This form is to be completed by a subject teacher of the student applying for Kindergarten. For all other applicants, please use Form D1

CONFIDENTIAL – TO BE COMPLETED BY THE APPLICANT'S PRESCHOOL TEACHER FOR KINDERGARTEN (FORM D2)				
Student's Name: *(Student's First Name)* *(Student's Last Name)* *(Student's Preferred Name)*				
Name of Preschool:				
Teacher's Name:	**Phone No. of School:**			
The objective of the following checklist is to give an overview of the student's performance.				
	Well Developed	*Making Progress*	*Experiencing Difficulty*	*Not Evident*
Behaves appropriately in class				
Interacts well with others				
Works well in group situations				
Able to work independently				
Listens attentively				
Speaks politely and respectfully				
Willing to share and take turns				
Home is actively engaged				
Demonstrates reading readiness (letter name & sound knowledge)				
Does the student have an Individual Education Plan (IEP)? ☐ No ☐ Yes				
Other Important Information:				
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