

Information about the student			
Student's name			
Permanent code (if available)			
School level	<input type="checkbox"/> Grade 6 ( <i>preinscription</i> ) Parent's name: _____ Phone number: _____	<input type="checkbox"/> Particular pathway <input type="checkbox"/> Secondary 1 <input type="checkbox"/> Secondary 2 <input type="checkbox"/> Secondary 3 <input type="checkbox"/> Secondary 4 <input type="checkbox"/> Secondary 5	
Information about the school			
School attended	<input type="checkbox"/> Jean-du-Nord <input type="checkbox"/> Manikoutai <input type="checkbox"/> Queen Elizabeth High School		
Information about the person making the recommendation			
Referrer name			
Role and/or relationship with the youth			
Organization			
Phone and Email			
<input type="checkbox"/> I have received verbal authorization to transmit the information contained in this form to the team of <b>Passport pour ma réussite</b> (by the young person aged 14 and over or his parental authority)			
Signature of the referee:		Date:	
Reasons for recommendation			
SCHOOL FACTORS	Protection factor	Risk factor	Explications
Academic delay (number of years)	<input type="checkbox"/>	<input type="checkbox"/>	
Academic performance reading, writing and mathematics ( <i>ex: significant decrease in academic results, failure, work not submitted/completed</i> )	<input type="checkbox"/>	<input type="checkbox"/>	
Absenteeism and/or frequent lateness	<input type="checkbox"/>	<input type="checkbox"/>	
Academic and professional aspirations	<input type="checkbox"/>	<input type="checkbox"/>	
Attitude and perception towards school	<input type="checkbox"/>	<input type="checkbox"/>	
Motivation and commitment ( <i>ex: effort, level of participation</i> )	<input type="checkbox"/>	<input type="checkbox"/>	
School climate ( <i>ex: student witnessing unruly behavior, problematic dynamics or bullying</i> )	<input type="checkbox"/>	<input type="checkbox"/>	
Participation in extracurricular activities	<input type="checkbox"/>	<input type="checkbox"/>	
Relationship with teachers and non-teaching staff	<input type="checkbox"/>	<input type="checkbox"/>	

SOCIAL FACTORS	Protection factor	Risk factor	Explications
Relationship with peers	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Social conduct</b> (ex: respect, politeness, punctuality, extremist, racist or sexist remarks)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Community/Family resources</b> (ex: no school materials, financial difficulties, waiting for specialized services)	<input type="checkbox"/>	<input type="checkbox"/>	
Unhealthy friendship or relationship	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Sector of residence</b> (ex: home away from school and services)	<input type="checkbox"/>	<input type="checkbox"/>	
Participation in sports and cultural activities	<input type="checkbox"/>	<input type="checkbox"/>	
PERSONAL FACTORS	Protection factor	Risk factor	Explications
<b>Self esteem</b> (ex: ability to assert oneself and communicate, self-knowledge, perception of skills)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Autonomy</b> (ex: personal hygiene, homework, planning and organization)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Auto control</b> (ex: management of emotions/frustrations)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Behaviours</b> (ex: isolation, aggressiveness, violence)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Life habits</b> (ex: diet, physical activity, sleep, screen time, drug/cannabis/tobacco/alcohol/caffeine/energy drink)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Resilience capacity</b> (ex: adaptation strategies, problem solving, signs of depression/anxiety)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Work-study balance</b> (ex: prioritization, planning and organization)	<input type="checkbox"/>	<input type="checkbox"/>	
FAMILY FACTORS	Protection factor	Risk factor	Explications
<b>Importance given to education</b> (ex: educational aspirations, low or high parental expectations, perception of abilities, valuation of graduation)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Parental involvement</b> (ex: collaboration and interaction with school environment, participation, supervision, support)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Other comments relevant to the recommendation</b>			