



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: <table style="width: 100%; border: none; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Badminton</td> <td><input type="checkbox"/> Basketball</td> <td><input type="checkbox"/> Chess Club</td> <td><input type="checkbox"/> Cross-Country</td> <td><input type="checkbox"/> Floor Hockey</td> </tr> <tr> <td><input type="checkbox"/> Odyssey of the Mind</td> <td><input type="checkbox"/> Soccer</td> <td><input type="checkbox"/> Softball</td> <td><input type="checkbox"/> Student Council</td> <td><input type="checkbox"/> Track & Field</td> </tr> <tr> <td><input type="checkbox"/> Volleyball</td> <td><input type="checkbox"/> Wrestling</td> <td colspan="3"><input type="checkbox"/> Other _____</td> </tr> </table>						<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 _____		
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Service and Volunteering: <table style="width: 100%; border: none; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Crossing Guard</td> <td><input type="checkbox"/> Peer Helper</td> <td><input type="checkbox"/> Play Day</td> </tr> <tr> <td><input type="checkbox"/> Office Duty</td> <td><input type="checkbox"/> Morning Music</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>						<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 _____									
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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:
 Ms. Maria Cirillo, Registrar
registrar@stmc.bc.ca
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