Yukon
Education

SHARED RESOURCE PROGRAM
Report on Initial Adjustment

School/Program: _____ Date Admitted: _____

Name of Student: _____ Date of Report: _____

Summary of Adjustment to Program

Attendance (please comment on attendance and lates)

Report prepared by: _____

Recommendation: Continue in Program _____

(check one) Further review required _____

Principal's signature: _____

File in student confidential file, copy to Student Support Services (fax #393-6423).

This information is being collected under the authority of the *Education Act* for the purpose of assessing student needs and determining student programming. This information may be shared with other agencies as required to be used in establishing related data bases. For further information, please direct inquires to the Principal of the school designated on this form or the Superintendent, Student Support Services at 667-8000.

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