



ALBERT CAMPBELL COLLEGIATE INSTITUTE

1550 Sandhurst Circle, Toronto, ON M1S 1V6
Tel: 416.396.6684 Fax: 416.396.6728

GRADE 9 COURSE SELECTION SHEET 2020-2021 GIFTED STUDENTS

--	--	--	--	--	--	--	--	--	--

T.D.S.B. Student Number

--	--	--	--	--	--	--	--	--	--

OEN

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: _____						

Grade 8 Class:

A. All students must choose 6 courses in Section A.

Subjects	Core Subjects	Comments
1. English <input checked="" type="checkbox"/>	<input type="checkbox"/> ENG1D6	
2. Math <input checked="" type="checkbox"/>	<input type="checkbox"/> MPM1D6	
3. Science <input checked="" type="checkbox"/>	<input type="checkbox"/> SNC1D6	
4. French <input checked="" type="checkbox"/>	<input type="checkbox"/> FSF1D1	
5. Geography <input checked="" type="checkbox"/>	<input type="checkbox"/> CGC1D6	
6. 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)	

¹Students with a Gifted IEP/Designation are required to take all 4 gifted level courses.

B. Please select ONE Arts Course below, and indicate order of preference (1, 2, and 3).

<input type="checkbox"/> AMI1O1 Music – Band	<input type="checkbox"/> AMI1O2 Music – Introductory	<input type="checkbox"/> ADA1O1 Dramatic Arts
<input type="checkbox"/> AMV1O1 Music – Vocal		<input type="checkbox"/> AVI1O1 Visual Arts

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

<input type="checkbox"/> BTT1O1 Information and Communication Technology in Business
<input type="checkbox"/> HFN1O1 Food and Nutrition
<input type="checkbox"/> TIJ1O1 Exploring Technologies

D. Optional: Learning Strategy courses. Select ONE, if applicable. Note: a course from section A, B or C may be removed if selecting one of the courses below.

<input type="checkbox"/> GLE1O9 Advanced Learning Strategies: Skills for Success After Secondary School (Individual Education Plan required)
<input type="checkbox"/> GLS1O1 Learning Strategies I - Skills for Success in Secondary School

--	--	--	--

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.