



LANGUAGE INSTRUCTION FOR NEWCOMERS TO CANADA (LINC)

PROTECTED A

Learner Progress Report

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
A	New Learner (referred by assessment centre): Placement test levels				
B	Continuing Learner (from any CLB-based program): Previously reported levels				

Completed CLB Levels at the end of the assessment period:

Listening	Speaking	Reading	Writing

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]
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Signatures			
	Teacher	Learner	Administrator

Funded by:

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