



Online Parent Workshop Series  
 Successful Transition from Elementary to Post-Secondary  
**Registration Form**



**To be eligible for the Parent Workshop Series, your child must meet the following criteria:**

Please select all that apply from both columns

<b>(All below are required)</b>	<b>(One or more below are required)</b>
<input type="checkbox"/> In grades 7 or 8	<input type="checkbox"/> Learning Disability Diagnosis
<input type="checkbox"/> Average or above average intellectual ability	<input type="checkbox"/> ADHD Diagnosis
<input type="checkbox"/> Difficulty in reading, writing, and/or math	<input type="checkbox"/> History that suggests disability is present
<input type="checkbox"/> Has an IEP/ requires accommodations	

If your child meets the above criteria, please complete the rest of this registration package (pages 1 through 4).  
 If your child does not have the documentation, please contact [rarc.transitions@queensu.ca](mailto:rarc.transitions@queensu.ca) to discuss.

*Complete registrations include:*

- Registration Form (pages 1 to 2)
- Background Information Questionnaire (pages 3 to 4)
- Psychoeducational Assessment or Special Education Endorsement Form
- Individual Education Plan (IEP)

*Please note: We ask for a copy of the psychoeducational assessment or special education endorsement form to help our team best prepare for the needs of the group.*

**Attendance**

The Parent Workshop Series is being offered over 4 sessions (participants will attend all four) from 6:00-7:30pm on January 22<sup>nd</sup>, January 29<sup>th</sup>, February 5<sup>th</sup> and 12<sup>th</sup>. One parent/guardian attending each week meets the attendance requirement.

**I agree that a parent/guardian will attend all parent workshop sessions:**       Yes       No

**Consent**

I agree to provide copies of my child's IEP and their most recent psychoeducational assessment or Special Education Endorsement form to confirm my participation in the program. I also acknowledge that the program consists of 4 weeks and by accepting a spot in the program, I agree to attend the full program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Completed registration packages can be sent to RARC by fax, via email or dropped off in person. For confidentiality reasons, electronic packages should be password protected or sent via a secure portal such as [SecureDocs](#) to [rarc.transitions@queensu.ca](mailto:rarc.transitions@queensu.ca). The deadline to submit registration forms is January 13, 2025.*



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**Student**

First and Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

Elementary School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

School Board: \_\_\_\_\_

Please indicate below how you learned about the program:

School Referral  Social Media  Word of Mouth  Other: \_\_\_\_\_

**Parent/ Guardian 1 (primary contact)**

First and Last Name: \_\_\_\_\_

Phone #: \_\_\_\_\_  Work  Home  Cell

Email Address: \_\_\_\_\_

Preferred method(s) of contact:  Phone  Email

Home Address:

\_\_\_\_\_  
(House/Apartment Number and Street Name)

\_\_\_\_\_  
(City/Town)

\_\_\_\_\_  
(Postal Code)

**Parent/ Guardian 2**

First and Last Name: \_\_\_\_\_

Phone #: \_\_\_\_\_  Work  Home  Cell

Email Address: \_\_\_\_\_

Preferred method(s) of contact:  Phone  Email

Home Address:  *Same as above*

\_\_\_\_\_  
(House/Apartment Number and Street Name)

\_\_\_\_\_  
(City/Town)

\_\_\_\_\_  
(Postal Code)



## Background Information Questionnaire



1. Who is completing this form? What is your relationship to the student?
2. Please list any diagnosed disabilities your child has.
3. What problems or questions led you to want to participate in this program for yourself or your child?
4. What interventions/strategies have you already used to address these problems? What was the outcome?
5. What would you like to gain out of your participation in our program?

