



Student Information Sheet: Form D.1

This form is to be completed for students applying for Grades 1-12. For Kindergarten applicants, please complete Form D.2.

CONFIDENTIAL - TO BE COMPLETED BY THE APPLICANT'S TEACHER OR ADMINISTRATION FOR GRADE 1-12

STUDENT NAME: _____ TEACHER'S NAME: _____

CURRENT GRADE: _____ SCHOOL: _____

	EMERGING	DEVELOPING	PROFICIENT	EXTENDING
GENERAL ORGANIZATIONAL/SELF-DISCIPLINE SKILLS				
ABILITY TO WORK INDEPENDENTLY				
WORK HABITS				
READING COMPREHENSION				
WRITING SKILLS/WRITTEN EXPRESSION				
MATH SKILLS/NUMERACY				
FOLLOWS INSTRUCTIONS				
ABILITY TO WORK IN GROUPS				
HOMEWORK COMPLETION				
INTERACTION WITH PEERS				

DOES THIS STUDENT NEED EXTRA SUPPORT IN ANY AREA(S)? YES (IF YES PLEASE COMPLETE BELOW) NO

CURRENT LEARNING SUPPORTS: <input type="checkbox"/> RECEIVED LRC SUPPORT IN: <input type="checkbox"/> MATH <input type="checkbox"/> LITERACY <input type="checkbox"/> SEL <input type="checkbox"/> BEHAVIOUR <input type="checkbox"/> OTHER _____ HRS/WK _____ <input type="checkbox"/> OTHER SERVICES: _____ <input type="checkbox"/> RECEIVES SUPPORT DURING LUNCH/RECESS <input type="checkbox"/> DEPENDENT ON AN EA <input type="checkbox"/> SOMETIMES DEPENDENT ON AN EA	RECOMMENDED LEARNING SUPPORTS: <input type="checkbox"/> LRC SUPPORT <input type="checkbox"/> 2ND LANGUAGE EXEMPTION FOR EXTRA LRC BLOCK <input type="checkbox"/> ESL SUPPORT
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SPECIAL PLACEMENTS/RECOMMENDATION:

OTHER IMPORTANT INFORMATION:

ALL THE INFORMATION IN THIS DOCUMENT IS UP TO DATE AND ACCURATE: YES NO

SIGNATURE: _____

DATE: _____

PLEASE SEND DIRECTLY TO:
 VANCOUVER COLLEGE
 ATTN: REGISTRAR
 5401 HUDSON STREET, VANCOUVER BC V6M 0C5
 TEL: 604-261-4285 FAX: 604-261-2284
 EMAIL: REGISTRAR@VANCOUVERCOLLEGE.CA