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

(To be completed by school)

**Student Name: School:**

|  |
| --- |
| **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**