JOHN OLIVER ATHLETICS
TEACHER REFERRAL FORM

*This is form is meant to be a method of formal communication between classroom teachers and coaches/sponsors regarding student-athletes who may require additional support/attention/intervention due to issues arising from their scholastic areas of concern. Teachers are asked to provide as much detail as possible so that an appropriate course of action can be determined, with the over-all goal being a collaborative approach arrived at to further the student-athlete's educational development. Please submit this form to the school's Athletic Director, who will forward copies to the appropriate team's coach/sponsor in order to address the concern. Applicable counsellor and/or administrator will also receive copies as notification for their records.

NAME OF STUDENT:_____ GRADE: ___STUDENT #:_____

SPORT OR TEAM: _____

TEACHER SUBMITTING REFERRAL: _____
SUBJECT/CLASS: _____

NATURE OF CONCERN: ____ Attendance ____ Behaviour ____ Achievement

DETAILS OF CONCERN: _____
_____
_____
_____

ACTION REQUESTED: ____ Remedial time (specify when this would be desired if known)
____ Remedial work (to be determined in conjunction with teacher)
____ Additional tutorial support required (in class, tutor club, or outside tutoring)
____ Involvement of Athletic Board (revisiting student eligibility for participation)
____ Involvement of Administration

DATE OF REFERRAL SUBMISSION: _____

DATE RECEIVED BY ATHLETIC DIRECTOR: _____

*Course of action taken by team will be communicated to the referring teacher by either the teacher-sponsor of the team or the Athletic Director