

# The YMCA Academy • Orientation Package



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The YMCA Academy – 15 Breadalbane Street, 3<sup>rd</sup> Floor Toronto, ON, M4Y 1C2  
Tel: 416-928-0124, Fax: 416-928-0212, E-mail: [admissions@ymcaacademy.org](mailto:admissions@ymcaacademy.org) Website: [www.ymcaacademy.org](http://www.ymcaacademy.org)

## Orientation Package Checklist:

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### Submit Orientation Package:

Place all above forms into a sealed envelope and submit to The YMCA Academy either:

- in person or by mail
- OR
- by fax or e-mail an electronic copy

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## Special Education History

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Has the student had an educational assessment or IQ Test?  Yes  No

Date: \_\_\_ / \_\_\_ / \_\_\_  
D M Y

Administered by: \_\_\_\_\_ Ph: \_\_\_\_\_

Is the student now, or in the past, under the care of a Physician, Psychologist, Psychiatrist, or other professional Counsellor?

Yes  No

If Yes please provide the name and address of the attending professional and reason for consultation.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Ph: \_\_\_\_\_

City: \_\_\_\_\_

Reason for Consultation:

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Date(s): \_\_\_\_\_

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## Emergency Contact Information

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### Student's Physician

Student Name: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_  
Ontario Health Card #: \_\_\_\_\_ Doctor's Ph: \_\_\_\_\_

Note: Health Card number is required to allow student to be seen by a doctor in case of emergency

### Student's Emergency Contact

Name: \_\_\_\_\_

Note: Emergency Contact must be someone other than a parent / guardian. Emergency contact will only be called if The Academy is unable to reach the parent(s) / guardian(s).

Relationship to Student: \_\_\_\_\_ Day Ph: \_\_\_\_\_

Evening Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Business Ph: \_\_\_\_\_

### Student's Health History

The more information you can provide, the better we can meet the needs of your son/daughter. This information will only be used by The YMCA Academy staff if needed. Whatever information you send to us will be treated with confidence and respect.

#### Immunity History:

- Hepatitis \_\_\_\_ (year)
- Chicken Pox \_\_\_\_ (year)
- Mononucleosis \_\_\_\_ (year)
- H1N1 \_\_\_\_ (year)
- Other \_\_\_\_ (year)
- Last Booster Shot: \_\_\_\_ (year)

Note: You may wish to copy and submit the Student's vaccination records in lieu of this checklist.

#### Current Health Issues:

Is the student under any form of treatment for any illness, condition or injury?  Yes  No

If yes, please list specifics and provide details regarding routines / medications, etc. \_\_\_\_\_

Note: Use separate piece of paper and attach to application if needed.

Carries Epi-pen:  No  Yes, for \_\_\_\_\_

Carries Asthmatic Inhalers:  No  Yes, for \_\_\_\_\_

Wears Medic-Alert Bracelet:  No  Yes, for \_\_\_\_\_

Note: Please list specifics, including symptoms and indicate level of severity.

#### Other Health Issues (please check all that apply):

- ADHD  Mental Illness  Diabetes  Epilepsy  Asthma  Ear infections  Hypertension  Kidney Trouble
- Hearing  Frequent cold/ sinus  Bleeding/ clotting  Skin Conditions  Back Injury  Sight  Knee Injury
- Behaviour Issues  Other \_\_\_\_\_

#### Allergies:

Note: Please list specifics and indicate if allergy is anaphylactic.

Drugs:  No  Yes \_\_\_\_\_

Food / Peanut:  No  Yes \_\_\_\_\_

Insects:  No  Yes \_\_\_\_\_

Other:  No  Yes \_\_\_\_\_

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## Parent / Guardian Questionnaire

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To be filled out by parent or legal guardian. Please use additional sheets if necessary. You may also request to complete these questions in person or by phone.

**Student's Full Name: (please print)** \_\_\_\_\_

1. What special education services (if any) has your son/daughter received?
2. What do you perceive to be your son / daughter's strengths, abilities and talents?
3. What do you perceive to be your son / daughter's primary difficulties in school?
4. Is your son / daughter presently motivated to learn?
5. What does your son / daughter do in his / her leisure time? Explain his / her hobbies / interests (i.e. athletics, art).
6. Describe your son / daughter's relationship with his / her mother / father / guardian.
7. What does your son / daughter like most about school?
8. What does your son / daughter dislike most about school?
9. Has your son / daughter had any extended periods of absence from school due to illness, truancy, suspension?
10. Has your son / daughter displayed behavioural issues in school? At home?
11. Why do you want your son / daughter to attend The YMCA Academy?
12. Does your son / daughter have any history of emotional problems or psychological counseling? If so, please give an explanation as to the nature of the problem and its treatment.
13. What other schools are you and your son / daughter considering?

**Parent / Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
                  D       M       Y

**Note: Intentional falsification of information on this form may lead to the student's termination from the program.**

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# The YMCA Academy - Orientation Package

## Student Questionnaire

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Please respond to the following. We ask that you complete the form in your own handwriting. You may attach extra sheets if you feel it is necessary. You may also request to complete these with accommodations such as a laptop or a scribe.

**Student's Full Name: (please print)** \_\_\_\_\_

1. Which of your subjects in school do you enjoy the most?
2. What aspects of school give you the most trouble?
3. What is your proudest accomplishment?
4. In what kinds of extra-curricular activities are you involved? Please share with us any awards, athletic recognition or special notification you have received in these activities.
5. When you think about your future, what hopes or dreams come to mind?
6. What do you believe you need in school to be successful? (I.e. extra help, small classes, additional time on tests / assignments, etc.)
7. Why are you interested in joining us at The YMCA Academy?

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
                  D       M       Y

**Note: Intentional falsification of information on this form may lead to the student's termination from the program.**

**Note: the Student Questionnaire on p.6 & p.7 contain critical information required for the student's future Teachers, Guidance counselor and Administration at The YMCA Academy.**

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## Student Asset Building Questionnaire

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**Student's Full Name:** (please print) \_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ / \_\_\_  
D M Y

Please review the checklist below and check off the items that you feel apply to your life at this time.

- |  |   |
|--|---|
| <input type="checkbox"/> I receive high levels of love and support from family members   | <input type="checkbox"/> I want to do well in school.   |
| <input type="checkbox"/> I can go to my parent(s) or guardian(s) for advice and support and have frequent, in-depth conversations with them. | <input type="checkbox"/> I am actively engaged in learning.   |
| <input type="checkbox"/> I know some non-parent adults I can go to for advice and support.   | <input type="checkbox"/> I do an hour or more of homework each school day.  |
| <input type="checkbox"/> My neighbours encourage and support me.   | <input type="checkbox"/> I care about my school.  |
| <input type="checkbox"/> My school provides a caring, encouraging environment.   | <input type="checkbox"/> I read for pleasure three or more hours each week.   |
| <input type="checkbox"/> My parent(s) or guardian(s) help me succeed in school.  | <input type="checkbox"/> I believe it is really important to help other people.   |
| <input type="checkbox"/> I feel valued by adults in my community.  | <input type="checkbox"/> I want to help promote equality and reduce world poverty and hunger.                               |
| <input type="checkbox"/> I am given useful roles in my community.  | <input type="checkbox"/> I can stand up for what I believe.   |
| <input type="checkbox"/> I serve in the community one hour or more each week.  | <input type="checkbox"/> I tell the truth even when it's not easy.  |
| <input type="checkbox"/> I feel safe at home, at school, and in the neighbourhood.   | <input type="checkbox"/> I can accept and take personal responsibility.   |
| <input type="checkbox"/> My family sets standards for appropriate conduct and monitors my whereabouts.                                       | <input type="checkbox"/> I believe it is important not to be sexually active or to use alcohol or drugs.                    |
| <input type="checkbox"/> My school has clear rules and consequences for behaviour.   | <input type="checkbox"/> I am good at planning ahead and making decisions.  |
| <input type="checkbox"/> Neighbours take responsibility for monitoring my behaviour.   | <input type="checkbox"/> I am good at making and keeping friends.   |
| <input type="checkbox"/> Parent(s) and other adults model positive, responsible behaviour.   | <input type="checkbox"/> I know and am comfortable with people of different cultural/racial/ethnic backgrounds.             |
| <input type="checkbox"/> My best friends model responsible behaviour.  | <input type="checkbox"/> I can resist negative peer pressure and dangerous situations.                                      |
| <input type="checkbox"/> My parent(s)/ guardian(s) and teachers encourage me to do well.   | <input type="checkbox"/> I try to resolve conflict nonviolently.  |
| <input type="checkbox"/> I spend three hours or more each week in lessons or practice in music, theatre, or other arts.                      | <input type="checkbox"/> I believe I have control over many things that happen to me.                                       |
| <input type="checkbox"/> I spend three hours or more each week in school or community sports, clubs or organizations.                        | <input type="checkbox"/> I feel good about myself.  |
| <input type="checkbox"/> I go out with friends "with nothing special to do" two or fewer nights each week.                                   | <input type="checkbox"/> I believe my life has purpose.   |
|  | <input type="checkbox"/> I am optimistic about my future.   |
|  | <input type="checkbox"/> I spend one hour or more each week in religious services or participating in spiritual activities. |

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# The YMCA Academy - Orientation Package

## Current English Teacher Comments

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Student's Full Name: (please print) \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
D M Y

**Note to Student:**

Applicants should request comments from TWO current teachers (in English and Math) to allow The YMCA Academy the opportunity to tailor programming to best suit the individual's needs.

**Note to Current English Teacher:**

The above named student is an applicant at The YMCA Academy. To better understand the applicant's learning style(s), we would appreciate your thoughtful comments to the questions below. Feel free to add additional sheets. We greatly appreciate your assistance.

1. How long have you been working with the student? \_\_\_\_\_

2. What courses have you taught the student? \_\_\_\_\_

3. Was the student working at grade level?

- |   |  |
|---|--|
| <input type="checkbox"/> Yes with accommodations    | <input type="checkbox"/> Yes with modification |
| <input type="checkbox"/> Yes without accommodations | <input type="checkbox"/> No                    |

4. Did the student require:

- |  |   |
|--|---|
| <input type="checkbox"/> Curricular Accommodations | <input type="checkbox"/> Curricular Modifications |
|--|---|

5. What do you perceive to be the student's greatest need(s) in English?

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6. How well is the student able to express his / her self in writing? Please comment on his/her knowledge of grammar and sentence structure.

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7. How well is the student able to keep up with the class reading assignments? Please comment on his / her reading comprehension.

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8. What do you find to be the student's greatest strengths (*academically and personally*)?

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9. Does the student respond to constructive criticism? Does he / she learn from his / her mistakes?

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## Current English Teacher Checklist

Please check the appropriate response. Where you feel necessary, you may check more than one response. If you feel none of the options are appropriate, feel free to suggest your own observation.

### Classroom Conduct:

- Quite poor     Occasionally disruptive     Age appropriate     Quite good

### Attention Span:

- Quite poor     Easily distracted     Occasionally wanders     Good concentration

### Class Participation:

- Never     Only when prompted     Occasionally     Eager participant

### Completion of Homework:

- Never     Often not done     Done but incomplete     Usually done well     Always complete

### Effort:

- Does very little     Occasionally tries     Adequate effort     Well-motivated

### Work Ethic:

- Doesn't care     Needs a lot of supervision     Occasionally tries     Works best with supervision     Independent worker

### Self-confidence:

- Very discouraged     Needs some support     Appears overly confident     Healthy self-image

### Organization:

- Poor     Fair     Good     Excellent

### Peer Relations:

- Provokes others     Scapegoat     Loner     Serious     Friendly     Leader

### Adult Relations:

- Challenges authority     Plays the clown     Co-operative     Respectful     Friendly

### Honesty & Integrity:

- Cannot be trusted     Questionable     Usually trustworthy     Unquestionable

Please include any additional observations that you think would be helpful. We welcome any comments concerning Parent / Guardian co-operation and involvement with you and your school. Please attach a separate sheet if necessary.

**Teacher's Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

**School Telephone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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# The YMCA Academy - Orientation Package

## Current Math Teacher Comments

---

Student's Full Name: (please print) \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_  
D M Y

**Note to Student:**

Applicants should request comments from TWO current teachers (in English and Math) to allow The YMCA Academy the opportunity to tailor programming to best suit the individual's needs.

**Note to Current Math Teacher:**

The above named student is an applicant at The YMCA Academy. To better understand the applicant's learning style(s), we would appreciate your thoughtful comments to the questions below. Feel free to add additional sheets. We greatly appreciate your assistance.

1. How long have you been working with the student? \_\_\_\_\_

2. What courses have you taught the student? \_\_\_\_\_

3. Was the student working at grade level?

- |   |  |
|---|--|
| <input type="checkbox"/> Yes with accommodations    | <input type="checkbox"/> Yes with modification |
| <input type="checkbox"/> Yes without accommodations | <input type="checkbox"/> No                    |

4. Did the student require?

- Curricular Accommodations  
 Curricular Modifications

5. What do you perceive to be the student's greatest need(s) in mathematics?

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6. Please describe the student's ability to solve problems and deal with abstract concepts.

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7. What do you find to be the student's greatest strengths (*academically and personally*)?

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8. Does the student respond to constructive criticism? Does he / she learn from his / her mistakes?

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## Current Math Teacher Checklist

Please check the appropriate response. Where you feel necessary, you may check more than one response. If you feel none of the options are appropriate, feel free to suggest your own observation.

### Classroom Conduct:

- Quite poor       Occasionally disruptive       Age appropriate       Quite good

### Attention Span:

- Quite poor       Easily distracted       Occasionally wanders       Good concentration

### Class Participation:

- Never       Only when prompted       Occasionally       Eager participant

### Completion of Homework:

- Never complete       Often not done       Done but incomplete       Usually done well       Always complete

### Effort:

- Does very little       Occasionally tries       Adequate       Well-motivated

### Work Ethic:

- Doesn't care     Needs a lot of supervision     Occasionally tries     Works well with supervision     Independent worker

### Self-confidence:

- Very discouraged       Needs some support       Appears over-confident       Healthy self image

### Organization:

- Poor       Fair       Good       Excellent

### Peer Relations:

- Provokes others       Scapegoat       Loner       Serious       Friendly       Leader

### Adult Relations:

- Challenges authority       Plays the clown       Co-operative       Respectful       Friendly

### Honesty & Integrity:

- Cannot be trusted       Questionable       Usually trustworthy       Unquestionable

Please include any additional observations that you think would be helpful. We welcome any comments concerning the Parent / Guardian co-operation and involvement with you and your school. Attach a separate sheet if necessary.

**Teacher's Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

**School Telephone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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