



# LANGUAGE INSTRUCTION FOR NEWCOMERS TO CANADA



## Learner Conference Summary

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Teacher: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Program Name: \_\_\_\_\_

Program Address: \_\_\_\_\_

Course Name: \_\_\_\_\_

Learner Assessment Period Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**CLB Levels at the beginning of the assessment period:** N.B. Complete A or B, not both.

Learner		Listening	Speaking	Reading	Writing
<b>A</b>	New Learner (referred by assessment centre): <b>Placement test levels</b>				
<b>B</b>	Continuing Learner (from any CLB-based program): <b>Previously reported levels</b>				

**Summary of Learner Conference: Comment on (a) Strengths and Progress AND (b) Suggestions for Learning**

**Attendance:**

Learner attended \_\_\_ classes out of a possible \_\_\_ classes at \_\_\_ hours per class [for a total of \_\_\_ hours out of a possible \_\_\_ hours]

<b>Signatures</b>			
	<b>Teacher</b>	<b>Learner</b>	<b>Administrator</b>