Achieve Program: School Referral Form

Personal Information

School Board:

This form should be completed by the student's most recent teacher and/or others familiar with their high school program and performance (i.e. - school administrator, guidance counselor, etc.).

Student Name: Last First M.I.

School Name: _____ Grade Level: _____

A: Learner profile of strengths and needs: Functional living skills

Area	Strength	Challenges
Functional Literacy Skills (including Grade Level)		
Functional Numeracy Skills (Including Grade Level)		
Independent Living Skills		
Employability Skills		
Social/Recreation Skills		
Adaptive Aids		
Instructional Strategies		



B: Recommendation for the Achieve program			
Why do you think this student would be a good candidate for	this program?		
C: Parental contact: To be completed for students	under 18		
To be completed for students under 18. The parents of this information on this transition program at the Nova Scotia Corcampus for further information.			
The parents of this recommended candidate were contacted on	t		
	Date		
They were contacted by:	Name		
D: Other information			
Is there any additional information you would like to share abo	out this candidate?		
E: Signature block			
This referral form was completed by:			
Name:	Signature:		
Position:	Date:		
F: Final steps			
This form must be accompanied by the following document Official Transcript of Marks – including Academic IPP's (In P			
☐ Individual Program Plan (IPP) for Social Development or Lif	e Skills		
These forms can be mailed or emailed to the NSCC Admiss	ions Office:		
PO Box 220 Halifax, NS B3J 2M4 documents@nscc.ca			

Tel: 902-491-4911 (Metro Halifax) Tel: 1-866-679-6722 (toll-free) TTY: 902-491-5509 (Metro Halifax) TTY: 1-866-288-7034 (toll-free)

