

NLSD#113 Application to take an Individual Program Course



(Formally known as Pre-Alternate)

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

Individual Program 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 Individual Program 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 Individual Program courses.

I am giving my permission to have my child registered in the Individual Program 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: