

SHARED RESOURCE PROGRAM APPLICATION FORM

I. DEMOGRAPHIC INFORMATION

Name of Student: _____ Date of Birth: _____
(Surname) (Given) (YYYY/MM/DD)

School: _____ Grade: _____ Gender: _____

Date of Application: _____
(YYYY/MM/DD)

Suggested Shared Resource Program: _____

II. STATEMENT OF THE PROBLEM

III. SUMMARY OF BACKGROUND INFORMATION (medical, family, educational, general interests)

IV. CURRENT LEVEL OF PERFORMANCE

A. Areas of Strength

B. Areas of Need

[illegible][illegible]

Review Date: _____

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 in establishing related data bases. This information is protected under the *Access to Information and Protection of Privacy Act*. For further information, please direct inquires to the Principal of the school designated on this form or the Director Student Support Services, at 667-8000.