

SECONDARY SCHOOL REPORT CARD

CYCLE ONE

20__ - 20__ School Year

Insert the school board's logo and name

1. GENERAL INFORMATION

Name of school: Institution code: Address: Telephone (area code and no.): Fax (area code and no.): Principal: Signature:	Reporting term: Starting: Ending:
Student's name: Permanent code: Date of birth: Age on September 30: Year: Secondary ___	Recipient(s) of report card (<i>Check</i>) : Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal guardian <input type="checkbox"/> Other <input type="checkbox"/> Student of full age <input type="checkbox"/> Name: Address: Telephone at home (area code and no.): Telephone at work (area code and no.): Other (area code and no.):

2. RESULTS

Enter subject name Course code: Teacher:	Secondary I				Secondary II			
	Term 1	Term 2	Term 3	Final Mark	Term 1	Term 2	Term 3	Final Mark
<i>Enter a competency or component if the subject is one for which a detailed result is required under section 30.1</i>								
Repeat the preceding line as many times as necessary								
Subject mark								
Group average								
Credits								
Days absent	Term 1: ___ Term 2: ___ Term 3: ___				Term 1: ___ Term 2: ___ Term 3: ___			
Comments: <i>Enter comments regarding the student's strengths, challenges and progress</i>								

Repeat this section as many times as necessary

3. COMMENTS ON CERTAIN COMPETENCIES

Comments on two of the following four competencies: exercises critical judgment / organizes his/her work / communicates effectively / works in a team		
	Term 1	Term 3
Secondary I		
Secondary II		

4. OTHER COMMENTS (COMPLETE IF APPLICABLE)

Various comments, such as regarding other learning that has taken place during class or school projects

5. STUDENT'S ACADEMIC PROGRESS (COMPLETE ONLY FOR THE LAST REPORT CARD OF THE YEAR)

Promotion to the next year	
<input type="checkbox"/> The student will move on to the next year.	
<input type="checkbox"/> The student will continue in the same year in accordance with the conditions set out in his/her individualized education plan (IEP).	
_____	_____
Principal's signature	Date