



CONFIDENTIAL - TO BE COMPLETED BY THE APPLICANT'S PRESCHOOL TEACHER FOR KINDERGARTEN

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.

	<i>Well Developed</i>	<i>Making Progress</i>	<i>Experiencing Diffifulty</i>	<i>Not Evident</i>
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:

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