



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 SKILLS				
ABILITY TO WORK INDEPENDENTLY				
WORK HABITS				
SELF REGULATION/IMPULSE CONTROL SKILLS				
READING COMPREHENSION				
WRITING SKILLS/WRITTEN EXPRESSION				
MATH SKILLS/NUMERACY				
FOLLOWS INSTRUCTIONS				
ABILITY TO WORK IN GROUPS				
HOMEWORK COMPLETION				
POSITIVE INTERACTION WITH PEERS				

DOES THIS STUDENT NEED EXTRA SUPPORT IN ANY AREA(S)?

☐ YES (IF YES PLEASE COMPLETE BELOW)

☒ NO

CURRENT LEARNING SUPPORTS:

☐ RECEIVED LRC SUPPORT IN: ☐ MATH ☐ LITERACY ☐ SEL

☐ BEHAVIOUR ☐ OTHER _____ HRS/WK _____

☐ OTHER SERVICES: _____

☐ RECEIVES SUPPORT DURING LUNCH/RECESS

☐ DEPENDENT ON AN EA

☐ SOMETIMES DEPENDENT ON AN EA

RECOMMENDED LEARNING SUPPORTS:

☐ LRC SUPPORT

☐ 2ND LANGUAGE EXEMPTION FOR EXTRA LRC BLOCK

☐ ESL SUPPORT

SPECIAL PLACEMENTS/RECOMMENDATION:

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OTHER IMPORTANT INFORMATION:

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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