



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 ADMINISTRATOR 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:

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

SPECIAL PLACEMENTS/RECOMMENDATION:

RECOMMENDED LEARNING SUPPORTS:

LRC SUPPORT

2ND LANGUAGE EXEMPTION FOR EXTRA LRC BLOCK

ESL SUPPORT

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