



ST. THOMAS MORE COLLEGIATE

HOME OF THE KNIGHTS SINCE 1960

STUDENT INFORMATION SHEET – (FORM B)

| CONFIDENTIAL – TO BE COMPLETED BY THE APPLICANT'S TEACHER | | | | | |
|--|---------|-------------|-----------------|-----------------|----------------|
| Student's Name: | | | Teacher's Name: | | |
| Current Grade: | | | School: | | |
| <p>The objective of the following checklist is to give an overview of the student's performance.</p> <p>Exceeds Expectations – Exceeds grade-level expectations in significant ways</p> <p>Fully Meets Expectations – Consistently meets grade-level expectations</p> <p>Generally Meets Expectations – Usually meets grade-level expectations</p> <p>Minimally Meets Expectations – Inconsistencies in meeting grade-level expectations</p> <p>Not Yet Within Expectations – Does not meet grade-level expectations</p> | | | | | |
| | Exceeds | Fully Meets | Generally Meets | Minimally Meets | Not Yet Within |
| General Organizational/Self-Discipline Skills: | | | | | |
| Ability to Work Independently | | | | | |
| Work Habits | | | | | |
| Reading Comprehension | | | | | |
| Writing Skills | | | | | |
| Mathematics Skills | | | | | |
| Artistic Ability | | | | | |
| Athletic Ability | | | | | |
| Religious Studies | | | | | |
| Homework Completion | | | | | |
| Interaction with Peers | | | | | |
| Extra-Curricular: | | | | | |
| <input type="checkbox"/> Badminton <input type="checkbox"/> Basketball <input type="checkbox"/> Chess Club <input type="checkbox"/> Cross-Country <input type="checkbox"/> Floor Hockey <input type="checkbox"/> Odyssey of the Mind <input type="checkbox"/> Soccer <input type="checkbox"/> Softball <input type="checkbox"/> Student Council <input type="checkbox"/> Track & Field <input type="checkbox"/> Volleyball <input type="checkbox"/> Wrestling <input type="checkbox"/> Other _____ | | | | | |
| Service and Volunteering: | | | | | |
| <input type="checkbox"/> Crossing Guard <input type="checkbox"/> Peer Helper <input type="checkbox"/> Play Day <input type="checkbox"/> Office Duty <input type="checkbox"/> Morning Music <input type="checkbox"/> Other _____ | | | | | |
| Does the student have an Individual Education Plan (IEP)? No Yes | | | | | |
| Special Placements/Recommendations: | | | | | |
| Other important information: | | | | | |
| Signature: | | | Date: | | |

Please mail, email or fax directly to:
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