

The YMCA Academy • Orientation Package



Confidential Document

The YMCA Academy – 15 Breadalbane Street, 3rd Floor Toronto, ON, M4Y 1C2
Tel: 416-928-0124, Fax: 416-928-0212, E-mail: admissions@ymcaacademy.org Website: www.ymcaacademy.org

Orientation Package Checklist:

Forms:

- Special Education History - p.2
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Submit Orientation Package:

Place all above forms into a sealed envelope and submit to The YMCA Academy either:

- in person or by mail
- OR
- by fax or e-mail an electronic copy

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Special Education History

Has the student had an educational assessment or IQ Test? Yes No

Date: ___ / ___ / ___
D M Y

Administered by: _____ Ph: _____

Is the student now, or in the past, under the care of a Physician, Psychologist, Psychiatrist, or other professional Counsellor?

Yes No

If Yes please provide the name and address of the attending professional and reason for consultation.

Name: _____ Title: _____

Address: _____ Ph: _____

City: _____

Reason for Consultation:

Date(s): _____

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Emergency Contact Information

Student's Physician

Student Name: _____ Doctor's Name: _____
Ontario Health Card #: _____ Doctor's Ph: _____

Note: Health Card number is required to allow student to be seen by a doctor in case of emergency

Student's Emergency Contact

Name: _____

Note: Emergency Contact must be someone other than a parent / guardian. Emergency contact will only be called if The Academy is unable to reach the parent(s) / guardian(s).

Relationship to Student: _____ Day Ph: _____

Evening Ph: _____ Cell Ph: _____

Home Ph: _____ Business Ph: _____

Student's Health History

The more information you can provide, the better we can meet the needs of your son/daughter. This information will only be used by The YMCA Academy staff if needed. Whatever information you send to us will be treated with confidence and respect.

Immunity History:

- Hepatitis ____ (year)
- Chicken Pox ____ (year)
- Mononucleosis ____ (year)
- H1N1 ____ (year)
- Other ____ (year)
- Last Booster Shot: ____ (year)

Note: You may wish to copy and submit the Student's vaccination records in lieu of this checklist.

Current Health Issues:

Is the student under any form of treatment for any illness, condition or injury? Yes No

If yes, please list specifics and provide details regarding routines / medications, etc. _____

Note: Use separate piece of paper and attach to application if needed.

Carries Epi-pen: No Yes, for _____

Carries Asthmatic Inhalers: No Yes, for _____

Wears Medic-Alert Bracelet: No Yes, for _____

Note: Please list specifics, including symptoms and indicate level of severity.

Other Health Issues (please check all that apply):

- ADHD Mental Illness Diabetes Epilepsy Asthma Ear infections Hypertension Kidney Trouble
- Hearing Frequent cold/ sinus Bleeding/ clotting Skin Conditions Back Injury Sight Knee Injury
- Behaviour Issues Other _____

Allergies:

Note: Please list specifics and indicate if allergy is anaphylactic.

Drugs: No Yes _____

Food / Peanut: No Yes _____

Insects: No Yes _____

Other: No Yes _____

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Parent / Guardian Questionnaire

To be filled out by parent or legal guardian. Please use additional sheets if necessary. You may also request to complete these questions in person or by phone.

Student's Full Name: (please print) _____

1. What special education services (if any) has your son/daughter received?
2. What do you perceive to be your son / daughter's strengths, abilities and talents?
3. What do you perceive to be your son / daughter's primary difficulties in school?
4. Is your son / daughter presently motivated to learn?
5. What does your son / daughter do in his / her leisure time? Explain his / her hobbies / interests (i.e. athletics, art).
6. Describe your son / daughter's relationship with his / her mother / father / guardian.
7. What does your son / daughter like most about school?
8. What does your son / daughter dislike most about school?
9. Has your son / daughter had any extended periods of absence from school due to illness, truancy, suspension?
10. Has your son / daughter displayed behavioural issues in school? At home?
11. Why do you want your son / daughter to attend The YMCA Academy?
12. Does your son / daughter have any history of emotional problems or psychological counseling? If so, please give an explanation as to the nature of the problem and its treatment.
13. What other schools are you and your son / daughter considering?

Parent / Guardian Signature: _____

Date: ____ / ____ / ____
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Note: Intentional falsification of information on this form may lead to the student's termination from the program.

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Student Questionnaire

Please respond to the following. We ask that you complete the form in your own handwriting. You may attach extra sheets if you feel it is necessary. You may also request to complete these with accommodations such as a laptop or a scribe.

Student's Full Name: (please print) _____

1. Which of your subjects in school do you enjoy the most?
2. What aspects of school give you the most trouble?
3. What is your proudest accomplishment?
4. In what kinds of extra-curricular activities are you involved? Please share with us any awards, athletic recognition or special notification you have received in these activities.
5. When you think about your future, what hopes or dreams come to mind?
6. What do you believe you need in school to be successful? (I.e. extra help, small classes, additional time on tests / assignments, etc.)
7. Why are you interested in joining us at The YMCA Academy?

Student Signature: _____

Date: ____ / ____ / ____
 D M Y

Note: Intentional falsification of information on this form may lead to the student's termination from the program.

Note: the Student Questionnaire on p.6 & p.7 contain critical information required for the student's future Teachers, Guidance counselor and Administration at The YMCA Academy.

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Current English Teacher Checklist

Please check the appropriate response. Where you feel necessary, you may check more than one response. If you feel none of the options are appropriate, feel free to suggest your own observation.

Classroom Conduct:

- Quite poor Occasionally disruptive Age appropriate Quite good

Attention Span:

- Quite poor Easily distracted Occasionally wanders Good concentration

Class Participation:

- Never Only when prompted Occasionally Eager participant

Completion of Homework:

- Never Often not done Done but incomplete Usually done well Always complete

Effort:

- Does very little Occasionally tries Adequate effort Well-motivated

Work Ethic:

- Doesn't care Needs a lot of supervision Occasionally tries Works best with supervision Independent worker

Self-confidence:

- Very discouraged Needs some support Appears overly confident Healthy self-image

Organization:

- Poor Fair Good Excellent

Peer Relations:

- Provokes others Scapegoat Loner Serious Friendly Leader

Adult Relations:

- Challenges authority Plays the clown Co-operative Respectful Friendly

Honesty & Integrity:

- Cannot be trusted Questionable Usually trustworthy Unquestionable

Please include any additional observations that you think would be helpful. We welcome any comments concerning Parent / Guardian co-operation and involvement with you and your school. Please attach a separate sheet if necessary.

Teacher's Name: _____ Signature: _____

School Name: _____

School Telephone: _____ Date: _____

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Current Math Teacher Comments

Student's Full Name: (please print) _____ Date: ___ / ___ / ___
D M Y

Note to Student:

Applicants should request comments from TWO current teachers (in English and Math) to allow The YMCA Academy the opportunity to tailor programming to best suit the individual's needs.

Note to Current Math Teacher:

The above named student is an applicant at The YMCA Academy. To better understand the applicant's learning style(s), we would appreciate your thoughtful comments to the questions below. Feel free to add additional sheets. We greatly appreciate your assistance.

1. How long have you been working with the student? _____

2. What courses have you taught the student? _____

3. Was the student working at grade level?

- | | |
|---|--|
| <input type="checkbox"/> Yes with accommodations | <input type="checkbox"/> Yes with modification |
| <input type="checkbox"/> Yes without accommodations | <input type="checkbox"/> No |

4. Did the student require?

- Curricular Accommodations
 Curricular Modifications

5. What do you perceive to be the student's greatest need(s) in mathematics?

6. Please describe the student's ability to solve problems and deal with abstract concepts.

7. What do you find to be the student's greatest strengths (*academically and personally*)?

8. Does the student respond to constructive criticism? Does he / she learn from his / her mistakes?

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Teacher's Name: _____ **Signature:** _____
School Name: _____
School Telephone: _____ **Date:** _____