**Selection Criteria for Admission to Dual Credit Programs**

(To be completed by school)

**Student Name: School:**

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| **Please check appropriate boxes to indicate how suitability has been determined:** |
| \*Students would qualify for the program if any indicator of disengagement or underachieving is present, as well as some evidence that the student demonstrates the potential to succeed\* |
| **Evidence of disengagement for this student** |
| * Lacks confidence in ability to succeed * Unsure of pathway beyond secondary school * In need of career clarification * Sees little connection between secondary school program and preferred future * Numerous absences * Has already or is at risk of dropping out * Out of school but reluctant to return to school for non-academic reasons * Lack of involvement/engagement in school or community activities |
| **Evidence of underachieving for this student** |
| * Under-credited: not on track to graduate in four years * Over age for grade level * Was making progress, but progress has slowed * Marks in current courses are declining |
| **Evidence of potential for this student to succeed** |
| * Completed most, if not all, compulsory credits * Graduation within reach in one year (e.g. 22 or more credits) * Issues that were previously preventing success have been or are being addressed * Interest in/Commitment to/Readiness for the program * Motivated to improve skills and work habits * Some evidence of independent learning skills * Appropriate maturity level * Demonstrates progress, motivation or skills in activities outside the school setting * Some demonstrated success in “C”, “M” or “U” courses |

Has the student been identified through an IPRC process? Y N

Does the student have an IEP? If so, please attach. Y N

Why would the student benefit from this program?

Student Success Team Member Referring Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Principal or Designate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please send completed applications through Board mail to Nancy Godwaldt at HWDSB Ed Centre,**

**or fax completed applications to Nancy at: 289-674-0409**

**or email applications to Lynn Krusto: lkrusto@hwdsb.on.ca**