

Report Period	Date
---------------	------

Student	Grade	Principal
Address	School Council Chair	
School	Telephone	Board
Address	Fax	Address

Courses IEP = Individual Education Plan ESL = English As a Second Language ELD = English Literacy Development These boxes appear for each course where appropriate	Report Period	Percentage Grade	Course Median	Credit Earned	Comments Strengths/Areas for Improvement/Next Steps	Attendance		Learning Skills				
						Total Classes	Times Late	Works Independently	Teamwork	Organization	Work Habits/Homework	Initiative
Course Title: _____ Course Code: _____ Teacher: _____ <input type="checkbox"/> IEP <input type="checkbox"/> ESL <input type="checkbox"/> ELD	First					/						
	Second											
	Final											
Course Title: _____ Course Code: _____ Teacher: _____ <input type="checkbox"/> IEP <input type="checkbox"/> ESL <input type="checkbox"/> ELD	First					/						
	Second											
	Final											
Course Title: _____ Course Code: _____ Teacher: _____ <input type="checkbox"/> IEP <input type="checkbox"/> ESL <input type="checkbox"/> ELD	First					/						
	Second											
	Final											
Course Title: _____ Course Code: _____ Teacher: _____ <input type="checkbox"/> IEP <input type="checkbox"/> ESL <input type="checkbox"/> ELD	First					/						
	Second											
	Final											

Principal's Signature	Student's Average
-----------------------	-------------------

To parents or guardians and students: This copy of the report should be kept 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 (5) years after the student leaves school.

Report Period	Date
---------------	------

Student _____

Courses IEP = Individual Education Plan ESL = English As a Second Language ELD = English Literacy Development These boxes appear for each course where appropriate	Report Period	Percentage Grade	Course Median	Credit Earned	Comments Strengths/Areas for Improvement/Next Steps	Attendance		Learning Skills E = Excellent, G = Good S = Satisfactory N = Needs Improvement					
						Total Classes	Times Late	Works Independently	Teamwork	Organization	Work Habits/Homework	Initiative	
Course Title: _____ Course Code: _____ Teacher: _____ <input type="checkbox"/> IEP <input type="checkbox"/> ESL <input type="checkbox"/> ELD	First					/							
	Second					/							
	Final					/							
Course Title: _____ Course Code: _____ Teacher: _____ <input type="checkbox"/> IEP <input type="checkbox"/> ESL <input type="checkbox"/> ELD	First					/							
	Second					/							
	Final					/							
Course Title: _____ Course Code: _____ Teacher: _____ <input type="checkbox"/> IEP <input type="checkbox"/> ESL <input type="checkbox"/> ELD	First					/							
	Second					/							
	Final					/							
Course Title: _____ Course Code: _____ Teacher: _____ <input type="checkbox"/> IEP <input type="checkbox"/> ESL <input type="checkbox"/> ELD	First					/							
	Second					/							
	Final					/							
Course Title: _____ Course Code: _____ Teacher: _____ <input type="checkbox"/> IEP <input type="checkbox"/> ESL <input type="checkbox"/> ELD	First					/							
	Second					/							
	Final					/							
		Student's Average											

To parents or guardians and students: This copy of the report should be kept 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 (5) years after the student leaves school.

