

Parent/Guardian (Signature)

## Ottawa Technical Secondary School ADAPTIVE PROGRAM APPLICATION

(to be completed by sending school staff) 2017-2018



Student Name:		
Home Address:		
Sending School:		
Sending School Board:		
Student's Current Grade: Student's	s Current	Program:
Current Guidance Counsellor:		
Applied/ College Pathway For students who:  • are working at grade level  • are interested in a hands-on, tech-focused program.  • are interested in learning skills in preparation for college, an apprenticeship, or the workplace.	OR	Locally Developed/ Workplace Pathway For students who:  • are working below grade level • are interested in a hands-on, tech-focused program. • are interested in learning skills in preparation for the workplace.
(Please include the Essay Composition writing sam  □ Psychological Assessment (if available)  □ Transition Referral Form (Google Form) please email  □ Most recent IEP (if applicable)  □ Credit Counselling Summary  □ Photocopy of OSR cover	h GRADE ple from W ail <u>angela.l</u>	equivalent and within the past 12 months, <b>if available</b> VIAT-III)  inton@ocdsb.ca for access.
School Representative (Signature)		School Representative (please print)

Parent/Guardian (please print)