

GRADE 7 - 8

TRANSITION COORDINATOR

MEETING

JANUARY 22nd, 2019



YOUR FOLDER



Time for you to
look through your
folders...



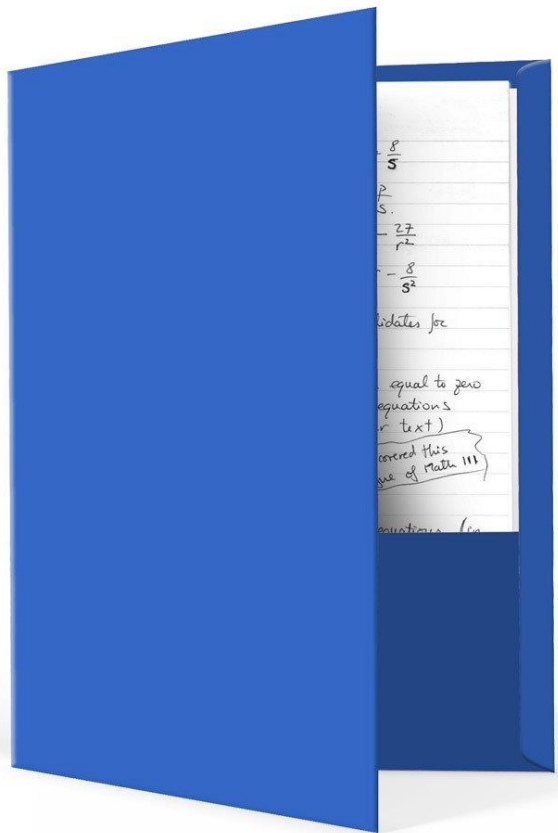
...coffee...



...connect.



GRADE 7 TRANSITION



REGISTRATION

GRADE 8 REGISTRATION INFORMATION

FOR PARENTS OF GRADE 7 STUDENTS

**Time and date
stamp...**

ONLINE REGISTRATION



Registration opens at **12 pm (noon) on Tuesday, February 5, 2019**. All Grade 8 registrations are done through the *Parent Portal* at <https://parents.sd42.ca>. Each registration is time-stamped at the moment the registration form is opened to begin the online registration process.

GRADE 8 REGISTRATION INFORMATION

FOR PARENTS OF GRADE 7 STUDENTS

ONLINE REGISTRATION DEADLINE

FEB
20

Deadline for Grade 8 online registration is **12 pm (noon) on February 20, 2019**. If you do not register your child by the online registration deadline, you will need to complete a paper registration form at your child's catchment high school.

PLACEMENT NOTIFICATION




Parents will be notified by email before Spring Break about their child's assigned school.

GRADE 8

Catchment

1 www.sd42.ca

2 

3 

4 


5 

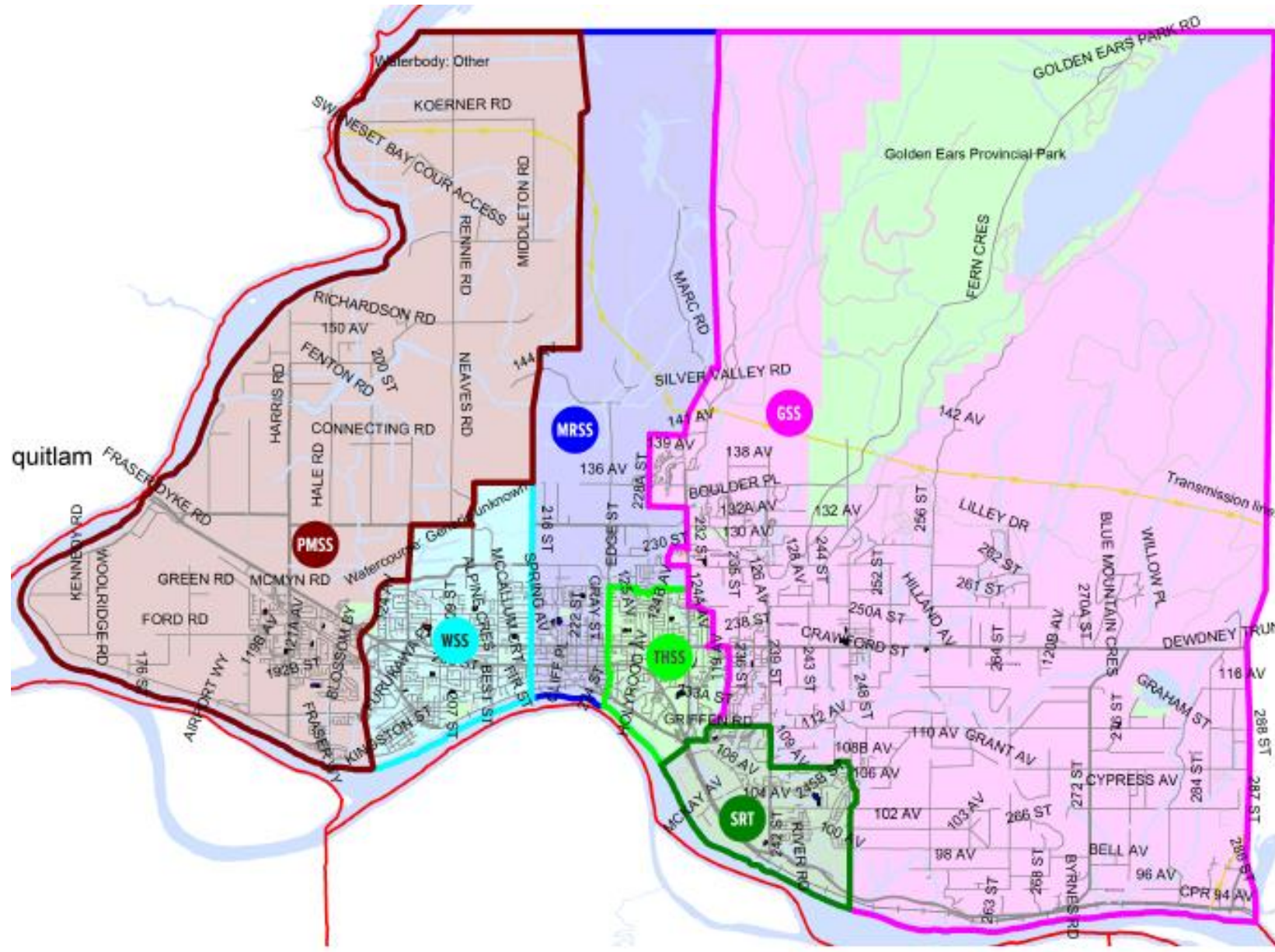
Search

Please enter your street name in the box below to find the schools that serve your address.

A Street Name

I'm not a robot

 reCAPTCHA
Privacy - Terms



- **GSS** GARIBALDI SECONDARY
- **MRSS** MAPLE RIDGE SECONDARY
- **PMSS** PITT MEADOWS SECONDARY
- **SRT** SAMUEL ROBERTSON TECHNICAL SECONDARY
- **THSS** THOMAS HANEY SECONDARY
- **WSS** WESTVIEW SECONDARY

GRADE 8 REGISTRATION INFORMATION

FOR PARENTS OF GRADE 7 STUDENTS







ACCEPTANCE CRITERIA

The size of the school facility may limit the number of out-of-catchment registrations that can be accommodated. The school district will accommodate **catchment registrations first**, then attempt to accommodate **sibling out-of-catchment registrations**. Sibling placement cannot be guaranteed, however. Our acceptance criteria are as follows:

1. *In-catchment area students who, in the previous year, attended the school;*
2. *In-catchment area students who, in the previous year, were placed by the district in a different school due to a lack of space*
3. *Siblings of in-catchment area students (grades 8 to 11);*
4. *New in-catchment area students;*
5. *Siblings of out-of-catchment area students enrolled in the school (grades 8 to 11);*
6. *Out-of-catchment area students currently attending an SD42 school;*
7. *Out-of-district students currently attending an SD42 school;*
8. *Students not currently attending an SD42 school but residing in Maple Ridge or Pitt Meadows;*
9. *Out-of-district non-resident students.*

...will not review situations based on support needs and or letters of advocacy.

PLACEMENTS

TRANSFER PHASE 1	
FEB 5 - MAR 8	<p>Students applying in <i>Transfer Phase 1</i> must pick up a transfer form from the secondary school to which they have been assigned, complete all required information (including obtaining a parent/guardian signature) and return it to that school's main office. For Grade 8 students, phase 1 requests must be submitted by March 8, 2019; for students in grades 9-12, phase 1 requests must be submitted by March 8, 2019. <i>The best chance to transfer schools is during Transfer Phase 1.</i></p> <p> Gr. 9-12: Date/time stamps will be considered. Gr. 8: If there is a wait list, a fair and impartial lottery will be held.</p> <p> Successful <i>Transfer Phase 1</i> applicants will be contacted by March 15, 2019.</p>
TRANSFER PHASE 2	
APR 1 - MAY 10	<p>Students whose transfer request was not successful in <i>Transfer Phase 1</i> will be considered again in <i>Transfer Phase 2</i>. <i>Transfer Phase 2</i> takes place between April 1 and May 10, 2019. <i>The chance of a successful transfer in Transfer Phase 2 is less likely than in Transfer Phase 1.</i></p> <p> Gr. 9-12: Date/time stamps will be considered. Gr. 8: If there is a wait list, a fair and impartial lottery will be held.</p> <p> Successful <i>Transfer Phase 2</i> applicants will be contacted by May 17, 2019.</p>
TRANSFER PHASE 3	
MAY 17 - AUG 31	<p>Students whose transfer request was not successful in <i>Transfer Phase 2</i> will be considered again in <i>Transfer Phase 3</i>, which takes place between May 17 and August 31, 2019. <i>The chance of a successful transfer in Transfer Phase 3 is less likely than in phases 1 or 2.</i></p> <p> Gr. 9-12: Date/time stamps will be considered. Gr. 8: If there is a wait list, a fair and impartial lottery will be held.</p> <p> Successful <i>Transfer Phase 3</i> applicants will be contacted before school opens.</p>
TRANSFER REQUESTS AFTER FIRST DAY OF SCHOOL	
	<p>Transfer requests after the first day of school will be considered under the following circumstances:</p> <ul style="list-style-type: none">• Where there is change of residence;• Where it can be demonstrated that it is not in the best interest of the student to return to his/her home school, another school will be considered provided space is available;• Where the home circumstances have changed. <p><i>The chance of a successful transfer at this stage is less likely than in phases 1, 2 or 3.</i></p>

MARCH 1st

Parents are informed of placement

- Pick up from from secondary school
- No need to line up
- Date of submitting transfer not considered...
- ...LOTTERY.

MARCH 8th

Transfers due to DEO

MARCH 15th

Transfers communicated to parents

School-specific Information **sessions**....

TIMELINE

- **TRANSITION ≠ REGISTRATION**
- **Flexibility exists**
- **Connecting to schools before April...no.**

	ALL STUDENTS	Students requiring MODERATE support in transition	Students requiring SIGNIFICANT support in transition
SEPTEMBER	<ul style="list-style-type: none"> Identify Transition coordinators: <ul style="list-style-type: none"> <u>One</u> at each elementary school <u>Two</u> (a counselor and support teacher) at each secondary school 	<ul style="list-style-type: none"> Elementary support teachers include transition goal(s) in I.E.P. 	<ul style="list-style-type: none"> Elementary support teachers include transition goal(s) in I.E.P.
OCTOBER	<ul style="list-style-type: none"> Block out the first 3 weeks 		
NOVEMBER	<ul style="list-style-type: none"> Block out the first 3 weeks Spring Break as dates when transition meetings may occur. (i.e. Avoid planning large fieldtrips and activities) 		
<p>PLEASE NOTE: High schools will not have confirmation of students attending the following year until the week before Spring Break; IEP, ICM and parent meetings will occur after that point. The designated contact for parents prior to that time is the secondary principal. High schools will not be offering tours and meetings until after registration.</p>			
JANUARY	<ul style="list-style-type: none"> Transition coordinator orientation meeting 		
FEBRUARY	<ul style="list-style-type: none"> Grade 7 Transition form completion – <u>Phase One:</u> Grade 7 teacher fills out initial immediate information on Transition form on Page 1. 		SD42 Learning Services itinerants (OT, SLP, etc.) contact Elementary Transition coordinators to share information.
MARCH	<ul style="list-style-type: none"> "TRANSITION FORM" is completed and ready to share with secondary for all grade 7 students enrolling in grade 8 in September 	<ul style="list-style-type: none"> Grade 7 Transition form completion – <u>Phase Two:</u> Elementary school team (transition coordinator, counselor, grade 7 teacher(s), CCW, EAs, admin, district psych...) meet to finalize sections 2 & 3 on the form and determine meeting needs 	<ul style="list-style-type: none"> Elementary coordinators fill out Secondary PD forms for students requiring EA support in Grade 8 and bring to the April meeting.
APRIL	<ul style="list-style-type: none"> Secondary schools have confirmation of registered grade 8 students just before or after Spring Break. Transition coordinator Collaboration & Coordination meeting. (Forms are shared and meetings between elementary & secondary staff are planned)... 	<ul style="list-style-type: none"> Transition meetings between those indicated on the Transition occur... ..to collaborate on planning for students with support needs 	<ul style="list-style-type: none"> In addition... <ul style="list-style-type: none"> For students with intensive transition needs, begin secondary site visits with elementary-based adult support (Support teacher, EA, CCW...) following IEP transition goals & objectives Secondary School submits 'Personal Development' forms to LS for incoming students by mid-April Arrange specific intake meetings, IEP meetings and ICMS
MAY	<ul style="list-style-type: none"> 'Grade 8-for-a-Day' - All grade 7 students attend at secondary school 	<ul style="list-style-type: none"> Grade 8 Case Managers assigned by mid-May Case Managers initiate contact with parents 	<ul style="list-style-type: none"> In addition... <ul style="list-style-type: none"> Arrange for all equipment (computers, FM systems, etc.) to be transferred to secondary school as needed
JUNE			

TIMELINE

	ALL STUDENTS	Students requiring MODERATE support in transition	Students requiring SIGNIFICANT support in transition
SEPTEMBER	<ul style="list-style-type: none"> Identify Transition coordinators: <ul style="list-style-type: none"> <u>One</u> at each elementary school <u>Two</u> (a counselor and support teacher) at each secondary school 	<ul style="list-style-type: none"> Elementary support teachers include transition goal(s) in I.E.P. 	<ul style="list-style-type: none"> Elementary support teachers include transition goal(s) in I.E.P.
OCTOBER	<ul style="list-style-type: none"> Block out the first 3 weeks after ^{before} Spring Break as dates when transition meetings may occur. (i.e. 		
NOVEMBER			

PLEASE NOTE: High schools will not have confirmation of students attending the following year until after Spring Break; IEP, ICM and parent meetings will occur after that point. The designated contact for parents or support teachers who would like to arrange individual tours or visits prior to that time is the secondary principal.

REBRLUARY	<ul style="list-style-type: none"> Grade 7 Transition form completion – <u>Phase One</u>: Grade 7 teacher fills out initial immediate information on Transition form on Page 1. 		SD42 Learning Services itinerants (OT, SLP, etc.) contact Elementary Transition coordinators to share information.
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JUNE			

EXAMPLE:

“If you are contacted by a family for specific information about a [HIGH SCHOOL] program or services (for example learning services, gifted programming, etc) please let parents know they may attend the general grade 7 information night that DPAC is hosting in January. Details for that event will go out via elementary schools. **We will not be hosting tours or meetings with families prior to school placements in March.**”

TABLE TALK...

SHARING INFORMATION



What does support look like
at your elementary and high
schools?



GRADE 7 TRANSITION



INFORMATION COLLECTION TOOLS

2018-2019 School Year

GRADE 7 TRANSITION

SCHOOL COORDINATORS CONTACTS

ELEMENTARY

ELEMENTARY COORDINATORS

ALBION:	Cynthia MacKinnon
ALEXANDER ROBINSON:	Stepha Fode
ALOUETTE:	Caroline Kiez
BLUE MTN:	* Laureen Hickey (P)
DAVIE JONES:	Laura Klement
EME:	Tracey Meaden
ENVIRONMENTAL SCHOOL:	Sarah MacDonald
ERIC LANGTON:	Jaclyn Steffich (Eng); Carol Dagenais (Fr)
FAIRVIEW:	Shelley Beutler
GLENWOOD:	Jenn Beveridge
GOLDEN EARS:	Jodi Hayhoe
HAMMOND:	Kyla Cameron
HH:	Amy Fitzpatrick
HIGHLAND PARK:	Colette Hamner / Nicole Neggers
KANAHA CRK:	Andrea Munro
LAITY VIEW:	Suzanne Colette
MRE:	Lisa Kania
ODYSSEY (Fairview):	Brenda Peebles; Shalyn Owen
PME:	Kate Martinek
WEBSTER'S CORNER:	Jessica Fuller
WHONNOCK:	Kanwallit Gill
VENNADON:	Alana McPhee

SECONDARY

SECONDARY COORDINATORS

	SUPPORT TEACHER	COUNSELLOR
GARIBALDI:	Livio Gubert	Suzanne Davis
MAPLE RIDGE:	Amanda Levesque	Sacha Page
PITT MEADOWS:	Nathalie Wallisch	Jenn Hula
SRT:	Jenn Boone	Shannon Sharpe
THOMAS HANEY:	Naomi Andrusiw	Paul von Matt/ Anne Girbav (VP)
WESTVIEW:	Kate Easby	Lauren O'Leary

A Guide to **TRANSITION PLANNING**

School District #42
Maple Ridge-Pitt Meadows



This *Transition Planning Guide*:

- contains information and **forms** for **ALL** grade 7 students transitioning to grade 8.
- contains resources to assist school teams through the transition process for students who require moderate or significant support moving from elementary to secondary school.



TRANSITION FORM – for ALL grade 7 students enrolling in grade 8 in September 2019
SECONDARY SCHOOL ATTENDING: _____

SECTION 1 – STUDENT INFORMATION: (To be completed by the Grade 7 teacher for ALL students)

STUDENT NAME: _____ Male Female
 Elementary school: _____
 Transition contact: _____

ALERTS: (If checked see SECTION 3 on the reverse)

Medical Alert **MINISTRY IDENTIFIED:**
 ELL French Immersion Outside Agency support AbEd
 ASW District supports & service

GENERAL INFORMATION: Please check below (S)

	Not Meeting Expectations	Approaching Expectations	Meeting Expectations	Exceeding Expectations	SPECIAL INTERESTS/EXCEPTIONAL QUALITIES:	
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Social Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Self Esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
GRADE LEVEL:						
Numeracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Programming includes ADAPTATIONS to support learning
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Programming includes ADAPTATIONS to support learning
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Programming includes ADAPTATIONS to support learning	

SECTION 2 – IF THERE ARE NEEDS/CONCERNS... (To be completed by the Grade 7 teacher and elementary staff supporting this student)

SPECIFICS: Please check (S) and elaborate below

<input type="checkbox"/> Focus & Attention span	<input type="checkbox"/> Peer connections	<input type="checkbox"/> Family circumstances
<input type="checkbox"/> Academic learning	<input type="checkbox"/> Self-esteem	<input type="checkbox"/> Health concerns
<input type="checkbox"/> Organizational difficulties	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Safety concerns
<input type="checkbox"/> Work avoidance/Motivation	<input type="checkbox"/> Social/Emotional	<input type="checkbox"/> Physical Impairment
<input type="checkbox"/> Externalized behaviour	<input type="checkbox"/> Attendance	<input type="checkbox"/> Other

ELABORATION / COMMENTS:

INFORMATION FOR:
 Who at the secondary school needs to be aware of this student?

Administration
 Counselling
 Classroom teachers

Support teacher (intensive teach)
 Support teacher (social/emotional)
 Support teacher (academic)

ELL
 CCW
 Gifted teacher
 AbEd teacher

TELEPHONE CONVERSATION REQUESTED with Secondary Transition Coordinator

MEETING REQUESTED with:

<input type="checkbox"/> Secondary Transition Coordinators	<input type="checkbox"/> AbEd	<input type="checkbox"/> Hearing Teacher	<input type="checkbox"/> OT	<input type="checkbox"/> Secondary Support Teacher
<input type="checkbox"/> Secondary Counsellor	<input type="checkbox"/> Secondary CCW	<input type="checkbox"/> Vision Teacher	<input type="checkbox"/> PT	(Intensive Needs Program)

PLEASE SEE SECTION 3 (REVERSE) IF THE 'ALERTS' SECTION WAS CHECKED.



TRANSITION FORM – Page 2 for SOME grade 7 students enrolling in grade 8 in September 2019
 STUDENT NAME: _____
 F# _____ L# _____

SECTION 3 – ALERTS: (To be completed by the elementary support teacher)

ELEMENTARY SCHOOL BASED SERVICES

Staffing: Elementary Support Case Manager:
 Counsellor EA CCW ASW

Support Received: (Detail... what works for this student?)

<input type="checkbox"/> Academic Support <input type="checkbox"/> Adaptions per IEP	
<input type="checkbox"/> Behaviour Support	
<input type="checkbox"/> Employee Safety Plan	
<input type="checkbox"/> Social/Emotional Support	
<input type="checkbox"/> CCW Activity <input type="checkbox"/> Life Skills Group <input type="checkbox"/> Social Skills <input type="checkbox"/> Breakfast/Lunch Program <input type="checkbox"/> Other	

MINISTRY IDENTIFIED STUDENT

Student has an IEP
 Ministry of Education Category: _____
 Needs are currently being assessed.

ASSESSMENT INFORMATION

(Please refer to student file)

School Based Testing:
 No Yes DATE: _____

District Assessment:
 No Yes DATE: _____

Other:
 No Yes (If Yes... specify in Notes below)

DISTRICT SERVICES PROVIDED

<input type="checkbox"/> Aboriginal Education	<input type="checkbox"/> Counsellor	<input type="checkbox"/> Physiotherapist	<input type="checkbox"/> Occupational Therapist
<input type="checkbox"/> Gifted Challenge Programs	<input type="checkbox"/> District #42 Psychologist	<input type="checkbox"/> Speech and Language	<input type="checkbox"/> Vision Teacher
<input type="checkbox"/> ELL	<input type="checkbox"/> Hearing Teacher	<input type="checkbox"/> Autism Services	<input type="checkbox"/> Other: _____

OUTSIDE AGENCY SUPPORTS

<input type="checkbox"/> BC Children's Hospital	<input type="checkbox"/> MCFD	<input type="checkbox"/> CYMH	<input type="checkbox"/> Nursing Support Services
<input type="checkbox"/> Public Health	<input type="checkbox"/> Counselling	<input type="checkbox"/> Other: _____	

NOTES (Where applicable for: Medical Alert, ELL, French Immersion, AbEd, Other...)

COLLABORATIVE CONSIDERATIONS FOR NEXT YEAR

This section is to be completed collaboratively at the end of the Transition Coordination's 1st meeting (telephone or face-to-face).

ATTACHMENTS:

IEP
 PD Form
 Other:

Please keep this information in the Grade 7 Transition Notes Binder located in the secondary school's G4 file room.

The FORM

TRANSITION FORM – for ALL grade 7 students enrolling in grade 8 in September 2019
SECONDARY SCHOOL ATTENDING: _____

SECTION 1 – STUDENT INFORMATION: (To be completed by the Grade 7 teacher for ALL students)

STUDENT NAME: _____ Male Female
First Last

Elementary school: _____

Transition contact: _____

ALERTS: (if checked see SECTION 3 on the reverse)
 Medical Alert MINISTRY IDENTIFIED:
 ELL Outside Agency support
 French Immersion District supports & services
 AbEd

GENERAL INFORMATION: Please check below (R)

	Not Meeting Expectations	Approaching Expectations	Meeting Expectations	Exceeding Expectations	SPECIAL INTERESTS/EXCEPTIONAL QUALITIES:	
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Social Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Self Esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Grade Level: Numeracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Programming include ADAPTATIONS to support learning	
Grade Level: Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Programming include ADAPTATIONS to support learning	
Grade Level: Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Programming include ADAPTATIONS to support learning	

SECTION 2 – IF THERE ARE NEEDS/CONCERNS... (To be completed by the Grade 7 teacher and elementary staff supporting this student)

SPECIFICS: Please check (R) and elaborate below

<input type="checkbox"/> Focus & Attention span	<input type="checkbox"/> Peer connections	<input type="checkbox"/> Family circumstances
<input type="checkbox"/> Academic learning	<input type="checkbox"/> Self-esteem	<input type="checkbox"/> Health concerns
<input type="checkbox"/> Organizational difficulties	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Safety concerns
<input type="checkbox"/> Work avoidance/Motivation	<input type="checkbox"/> Social/Emotional	<input type="checkbox"/> Physical impairment
<input type="checkbox"/> Externalized behaviour	<input type="checkbox"/> Attendance	<input type="checkbox"/> Other

ELABORATION / COMMENTS:

INFORMATION FOR: Who at the secondary school needs to be aware of this student?

Administration
 Counselling
 Classroom teachers

Support teacher (Intensive level)
 Support teacher (Intensive level)
 Support teacher (Intensive level)

ELL
 CCW
 Gifted teacher
 AbEd teacher

TELEPHONE CONVERSATION REQUESTED with Secondary Transition Coordinator

MEETING REQUESTED with:

<input type="checkbox"/> Secondary Transition Coordinators	<input type="checkbox"/> AbEd	<input type="checkbox"/> Hearing Teacher	<input type="checkbox"/> OT	<input type="checkbox"/> Secondary Support Teacher (Intensive Needs Program)
<input type="checkbox"/> Secondary Counsellor	<input type="checkbox"/> Secondary CCW	<input type="checkbox"/> Vision Teacher	<input type="checkbox"/> PT	

PLEASE SEE SECTION 3 (REVERSE) IF THE "ALERTS" SECTION WAS CHECKED.

ALERTS: (If checked see SECTION 3 on the reverse)

Medical Alert **MINISTRY IDENTIFIED:**

ELL Outside Agency support

French Immersion District supports & services

AbEd





TRANSITION FORM – for ALL grade 7 students enrolling in grade 8 in September 2019

SECONDARY SCHOOL ATTENDING: _____

SECTION 1 - STUDENT INFORMATION: (To be completed by the Grade 7 teacher for ALL students)

STUDENT NAME: _____ Male Female

First Last

Elementary school: _____

Transition contact: _____

ALERTS: (If checked see SECTION 3 on the reverse)

- Medical Alert
- ILL
- French Immersion
- Ablett
- Outside Agency support
- District supports & services

MINORITY IDENTIFIED:

GENERAL INFORMATION: Please check below (X)

	Not Meeting Expectations	Approaching Expectations	Meeting Expectations	Exceeding Expectations	SPECIAL INTERESTS/EXCEPTIONAL QUALITIES:	
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Social Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Self Esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
GRADE LEVEL:						
Numeracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Programming includes ADAPTATIONS to support learning
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Programming includes ADAPTATIONS to support learning
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GENERAL INFORMATION: Please check below (☑)

	Not Meeting Expectations	Approaching Expectations	Meeting Expectations	Exceeding Expectations	SPECIAL INTERESTS/EXCEPTIONAL QUALITIES:	
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="border: 1px solid black; height: 200px; width: 100%;"></div>	
Behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Social Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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TRANSITION FORM – for ALL grade 7 students enrolling in grade 8 in September 2017

SECONDARY SCHOOL ATTENDING: _____

SECTION 1 – STUDENT INFORMATION: (To be completed by the Grade 7 teacher for ALL students)

STUDENT NAME: _____
Elementary school: _____
Transition contact: _____

Male
 Female

ALERTS: (If checked see SECTION 3 on the reverse)

- Medical Alert
- ELL
- French Immersion
- AbEd
- MINISTRY IDENTIFIED: _____
- Outside Agency support
- District supports & services

GENERAL INFORMATION: Please check below (R)

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Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Social Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Self Esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Numeracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Programming Includes ADAPTATIONS to support learning
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Programming Includes ADAPTATIONS to support learning
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Programming Includes ADAPTATIONS to support learning

SECTION 2 – IF THERE ARE NEEDS/CONCERNS... (To be completed by the Grade 7 teacher and elementary staff supporting this student)

SPECIFICS: Please check (R) and elaborate below

- Focus & Attention span
- Academic learning
- Organizational difficulties
- Work avoidance/ Motivation
- Externalized behaviour
- Peer connections
- Self-esteem
- Anxiety
- Social/Emotional
- Attendance
- Family circumstances
- Health concerns
- Safety concerns
- Physical impairment
- Other

INFORMATION FOR:

Who at the secondary school needs to be aware of this student?

- Administration
- Counselling
- Classroom teachers
- Support teacher (Intensive Needs)
- Support teacher (Social/Emotional)
- Support teacher (Academic)
- ELL
- CCW
- Gifted teacher
- AbEd teacher

ELABORATION / COMMENTS:

- TELEPHONE CONVERSATION REQUESTED with Secondary Transition Coordinator
- MEETING REQUESTED with:
 - Secondary Transition Coordinators
 - Secondary Counsellor
 - AbEd
 - Secondary CCW
 - Hearing Teacher
 - Vision Teacher
 - OT
 - PT
 - Secondary Support Teacher (Intensive Needs Program)

PLEASE SEE SECTION 3 (REVERSE) IF THE 'ALERTS' SECTION WAS CHECKED.

SECTION 2 - IF THERE ARE NEEDS/CONCERNS... (To be completed by the Grade 7 teacher and elementary staff supporting this student)

SPECIFICS: Please check (☐) and elaborate below

- | | | |
|--|---|---|
| <input type="checkbox"/> Focus & Attention span | <input type="checkbox"/> Peer connections | <input type="checkbox"/> Family circumstances |
| <input type="checkbox"/> Academic learning | <input type="checkbox"/> Self-esteem | <input type="checkbox"/> Health concerns |
| <input type="checkbox"/> Organizational difficulties | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Safety concerns |
| <input type="checkbox"/> Work avoidance/ Motivation | <input type="checkbox"/> Social/Emotional | <input type="checkbox"/> Physical impairment |
| <input type="checkbox"/> Externalized behaviour | <input type="checkbox"/> Attendance | <input type="checkbox"/> Other |

INFORMATION FOR:

Who at the secondary school needs to be aware of this student?

- Administration
- Counselling
- Classroom teachers

- Support teacher
(Intensive Needs)
- Support teacher
(Social/Emotional)
- Support teacher
(Academic)

- ELL
- CCW
- Gifted teacher
- AbEd teacher

ELABORATION / COMMENTS:

- TELEPHONE CONVERSATION REQUESTED with Secondary Transition Coordinator
- MEETING REQUESTED with:
 - Secondary Transition Coordinators
 - AbEd
 - Hearing Teacher
 - OT
 - Secondary Support Teacher
(Intensive Needs Program)
 - Secondary Counsellor
 - Secondary CCW
 - Vision Teacher
 - PT

PLEASE SEE SECTION 3 (REVERSE) IF THE 'ALERTS' SECTION WAS CHECKED.

Please keep this information in the Grade 7 Transition Notes Binder located in the secondary school's G4 file room.

SECTION 2 - IF THERE ARE NEEDS/CONCERNS... (To be completed by the Grade 7 teacher and elementary staff supporting this student)

SPECIFICS: Please check (☐) and elaborate below

- | | | |
|--|---|---|
| <input type="checkbox"/> Focus & Attention span | <input type="checkbox"/> Peer connections | <input type="checkbox"/> Family circumstances |
| <input type="checkbox"/> Academic learning | <input type="checkbox"/> Self-esteem | <input type="checkbox"/> Health concerns |
| <input type="checkbox"/> Organizational difficulties | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Safety concerns |
| <input type="checkbox"/> Work avoidance/ Motivation | <input type="checkbox"/> Social/Emotional | <input type="checkbox"/> Physical impairment |
| <input type="checkbox"/> Externalized behaviour | <input type="checkbox"/> Attendance | <input type="checkbox"/> Other |

ELABORATION / COMMENTS:

INFORMATION FOR:

Who at the secondary school needs to be aware of this student?

- Administration
- Counselling
- Classroom teachers

- Support teacher
(Intensive Needs)
- Support teacher
(Social/Emotional)
- Support teacher
(Academic)

- ELL
- CCW
- Gifted teacher
- AbEd teacher

TELEPHONE CONVERSATION REQUESTED with Secondary Transition Coordinator

MEETING REQUESTED with:

- | | | | | |
|--|--|--|-----------------------------|--|
| <input type="checkbox"/> Secondary Transition Coordinators | <input type="checkbox"/> AbEd | <input type="checkbox"/> Hearing Teacher | <input type="checkbox"/> OT | <input type="checkbox"/> Secondary Support Teacher |
| <input type="checkbox"/> Secondary Counsellor | <input type="checkbox"/> Secondary CCW | <input type="checkbox"/> Vision Teacher | <input type="checkbox"/> PT | <small>(Intensive Needs Program)</small> |

PLEASE SEE SECTION 3 (REVERSE) IF THE 'ALERTS' SECTION WAS CHECKED.

Please keep this information in the Grade 7 Transition Notes Binder located in the secondary school's G4 file room.

SECTION 2 - IF THERE ARE NEEDS/CONCERNS... (To be completed by the Grade 7 teacher and elementary staff supporting this student)

SPECIFICS: Please check (☐) and elaborate below

- | | | |
|--|---|---|
| <input type="checkbox"/> Focus & Attention span | <input type="checkbox"/> Peer connections | <input type="checkbox"/> Family circumstances |
| <input type="checkbox"/> Academic learning | <input type="checkbox"/> Self-esteem | <input type="checkbox"/> Health concerns |
| <input type="checkbox"/> Organizational difficulties | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Safety concerns |
| <input type="checkbox"/> Work avoidance/ Motivation | <input type="checkbox"/> Social/Emotional | <input type="checkbox"/> Physical impairment |
| <input type="checkbox"/> Externalized behaviour | <input type="checkbox"/> Attendance | <input type="checkbox"/> Other |

ELABORATION / COMMENTS:

INFORMATION FOR:

Who at the secondary school needs to be aware of this student?

- Administration
- Counselling
- Classroom teachers

- Support teacher
(Intensive Needs)
- Support teacher
(Social/Emotional)
- Support teacher
(Academic)

- ELL
- CCW
- Gifted teacher
- AbEd teacher

- TELEPHONE CONVERSATION REQUESTED with Secondary Transition Coordinator
- MEETING REQUESTED with:
 - Secondary Transition Coordinators
 - AbEd
 - Hearing Teacher
 - OT
 - Secondary Support Teacher
(Intensive Needs Program)
 - Secondary Counsellor
 - Secondary CCW
 - Vision Teacher
 - PT

PLEASE SEE SECTION 3 (REVERSE) IF THE 'ALERTS' SECTION WAS CHECKED.

Please keep this information in the Grade 7 Transition Notes Binder located in the secondary school's G4 file room.

SECTION 2 - IF THERE ARE NEEDS/CONCERNS... (To be completed by the Grade 7 teacher and elementary staff supporting this student)

SPECIFICS: Please check (☐) and elaborate below

- | | | |
|--|---|---|
| <input type="checkbox"/> Focus & Attention span | <input type="checkbox"/> Peer connections | <input type="checkbox"/> Family circumstances |
| <input type="checkbox"/> Academic learning | <input type="checkbox"/> Self-esteem | <input type="checkbox"/> Health concerns |
| <input type="checkbox"/> Organizational difficulties | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Safety concerns |
| <input type="checkbox"/> Work avoidance/ Motivation | <input type="checkbox"/> Social/Emotional | <input type="checkbox"/> Physical impairment |
| <input type="checkbox"/> Externalized behaviour | <input type="checkbox"/> Attendance | <input type="checkbox"/> Other |

ELABORATION / COMMENTS:

INFORMATION FOR:

Who at the secondary school needs to be aware of this student?

- Administration
- Counselling
- Classroom teachers

- Support teacher
(Intensive Needs)
- Support teacher
(Social/Emotional)
- Support teacher
(Academic)

- ELL
- CCW
- Gifted teacher
- AbEd teacher

- TELEPHONE CONVERSATION REQUESTED with Secondary Transition Coordinator
- MEETING REQUESTED with:
 - Secondary Transition Coordinators
 - AbEd
 - Hearing Teacher
 - OT
 - Secondary Support Teacher
(Intensive Needs Program)
 - Secondary Counsellor
 - Secondary CCW
 - Vision Teacher
 - PT

PLEASE SEE SECTION 3 (REVERSE) IF THE 'ALERTS' SECTION WAS CHECKED.

Please keep this information in the Grade 7 Transition Notes Binder located in the secondary school's G4 file room.



TRANSITION FORM – for ALL grade 7 students enrolling in grade 8 in September 2017

SECONDARY SCHOOL ATTENDING: _____

SECTION 1 - STUDENT INFORMATION: (To be completed by the Grade 7 teacher for ALL students)

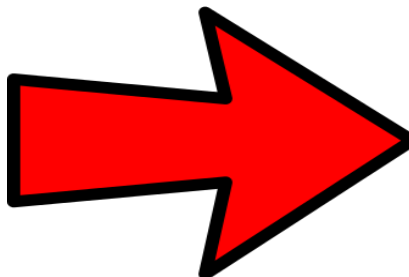
STUDENT NAME: _____
Elementary school: _____
Transition contact: _____

Male
 Female

ALERTS: (If checked see SECTION 3 on the reverse)

- Medical Alert
- ELL
- French Immersion
- AbEd
- Outside Agency support
- District supports & services

MINISTRY IDENTIFIED: _____



GENERAL INFORMATION: Please check below (R)

	Not Meeting Expectations	Approaching Expectations	Meeting Expectations	Exceeding Expectations	SPECIAL INTERESTS/EXCEPTIONAL QUALITIES:
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Social Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Self Esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Numeracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Programming Includes ADAPTATIONS to support learning
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Programming Includes ADAPTATIONS to support learning
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Programming Includes ADAPTATIONS to support learning

SECTION 2 - IF THERE ARE NEEDS/CONCERNS... (To be completed by the Grade 7 teacher and elementary staff supporting this student)

SPECIFICS: Please check (R) and elaborate below

- Focus & Attention span
- Academic learning
- Organizational difficulties
- Work avoidance/ Motivation
- Externalized behaviour
- Peer connections
- Self-esteem
- Anxiety
- Social/Emotional
- Attendance
- Family circumstances
- Health concerns
- Safety concerns
- Physical impairment
- Other

ELABORATION / COMMENTS:

INFORMATION FOR:

Who at the secondary school needs to be aware of this student?

- Administration
- Counselling
- Classroom teachers
- Support teacher (Intensive Needs)
- Support teacher (Social/Emotional)
- Support teacher (Academic)
- ELL
- CCW
- Gifted teacher
- AbEd teacher

- TELEPHONE CONVERSATION REQUESTED with Secondary Transition Coordinator
- MEETING REQUESTED with:
 - Secondary Transition Coordinators
 - Secondary Counsellor
 - AbEd
 - Secondary CCW
 - Hearing Teacher
 - Vision Teacher
 - OT
 - PT
 - Secondary Support Teacher (Intensive Needs Program)

PLEASE SEE SECTION 3 (REVERSE) IF THE 'ALERTS' SECTION WAS CHECKED.



STUDENT NAME: _____
FIVE LAST

SECTION 3 - ALERTS: (To be completed by the elementary support teacher)

ELEMENTARY SCHOOL BASED SERVICES		MINISTRY IDENTIFIED STUDENT
Staffing: <input type="checkbox"/> Elementary Support Case Manager: _____ <input type="checkbox"/> Counsellor <input type="checkbox"/> EA <input type="checkbox"/> CCW Support Received: (Details...What works for this student?) <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<input type="checkbox"/> Academic Support <input type="checkbox"/> Adaptations per IEP <input type="checkbox"/> Behaviour Support <input type="checkbox"/> Employee Safety Plan <input type="checkbox"/> Social/Emotional Support <input type="checkbox"/> CCW Activity <input type="checkbox"/> Life Skills Group <input type="checkbox"/> Social Skills <input type="checkbox"/> Breakfast/Lunch Program <input type="checkbox"/> Other: _____	<input type="checkbox"/> Student has an IEP Ministry of Education Category: _____ <input type="checkbox"/> Needs are currently being assessed.
ASSESSMENT INFORMATION		
<small>(Please refer to student file)</small>		
School Based Testing: <input type="checkbox"/> No <input type="checkbox"/> Yes DATE: _____ District Assessment: <input type="checkbox"/> No <input type="checkbox"/> Yes DATE: _____ Other: <input type="checkbox"/> No <input type="checkbox"/> Yes (If YES...Specify in Notes below)		
DISTRICT SERVICES PROVIDED		
<input type="checkbox"/> Aboriginal Education <input type="checkbox"/> Gifted Challenge Programs <input type="checkbox"/> ELL	<input type="checkbox"/> Counsellor <input type="checkbox"/> District #42 Psychologist <input type="checkbox"/> Hearing Teacher	<input type="checkbox"/> Physiotherapist <input type="checkbox"/> Speech and Language <input type="checkbox"/> Autism Services <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Vision Teacher <input type="checkbox"/> Other: _____
OUTSIDE AGENCY SUPPORT[S]		
<input type="checkbox"/> BC Children's Hospital <input type="checkbox"/> Public Health	<input type="checkbox"/> MCFD <input type="checkbox"/> Counselling	<input type="checkbox"/> CYMH <input type="checkbox"/> Other: _____ <input type="checkbox"/> Nursing Support Services

NOTES (Where applicable for: Medical Alert, ELL, French Immersion, AbEd, Other...)

COLLABORATIVE CONSIDERATIONS FOR NEXT YEAR

This section is to be completed collaboratively at the time of the TRANSITION COORDINATOR'S MEETING (telephone or face-to-face).

ATTACHMENTS:
 IEP
 PD Form
 Other: _____



STUDENT NAME: _____
First Last

SECTION 3 - ALERTS: (To be completed by the elementary support teacher)

ELEMENTARY SCHOOL BASED SERVICES		MINISTRY IDENTIFIED STUDENT
Staffing: <input type="checkbox"/> Elementary Support Case Manager: _____ <input type="checkbox"/> Counsellor <input type="checkbox"/> EA <input type="checkbox"/> CCW		<input type="checkbox"/> Student has an IEP Ministry of Education Category: _____ <input type="checkbox"/> Needs are currently being assessed.
Support Received: (Details...What works for this student?) <div style="border: 1px solid black; height: 100px; width: 100%;"></div>		ASSESSMENT INFORMATION <i>(Please refer to student file)</i> School Based Testing: <input type="checkbox"/> No <input type="checkbox"/> Yes DATE: _____ District Assessment: <input type="checkbox"/> No <input type="checkbox"/> Yes DATE: _____ Other: <input type="checkbox"/> No <input type="checkbox"/> Yes (If YES...Specify in Notes below)
DISTRICT SERVICES PROVIDED		
<input type="checkbox"/> Aboriginal Education	<input type="checkbox"/> Counsellor	<input type="checkbox"/> Physiotherapist
<input type="checkbox"/> Gifted Challenge Programs	<input type="checkbox"/> District #42 Psychologist	<input type="checkbox"/> Speech and Language
<input type="checkbox"/> ELL	<input type="checkbox"/> Hearing Teacher	<input type="checkbox"/> Autism Services
		<input type="checkbox"/> Occupational Therapist
		<input type="checkbox"/> Vision Teacher
		<input type="checkbox"/> Other: _____

ELEMENTARY SCHOOL BASED SERVICES		MINISTRY IDENTIFIED STUDENT
Staffing: <input type="checkbox"/> Elementary Support Case Manager: _____ <input type="checkbox"/> Counsellor <input type="checkbox"/> EA <input type="checkbox"/> CCW		<input type="checkbox"/> Student has an IEP Ministry of Education Category: _____ <input type="checkbox"/> Needs are currently being assessed.
Support Received: (Details...What works for this student?) <div style="border: 1px solid black; height: 100px; width: 100%;"></div>		ASSESSMENT INFORMATION <i>(Please refer to student file)</i> School Based Testing: <input type="checkbox"/> No <input type="checkbox"/> Yes DATE: _____ District Assessment: <input type="checkbox"/> No <input type="checkbox"/> Yes DATE: _____ Other: <input type="checkbox"/> No <input type="checkbox"/> Yes (If YES...Specify in Notes below)
<input type="checkbox"/> Other: _____		



STUDENT NAME: _____
First Last

SECTION 3 - ALERTS: (To be completed by the elementary support teacher)

ELEMENTARY SCHOOL BASED SERVICES		MINISTRY IDENTIFIED STUDENT
Staffing: <input type="checkbox"/> Elementary Support Case Manager: _____ <input type="checkbox"/> Counsellor <input type="checkbox"/> EA <input type="checkbox"/> CCW	<input type="checkbox"/> Student has an IEP Ministry of Education Category: _____ <input type="checkbox"/> Needs are currently being assessed.	ASSESSMENT INFORMATION <i>(Please refer to student file)</i> School Based Testing: <input type="checkbox"/> No <input type="checkbox"/> Yes DATE: _____ District Assessment: <input type="checkbox"/> No <input type="checkbox"/> Yes DATE: _____ Other: <input type="checkbox"/> No <input type="checkbox"/> Yes (If YES...Specify in Notes below)
Support Received: (Details...What works for this student?) <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <input type="checkbox"/> Academic Support <input type="checkbox"/> Adaptations per IEP <input type="checkbox"/> Behaviour Support <input type="checkbox"/> Employee Safety Plan <input type="checkbox"/> Social/Emotional Support <input type="checkbox"/> CCW Activity <input type="checkbox"/> Life Skills Group <input type="checkbox"/> Social Skills <input type="checkbox"/> Breakfast/Lunch Program <input type="checkbox"/> Other	DISTRICT SERVICES PROVIDED <input type="checkbox"/> Aboriginal Education <input type="checkbox"/> Counsellor <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Gifted Challenge Programs <input type="checkbox"/> District #42 Psychologist <input type="checkbox"/> Speech and Language <input type="checkbox"/> Vision Teacher <input type="checkbox"/> ELL <input type="checkbox"/> Hearing Teacher <input type="checkbox"/> Autism Services <input type="checkbox"/> Other: _____	

SECTION 3 - ALERTS: (To be completed by the elementary support teacher)

ELEMENTARY SCHOOL BASED SERVICES		MINISTRY IDENTIFIED STUDENT
Staffing: <input type="checkbox"/> Elementary Support Case Manager: _____ <input type="checkbox"/> Counsellor <input type="checkbox"/> EA <input type="checkbox"/> CCW	<input type="checkbox"/> Student has an IEP Ministry of Education Category: _____ <input type="checkbox"/> Needs are currently being assessed.	ASSESSMENT INFORMATION <i>(Please refer to student file)</i> School Based Testing: <input type="checkbox"/> No <input type="checkbox"/> Yes DATE: _____ District Assessment: <input type="checkbox"/> No <input type="checkbox"/> Yes DATE: _____ Other: <input type="checkbox"/> No <input type="checkbox"/> Yes (If YES...Specify in Notes below)
Support Received: (Details...What works for this student?) <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <input type="checkbox"/> Academic Support <input type="checkbox"/> Adaptations per IEP <input type="checkbox"/> Behaviour Support <input type="checkbox"/> Employee Safety Plan <input type="checkbox"/> Social/Emotional Support <input type="checkbox"/> CCW Activity <input type="checkbox"/> Life Skills Group <input type="checkbox"/> Social Skills <input type="checkbox"/> Breakfast/Lunch Program <input type="checkbox"/> Other	<input type="checkbox"/> Other: _____	



STUDENT NAME: _____
First Last

SECTION 3 - ALERTS: (To be completed by the elementary support teacher)

ELEMENTARY SCHOOL BASED SERVICES		MINISTRY IDENTIFIED STUDENT
Staffing: <input type="checkbox"/> Elementary Support Case Manager: _____ <input type="checkbox"/> Counsellor <input type="checkbox"/> EA <input type="checkbox"/> CCW	Support Received: (Details...What works for this student?) <input type="checkbox"/> Academic Support <input type="checkbox"/> Adaptations per IEP <input type="checkbox"/> Behaviour Support <input type="checkbox"/> Employee Safety Plan <input type="checkbox"/> Social/Emotional Support <input type="checkbox"/> CCW Activity <input type="checkbox"/> Life Skills Group <input type="checkbox"/> Social Skills <input type="checkbox"/> Breakfast/Lunch Program <input type="checkbox"/> Other	<input type="checkbox"/> Student has an IEP Ministry of Education Category: _____ <input type="checkbox"/> Needs are currently being assessed.
		ASSESSMENT INFORMATION
DISTRICT SERVICES PROVIDED		(Please refer to student file)
<input type="checkbox"/> Aboriginal Education <input type="checkbox"/> Gifted Challenge Programs <input type="checkbox"/> ELL	<input type="checkbox"/> Counsellor <input type="checkbox"/> District #42 Psychologist <input type="checkbox"/> Hearing Teacher	School Based Testing: <input type="checkbox"/> No <input type="checkbox"/> Yes DATE: _____ District Assessment: <input type="checkbox"/> No <input type="checkbox"/> Yes DATE: _____ Other: <input type="checkbox"/> No <input type="checkbox"/> Yes (If YES...Specify in Notes below)
<input type="checkbox"/> Physiotherapist <input type="checkbox"/> Speech and Language <input type="checkbox"/> Autism Services	<input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Vision Teacher <input type="checkbox"/> Other: _____	

SECTION 3 - ALERTS: (To be completed by the elementary support teacher)

ELEMENTARY SCHOOL BASED SERVICES		MINISTRY IDENTIFIED STUDENT
Staffing: <input type="checkbox"/> Elementary Support Case Manager: _____ <input type="checkbox"/> Counsellor <input type="checkbox"/> EA <input type="checkbox"/> CCW	Support Received: (Details...What works for this student?) <input type="checkbox"/> Academic Support <input type="checkbox"/> Adaptations per IEP <input type="checkbox"/> Behaviour Support <input type="checkbox"/> Employee Safety Plan <input type="checkbox"/> Social/Emotional Support <input type="checkbox"/> CCW Activity <input type="checkbox"/> Life Skills Group <input type="checkbox"/> Social Skills <input type="checkbox"/> Breakfast/Lunch Program <input type="checkbox"/> Other	<input type="checkbox"/> Student has an IEP Ministry of Education Category: _____ <input type="checkbox"/> Needs are currently being assessed.
		ASSESSMENT INFORMATION
DISTRICT SERVICES PROVIDED		(Please refer to student file)
<input type="checkbox"/> Aboriginal Education <input type="checkbox"/> Gifted Challenge Programs <input type="checkbox"/> ELL	<input type="checkbox"/> Counsellor <input type="checkbox"/> District #42 Psychologist <input type="checkbox"/> Hearing Teacher	School Based Testing: <input type="checkbox"/> No <input type="checkbox"/> Yes DATE: _____ District Assessment: <input type="checkbox"/> No <input type="checkbox"/> Yes DATE: _____ Other: <input type="checkbox"/> No <input type="checkbox"/> Yes (If YES...Specify in Notes below)
<input type="checkbox"/> Physiotherapist <input type="checkbox"/> Speech and Language <input type="checkbox"/> Autism Services	<input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Vision Teacher <input type="checkbox"/> Other: _____	



STUDENT NAME: _____
FIVE LAST

SECTION 3 - ALERTS: (To be completed by the elementary support teacher)

<p>ELEMENTARY SCHOOL BASED SERVICES</p> <p>Staffing: <input type="checkbox"/> Elementary Support Case Manager: _____ <input type="checkbox"/> Counsellor <input type="checkbox"/> EA <input type="checkbox"/> CCW</p> <p>Support Received: (Details...What works for this student?)</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>		<p>MINISTRY IDENTIFIED STUDENT</p> <p><input type="checkbox"/> Student has an IEP Ministry of Education Category: _____</p> <p><input type="checkbox"/> Needs are currently being assessed.</p>												
<p><input type="checkbox"/> Academic Support <input type="checkbox"/> Adaptations per IEP</p> <p><input type="checkbox"/> Behaviour Support <input type="checkbox"/> Employee Safety Plan <input type="checkbox"/> Social/Emotional Support</p> <p><input type="checkbox"/> CCW Activity <input type="checkbox"/> Life Skills Group <input type="checkbox"/> Social Skills <input type="checkbox"/> Breakfast/Lunch Program <input type="checkbox"/> Other</p>		<p>ASSESSMENT INFORMATION</p> <p><small>(Please refer to student file)</small></p> <p>School Based Testing: <input type="checkbox"/> No <input type="checkbox"/> Yes DATE: _____</p> <p>District Assessment: <input type="checkbox"/> No <input type="checkbox"/> Yes DATE: _____</p> <p>Other: <input type="checkbox"/> No <input type="checkbox"/> Yes (If YES...Specify in Notes below)</p>												
<p>DISTRICT SERVICES PROVIDED</p> <table border="0"> <tr> <td><input type="checkbox"/> Aboriginal Education</td> <td><input type="checkbox"/> Counsellor</td> <td><input type="checkbox"/> Physiotherapist</td> <td><input type="checkbox"/> Occupational Therapist</td> </tr> <tr> <td><input type="checkbox"/> Gifted Challenge Programs</td> <td><input type="checkbox"/> District #42 Psychologist</td> <td><input type="checkbox"/> Speech and Language</td> <td><input type="checkbox"/> Vision Teacher</td> </tr> <tr> <td><input type="checkbox"/> ELL</td> <td><input type="checkbox"/> Hearing Teacher</td> <td><input type="checkbox"/> Autism Services</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>			<input type="checkbox"/> Aboriginal Education	<input type="checkbox"/> Counsellor	<input type="checkbox"/> Physiotherapist	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Gifted Challenge Programs	<input type="checkbox"/> District #42 Psychologist	<input type="checkbox"/> Speech and Language	<input type="checkbox"/> Vision Teacher	<input type="checkbox"/> ELL	<input type="checkbox"/> Hearing Teacher	<input type="checkbox"/> Autism Services	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Aboriginal Education	<input type="checkbox"/> Counsellor	<input type="checkbox"/> Physiotherapist	<input type="checkbox"/> Occupational Therapist											
<input type="checkbox"/> Gifted Challenge Programs	<input type="checkbox"/> District #42 Psychologist	<input type="checkbox"/> Speech and Language	<input type="checkbox"/> Vision Teacher											
<input type="checkbox"/> ELL	<input type="checkbox"/> Hearing Teacher	<input type="checkbox"/> Autism Services	<input type="checkbox"/> Other: _____											
<p>OUTSIDE AGENCY SUPPORT[S]</p> <table border="0"> <tr> <td><input type="checkbox"/> BC Children's Hospital</td> <td><input type="checkbox"/> MCFD</td> <td><input type="checkbox"/> CYMH</td> <td><input type="checkbox"/> Nursing Support Services</td> </tr> <tr> <td><input type="checkbox"/> Public Health</td> <td><input type="checkbox"/> Counselling</td> <td><input type="checkbox"/> Other: _____</td> <td></td> </tr> </table>			<input type="checkbox"/> BC Children's Hospital	<input type="checkbox"/> MCFD	<input type="checkbox"/> CYMH	<input type="checkbox"/> Nursing Support Services	<input type="checkbox"/> Public Health	<input type="checkbox"/> Counselling	<input type="checkbox"/> Other: _____					
<input type="checkbox"/> BC Children's Hospital	<input type="checkbox"/> MCFD	<input type="checkbox"/> CYMH	<input type="checkbox"/> Nursing Support Services											
<input type="checkbox"/> Public Health	<input type="checkbox"/> Counselling	<input type="checkbox"/> Other: _____												

NOTES (Where applicable for: Medical Alert, ELL, French Immersion, AbEd, Other...)

COLLABORATIVE CONSIDERATIONS FOR NEXT YEAR

This section is to be completed collaboratively at the time of the TRANSITION COORDINATOR'S MEETING (telephone or face-to-face).

ATTACHMENTS:

IEP

PD Form

Other: _____



STUDENT NAME: _____
First Last

SECTION 3 - ALERTS: (To be completed by the elementary support teacher)

<p>ELEMENTARY SCHOOL BASED SERVICES</p> <p>Staffing: <input type="checkbox"/> Elementary Support Case Manager: _____ <input type="checkbox"/> Counsellor <input type="checkbox"/> EA <input type="checkbox"/> CCW</p> <p>Support Received: (Details...What works for this student?)</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p><input type="checkbox"/> Academic Support <input type="checkbox"/> Adaptations per IEP</p> <p><input type="checkbox"/> Behaviour Support <input type="checkbox"/> Employee Safety Plan <input type="checkbox"/> Social/Emotional Support</p> <p><input type="checkbox"/> CCW Activity <input type="checkbox"/> Life Skills Group <input type="checkbox"/> Social Skills <input type="checkbox"/> Breakfast/Lunch Program <input type="checkbox"/> Other</p>		<p>MINISTRY IDENTIFIED STUDENT</p> <p><input type="checkbox"/> Student has an IEP Ministry of Education Category: _____</p> <p><input type="checkbox"/> Needs are currently being assessed.</p>											
<p>ASSESSMENT INFORMATION</p> <p><small>(Please refer to student file)</small></p> <p>School Based Testing: <input type="checkbox"/> No <input type="checkbox"/> Yes DATE: _____</p> <p>District Assessment: <input type="checkbox"/> No <input type="checkbox"/> Yes DATE: _____</p> <p>Other: <input type="checkbox"/> No <input type="checkbox"/> Yes (If YES...Specify in Notes below)</p>													
<p>DISTRICT SERVICES PROVIDED</p> <table border="0"> <tr> <td><input type="checkbox"/> Aboriginal Education</td> <td><input type="checkbox"/> Counsellor</td> <td><input type="checkbox"/> Physiotherapist</td> <td><input type="checkbox"/> Occupational Therapist</td> </tr> <tr> <td><input type="checkbox"/> Gifted Challenge Programs</td> <td><input type="checkbox"/> District #42 Psychologist</td> <td><input type="checkbox"/> Speech and Language</td> <td><input type="checkbox"/> Vision Teacher</td> </tr> <tr> <td><input type="checkbox"/> ELL</td> <td><input type="checkbox"/> Hearing Teacher</td> <td><input type="checkbox"/> Autism Services</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>		<input type="checkbox"/> Aboriginal Education	<input type="checkbox"/> Counsellor	<input type="checkbox"/> Physiotherapist	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Gifted Challenge Programs	<input type="checkbox"/> District #42 Psychologist	<input type="checkbox"/> Speech and Language	<input type="checkbox"/> Vision Teacher	<input type="checkbox"/> ELL	<input type="checkbox"/> Hearing Teacher	<input type="checkbox"/> Autism Services	<input type="checkbox"/> Other: _____
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<p>OUTSIDE AGENCY SUPPORT[S]</p> <p><input type="checkbox"/> BC Children's Hospital <input type="checkbox"/> MCFD <input type="checkbox"/> CMHA <input type="checkbox"/> Nursing Support Services</p>													

COLLABORATIVE CONSIDERATIONS FOR NEXT YEAR

This section is to be completed collaboratively at the time of the TRANSITION COORDINATOR'S MEETING (telephone or face-to-face).

ATTACHMENTS:

- IEP
- PD Form
- Other: _____

COLLABORATIVE CONSIDERATIONS FOR NEXT YEAR

This section is to be completed collaboratively at the time of the TRANSITION COORDINATOR'S MEETING (telephone or face-to-face).

ATTACHMENTS:

- IEP
- PD Form
- Other: _____



STUDENT NAME: _____
First Last

SECTION 3 - ALERTS: (To be completed by the elementary support teacher)

ELEMENTARY SCHOOL BASED SERVICES Staffing: <input type="checkbox"/> Elementary Support Case Manager: _____ <input type="checkbox"/> Counsellor <input type="checkbox"/> EA <input type="checkbox"/> CCW Support Received: (Details...What works for this student?) <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <input type="checkbox"/> Academic Support <input type="checkbox"/> Adaptations per IEP <input type="checkbox"/> Behaviour Support <input type="checkbox"/> Employee Safety Plan <input type="checkbox"/> Social/Emotional Support <input type="checkbox"/> CCW Activity <input type="checkbox"/> Life Skills Group <input type="checkbox"/> Social Skills <input type="checkbox"/> Breakfast/Lunch Program <input type="checkbox"/> Other		MINISTRY IDENTIFIED STUDENT <input type="checkbox"/> Student has an IEP Ministry of Education Category: _____ <input type="checkbox"/> Needs are currently being assessed.
ASSESSMENT INFORMATION <small>(Please refer to student file)</small> School Based Testing: <input type="checkbox"/> No <input type="checkbox"/> Yes DATE: _____ District Assessment: <input type="checkbox"/> No <input type="checkbox"/> Yes DATE: _____ Other: <input type="checkbox"/> No <input type="checkbox"/> Yes (If YES...Specify in Notes below)		
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- PD Form
- Other: _____

COLLABORATIVE CONSIDERATIONS FOR NEXT YEAR

This section is to be completed collaboratively at the time of the TRANSITION COORDINATOR'S MEETING (telephone or face-to-face).

ATTACHMENTS:

- IEP
- PD Form
- Other: _____

My *Thoughts* about
HIGH SCHOOL

Write it...
Draw it...



NAME: _____ DATE: _____

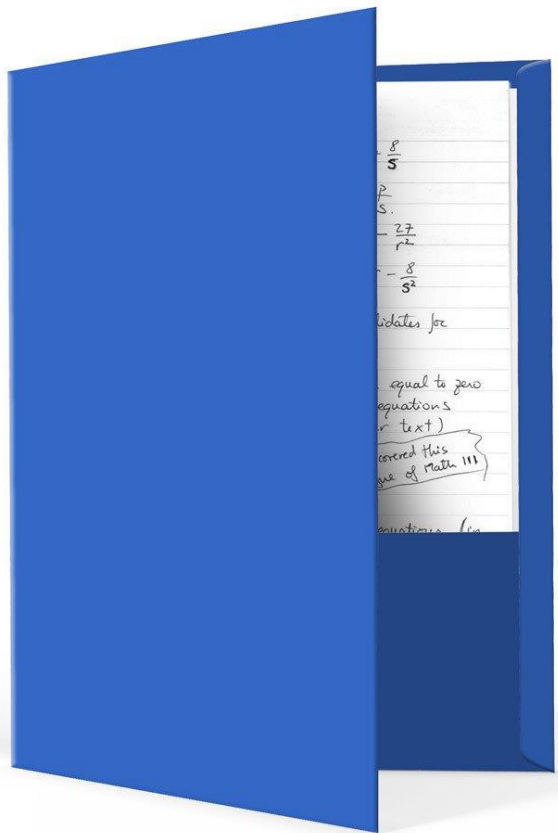
Something you should
know about me...

What is my favourite thing
to do in school?

Something I am looking forward
to in high school:

What helps me to learn in school?

GRADE 7 TRANSITION



INFORMATION SHARING PROCESS

Before Spring Break

GRADE 7 TRANSITION

Tools to support organization for the

APRIL 9th

INFORMATION SHARING MEETING



GRADE 7 TRANSITION

SECONDARY CONTACT/DISCUSSION NEEDS ORGANIZATION

PITT MEADOWS SECONDARY INFORMATION

		ELEMENTARY SCHOOL					
NUMBERS	TOTAL Number coming	SPECIFIC Collaboration Needs		Students Needing a...			
		Timetabling Needs and/or Groupings	PD Form	Telephone conversation	MEETING with ITOC Release		
MEETING DETAILS	DATE & TIME	CHECK <input type="checkbox"/> who needs to come to your school for the meeting:					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER NOTES		ITOC/ITOCIS	Support Coord. (CJ)	Counselling Coord. (CJ)	AASA	Special/Challenged Worker (CCW)	Student Support Teacher (no release) 1
		<input type="checkbox"/> OTHER:					

ORGANIZING INFORMATION COLLECTION



STEP ONE

Coordinate completing the forms with grade 7 teachers in your school.

District staff involved with students (counsellors, AbEd, CCWs, Helping Teachers, physiotherapists, OTs, and SLPs will contact you about students they have worked with and:

- Pass on notes that need to be shared with secondary schools
- Indicate interest in attending a meeting to collaborate on transition supports



STEP TWO

Organize notes FOR EACH HIGH SCHOOL

ONLY this part needs to be completed... the rest can be done together in March



GRADE 7 TRANSITION SECONDARY CONTACT DISCUSSION NEEDS ORGANIZATION				
GARIBALDI SECONDARY INFORMATION				
Hilton Elem.				
NUMBERS	SOCIAL Number (meeting)	BASIC Collaboration Needs		Students needing a...
	14	Coordinating needs and/or resources	MS forms	Telephone conversation
		-	1	3
				4
MEETING DETAILS	DATE & TIME	SCHOOL USE ONLY: (check off if you need for the meeting)		
		<input checked="" type="checkbox"/> NEEDS DATA <input checked="" type="checkbox"/> STUDENT RECORDS <input checked="" type="checkbox"/> RESOURCES <input checked="" type="checkbox"/> ADDITIONAL SUPPORTS <input type="checkbox"/> OTHER	- CCW - Hearing teacher	
OTHER NOTES				

ORGANIZING INFORMATION COLLECTION



STEP ONE

Coordinate completing the forms with grade 7 teachers in your school.

District staff involved with students (counsellors, AbEd, CCWs, Helping Teachers, physiotherapists, OTs, and SLPs will contact you about students they have worked with and:

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ORGANIZING INFORMATION COLLECTION



STEP ONE

Coordinate completing the forms with grade 7 teachers in your school.

District staff involved with students (counsellors, AbEd, CCWs, Helping Teachers, physiotherapists, OTs, and SLPs will contact you about students they have worked with and :

- Pass on notes that need to be shared with secondary schools
- Indicate interest in attending a meeting to collaborate on transition supports



STEP TWO

Organize notes
FOR EACH HIGH
SCHOOL

ONLY this part
needs to be
completed...th
e rest can be
done together
in March



GRADE 7 TRANSITION							
SECONDARY CONTACT DISCUSSION NEEDS ORGANIZATION							
GARIBOLDI SECONDARY INFORMATION							
<i>Hilton Elem.</i>							
NUMBERS	TOTAL number meeting	SEDCO Collaboration needs		Students needing a...			
	14	Transcribing needs with transcription	NO notes	Telephone conversation	MEETING with TFCB Release		
		-	1	3	4		
MEETING DETAILS	DATE & TIME	Please list the names of all participants from your school for the meeting					
		<input checked="" type="checkbox"/> SENIOR TALK	<input checked="" type="checkbox"/> "SPECIALTY" meeting	<input type="checkbox"/> REGULARITY	<input checked="" type="checkbox"/> LTR	<input type="checkbox"/> SENIOR TALK & REGULARITY	<input type="checkbox"/> SENIOR TALK & REGULARITY
							- CCW - Hearing teacher
OTHER NOTES							



STEP THREE

Organize notes

IF there are timetabling or grouping notes complete that separately from the Transition Form.

OPTIONAL
TOOL



TIMETABLING CONSIDERATIONS

NOTES
(for student grouping or podding)
for

SUMMARY	DETAILS

|

Elementary School

Elementary Transition
Coordinator



STEP FOUR

Organize notes

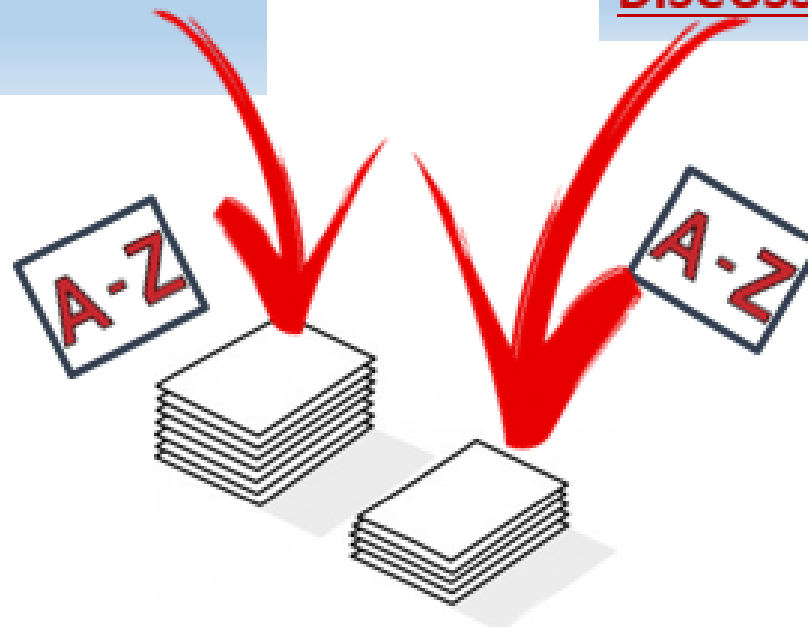
Into TWO piles for each school

PILE 1

Student
information to
pass on for
reference at the
school.

PILE 2

Student
information to
DISCUSS



STEP FIVE

COMPLETE A PD FORM FOR EACH STUDENT NEEDING EA TIME AT SECONDARY.



You will bring these to the APRIL MEETING.

PLEASE DO NOT SUBMIT THE FORMS

Secondary LEARNING SUPPORT DEPARTMENT HEADS will submit the PD Forms to Learning Services by APRIL 12th.

USE the
SECONDARY PD
FORM

PERSONAL DEVELOPMENT APPLICATION 2019-2020
Request for (ECONOM) Personal Development Time
Complete for applications with special educational needs who will be attending secondary school in 2019-2020

Student name: _____ Year group: _____
Address: _____
Military assignment: _____ (please specify)

Specialist training required to support student: _____
Student attends school: Full time Part time (please specify below section 'Other Considerations')

Other Considerations
Student takes Part in Free Yes No Student/Teacher Support Plan in Place Yes No
Other: Yes No Learning/Support Services: Yes No
Other: Yes No

Comments - add additional
• Are any additional considerations/needs specific to this student by: American Sign Language (French, ...)
• Are there any other students who require support who will be attending secondary school in 2019-2020?
• How do you plan to support these students after registration in secondary school? Please specify what you plan to do.

Name of parent(s) completing form: (underline name) _____
Principal's signature: _____
Date: _____

* Please refer to the Student's admission/entry letter(s)

To be completed by Learning Services: To be completed by Student: To be completed by Parent/Carer:

G4 FILING

School administration will be coordinating **the filing of the original binder** content with records staff (Prior to FEBRUARY)

Secondary coordinators will return their emptied binder.

Before filing ...secondary coordinators need to ensure that all material in their binder is appropriate to put in the G4.

- assume that anyone --including the parent-- can be read the forms
- students names must not be written on documents going into another student file.



TABLE TALK...

SHARING INFORMATION



What **questions/needs** do **Grade 7 & 8 classroom teachers** have that the transition process can support?

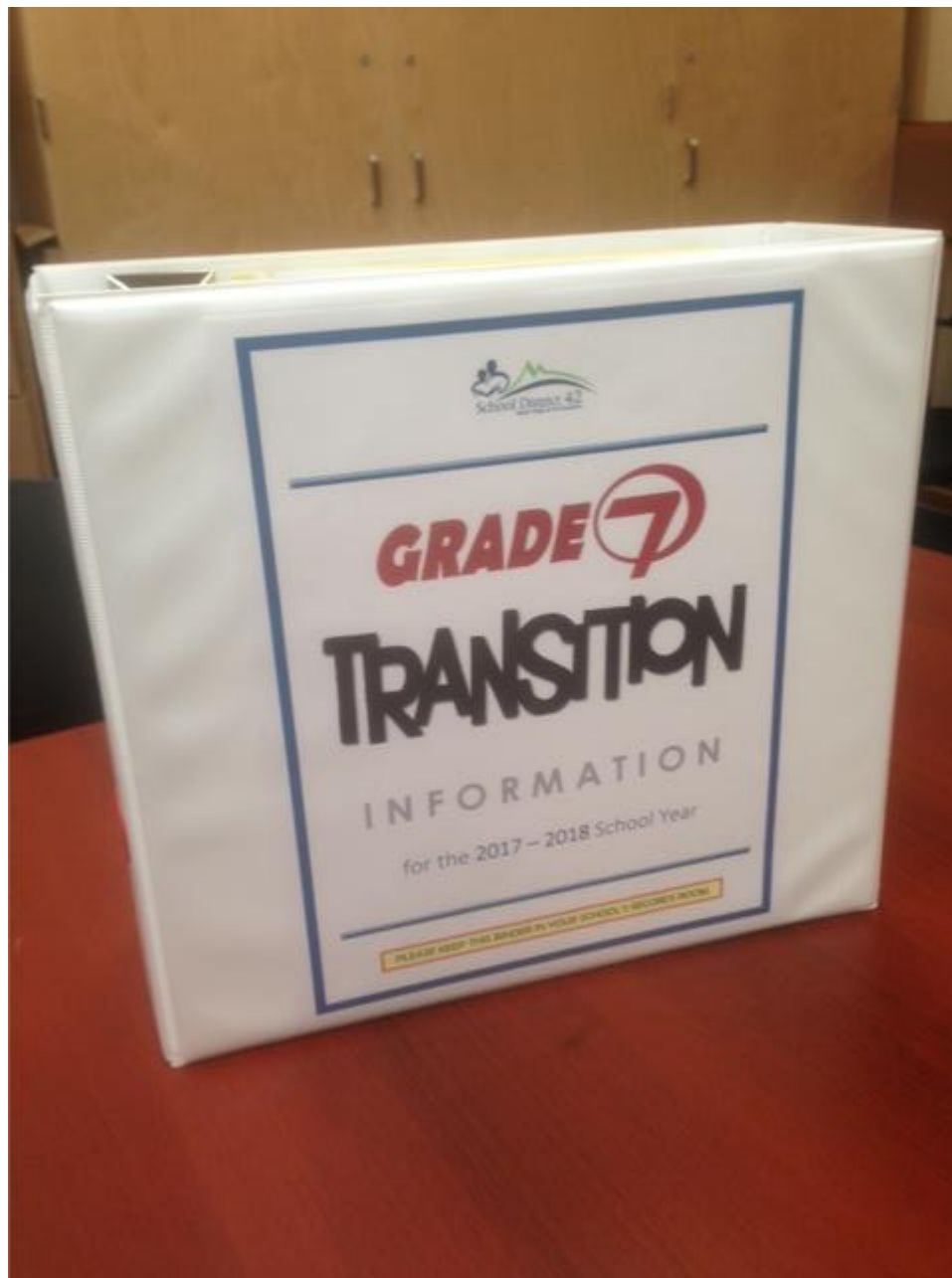


After Spring Break

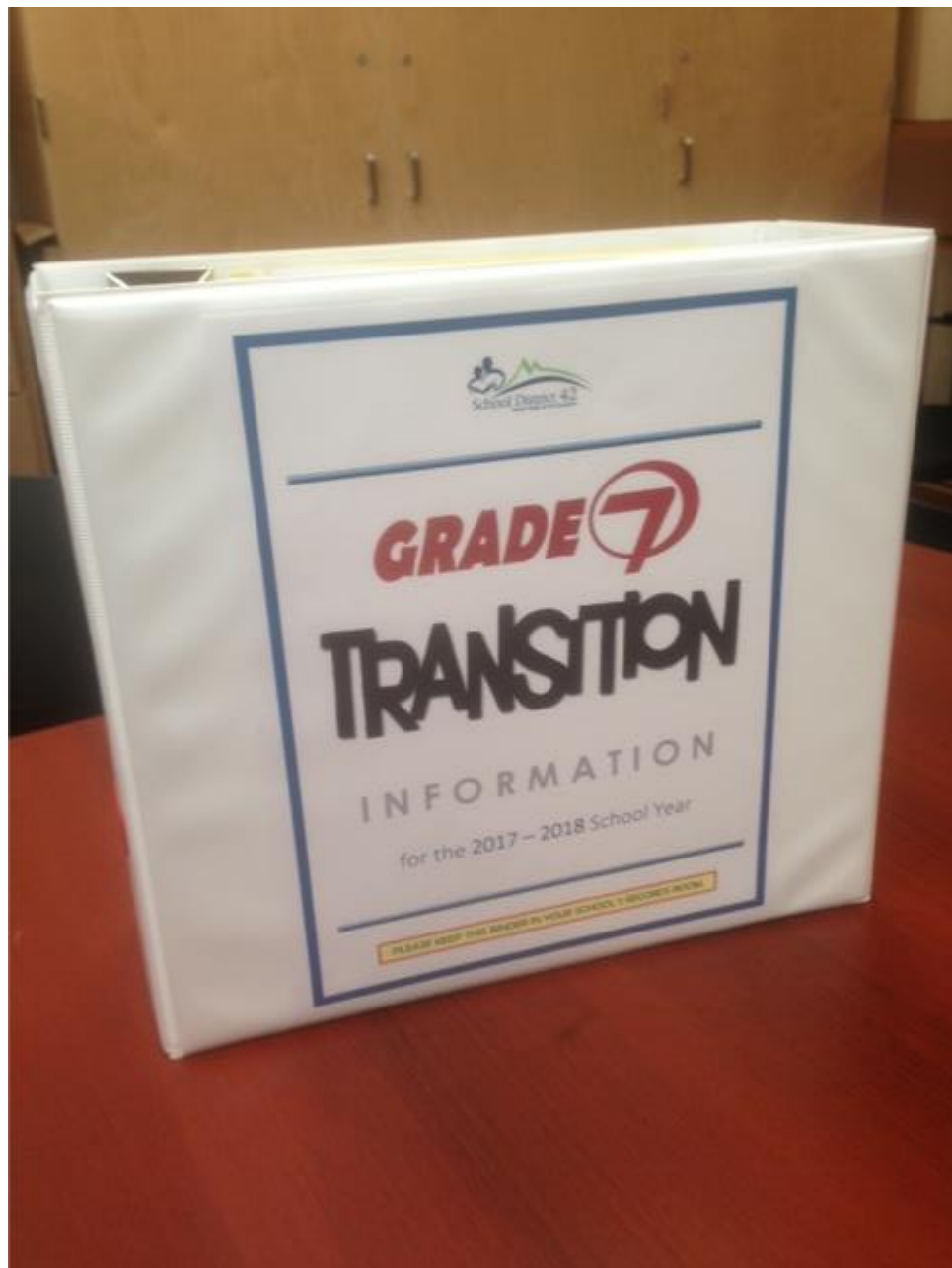
APRIL!

HOT
LUNCH





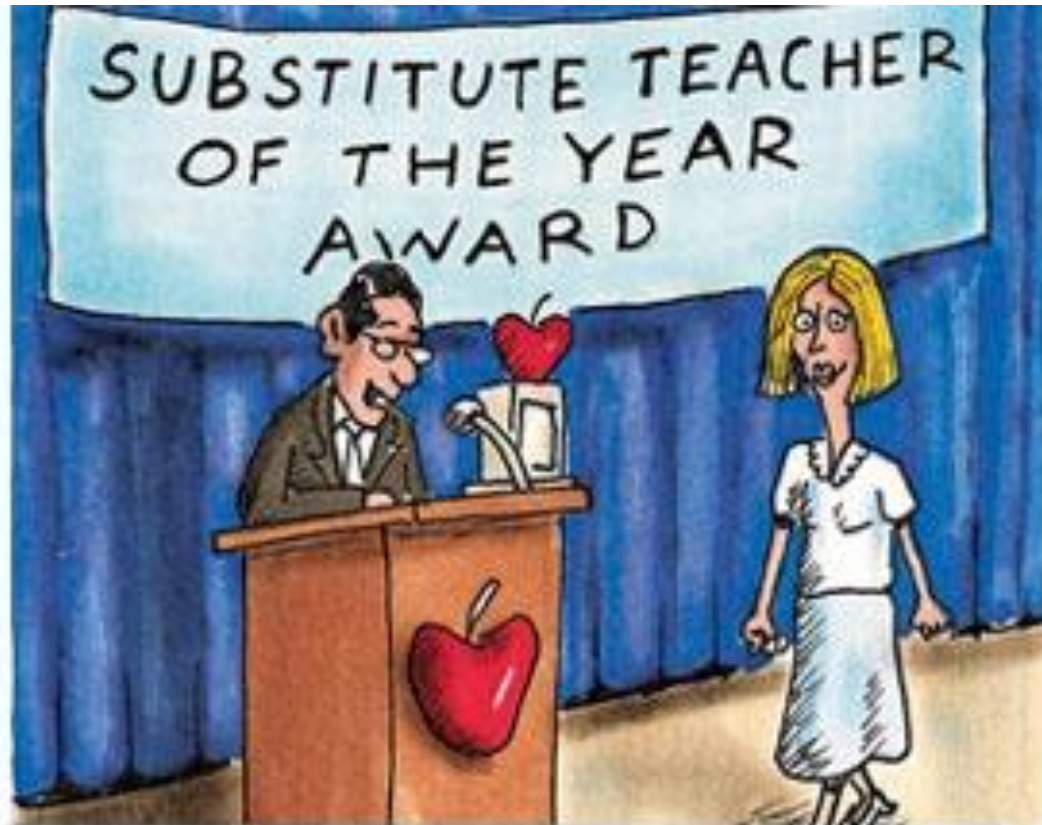
MONDAY APRIL 4	TUESDAY APRIL 5	WEDNESDAY APRIL 6	THURSDAY APRIL 7	FRIDAY APRIL 8
8:30-11:00 10:30-12:00 12:45-2:15	8:30-11:00 10:30-12:00 12:45-2:15	8:30-11:00 10:30-12:00 12:45-2:15	8:30-11:00 10:30-12:00 12:45-2:15	8:30-11:00 10:30-12:00 12:45-2:15
MONDAY APRIL 11	TUESDAY APRIL 12	WEDNESDAY APRIL 13	THURSDAY APRIL 14	FRIDAY APRIL 15
8:30-10:00 10:30-12:00 11:45-2:15	8:30-10:00 10:30-12:00 11:45-2:15	8:30-10:00 10:30-12:00 11:45-2:15	8:30-10:00 10:30-12:00 11:45-2:15	8:30-10:00 10:30-12:00 11:45-2:15
MONDAY APRIL 18	TUESDAY APRIL 19	WEDNESDAY APRIL 20	THURSDAY APRIL 21	FRIDAY APRIL 22
8:30-10:00 10:30-12:00 11:45-2:15	8:30-10:00 10:30-12:00 11:45-2:15	8:30-10:00 10:30-12:00 11:45-2:15	8:30-10:00 10:30-12:00 11:45-2:15	8:30-10:00 10:30-12:00 11:45-2:15
MONDAY APRIL 25	TUESDAY APRIL 26	WEDNESDAY APRIL 27	THURSDAY APRIL 28	FRIDAY APRIL 29 <small>(No PD hours due)</small>
8:30-10:00 10:30-12:00 11:45-2:15	8:30-10:00 10:30-12:00 11:45-2:15	8:30-10:00 10:30-12:00 11:45-2:15	8:30-10:00 10:30-12:00 11:45-2:15	8:30-10:00 10:30-12:00 11:45-2:15



CALENDAR DATES

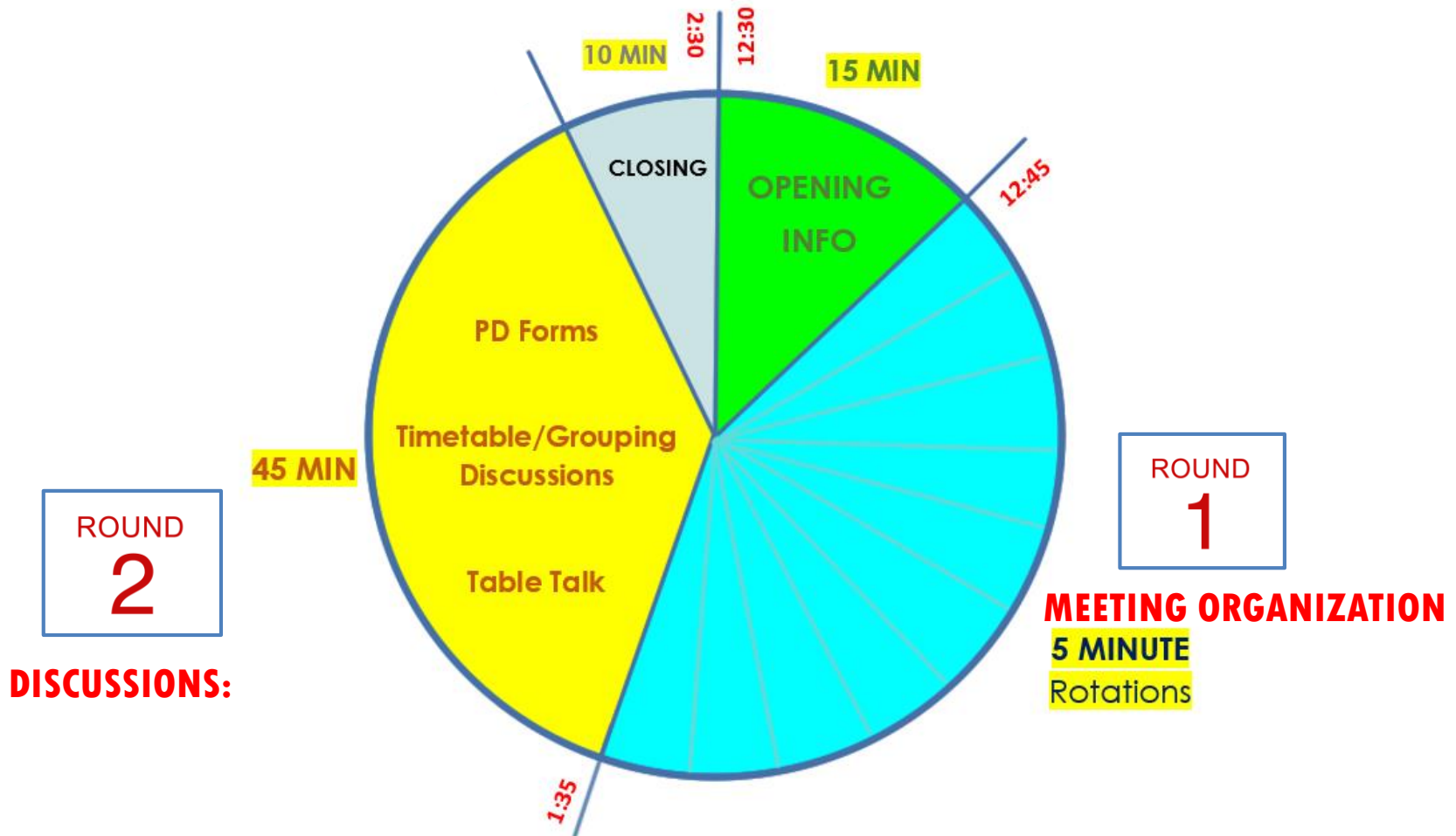
	Mon	Tue	Wed	Thu	Fri
March 2019	4 Parents, Elementary & Secondary schools know enrolled students	5	6	7	8 SECONDARY YEAR 13 FORMS DUE
	11	12	13	14	15
	18	19	20	21	22
	25	26	27	28	29
Apr 2019	1	2	3	4	5 ELEMENTARY PD FORMS DUE
	8	9 TRANSITION COORDINATOR MEETING	10 12 TTOCs Reserved for Meetings	11 12 TTOCs Reserved for Meetings	12 SECONDARY PD FORMS DUE
	15	16 12 TTOCs Reserved for Meetings	17 12 TTOCs Reserved for Meetings	18	19 GOOD FRIDAY
	22 EASTER MONDAY	23	24 12 TTOCs Reserved for Meetings	25 12 TTOCs Reserved for Meetings	26
May 2019	29 PRO-D	30 12 TTOCs Reserved for Meetings	1 12 TTOCs Reserved for Meetings	2	3

TTOC availability



"Here to receive this year's award for Mrs. Smith is Miss Taylor ..."

APRIL 9th MEETING



Hilton Elem.

EDUCATION SCHOOL

NUMBERS

TOTAL Number coming	SPECIFIC Collaboration Needs		Students Needing a...	
14	Timetabling Needs and/or Groupings	PD Form	Telephone conversation	MEETING with TTOC Release
	-	1	3	4

MEETING DETAILS

DATE & TIME	CHECK (☑) who needs to come to your school for the meeting:					
DATE: _____ TIME: _____	TTOC NEEDS	Support Coordinator	Counseling Coordinator	ASST	Young/Childcare Worker (CCW)	Intensive Needs Support Teacher (see below)
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/> OTHER: - CCW - Hearing teacher					

OTHER NOTES

Hilton Elem.

ELEMENTARY SCHOOLS

NUMBERS

TOTAL Number coming	SPECIFIC Collaboration Needs		Students Needing a...	
14	Timetabling Needs and/or Groupings	PD Form	Telephone conversation	MEETING with TTOC Release
	-	1	3	4

MEETING DETAILS

DATE & TIME	CHECK ([X]) who needs to come to your school for the meeting:					
Date: April 12 Time: 10:30	TTOC MEMBER	Support Coordinator	Counseling Coordinator	Absent	Youth/Children Worker (CCW)	Intensive Needs Support Teacher (see section 1)
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/> OTHER: - CCW - Hearing teacher					

OTHER NOTES



Before April 9th

ELEMENTARY COORDINATORS:

(See timeline)

- **Start with Grade 7 teachers...**
- **You will be the key contact** for teachers, support, CCW, AbEd, helping teachers, OTs, SLPs, psychologists, admin, counselling...
- **Sort forms** into schools (guide provided)
- Complete PD Forms (use Secondary template in package)
- **Be ready** to identify:
 - Schools you need to meet with....
 - Schools you speak with on the phone...
 - Dates and times you (and anyone needing to meet) can meet on...



Before April 9th

SECONDARY COORDINATORS:

(See timeline)

- **Clarify Clarify/Discuss at your school:**
 - How will the support structure look next year...?
 - How will Transition information be shared in September...?
 - How are support caseloads collaborated on?
 - What activities can be engaged to support incoming Grade 8's
 - Key contacts: Define the roles** of the counsellor & support coordinator through your admin.
 - Define when will elementary schools and parents know case manager contacts for students needing support.

LUNCH CHAT



**For Grade 7 and 8 teams
interested in discussing Grade 7
Transition.**

- **Ideas you have...**
- **Q & A ...**
- **Support for the process ...**

Back together
on



9th

HOT
LUNCH

