

# FORT LA BOSSE SCHOOL DIVISION

TITLE – **HUTTERIAN TRANSITION PROGRAM**

POLICY - **CGCA-E**

Cross Reference -

Resolution # - 207/17

Legal Reference -

Last Reviewed - 25/09/17

## Appendix A

### HUTTERIAN TRANSITION PROGRAM

This form is to be completed by the School Administrator for all students entering the Hutterian Transition Program. The form is to be forwarded to the Superintendent at the end of the second semester.

#### DEMOGRAPHIC INFORMATION

<b>Student Name:</b> _____	<b>Date Of Birth:</b> _____ (month/day/year)
<b>School:</b> Select	<b>MET Number:</b> _____
<b>Parent/Guardian:</b> _____ (Father)	_____ (Mother)
<b>Start Date of Program:</b> _____ (month/day/year)	<b>Year of Program:</b> Select

#### PROGRAM PLAN

School Year	Training Area	Training Area Supervisor	Teacher Monitor
Select			

#### PROGRAM OUTCOMES

General Employability Skills	Select
Manages time to complete tasks/projects within stated deadlines.	<input type="checkbox"/>
Follows instructions and asks questions when clarification is needed.	<input type="checkbox"/>
Responds constructively to feedback.	<input type="checkbox"/>
Demonstrates the willingness to continuously learn.	<input type="checkbox"/>
Demonstrates interest, initiative and effort.	<input type="checkbox"/>
Work Area Specific Skills	Select
Identifies and demonstrates proper use of tools, materials, and equipment in work area.	<input type="checkbox"/>
Performs the basic skills and procedures of the work area.	<input type="checkbox"/>



## APPENDIX A

EVALUATION REPORT
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(to be completed by the School Administrator in collaboration with the Training Area Supervisor)

<b>Date (1<sup>st</sup> Semester)</b>	<b>Strengths / Challenges / Next Steps</b>
<b>Date (2<sup>nd</sup> Semester)</b>	<b>Strengths / Challenges / Next Steps</b>

**Signatures** (required at the end of the 2<sup>nd</sup> Semester)

_____ School Administrator	_____ Date	_____ Superintendent	_____ Date
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