



SD38 APPLICATION

EARLY CHILDHOOD EDUCATION (ECE)

ASSISTANT CERTIFICATE

*A Partnership with SD38 Career Programs
and SD37 Continuing Education*



APPLICATION DUE DATE (*NO EXCEPTIONS*)

Must arrive at the SD38 Career Programs Office by

Tuesday, March 5th, 2024 @ 3:30 pm*

Email completed application package to careerprograms@sd38.bc.ca

OR

Drop off at Cambie Secondary – Career Programs (Learning Services)

APPLICANT CRITERIA

- Open to students entering Grade 11 or 12 in September 2024 (current Gr. 10/11's apply)
(Not available to International students)
- Applicant must not have achieved Ministry of Education graduation at the time of program start
- Demonstrated excellent attendance, punctuality, communication and organizational skills
- Demonstrated writing skills (essay writing is a component of program – follows APA style)
- Has a keen interest in working with young children
- Excellent interpersonal and observational skills
- Demonstrates initiative, commitment and maturity for success in this rigorous and dynamic program

PROGRAM INFORMATION

- ECE Assistant Certificate Program runs full-time July 2nd – 31st, 2024 (all day from 8:30am – 3:00pm)
- Location is in a Richmond secondary school (delivery is face-to-face)
- Students must have excellent attendance in summer (miss two half days = do not pass)
- Spend four Fridays at a pre-assigned Richmond day care centre (unpaid placement)
- Must provide proof of immunization (COPY ONLY) with this application (required for participation at any day care centre in BC)
- Certificate program tuition is covered by Richmond SD38
- If successful, student earns credit for two Gr. 12 courses (8 credits)



CHECKLISTS for Student, Parent/Guardian, Counsellor

(Check each item when complete. Please do not submit partially completed applications)

STEP 1 – APPLICATION CHECKLIST for STUDENT			Page	Completed and Enclosed
1.	Applicant Information Page	<i>(Include application date and school year applying for)</i>	3	<input type="checkbox"/>
2.	Statement of Interest and Intent	<i>(Thoughtfully complete; do rough draft prior to completing the form)</i>	5-6	<input type="checkbox"/>
3.	Proficiency Self-Assessment Form		7	<input type="checkbox"/>
4.	Graduation Plan	<i>(To help with completing this plan, see next page for dual credit codes)</i>	9	<input type="checkbox"/>
5.	Teacher Reference Form #1	<i>(Ask a teacher, counsellor or administrator to fill out)</i>	11	<input type="checkbox"/>
6.	Teacher Reference Form #2	<i>(Ask <u>another</u> teacher, counsellor or administrator to fill out)</i>	13	<input type="checkbox"/>
7.	ATTACH Professional Reference Letter	<i>(NOT same person as #6 and #7; can use employer, coach, other teacher)</i>	---	<input type="checkbox"/>
8.	ATTACH Up-to-Date Resumé	<i>(Highlight skills or experiences related to your chosen program of study)</i>	---	<input type="checkbox"/>

STEP 2 – PARENT/GUARDIAN PERMISSION AND SUPPORT			Page	Completed
1.	Parent/Guardian fully completes this page		4	<input type="checkbox"/>
2.	ATTACH a COPY ONLY of applicant’s immunization record (do not attach original)		---	<input type="checkbox"/>

STEP 3 – APPLICATION CHECKLIST for COUNSELLOR			Page	Completed and Enclosed
1.	ATTACH Most recent Learning Update/Report Card		---	<input type="checkbox"/>
2.	ATTACH BC Diploma Verification Report		---	<input type="checkbox"/>
3.	ATTACH Up-to-date Attendance Profile		---	<input type="checkbox"/>
4.	Indicate Ministry of Ed Special Education Category if Applicable: MoE Code: _____ Code Identification is for: _____ <input type="checkbox"/> Not Applicable		---	<input type="checkbox"/>
5.	IEP MUST be ATTACHED if applicable: <input type="checkbox"/> Not Applicable <i>(if applicable, check box in right column)</i>		---	<input type="checkbox"/>

STUDENT: Submit completed application (with all attachments) to the Career Programs Office (c/o Cambie Secondary – Learning Services)

Timeline after application is submitted...

- ❖ Career Programs sends email acknowledging receipt of application and informing applicant of any missing components.
- ❖ **INTERVIEWS: April 23rd or 24th** for qualifying (invited) applicants (re: quality/thoroughness of application)
- ❖ If successful with the above, notification of acceptance will be sent in early May.
- ❖ **PARENT/STUDENT ORIENTATION:** FOR ACCEPTED STUDENTS ONLY on **Wednesday, May 22nd @ 6:30pm** at SLSS.

Acceptance is subject to approval. As program seats are limited, completion of application and granting of an interview do NOT guarantee acceptance.

****ONLY COMPLETE APPLICATIONS WILL BE PROCESSED.****

PLEASE KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS



SD38 APPLICATION – ECE ASSISTANT CERTIFICATE

(JULY 2024 – Funded by Ministry of Education and Child Care)

Instructions:

1. Complete this Application (tear off top page prior to submission).
2. **PLEASE PRINT CLEARLY (Applicant MUST be applying in Grade 10 or 11 or be a non-graduating Grade 12.)**
3. Email to careerprograms@sd38.bc.ca or deliver to *Career Programs – Cambie Secondary* by due date found on first page.

STUDENT APPLICANT INFORMATION

Name: _____ Home School: _____ Grade: _____
First. Last

PEN #: _____ Birthdate (MM/DD/YYYY): _____ / _____ / _____ Age: _____

Student Email (**print clearly**): _____ Student Cell: _____

Mailing Address: _____

City/Prov: _____ Postal Code: _____ Home Phone: _____

Canadian Citizen: YES NO Permanent Resident: YES NO Aboriginal: YES NO

Name of referring Counsellor: _____ Grad Date (MM/YYYY): _____ / _____

APPLICANT STATEMENTS and SIGNATURE

CHECK ALL ONCE READ AND UNDERSTOOD:

- The applicant understands the program runs full-time July 2 – 31, 2024 from 8:30am – 3:00pm and can commit to being available for its duration.
- The program delivery model is face-to-face and includes an unpaid work experience placement.
- The applicant gives permission for a Criminal Record Check to be conducted (required for this field).
- The applicant understands that the program work experience will expose them to young children. Given this, they will be required to provide **proof of immunization by attaching a copy (not original) to this application.**
- The program tuition will be covered and is funded by the Ministry of Education and Child Care.
- Upon successful completion, students will qualify to:
 - earn credit for two high school courses (8 credits) + post-secondary credits (SD37 ECE)
 - be assisted in their application process with the ECE Registry
 - be encouraged to pursue a full Early Childhood Educator qualification through SD37 (Delta) Continuing Education or another post-secondary site.

Applicant's Signature: I certify that all statements in this application package are true and complete.

Date: _____ Applicant Signature: _____



FOR PARENT/GUARDIAN COMPLETION:

PARENT/GUARDIAN INFORMATION

As Parent/Guardian: I support my child’s application to the Early Childhood Education Assistant Program, and agree to/understand the following:

- I support my child’s commitment to this full-time program being held in July 2024 (all day).
- I give consent for Delta SD37 Continuing Education to make application through the Ministry of Public Safety and Solicitor General for a Criminal Record Check to be completed on my child’s behalf (a legal requirement for anyone working in a daycare setting)
- I am aware that Richmond SD38 pays the cost of tuition for this program; my child is responsible for paying the cost of a notebook, binder, pens etc. needed for the program.
- I am aware that my child must arrange their own transportation to and from the program and practicum site (day care).
- I agree that the information contained herein may be provided to the instructor(s) of the applicable post-secondary program and institution.

Parent/Guardian Name: _____ Relationship: _____
First Last

Email: _____ Cell Phone: _____

Date: _____ Signature: _____

Please respond to the following so that the program instructor may best support the applicant, if accepted.

MEDICAL /LEARNING NEEDS INFORMATION

FOR PARENT/GUARDIAN TO COMPLETE:

1. Please attach a copy of the applicant’s immunization record. *(All will be kept confidential.)*
2. List ALL medical/special needs information that the program instructor should be aware of or that might affect performance during the program (i.e. has IEP, Learning Support Needs, ADD/ADHD, Diabetes, Epilepsy, Medication, Asthma, Allergies etc.).

- No medical/learning needs information to report
- If yes, please describe and explain any that may affect performance in this course.

Care Card Number: _____ Family Doctor: _____ Phone: _____

Emergency Contact: _____ Relationship: _____
First. Last

Daytime phone (work or home): _____ Cell Phone: _____



STATEMENT OF INTEREST AND INTENT

ECE Assistant Certificate APPLICATION – JULY 2024

**** To only be COMPLETED by hand by the STUDENT APPLICANT. Attach additional pages if needed.****

Applicant FULL Name: _____ **School:** _____

1. What has motivated / interested you to apply for the Early Childhood Education Assistant program?

2. What work experiences, volunteer activities, and/or courses have you participated in that will support your progress in this program and your comfort level working with children during a work experience placement?

3. What skills and attributes do you have that will help you to be successful in this program? Explain why they will be a benefit to you when working with others during the program.



4. What are your interests outside of school? (e.g. hobbies, sports, clubs, special talents etc.)

5. What knowledge do you have of the Early Childhood Educator field and given this, do you intend to pursue this or another career pathway beyond high school? If another pathway, what is that?

6. This program runs Monday-Friday for all of July (2nd – 31st). The daily schedule runs from 8:30am – 3:00pm. Fridays are the work experience days at a day care centre. If you miss any day care Fridays, you must make those up during the first week in August, to successfully complete this certificate program. Please tell us about your commitment to this program and whether you might have any potential conflicts. Students missing more than two half-days in July will not pass this program. **Attendance is very stringent.**



APPLICANT PROFICIENCY SELF-ASSESSMENT FORM SD38 DUAL CREDIT EARLY CHILDHOOD EDUCATION ASSISTANT PROGRAM

I am interested in applying for this specialized dual credit program. I understand this program is a full-time (full days) commitment for the month of July. This self-assessment will assist in determining my suitability and readiness for this program, and for working with young children in a childcare setting.

Please indicate **by highlighting or circling** your proficiency for this post-secondary dual-credit program:

CORE COMPETENCIES	Proficiency Scale				
		Emerging	Developing	Proficient	Extending
		I demonstrate an INITIAL understanding of the concepts and competencies.	I demonstrate a PARTIAL understanding of the concepts and competencies.	I demonstrate a COMPLETE understanding of the concepts and competencies.	I demonstrate a SOPHISTICATED understanding of the concepts and competencies.
Communication <ul style="list-style-type: none"> I can understand and share information about a topic in an organized way (e.g. contribute to class discussion, take initiative) I work with others to achieve a common goal I can represent my learning, and tell how it connects to my experiences and values 		<i>"I am just getting started and learn best with help."</i>	<i>"I am beginning to do more and more on my own."</i>	<i>"I can do it on my own."</i>	<i>"I go beyond what is expected of me."</i>
Creative Thinking <ul style="list-style-type: none"> I generate new ideas or build on other people's ideas, to create new things within the constraints of a form, a problem, or materials I can build on others' ideas, add new ideas of my own, or combine other people's ideas to create new options or solve problems 		<i>"I am just getting started and learn best with help."</i>	<i>"I am beginning to do more and more on my own."</i>	<i>"I can do it on my own."</i>	<i>"I go beyond what is expected of me."</i>
Critical Thinking <ul style="list-style-type: none"> I actively listen to others and analyze evidence from different perspectives I can ask questions and gather information I can consider more than one way to proceed in an investigation or scenario 		<i>"I am just getting started and learn best with help."</i>	<i>"I am beginning to do more and more on my own."</i>	<i>"I can do it on my own."</i>	<i>"I go beyond what is expected of me."</i>
Personal Awareness and Social Responsibility <ul style="list-style-type: none"> I can use strategies that help me manage my feelings and emotions I can persevere with challenging tasks I can clarify issues, generate strategies, weigh consequences, compromise to meet the needs of others, and evaluate actions 		<i>"I am just getting started and learn best with help."</i>	<i>"I am beginning to do more and more on my own."</i>	<i>"I can do it on my own."</i>	<i>"I go beyond what is expected of me."</i>
Positive Personal and Cultural Identity <ul style="list-style-type: none"> I can explain what my values are and how they affect the choices I make I can understand I will continue to develop new abilities and strengths to help me meet new challenges I can reflect on my strengths and identify my potential as a leader in my community 		<i>"I am just getting started and learn best with help."</i>	<i>"I am beginning to do more and more on my own."</i>	<i>"I can do it on my own."</i>	<i>"I go beyond what is expected of me."</i>

Based on my self-assessment I rank my overall proficiency and readiness for this program as (check one):

- Fully Ready
 Somewhat Ready
 Could be Ready (with some support)

Additional Comments: _____

Student FULL Name: _____ Student Signature: _____



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Graduation Plan – DISTRICT CAREER PROGRAM (Dual Credit/Other)

School District No. 38 (Richmond)

School Year of Program: 20__ – 20__

LAST NAME: _____ FIRST NAME: _____ PEN: _____

CAREER PROGRAM or COURSE Applied for: _____ Home School _____ Grade: _____

- Click/check the box (☒) to indicate courses in progress, completed or yet to take. PRINT the course name/location in spaces provided.
- Form is to ensure students will meet minimum graduation requirements by the end of Grade 12. (An audit requirement for Career Pgms)

CHECK ONE		GRADUATION REQUIREMENTS (Mandatory)	CREDITS	COMPLETION DATE Month/Year (taken/to take)	COURSE LOCATION (School/RVS etc.)
In Progress or Completed	Plan to Take				
<input type="checkbox"/>	<input type="checkbox"/>	Language Arts 10 _____	4	_____/____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Social Studies 10 _____	4	_____/____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Science 10 _____	4	_____/____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Mathematics 10 _____	4	_____/____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Physical and Health Education 10 _____	4	_____/____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Career Life Education (10 or 11) _____	4	_____/____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Language Arts 11 _____	4	_____/____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Social Studies 11 or 12 _____	4	_____/____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Science 11 or 12 _____	4	_____/____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Mathematics 11 or 12 _____	4	_____/____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Language Arts 12 _____	4	_____/____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Career Life Connections (with Capstone) _____	4	_____/____	_____
In Progress or Completed	Plan to Take	ARTS EDUCATION and/or ADST Course	CREDITS	Month/Year	COURSE LOCATION
<input type="checkbox"/>	<input type="checkbox"/>	_____ 10 / 11 or 12	4	_____/____	_____
In Progress or Completed	Plan to Take	ASSESSMENTS + INDIGENOUS-FOCUSSED COURSE	CREDITS	Month/Year	COURSE LOCATION
<input type="checkbox"/>	<input type="checkbox"/>	Numeracy Assessment – Gr 10	-	_____/____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Literacy Assessment – Gr 10	-	_____/____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Literacy Assessment – Gr 12	-	_____/____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Indigenous-Focused Course (if not already listed) _____ 10/11/12 (circle)	4	_____/____	_____
In Progress or Completed	Plan to Take	ADDITIONAL (ELECTIVE) COURSES: (3 must be Gr. 12) (circle grade)	CREDITS	Month/Year	COURSE LOCATION
<input type="checkbox"/>	<input type="checkbox"/>	_____ 12	4	_____/____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____ 12	4	_____/____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____ 10 / 11 / 12	4	_____/____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____ 10 / 11 / 12	4	_____/____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____ 10 / 11 / 12	4	_____/____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____ 10 / 11 / 12	4	_____/____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____ 10 / 11 / 12	4	_____/____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____ 10 / 11 / 12	4	_____/____	_____
In Progress or Completed	Plan to Take	DISTRICT CAREER PROGRAM/COURSE: (DUAL CREDIT OR OTHER – SEE REVERSE)	CREDITS	Month/Year	COURSE LOCATION
<input type="checkbox"/>	<input type="checkbox"/>	Fill in name of Program / Course below (see reverse): _____	_____	_____/____	_____
TOTAL GRADUATION CREDITS (80 Minimum REQUIRED): _____		Graduation Date: ____/____/____ Month / Year			
HIGH SCHOOL CREDENTIAL: <input type="checkbox"/> Dogwood Diploma <input type="checkbox"/> School Completion Certificate (Evergreen)					
POST SECONDARY PLANS: <input type="checkbox"/> College/University <input type="checkbox"/> Continue Apprenticeship <input type="checkbox"/> Other (please specify) _____					

I have discussed the completion of my graduation plan with my parent(s)/caregiver(s)

Student Signature: _____ Parent Signature: _____ Date: _____

District Signature: _____ Date: _____

(Counsellor or Career Programs staff)

Revised: January 2024



Course Codes, Credits and Locations for Dual-Credit (and other) Career Programs

(Updated January 2024)

Use this to fill in Graduation Plan sheet.

DUAL CREDIT PROGRAMS – Youth TRAIN in Trades:

(TRNA = BCIT / TRNJ = KPU / TRNZ = VCC / TRITA = private PSI)

Youth Train in Trades Dual Credit Program & Location	Course Codes	Total Credits
Aircraft Maintenance Engineer – BCIT	TRNA – 2A, 2B, 2C, 2D	16
Auto Collision & Refinishing Common Core – VCC	TRNZ – 2A, 2B, 2C, 2D, 2E, 2F, 2G, 2H	32
Auto Service Technician – BCIT	TRNA – 2A, 2B, 2C, 2D, 2E, 2F, 2G, 2H	32
Baking & Pastry Arts – VCC	TRNZ – 2A, 2B, 2C, 2D, 2E	20
Carpentry (Framing / Forming) – BCIT	TRNA – 2A, 2B, 2C, 2D, 2E	20
CNC Machinist – BCIT	TRNA – 2A, 2B, 2C, 2D, 2E, 2F, 2G, 2H	32
Electrician – BCIT	TRNA – 2A, 2B, 2C, 2D, 2E, 2F	24
Heavy Duty Mechanic – VCC	TRNZ – 2A, 2B, 2C, 2D, 2E, 2F, 2G	28
Joinery – BCIT	TRNA – 2A, 2B, 2C, 2D, 2E, 2F	24
Metal Fabricator – BCIT	TRNA – 2A, 2B, 2C, 2D, 2E	20
Millwright – KPU	TRNJ – 2A, 2B, 2C, 2D, 2E, 2F	24
Painter & Decorator – FTI	TRITA – 2A	4
Plumbing - UAPIC	TRITA – 2A, 2B, 2C, 2D	16
Professional Cook - VCC	TRNZ – 2A, 2B, 2C, 2D	16
Refrigeration & AC Technician – BCIT	TRNA – 2A, 2B, 2C, 2D, 2E, 2F	24
Sheet Metal – BCIT	TRNA – 2A, 2B, 2C, 2D, 2E	20
Welding – KPU	TRNJ – 2A, 2B, 2C, 2D, 2E, 2F	24

DUAL CREDIT PROGRAMS – OTHER:

Dual Credit Program / Course & Location	Course Code(s)	Total Credits
KPU Course (Health Science 1115 or single course via LinK38)	PSIJ – 2A	4
STRIVE Course (Kwantlen Polytechnic University)	PSIJ – 2A (Not claimed on 1701)	4
ECE Assistant Certificate (Delta Continuing Ed is location)	ECECD – 2A and 2B (Not claimed on 1701)	8
Medical Lab Assistant (Vancouver Community College)	PHCZ – 2A, 2B, 2C, 2D, 2E	20
Health Care Assistant (Vancouver Community College)	PHCZ – 2A, 2B, 2C, 2D, 2E, 2F, 2G, 2H	32
Auto Trades Sampler (Vancouver Community College)	TSTZ – 2A, 2B, 2C (10 week/ 300 hour program)	12

NON-DUAL CREDIT PROGRAMS:

Program Name & Location	Course Code(s)	Total Credits
Manufacturing & Engineering Co-op (MEC) (Burnett and RVS)	WEX 12A and MSTX 1A or 2A (Burnett) MENR-11 and MWTC-12 (via RVS but at Burnett)	8 (4 each) 8 (4 each)
Youth Work in Trades (Richmond Virtual School – RVS)	MWRK 1A, 1B, 2A, 2B (ONLY RVS enters)	4 each (up to 16 total)
Youth Explore Trades Skills (Location is student's home school)	MSTX 0A (gr 10) or 1A (gr 11) or 2A (gr 12) MSTX 0B (gr 10) or 1B (gr 11) or 2B (gr 12)	4 4





TEACHER REFERENCE FORM #1

SD38 DUAL CREDIT EARLY CHILDHOOD EDUCATION ASSISTANT PROGRAM

Student: _____ Grade: _____
Last Name First Name

This student has applied for a post-secondary seat in the Dual Credit Early Childhood Education Assistant Program that runs all of July (full-time). When completing, bear in mind that this student has applied to take a rigorous college-level program that includes a work placement in a childcare centre.

Please check the following attributes as:	Emerging	Developing	Proficient	Extending
1. Demonstrated passion/aptitude for childcare	_____	_____	_____	_____
2. Maturity	_____	_____	_____	_____
3. Accuracy / ability to follow instructions	_____	_____	_____	_____
4. Enthusiasm and interest	_____	_____	_____	_____
5. Adaptable - adjusts to new situations	_____	_____	_____	_____
6. Follows through on assigned tasks	_____	_____	_____	_____
7. Attendance	_____	_____	_____	_____
8. Punctuality	_____	_____	_____	_____
9. Shows motivation to learn new skills	_____	_____	_____	_____
10. Can work independently	_____	_____	_____	_____
11. Has positive attitude towards work	_____	_____	_____	_____
12. Accepts constructive criticism	_____	_____	_____	_____
13. Makes changes as a result of constructive criticism	_____	_____	_____	_____
14. As a candidate for this dual credit program I would rate this student as: (circle the most appropriate description)				

1	2	3	4	5
NOT SUITABLE		SUITABLE		EXCEPTIONALLY SUITABLE

15. Could this student be counted on to represent Richmond SD38 favourably in this post-secondary program?
 YES _____ POSSIBLY _____ NO _____

16. Do you feel this student has a sincere interest in this District Dual Credit program?
 YES _____ POSSIBLY _____ NO _____

17. Please **PROVIDE COMMENTS** that will aid in the selection of appropriate candidates (do not leave blank).

Teacher Evaluation Completed by:

Print Name: _____ Signature: _____

Subject Area(s): _____ Years Known Student: _____



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TEACHER REFERENCE FORM #2

SD38 DUAL CREDIT EARLY CHILDHOOD EDUCATION ASSISTANT PROGRAM

Student: _____ Grade: _____
Last Name First Name

This student has applied for a post-secondary seat in the Dual Credit Early Childhood Education Assistant Program that runs all of July (full-time). When completing, bear in mind that this student has applied to take a rigorous college-level program that includes a work placement in a childcare centre.

Please check the following attributes as:	Emerging	Developing	Proficient	Extending
1. Demonstrated passion/aptitude for childcare	_____	_____	_____	_____
2. Maturity	_____	_____	_____	_____
3. Accuracy / ability to follow instructions	_____	_____	_____	_____
4. Enthusiasm and interest	_____	_____	_____	_____
5. Adaptable - adjusts to new situations	_____	_____	_____	_____
6. Follows through on assigned tasks	_____	_____	_____	_____
7. Attendance	_____	_____	_____	_____
8. Punctuality	_____	_____	_____	_____
9. Shows motivation to learn new skills	_____	_____	_____	_____
10. Can work independently	_____	_____	_____	_____
11. Has positive attitude towards work	_____	_____	_____	_____
12. Accepts constructive criticism	_____	_____	_____	_____
13. Makes changes as a result of constructive criticism	_____	_____	_____	_____

14. As a candidate for this dual credit program I would rate this student as: (circle the most appropriate description)

1	2	3	4	5
NOT SUITABLE		SUITABLE		EXCEPTIONALLY SUITABLE

15. Could this student be counted on to represent Richmond SD38 favourably in this post-secondary program?

YES _____ POSSIBLY _____ NO _____

16. Do you feel this student has a sincere interest in this District Dual Credit program?

YES _____ POSSIBLY _____ NO _____

17. Please **PROVIDE COMMENTS** that will aid in the selection of appropriate candidates (do not leave blank).

Teacher Evaluation Completed by:

Print Name: _____ Signature: _____

Subject Area(s): _____ Years Known Student: _____