



## ACADEMIC PROFILE & WORK HABITS

For each criterion, place a checkmark to indicate the student's level of proficiency. Be sure to provide general comments on the student's academic profile.

Criteria	Rating Scale				
Literacy Skills	<input type="checkbox"/> Below Grade Expectations	<input type="checkbox"/> Level 1	<input type="checkbox"/> Level 2	<input type="checkbox"/> Level 3	<input type="checkbox"/> Level 4
Numeracy Skills	<input type="checkbox"/> Below Grade Expectations	<input type="checkbox"/> Level 1	<input type="checkbox"/> Level 2	<input type="checkbox"/> Level 3	<input type="checkbox"/> Level 4
Organizational Skills	<input type="checkbox"/> Very Weak	<input type="checkbox"/> Weak	<input type="checkbox"/> Grade Appropriate	<input type="checkbox"/> Strong	<input type="checkbox"/> Very Strong
Time Management Skills	<input type="checkbox"/> Very Weak	<input type="checkbox"/> Weak	<input type="checkbox"/> Grade Appropriate	<input type="checkbox"/> Strong	<input type="checkbox"/> Very Strong
Comments:					
<p>Has the student been identified with an exceptionality?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If Yes, what is the nature of the exceptionality and the extent of support required for success in school?</p>					

## SOCIAL / EMOTIONAL PROFILE

Comment on the student's social interactions ...

With Peers	
With Teachers	
In the Community	

## PHYSICAL HEALTH PROFILE

If applicable, comment on the student's physical health.

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## PREVIOUS SUPPORTS

- a) Use a checkmark to indicate the range of supports that have been attempted at the school. Make a general comment on the status and success of these attempts.

School-Based Supports	
<input type="checkbox"/> Student Success Support Team	<input type="checkbox"/> Core Resource
<input type="checkbox"/> Student Services Committee	<input type="checkbox"/> Tutorial
<input type="checkbox"/> Psychology Assessment	<input type="checkbox"/> Credit Recovery
<input type="checkbox"/> Behaviour Resource Support	<input type="checkbox"/> Modified School Day
<input type="checkbox"/> Psychology Support	<input type="checkbox"/> Home Instruction
<input type="checkbox"/> Attendance Counseling	<input type="checkbox"/> Cooperative Education
<input type="checkbox"/> Chaplaincy	<input type="checkbox"/> Other (Specify):
Comments:	

- b) Use a checkmark to indicate the involvement of outside agency support. Make a general comment(s) on the status and success of these referrals.

Outside Agency Involvement		
<input type="checkbox"/> Shaw Clinic	<input type="checkbox"/> Kinark	Comments:
<input type="checkbox"/> Blue Hills	<input type="checkbox"/> York Centre	
<input type="checkbox"/> Probation	<input type="checkbox"/> CAS	
<input type="checkbox"/> Addiction Services	<input type="checkbox"/> Private Counseling	
<input type="checkbox"/> Other (Specify)		

## COMMITMENTS:

Is the student willing to participate in S.A.L.E.P.?  YES  NO

Is the parent supportive of a S.A.L.E.P. placement?  YES  NO

**School representation is required at the S.A.L.E.P. Committee meeting. The school's representative will be:**

\_\_\_\_\_

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date