



ALBERT CAMPBELL COLLEGIATE INSTITUTE

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GRADE 9 COURSE SELECTION SHEET 2020-2021 ESL/B STUDENTS

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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 (Street No.) (Street) (Apt/Unit No.) (City) (Postal Code)		Date of Birth: _____ DAY _____ MONTH _____ 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: <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 _____		3b. Identification: <input type="checkbox"/> Behaviour <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Blind/Low Vision <input type="checkbox"/> Physical Disability <input type="checkbox"/> Giftedness <input type="checkbox"/> Learning Disability <input type="checkbox"/> Autism <input type="checkbox"/> Language Impairment <input type="checkbox"/> Deaf/Hard of Hearing <input type="checkbox"/> Speech Impairment <input type="checkbox"/> Mild Intellectual Disability Check all that apply		3c. Current Level of Support: <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: <input type="checkbox"/> ELL <input type="checkbox"/> ELD	4b. Current ESL Support: <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		4c. Recommended Placement: <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: _____						

Gr. 8 Class:

A. All students must choose SEVEN courses in Section A.

Subjects	ESL	Academic	Locally Developed	Comments
1. ESL Level in September (Select ONE)	<input type="checkbox"/> A <input type="checkbox"/> B			
2a. English (ESLA students select ESLB) <input checked="" type="checkbox"/>	<input type="checkbox"/> ESLBO8			
2b. English (ESLB students select ESLC) <input checked="" type="checkbox"/>	<input type="checkbox"/> ESLCO8			
3. Math <input checked="" type="checkbox"/>		<input type="checkbox"/> MPM1D1	<input type="checkbox"/> MAT1L1	
4. Science <input checked="" type="checkbox"/>		<input type="checkbox"/> SNC1D8	<input type="checkbox"/> SNC1L1	
5. Drama <input checked="" type="checkbox"/>	<input type="checkbox"/> ADA1O8			
6. Learning Strategies <input checked="" type="checkbox"/>	<input type="checkbox"/> GLS1O8			
7. Healthy Active Living <input checked="" type="checkbox"/>	<input type="checkbox"/> PPL1OM (Male) <input type="checkbox"/> PPL1OF (Female) OR <input type="checkbox"/> PAF1OF - Personal Fitness (Female)			

B. Please select ONE elective course below, and indicate order of preference (1, 2, 3, and 4).

<input type="checkbox"/> AMI1O1 Music – Band	<input type="checkbox"/> AMI1O2 Music – Introductory
<input type="checkbox"/> AMV1O1 Music – Vocal	<input type="checkbox"/> AVI1O1 Visual Arts
<input type="checkbox"/> BTT1O1 Information and Communication Technology in Business	
<input type="checkbox"/> HFN1O1 Food and Nutrition	
<input type="checkbox"/> TIJ1O1 Exploring Technologies	

C. Optional: Learning Strategy courses. Note: if a GLE course is chosen, a course will be removed from Sections A or B.

<input type="checkbox"/> GLE1O9 Advanced Learning Strategies: Skills for Success After Secondary School (Individual Education Plan required)
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Parent/Guardian Signature	Student Signature	Gr. 8 Official's Signature	Date

COURSE SELECTION PROCESS
 Option sheets are used for educational planning and are required each year. Please note that changes to a student's program will only be made for sound educational reasons and where enrolment is insufficient to warrant a course being offered.