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ACADEMIC REFERENCE

Student name: _____ Present grade: _____

School: _____ MET #: _____

FIPPA / PHIA Release: The parent/guardian of the student named above agrees to permit their current school to release the information requested below to St. Ignatius School for the purposes of the application process.

Signature of parent/guardian of the applicant: _____ **Date:** _____

The above named student has applied to St. Ignatius School. This form is to be presented to a teacher or administrator of the student's current school on behalf of St. Ignatius School. We appreciate your comments regarding this student as we proceed with the admission process. The information you provide will aid us in identifying the student's needs and will be held in strict confidence. Please return this form as soon as possible by FAX to (204) 475-3961. Thank you.

Please indicate the type of program the student currently follows: ☐ Regular ☐ Adapted ☐ Modified ☐ EAL

Has the student ever been referred to or received any of the following:

☐ Occupational Therapy ☐ Speech and Language Therapy ☐ Psychological services ☐ Resource Support

☐ Other (Please specify) _____

Characteristics	Please Check the appropriate rating Poor (1) to Excellent (5)	Comments
Attendance	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	
Co-operation	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	
Study habits/Organization	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	
Academic ability	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	
Academic Effort	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	
Class participation	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	
Relationship with peers	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	
Relationship with teachers	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	
Responsibility	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	
Leadership	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	

Would this child require additional supports to be successful at St. Ignatius School? ☐ YES ☐ NO

If **Yes**, please specify. Use a separate sheet if required. _____

Has this student demonstrated behaviour management concerns? ☐ Severe ☐ Minor ☐ Not at all

If yes, please explain: _____

Have there been any challenges working in partnership with parents/caregivers? ☐ Severe ☐ Minor ☐ Not at all

If yes, please explain: _____

Additional Comments:

In what capacity do you know this student? ☐ Counsellor ☐ Teacher ☐ Other: _____

Your Name (Print): _____ Position: _____

Your signature: _____ Date completed: _____