



# SATEC @ W.A. Porter C.I.

## GRADE 9 COURSE SELECTION SHEET 2018-2019

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*T.D.S.B. Student Number*

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*OEN*

### A: STUDENT INFORMATION (Please Print)

Student's Family Name (Last)	Given Name (First)	Middle Initial	Gender: _____
Student Address  _____ <i>(Street No.) (Street) (Apt/Unit No.)</i>  _____ <i>(City) (Postal Code)</i>		Date of Birth:  ____ - ____ - ____ <i>DAY MONTH YEAR</i>	
Telephone Numbers:			
(home) _____ - _____ - _____		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	
(work) _____ - _____ - _____		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	
(mobile) _____ - _____ - _____		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	
(mobile) _____ - _____ - _____		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	
Email Addresses:			
Student: _____			
Contact 1: _____			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian
Contact 2: _____			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian

### B: TO BE COMPLETED BY ELEMENTARY SCHOOL PERSONNEL

1. Current School Name:	Telephone #:	2. Current French Program:	
		<input type="checkbox"/> Core (no modifications) <input type="checkbox"/> Core (with modifications) <input type="checkbox"/> Extended <input type="checkbox"/> Immersion <input type="checkbox"/> None (exemption)	
3a. IEP/IPRC:	3b. Identification:		3c. Current Level of Support:
<input type="checkbox"/> NO IEP <input type="checkbox"/> IEP (accommodations only) <input type="checkbox"/> IEP (modifications) <input type="checkbox"/> IEP (transition plan) <input type="checkbox"/> NOT IPRC'd <input type="checkbox"/> Psych-Ed Assessment complete <input type="checkbox"/> Speech and Language <input type="checkbox"/> IPRC Pending <input type="checkbox"/> IPRC to be initiated <input type="checkbox"/> IPRC'd: Review Date _____	<input type="checkbox"/> Behaviour <input type="checkbox"/> Blind/Low Vision <input type="checkbox"/> Giftedness <input type="checkbox"/> Autism <input type="checkbox"/> Deaf/Hard of Hearing <input type="checkbox"/> Mild Intellectual Disability  <div style="text-align: center;">Check all that apply</div>		<input type="checkbox"/> NONE <input type="checkbox"/> Indirect Support <input type="checkbox"/> Resource Assistance <input type="checkbox"/> Withdrawal /Resource <input type="checkbox"/> Home School Program <input type="checkbox"/> Intensive Support Program <input type="checkbox"/> Other: _____
4a. ELL/ELD:	4b. Current ESL Support:	4c. Recommended Placement:	
<input type="checkbox"/> ELL  <input type="checkbox"/> ELD	<input type="checkbox"/> NONE <input type="checkbox"/> Withdrawal <input type="checkbox"/> In-Class Support <input type="checkbox"/> ESL Class <50%/day <input type="checkbox"/> ESL CLASS>50%/day	<input type="checkbox"/> ESL A <input type="checkbox"/> ESL B <input type="checkbox"/> ESL C <input type="checkbox"/> ESL D <input type="checkbox"/> ESL E <input type="checkbox"/> ELD A <input type="checkbox"/> ELD B <input type="checkbox"/> ELD C <input type="checkbox"/> ELD D <input type="checkbox"/> ELD E <input type="checkbox"/> ELL Assessment completed <input type="checkbox"/> Assessment Attached	
5. Country of Birth: _____ First Language _____			
If born outside of Canada, indicate arrival date: Month: _____ Year: _____			
6. Resident of School Area: <input type="checkbox"/> yes <input type="checkbox"/> no			
7. Teacher suggestion(s) / input on student's course type selections, programming needs and learning styles:			
8. Name of Principal or Designate (please print): _____ Signature: _____			

# SATEC @ W.A. Porter C.I. Grade 9 Course Selection Sheet

*Students **MUST** take 8 courses*

Student's Family Name (Last Name):	Given Name (First Name):	TDSB Student Number:
<input type="checkbox"/> Accepted for Specialized Program Students in this program are required to take: <ul style="list-style-type: none"> <li>ENG1D1</li> <li>MPM1D3</li> <li>SNC1D3</li> <li>CGC1D1</li> <li>TIJ1O1</li> </ul>		
<input type="checkbox"/> Collegiate Program (in area students)		

## COURSES AND CODES

### 1. English

- ENG1D1 Academic
- ENG1L1 Locally Developed
- ENG1P1 Applied
- ESL - English as a Second Language
  - ESLAO8
  - ESLBO8
  - ESLCO8
  - ESLDO8
  - ESLEO8

### 2. Mathematics

- MPM1D1 Academic
- MPM1D3 Enriched (Specialized Program only)
- MAT1L1 Locally Developed
- MFM1P1 Applied

### 3. Science

- SNC1D1 Academic
- SNC1D3 Enriched (Specialized Program only)
- SNC1L1 Locally Developed
- SNC1P1 Applied

### 4. French

- FSF1D1 Academic
- FSF1O1 Open (for students with less than 2 years French instruction)
- FSF1P1 Applied (for both regular & specialized programs)

### 5. Geography

- CGC1D1 Academic
- CGC1P1 Applied

### 6. Healthy Active Living

- PPL1OF Female
- PPL1OM Male

### 7. Arts

- ALC1O1 Integrated Arts: Music, Drama & Visual Arts Rotation
- NAC1O1 Visual Arts – Expressing Indigenous Cultures (Tradigital Arts)

### 8. Integrated Technology

- TIJ1O1 Open  
**(Students in the Collegiate and Specialized Program take TIJ1O1 in grade 9)**

### 9. Learning Strategies

- GLE1O9 (Available only for students with an IEP and may replace TIJ1O1, PPL1OF/M or FSF1D/P/O according to IEP strengths/needs)

**Note:** Students that have been identified as **EXCEPTIONAL via the IPRC process** need to have school staff complete Sections 3 a, b, c on the front of this sheet.

### Course Selection Process

*Option sheets are used for educational planning and are required each year. Please note that changes to a student's program may be made for sound educational reasons or where enrolment is insufficient to warrant a course being offered.*

*For information on course descriptions and secondary school pathways for post-secondary opportunities, refer to <http://edu.gov.on.ca/eng/document/curriculum/secondary/descript/descri9e.pdf>*

### Required signatures for students currently attending schools outside the Toronto District School Board

Date	Parent/Guardian Name (Please Print)	Parent/Guardian Signature
Date	Elementary School Official (Please Print)	Elementary School Official (Signature)