



The Infinity Program (TIP)

Student Referral

Parent/Legal Guardian/Student Consent for Referral and Enrolment

I, _____, being the parent/legal guardian of _____,
(Name of parent/legal guardian) (Student's name)

support this referral to The Infinity Program, and give consent for enrolment upon approval. I understand that The Infinity Program is an off-campus program that provides alternative learning experiences. I understand that, as part of the referral process, student information held by the referring school will be shared with TIP staff.

(Parent/legal guardian signature) (Date)

I, _____, student of _____ support my referral to The Infinity Program. I understand that this is an off-campus high school program that provides an alternative setting for my learning.

(Student Signature) (Date)

The Infinity Program (TIP) Student Referral

1. Parent/guardian/student consent form for referral signed.
2. TIP referral is to be completed in collaboration with assigned TIP teacher.
3. Referral presented to Student Services Administrator at regular meetings with TIP teachers. Referral will be accepted or denied, all denied applications will have accompanying recommendations for programming.
4. If approved, TIP teachers will initiate a Candidate Referral Conference (CRC) with home school student case manager.
5. Following the CRC, an interview with the student, parent/guardian, and TIP staff will be scheduled by the TIP staff.
6. TIP staff will notify the home school following the interview regarding start date.
7. Referrals for students looking for placement in April/May of a school year must be received by April 1st of that year.
8. Referrals for students looking for placement in September of the following school year are to be received by June 1st of the current year. Should the number of referrals for September exceed the available FTE space, consideration will be given first to those with the highest need, as determined by the TIP staff and Student Services Administrator.

Note: There will be a 4-week trial period to see if this program is a right fit for the student.

Home schools should not consider the student part of the TIP program until written confirmation, including a program start date, has been forwarded to them by TIP staff.

In June, home school meetings will be called to discuss options for students returning to home school if appropriate.

Date of Referral:

Student Information		
Student Name:	M.E.T.#	
Date of Birth:	Age:	
Home High School:	Current Grade:	
Referred by (School/Agency):		
School/Agency Contact:	Phone:	Email:

Parent/Legal Guardian Info Part 1 – Demographic Information	
Parent 1:	<input type="checkbox"/> Student resides with this person
Address:	Phone:
Email:	Cell:
Parent 2:	<input type="checkbox"/> Student resides with this person
Address:	Phone:
Email:	Cell:
Other:	<input type="checkbox"/> Student resides with this person
Relationship (ex. relative, foster parent):	
Address:	Phone:
Email:	Cell:
<input type="checkbox"/> Child in Care:	
Agency:	Social Worker:
Office Phone:	Cell Phone:
Email:	

Briefly outline the concerns that have prompted this referral

Part 2 – Supports and Interventions

Supports in place for this student:

- No supports/interventions required
- School Social Work
- Counselling
- Alternate work setting
- Community/Private Mental Health Counseling
- Child/Youth Support Worker
- Intensive/Clinical interventions
- Course specific differentiation by classroom teacher
- Alternative programming
- Supplementary interventions
- Modified programming
- Re-source
- Justice
- CFS
- Addictions Counselling Services
- No agency involvement

Other (please specify)

Part 3 – Medical Information and Clinical Diagnoses

This student has the following medical conditions/clinical diagnoses/medications

Please bring all documentation and recommendations regarding these conditions/diagnoses to the referral meeting

Part 4 – Student Strengths and Additional Information

Please use the following space to provide any other important information not included in the sections above.

Part 5 – Academic Profile

School Enrolment History

Complete the following table concerning the student's school history beginning with the most recent placement.

Please also attach an up-to-date student transcript.

Grade Level	School/Division Attended	Type of Program (regular/alternative)	Significant incidents during this time (i.e. change in living situation)

Please bring all cognitive/academic diagnostic assessment information for this student to the referral meeting.

Current Course Enrolment/Programming Information

THIS INFORMATION DOES NOT NEED TO BE SUBMITTED WITH THE PRECEDING REFERRAL.

This is to be completed and brought to the referral meeting.

A student intake meeting will not be scheduled without this programming summary.

This information is to be completed by the course teacher.

Please be as detailed as possible.

Course Name and Level	Absences	Teacher	Program Type <input type="checkbox"/> Regular <input type="checkbox"/> Alternative <input type="checkbox"/> IEP
Description of progress, supports, and differentiation used with this student:			
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Description of progress, supports, and differentiation used with this student:			
Course Name and Level	Absences	Teacher	Program Type <input type="checkbox"/> Regular <input type="checkbox"/> Alternative <input type="checkbox"/> IEP
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Description of progress, supports, and differentiation used with this student:			
Course Name and Level	Absences	Teacher	Program Type <input type="checkbox"/> Regular <input type="checkbox"/> Alternative <input type="checkbox"/> IEP
Description of progress, supports, and differentiation used with this student:			

CHECKLIST

- Parent/guardian/student consent form for the referral to be completed and signed
- Student Information
- Demographic Information
- Student Concerns that prompted the referral
- Supports and Interventions
- Medical information
- Strengths and other info
- Academic Profile
- Current Course Enrolment

Note: There will be a 4-week trial period to see if this program is a right fit for the student. Home schools should not consider the student part of the TIP program until written confirmation, including a program start date, has been forwarded to them by TIP staff. In June, home school meetings will be called to discuss options for students returning to home school if appropriate.