



TRAILS YOUTH INITIATIVES REFERRAL FORM

To be filled out by referring individual/agency/school.

(Please return to Nicholas Babiuk at the address/fax on back page as soon as possible.)

Today's Date: _____
(month/day/year)

Referring Individual's Information

Your name: _____

Your relationship with the applicant: _____

Your mailing address: _____ City: _____

Postal Code: _____ Phone: (____) _____ e-mail: _____

Applicant Information

Name: _____ Age: _____ Birth Date: _____ Gender: _____
(month/day/year)

Student OEN _____ (required information upon registration)

Applicant's School: _____ Grade: _____

School Address: _____

School Phone: (____) _____

The following questions are designed to help us understand the needs of youth whom are interested in joining Trails Youth Initiatives. At times Trails can present some real challenges, particularly committing to a four year programme that includes two weeks every summer and one weekend a month throughout the school year. In addition there are canoe trips that can be buggy, hot and physically demanding, and challenging moments working within a peer group. One of the purposes of this application is to help determine if the applicant is prepared for the physical, social, emotional, and commitment demands of Trails Youth Initiatives.

The questions within this application give us great insight and help us to assess whether or not the Trails programme is an appropriate fit for the applicant and will assist them with positive personal growth and development. Please be frank and honest in detailing the appropriate information so that we can develop a clear understanding of the young person being referred. Providing Trails Youth Initiatives with a clear picture of the youth will allow us to provide a successful learning environment. Trails Youth Initiatives' main objective is to deliver physically and emotionally safe experiences. The more we know, the better we can serve the youth.

Withholding pertinent information about the applicant could have serious implications for the individual, other participants and the staff. We depend on your clarity and honesty for the success and safety of our programme. Thank you for taking time to refer this applicant.

Trails Youth Initiatives

Newmarket Site: 15599 Warden Avenue, Newmarket, Ontario, L3Y 4W1, (905) 836 0100, Fax: (905) 898 0741

Trails Youth Initiatives is a Registered Charity: # 13505 0755 RR0001

www.trails.ca

1. Why do you think this student would be appropriate for Trails?

2. How long have you known the applicant and in what context?

3. To your knowledge, how does the applicant get along with their parent(s)/guardian(s)? Is there a positive support network at home?

4. How does the applicant relate to peers?

5. How does the applicant relate to adults (especially those in roles of authority)?

6. How is he/she doing in school?

7. Has the applicant been suspended from school within the last two years? How often? For what reason(s)?

8. What role does the applicant assume in a group setting? (i.e. leader, negative/positive, follower, scapegoat)

9. What is the applicant's typical response to confrontation, feedback, and counseling?

10. How does the applicant typically express anger? Is he/she prone to aggressive or violent outbursts (physical/verbal)? If so, how often and what seems to precipitate this behaviour?

11. To your knowledge, has the applicant been diagnosed with a learning disability or attention deficit disorder or any other limiting challenge? Does she/he require any support systems (special education, tutor) to compensate? If yes, please describe the classroom setting and other considerations.

12. To your knowledge has the applicant had any encounters with the law? If yes, please elaborate to the best of your ability.

13. Are there any significant self-care issues we should be aware of?

14. To your knowledge has the applicant ever displayed self-harming behaviours, and/or does depression appear to be an issue?

15. To your knowledge is the applicant in any form of therapy or counseling? (family or other) Has she/he ever been? What are/were the issues?

16. Are you willing to encourage and support the applicant's attendance at Trails? If so, how?

17. To your knowledge, does the applicant appear to really want to join Trails for four years, or might their be other influences?

18. Is there anything else you think we should know about the applicant?

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Application Criteria

Please fill out this form as honestly as possible. Accurate information during our intake and recruitment process greatly impacts the success of our programme.

Print Full Name of Potential Participant: _____

APPROPRIATE FOR TRAILS	INAPPROPRIATE FOR TRAILS
<input type="checkbox"/> No substance abuse	<input type="checkbox"/> Chemically dependant/addicted
<input type="checkbox"/> Not a runner	<input type="checkbox"/> Runner (runs away when upset/frustrated)
<input type="checkbox"/> No criminal/YOA involvement	<input type="checkbox"/> Criminal/YOA involvement
<input type="checkbox"/> Potential and/or some behavioural issues <i>(interpersonal)</i>	<input type="checkbox"/> Consistent behaviour issues <i>(violent)</i>
<input type="checkbox"/> Sometimes displays non-violent Aggression towards others <i>(misinterpreted leadership)</i>	<input type="checkbox"/> Aggression towards others <i>(violent or bullying)</i>
<input type="checkbox"/> Age-appropriate sexual curiosity	<input type="checkbox"/> Age-inappropriate sexual behaviour
<input type="checkbox"/> Sometimes can display negative peer involvement	<input type="checkbox"/> Suspected gang involvement
<input type="checkbox"/> Requires Remedial assistance	<input type="checkbox"/> Issues with school attendance
<input type="checkbox"/> Regular school attendance	<input type="checkbox"/> Self-harming behaviour
<input type="checkbox"/> Issues with personal body image	<input type="checkbox"/> Eating disorder
<input type="checkbox"/> Occasional alienation or withdrawal from peer group	<input type="checkbox"/> Diagnosed psychiatric disorder
<input type="checkbox"/> Low self esteem	<input type="checkbox"/> Suicidal tendencies
<input type="checkbox"/> Lack of motivation	<input type="checkbox"/> History of refusing to participate
<input type="checkbox"/> Family willing to support child's four year participation at Trails	<input type="checkbox"/> Severe health condition
<input type="checkbox"/> Willing and able to participate in physical outdoor activities	<input type="checkbox"/> No interest in outdoor activities
<input type="checkbox"/> Displays some ability to express feelings appropriately	<input type="checkbox"/> Involvement in prostitution
<input type="checkbox"/> Willingness to participate in a co-ed environment	<input type="checkbox"/> Issues working with the opposite sex
<input type="checkbox"/> Demonstrates ability to be part of a group	<input type="checkbox"/> Problems working with others
<input type="checkbox"/> Committed to join a four year programme	

Return Forms to:
Nicholas Babiuk

Trails Youth Initiatives, 15599 Warden Avenue, Newmarket, Ontario , L3Y 4W1

Toll Free: (416) 359 0040 Phone: (905) 836 0100 Fax : (905) 898 0741

Email : Nicholas@trails.ca

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