

## LANGLEY SECONDARY SCHOOL

21405 - 56th Avenue  
Langley, British Columbia V2Y 2N1

email: [lssinfo@sd35.bc.ca](mailto:lssinfo@sd35.bc.ca)

Telephone: 604-534-4171

Fax: 604-534-9518



*Imagine, Engage, Act:*  
"Nothing Without Effort"

### Welcome to the Focus Program

The Focus Program is designed for non-identified students who are 15 to 19 years of age, but not working at grade level in two or more core subject areas. Typically these students have been unsuccessful in grade 9, 10 or 11 courses or have been out of school for a period of time. The Focus Program specifically allows students to complete their core courses beginning at the grade 10 level with adaptations to meet their needs and opportunity to continue through to the end of their grade 12 courses. Students graduating from the Focus Program are also Langley Secondary School graduates as they have been granted the flexibility of enrolling in both LSS and Focus classes throughout their school years.

The Focus Program supports students by providing a safe, positive and enriching learning environment. While meeting the standards of the British Columbia Curriculum, the Focus Program offers:

- Small group settings with high levels of individualized attention
- Self-paced learning opportunities
- Flexibility in programming
- Registration in Langley Secondary School elective courses

Does this sound like the program for you? If so, please follow these next steps: (This process may take up to two weeks to complete)

1. Complete the parent/student application package (attached).
2. Have your current school counselor complete a referral package (attached).
3. Send the completed packages to LSS Vice-Principal, Mr. M. Palichuk at [mpalichuk@sd35.bc.ca](mailto:mpalichuk@sd35.bc.ca) or 604-534-9518 (FAX)
4. Mr. Palichuk will set up a meeting with Mrs. Kauldher, the student and the parent/guardian to discuss the program. (Registration is on-going throughout the school year)
5. Meet with the Focus Program teachers (Mr. Greeff and Mrs. Thornburn)
6. Officially withdraw from your previous school and officially register at Focus and LSS.
7. Meet with the school counselor to create a schedule.
8. Begin your new learning journey with Focus!

#### Contacts:

Vice-Principal  
Teacher  
Teacher  
Counselor

Mr. M. Palichuk  
Mr. L. Greeff  
Mrs. G. Thornburn  
Mrs. I. Kauldher

[mpalichuk@sd35.bc.ca](mailto:mpalichuk@sd35.bc.ca)  
[lgreeff@sd35.bc.ca](mailto:lgreeff@sd35.bc.ca)  
[gthornburn@sd35.bc.ca](mailto:gthornburn@sd35.bc.ca)  
[ikauldher@sd35.bc.ca](mailto:ikauldher@sd35.bc.ca)

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Date: \_\_\_\_\_

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

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

Grade: \_\_\_\_\_

Parent Phone Number: \_\_\_\_\_

Age: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Current School: \_\_\_\_\_

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

Please give a brief description of your academic history in grades 8 - 10

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Please mark the courses you have successfully completed:

English 8	Math 8	Science 8	SS 8	PE 10	
English 9	Math 9	Science 9	SS 9	Planning 10	
English 10	A/W Math 10	Science 10	SS 10		
Eng/Com 11	FMP Math 10	Science 11	SS 11		
Eng/Com 12	Math 11 _____				

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Why do you think the Focus Program would be a good placement for you? Please provide as much background information as possible.

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How do you learn best?

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What aspects of school (as you know it) do not work for you?

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Have you ever had issues with substance use and/or abuse?

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Have you ever been tested and/or identified with any learning disability? Explain.

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Have you ever struggled with attendance issues in current or previous schools? Explain.

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Has your parent(s) been involved in your application/registration to the Focus Program?

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Please give the name and contact information for at least one teacher, counselor or administrator at your current school.

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

Email/Phone Number: \_\_\_\_\_

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## Focus Program Counsellor Referral Form

Date: \_\_\_\_\_

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

Referring School: \_\_\_\_\_

Grade and Age: \_\_\_\_\_

Referring Counsellor: \_\_\_\_\_

Please attach the following documents to the referral form:

DVR	Attendance Report
Copy of PR Card with Grade 8 & 9 Marks	Incident Report(s)
Individual Education Plan	Safety Plan

Current Course Schedule:

Course:	Mark:	Course:	Mark:

Please confirm the courses the student has successfully completed:

English 8	Math 8	Science 8	SS 8	PE 10
English 9	Math 9	Science 9	SS 9	Planning 10
English 10	A/W Math 10	Science 10	SS 10	
Eng/Com 11	FMP Math 10	Science 11	SS 11	
Eng/Com 12	Math 11 _____			

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Reasons for potential placement in the Focus Program:

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Are there any substance use/abuse concerns with this student? Explain.

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Has the student ever struggled with attendance issues in current or previous schools? Explain.

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Does this student have a Ministry of Education Special Education designation? Explain.

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Will this student need any specific parameters/guidelines in place before entry to the program to ensure the likelihood of success? Explain.

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Has the student's parent(s) been involved in the referral of the student to the Focus Program?

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Parent contact information: \_\_\_\_\_