

NLSD#113 Application to take a Life Skills Program



For this application to be considered:

- A student must have a current assessment of intellectual ability that indicates a composite score of 55 or below or a Verbal IQ which is 55 or below or a measure of adaptive ability if the student is untestable on an intelligence assessment instrument
- A student must have reading comprehension and mathematics problem solving scores on a current standardized achievement test which are one third or less of the age appropriate 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 Superintendent of Education of the Coordinator of Children's Services.

Personal Information

Name of the child	Gender <input type="checkbox"/> M <input type="checkbox"/> F		Age	Years
	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:				
This student is to be considered for registering into:				
<input type="checkbox"/> Junior Life Skills Program (for students under 14.8 years of age)				
<input type="checkbox"/> Senior Life Skills Program (for students of at least 14.8 years of age)				

Name parent / guardian	
Name parent / guardian	
Home address	Home phone
	Work phone
What is the primary reason for applying for a Life Skills Program for this student?	

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	

Documented evidence of the following (mental) health issues
<input type="checkbox"/> Fetal Alcohol Spectrum Disorders
<input type="checkbox"/> Speech Impairment
<input type="checkbox"/> Hearing Impairment
<input type="checkbox"/> Vision Impairment
<input type="checkbox"/> Attention Deficit Hyperactivity Disorder
<input type="checkbox"/> Behaviour / Emotional / Social Disturbances
<input type="checkbox"/> Other, please specify below

Additional relevant information

Signatures

Signature of the school personnel who explained the strengths and limitations of the Life Skills Program 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 Life Skills Program.

I am giving my permission to have my child registered in the Life Skills Program.

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: