

NLSD#113 Application to take Alternate Courses



For this application to be considered:

- A student must have an assessment of intellectual ability (not older than 5 years) that indicates a composite score between 56 and 70 or a verbal ability score between 56 and 70;
- A student must have reading comprehension and mathematics problem solving scores on a standardized achievement test (not older than 20 months) which are five or more years below grade level;
- The application must be submitted by September 10 for the first semester and by February 20 for the second semester;
- Exceptions to the above criteria can only be made with the prior written approval of the Coordinator of Children's Services or the Superintendent of Education.

Personal Information

| | | |
|--|--|---------------------------------|
| Name of the child | Gender <input type="checkbox"/> M <input type="checkbox"/> F | |
| | Date of Birth (mmm/dd/yy) | |
| School | Grade | Age at beginning of school year |
| | | Years Months |
| Referring teacher(s) | | |
| Primary language: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Cree <input type="checkbox"/> Dene <input type="checkbox"/> other, please specify: | | |

Name parent / guardian

Name parent / guardian

Home address

Home phone

Work phone

Alternate courses requested

Start date

| | |
|---|--|
| 1 | |
| 2 | |
| 3 | |

Pattern of attendance

Percentage of attendance

| | |
|-------------------------|---|
| School year 2008 – 2009 | % |
|-------------------------|---|

Pattern of Academic Achievement

English Language Arts

Mathematics

| | | | |
|-------------------------|--------|--|--|
| School year 2008 – 2009 | Grade: | | |
|-------------------------|--------|--|--|

Describe past school support

| | |
|-------------------------|--|
| School year 2008 – 2009 | |
|-------------------------|--|

Signatures

Signature of the school personnel who explained the strengths and limitations of the Alternate courses to the parents/guardians:

Name of School Personnel (please print)

Signing date

Signature of School Personnel

Name of School Principal (please print)

Signing date

Signature of School Principal

I (Parent / guardian) have met with school personnel and was explained the strengths and limitations of the Alternate courses.

I am giving my permission to have my child registered in the Alternate course(s).

Name of Parent / Guardian (please print)

Signing date

Signature of Parent / Guardian

For NLSD#113 Central Office use only

Approval of Superintendent of Education

Signature of Superintendent of Education

Signing date

Formal assessments – for school and Central office use only

Achievement scores

Which achievement assessment was used? WIAT-II WIAT-III WJ-III Ach

Date of assessment (not older than 20 months):

| Subtest | Age based Standard Scores |
|---|----------------------------------|
| Mathematics Reasoning or Applied Problems | |
| Reading comprehension | |

Ability Scores

Which IQ assessment was used? WISC-IV WAIS-III WAIS-IV WJ-III (Cognitive)

Date of assessment (not older than 5 years):

| WISC-IV, WAIS-III, WAIS-IV Index | Age based Standard Scores |
|---|----------------------------------|
| Full Scale IQ | |
| Verbal Comprehension Index | |
| Perceptual Reasoning Index | |
| Working Memory Index | |
| Processing Speed Index | |

| WJ-III Cognitive Clusters | Age based Standard Scores |
|----------------------------------|----------------------------------|
| GIA | |
| Verbal Ability(Gc) | |
| Visual-Spatial Thinking (Gv) | |
| Short Term Memory (Gsm) | |
| Fluid Reasoning (Gf) | |

Personal Information

Name of the Student: