\_\_

**Thank you for completing this referral form in its entirety. Please ensure ALL required documentation is included and faxed to your UTurn location (number at top of p.1). Your Main Contact Person will receive confirmation of acceptance by email.**