



Cedarbrae Collegiate Institute
2021-2022 COURSE SELECTION WORKSHEET
 550 Markham Road, Scarborough ON M1H 2A2
 Phone number (416) 396-4400 Fax Number (416) 396-445



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T D S B Student Number

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A: STUDENT INFORMATION (Please Print)

Student's Family Name (Last)		Given Name (First)		Middle Initial	Gender: _____
Student Address			Date of Birth:		
_____ (Street No.) (Street)		_____ (Apt/Unit No.)		_____ DAY	_____ MONTH
_____ (City)		_____ (Postal Code)		_____ YEAR	
Telephone Numbers:					
(home) _____		_____		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	
(work) _____		_____		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	
(mobile) _____		_____		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	
(mobile) _____		_____		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	
Email Addresses:					
Student: _____					
Contact 1: _____				<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	
Contact 2: _____				<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	

B: TO BE COMPLETED BY ELEMENTARY SCHOOL PERSONNEL

1. Current School Name:		Telephone #:		2. Current French Program:		
				<input type="checkbox"/> Core (no modifications) <input type="checkbox"/> Core (with modifications) <input type="checkbox"/> Extended <input type="checkbox"/> Immersion <input type="checkbox"/> None (exemption)		
3a. IEP/IPRC:		3b. Identification:		3c. Current Level of Support:		
<input type="checkbox"/> NO IEP <input type="checkbox"/> IEP (accommodations only) <input type="checkbox"/> IEP (modifications) <input type="checkbox"/> IEP (transition plan) <input type="checkbox"/> NOT IPRC'd <input type="checkbox"/> Psych-Ed Assessment complete <input type="checkbox"/> Speech and Language <input type="checkbox"/> IPRC Pending <input type="checkbox"/> IPRC to be initiated <input type="checkbox"/> IPRC'd: Review Date _____		<input type="checkbox"/> Behaviour <input type="checkbox"/> Blind/Low Vision <input type="checkbox"/> Giftedness <input type="checkbox"/> Autism <input type="checkbox"/> Deaf/Hard of Hearing <input type="checkbox"/> Mild Intellectual Disability Check all that apply		<input type="checkbox"/> NONE <input type="checkbox"/> Indirect Support <input type="checkbox"/> Resource Assistance <input type="checkbox"/> Withdrawal /Resource <input type="checkbox"/> Home School Program <input type="checkbox"/> Intensive Support Program <input type="checkbox"/> Other: _____		
4a. ELL/ELD:	4b. Current ESL Support:		4c. Recommended Placement:			
<input type="checkbox"/> ELL <input type="checkbox"/> ELD	<input type="checkbox"/> NONE <input type="checkbox"/> Withdrawal <input type="checkbox"/> In-Class Support <input type="checkbox"/> ESL Class <50%/day <input type="checkbox"/> ESL CLASS>50%/day		<input type="checkbox"/> ESL A <input type="checkbox"/> ESL B <input type="checkbox"/> ESL C <input type="checkbox"/> ESL D <input type="checkbox"/> ESL E <input type="checkbox"/> ELD A <input type="checkbox"/> ELD B <input type="checkbox"/> ELD C <input type="checkbox"/> ELD D <input type="checkbox"/> ELD E <input type="checkbox"/> ELL Assessment completed <input type="checkbox"/> Assessment Attached			
5. Country of Birth: _____ First Language _____						
If born outside of Canada, indicate arrival date: Month: _____ Year: _____						
6. Resident of School Area: <input type="checkbox"/> yes <input type="checkbox"/> no						
7. Teacher suggestion(s) / input on student's course type selections, programming needs and learning styles:						
8. Name of Principal or Designate (please print): _____ Signature: _____						

