

Date:

Student:		OEN:	Days Absent:	Total Days Absent:
Grade:	Teacher:		Times Late:	Total Times Late:
Board:		School:		
Address:		Address:		
Principal:			Telephone:	

GRADE IN SEPTEMBER ➔ \_\_\_\_\_

## Learning Skills and Work Habits

E – Excellent    G – Good    S – Satisfactory    N – Needs Improvement

Responsibility	Organization
<ul style="list-style-type: none"> <li>▪ Fulfills responsibilities and commitments within the learning environment.</li> <li>▪ Completes and submits class work, homework, and assignments according to agreed-upon timelines.</li> <li>▪ Takes responsibility for and manages own behaviour.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Devises and follows a plan and process for completing work and tasks.</li> <li>▪ Establishes priorities and manages time to complete tasks and achieve goals.</li> <li>▪ Identifies, gathers, evaluates, and uses information, technology, and resources to complete tasks.</li> </ul>
Independent Work	Collaboration
<ul style="list-style-type: none"> <li>▪ Independently monitors, assesses, and revises plans to complete tasks and meet goals.</li> <li>▪ Uses class time appropriately to complete tasks.</li> <li>▪ Follows instructions with minimal supervision.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Accepts various roles and an equitable share of work in a group.</li> <li>▪ Responds positively to the ideas, opinions, values, and traditions of others.</li> <li>▪ Builds healthy peer-to-peer relationships through personal and media-assisted interactions.</li> <li>▪ Works with others to resolve conflicts and build consensus to achieve group goals.</li> <li>▪ Shares information, resources, and expertise, and promotes critical thinking to solve problems and make decisions.</li> </ul>
Initiative	Self-Regulation
<ul style="list-style-type: none"> <li>▪ Looks for and acts on new ideas and opportunities for learning.</li> <li>▪ Demonstrates the capacity for innovation and a willingness to take risks.</li> <li>▪ Demonstrates curiosity and interest in learning.</li> <li>▪ Approaches new tasks with a positive attitude.</li> <li>▪ Recognizes and advocates appropriately for the rights of self and others.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Sets own individual goals and monitors progress towards achieving them.</li> <li>▪ Seeks clarification or assistance when needed.</li> <li>▪ Assesses and reflects critically on own strengths, needs, and interests.</li> <li>▪ Identifies learning opportunities, choices, and strategies to meet personal needs and achieve goals.</li> <li>▪ Perseveres and makes an effort when responding to challenges.</li> </ul>

## Strengths/Next Steps for Improvement

Subject	Report		Strengths/Next Steps for Improvement
	1	2	
<b>Language</b> <input type="checkbox"/> NA Reading <input type="checkbox"/> ESL/ELD <input type="checkbox"/> IEP <input type="text"/> <input type="text"/> Writing <input type="checkbox"/> ESL/ELD <input type="checkbox"/> IEP <input type="text"/> <input type="text"/> Oral Communication <input type="checkbox"/> ESL/ELD <input type="checkbox"/> IEP <input type="text"/> <input type="text"/> Media Literacy <input type="checkbox"/> ESL/ELD <input type="checkbox"/> IEP <input type="text"/> <input type="text"/>			
<b>French</b> <input type="checkbox"/> NA Oral Communication <input type="checkbox"/> ESL/ELD <input type="checkbox"/> IEP <input type="text"/> <input type="text"/> Reading <input type="checkbox"/> ESL/ELD <input type="checkbox"/> IEP <input type="text"/> <input type="text"/> Writing <input type="checkbox"/> ESL/ELD <input type="checkbox"/> IEP <input type="text"/> <input type="text"/> <input type="checkbox"/> Core <input type="checkbox"/> Immersion <input type="checkbox"/> Extended			
<b>Native Language</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> ESL/ELD <input type="checkbox"/> IEP <input type="checkbox"/> NA			Oral Communication, Reading, Writing
<b>Mathematics</b> <input type="checkbox"/> French Number Sense and Numeration <input type="checkbox"/> ESL/ELD <input type="checkbox"/> IEP <input type="checkbox"/> NA <input type="text"/> <input type="text"/> Measurement <input type="checkbox"/> ESL/ELD <input type="checkbox"/> IEP <input type="checkbox"/> NA <input type="text"/> <input type="text"/> Geometry and Spatial Sense <input type="checkbox"/> ESL/ELD <input type="checkbox"/> IEP <input type="checkbox"/> NA <input type="text"/> <input type="text"/> Patterning and Algebra <input type="checkbox"/> ESL/ELD <input type="checkbox"/> IEP <input type="checkbox"/> NA <input type="text"/> <input type="text"/> Data Management and Probability <input type="checkbox"/> ESL/ELD <input type="checkbox"/> IEP <input type="checkbox"/> NA <input type="text"/> <input type="text"/>			
<b>Science and Technology</b> <input type="text"/> <input type="text"/> <input type="checkbox"/> ESL/ELD <input type="checkbox"/> IEP <input type="checkbox"/> French			Life Systems, Structures and Mechanisms, Matter and Energy, Earth and Space Systems

Student:

OEN:

Grade:

Subject	Report		Strengths/Next Steps for Improvement
	1	2	
<b>Social Studies</b> Heritage and Citizenship, Canada and World Connections <input type="checkbox"/> ESL/ELD <input type="checkbox"/> IEP <input type="checkbox"/> French			
<b>Health and Physical Education</b> Health Education: Healthy Living, Living Skills <input type="checkbox"/> ESL/ELD <input type="checkbox"/> IEP <input type="checkbox"/> French Physical Education: Active Living, Movement Competence, Living Skills <input type="checkbox"/> ESL/ELD <input type="checkbox"/> IEP <input type="checkbox"/> French			
<b>The Arts</b> <input type="checkbox"/> French Dance <input type="checkbox"/> ESL/ELD <input type="checkbox"/> IEP <input type="checkbox"/> NA Drama <input type="checkbox"/> ESL/ELD <input type="checkbox"/> IEP <input type="checkbox"/> NA Music <input type="checkbox"/> ESL/ELD <input type="checkbox"/> IEP <input type="checkbox"/> NA Visual Arts <input type="checkbox"/> ESL/ELD <input type="checkbox"/> IEP <input type="checkbox"/> NA			
<input type="checkbox"/> ESL/ELD <input type="checkbox"/> IEP <input type="checkbox"/> French <input type="checkbox"/> NA			

✂ Elementary Provincial Report Card (Please have your child complete the form below, and return it to your child's teacher.) ✂

Student:	Grade:	OEN:	Teacher:
----------	--------	------	----------

**Student's Comments**

- My best work is:
  
- My goal for improvement is:

Student's Signature

Letter Grade	Achievement of the Provincial Curriculum Expectations
<b>A- to A+</b>	The student has demonstrated the required knowledge and skills with a high degree of effectiveness. Achievement surpasses the provincial standard. (Level 4)
<b>B- to B+</b>	The student has demonstrated the required knowledge and skills with considerable effectiveness. Achievement meets the provincial standard. (Level 3)
<b>C- to C+</b>	The student has demonstrated the required knowledge and skills with some effectiveness. Achievement approaches the provincial standard. (Level 2)
<b>D- to D+</b>	The student has demonstrated the required knowledge and skills with limited effectiveness. Achievement falls much below the provincial standard. (Level 1)
<b>R</b>	The student has not demonstrated the required knowledge and skills. Extensive remediation is required.
<b>I</b>	Insufficient evidence to assign a letter grade
<b>ESL/ELD</b> – Achievement is based on expectations modified from the curriculum expectations for the grade to support English language learning needs.	
<b>IEP</b> – Individual Education Plan	
<b>NA</b> – No instruction for subject/strand for reporting period	

**To Parents/Guardians and Students:** This copy of the report card should be retained for reference. The original or an exact copy has been placed in the student's Ontario Student Record (OSR) folder and will be retained for five years after the student leaves school.

Teacher's Signature <b>X</b>	Principal's Signature <b>X</b>
------------------------------	--------------------------------

✂ Elementary Provincial Report Card *(Please complete, sign, and detach the form below, and return it to your child's teacher.)* ✂

Student:	Grade:	OEN:	Teacher:
----------	--------	------	----------

**Parent's/Guardian's Comments**

- My child has improved most in:
  
- I will help my child to:

<input type="checkbox"/> I have received this report card.	Parent's/Guardian's name <i>(please print)</i>	Signature <b>X</b>	Date
<input type="checkbox"/> I would like to discuss this report card. Please contact me.	Telephone <i>(day)</i> : _____ Telephone <i>(evening)</i> : _____		