

# Six Month Point Formal Assessment

<b>STUDENT INFORMATION</b>				WCB Claim Number	Report Date (yyyy/mm/dd)
Surname		First Name and Initial		Date of Birth (yyyy/mm/dd)	
Address Street		City/Town	Province	Postal Code	Telephone Number
ESL Institution / Contact Name				Telephone Number	

	Listening	Speaking	Reading	Writing
CLB Goal				
Initial CLB Level				
Current CLB Level				

**LEARNING GOALS** (Status Codes: **B** = Beginning, **D** = Developing, **C** = Complete)

Listening	Status	CLB Level

Speaking	Status	CLB Level

Surname	First Name and Initial	Claim Number
---------	------------------------	--------------

Reading	Status	CLB Level

Writing	Status	CLB Level

Areas of Improvement:

Areas of Challenge:

Learning Goals for the upcoming instruction and study period:

Surname	First Name and Initial	Claim Number
---------	------------------------	--------------

General comments on student attitude, motivation and special challenges:

Is the Student progressing according to the learning plan? Y / N If no – please explain:

In order to achieve the CLB Goals detailed above by \_\_\_\_\_ the upcoming instruction and study plan period will require the following participation level by the student:

- Attendance at program
- Instruction time of \_\_\_\_\_ hrs per day.
- Monitored self-study \_\_\_\_\_ hrs per day.
- Homework \_\_\_\_\_ hrs per day.
- Other

If you have any questions regarding the information or would like to discuss, please contact the undersigned.

---

Program Contact

---

Telephone Number

---

Date (yyyy/mm/dd)