

ACADEMIC HISTORY
Services received

YEARS	SCHOOL HISTORY Begin with the current year	Grade Level	LANGUAGE OF INSTRUCTION		TYPE OF CLASS			SUPPORT SERVICES				
			English	French	Regular	Special Class	Resource Class	Free flow	Social Worker	Speech and Language	Psychology	Other
20__ - 20__												
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20__ - 20__												

NAME OF TEACHERS AND PROFESSIONALS INVOLVED WITH THE STUDENT

Name	Position	Telephone Number

I. ACADEMIC REVIEW - ORAL LANGUAGE SKILLS

Mother Tongue:

Other Languages spoken at home:

1. EXPRESSIVE LANGUAGE

Describe the student's expressive language (fluency, precision, organization, etc.)

2. RECEPTIVE LANGUAGE

Describe the student's receptive language:

II. ACADEMIC REVIEW - READING SKILLS

1. LEVEL OF LEARNING:

Have there been any reading tests administered to the student recently?

TEST	DATE	TEACHER'S EVALUATION

2. TEXT COMPREHENSION:

Please comment on how the student handles texts, student's decoding ability, student's strategic use of cues and student's comprehension of text:

3. WHAT MATERIALS WERE USED THIS YEAR?

4. ANY ADDITIONAL COMMENTS:

III. ACADEMIC REVIEW - WRITING SKILLS

1. LEVEL OF LEARNING:

Have there been any tests administered to the student concerning written production?

TEST	DATE	TEACHER'S EVALUATION

2. WRITTEN PRODUCTION

Please comment on mechanics and content of student's written production:

3. KNOWLEDGE OF SPELLING

Have there been any spelling tests administered to the student?

TEST	DATE	TEACHER'S EVALUATION

4. HANDWRITING

Please comment on student's handwriting and word processing skills:

5. WHAT MATERIALS WERE USED THIS YEAR?

6. ANY ADDITIONAL COMMENTS

IV. ACADEMIC REVIEW - MATHEMATICS

1. ACTUAL GRADE LEVEL OF LEARNING:

Have there been any Mathematic tests administered to the student recently?

TEST	DATE	TEACHER'S EVALUATION

2. STRENGTHS AND WEAKNESSES

Please comment on the student's level, strengths, and weaknesses in following areas:

Numeration:

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Operations:

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Measurement:

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Geometry:

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Fractions:

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Numbers with decimals:

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3. PROBLEM SOLVING

Please comment on the student's level, strengths, and weaknesses in following areas:

Understanding of problems:

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Choice of operation(s):

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Organization of the equation:

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4. WHAT IS THE STUDENT'S ATTITUDE TOWARD MATHEMATICS?
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5. WHAT APPROACHES HAVE BEEN USED THIS YEAR? WHAT WERE THE RESULTS?
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6. WHAT MATERIALS WERE USED THIS YEAR?

7. ANY ADDITIONAL COMMENTS?

V. BEHAVIOUR EVALUATION

1. PLEASE COMMENT ON STUDENT'S SELF-CONTROL OF BEHAVIOR AND ATTENTION, WORK HABITS, STRENGTHS, AND NEEDS.

2. PLEASE COMMENT ON STUDENT'S COPING SKILLS, MATURITY AND SOCIAL COMPETENCE.

3. HOW CONFIDENT AND STRATEGIC IS THIS STUDENT?

4. WHAT RECOMMENDATION WOULD YOU MAKE TO IMPROVE THIS STUDENT'S BEHAVIOUR?

Please enclose a copy of student's English eligibility certificate

This questionnaire was completed by: _____

Title: _____ Telephone: _____

Signature: _____ Date: _____

Please return this questionnaire to: Vanguard School
Admissions – High School Level
5935, chemin de la Côte-de-Liesse
Saint-Laurent (Quebec) H4T 1C3

Your cooperation is appreciated!