

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

Date: \_\_\_\_\_

 **Foundation L – Getting Things Done**

**Task:** Copy information from ID on to a form

Wrote letters clearly

Good spacing between letters

Wrote on the line

**Comments:**



**Yes**

**Almost**



**Not  
Yet**



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

Date: \_\_\_\_\_



## CLB 1L- I. Interacting with Others

Task: Read a Card.



**Yes – green**



**Yes with help – yellow**



**Not yet – red**

### Observation color-coded

Choose a get-well card.

Choose a card for a sick teacher, friend, or child.

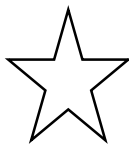
Read the card so the listener can understand you.

Choose the cheapest card.

### Next Steps:

Self-

assessment:



**Achieved 75%  
(Green)**

**Achieved with  
help (Yellow)**

**Not Achieved  
(Red)**

Adapted from LISTN: <http://www.listn.info/site/resources/linc-assessment/reading-tool>

Fill out the form. You can use:



Writing

- Your ID
- An envelope with an address
- Your phone.

### Apartment Rental

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

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

Number

Street

Apt/Unit

City

Province

Postal Code

---

### CLB 2 (only)

Home/cell phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Do you have a car? Yes  No

Licence Plate Number: \_\_\_\_\_



Writing



CLB 1L \_\_\_\_\_ CLB 2L \_\_\_\_\_

Task: Fill in the application form.

### III. Getting Things Done

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Yes ✓ No X

|                                                                                                        |                                                                                                         |  |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--|
| <b>Holistic:</b> The form is complete. (5 items CLB 1L; 10 items CLB 2L)                               |                                                                                                         |  |
| 1. Wrote on the line                                                                                   |                                                                                                         |  |
| 2. Used capital letters for names and addresses                                                        |                                                                                                         |  |
| 3. Printing is clear                                                                                   |                                                                                                         |  |
| 4. Spelling is mostly correct                                                                          |                                                                                                         |  |
| <br><b>Continue</b> | <b>Next time</b><br> |  |

**Success = Holistic** ✓ Your score: \_\_\_\_\_ / Holistic

**3** ✓ Your score: \_\_\_\_\_ ✓



## Reading

Read the flyer and answer the questions.

### **Your Local Pharmacy**



Get your free flu shot today!  
No appointment necessary

Monday - Friday  
10:00 a.m. – 6:00 p.m.

Location: 210 Don Street, Your Town

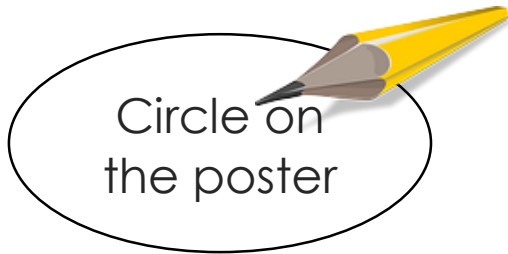


## Reading

## CLB 1L

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

Date: \_\_\_\_\_



1. Time

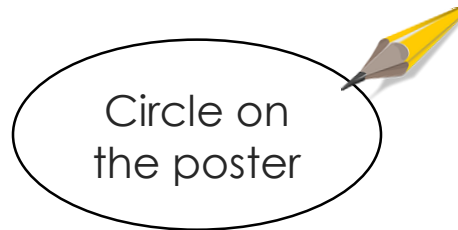
2. Days

3. Address

**(CLB 1L) Success 2 ✓**

## CLB 2L: Answer questions 1-6.

Questions 1 to 3



4. Who should you speak to?

- teacher
- pharmacist
- doctor

5. Do you have to pay?

- Yes
- No

6. Can you get a flu shot on Sat at 10:00 a.m.?

- Yes

**(CLB 2L) Success 4 ✓**



## SELF-ASSESSMENT

CLB 2L

Task: Identify personal information words on a simple form.





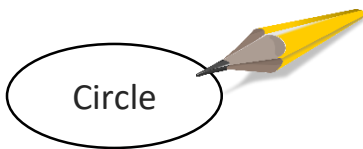









|                       |                   |    |
|-----------------------|-------------------|----|
| <b>My name is</b>     |                   |    |
| <b>Today is</b>       |                   |    |
| <b>I can find ...</b> | <b>Circle YES</b> |    |
| <b>or NO</b>          |                   |    |
| the name box.         | YES               | NO |
| the address box.      | YES               | NO |
| the city box.         | YES               | NO |
| the province box.     | YES               | NO |
| the signature box.    | YES               | NO |
| the date box.         | YES               | NO |
| the postal code box.  | YES               | NO |
| the phone number box. | YES               | NO |

|                                         |
|-----------------------------------------|
| I look for the name at the top.         |
| I look for the signature at the bottom. |








The task is  easy  ok  difficult



## Sample Images for Classroom Materials

|                                                                                                            |                                                                                                                   |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <p>Listen</p>             | <p>Say</p>                      |
| <p>Read</p>               | <p>Write</p>                    |
| <p>Circle</p>             | <p>Underline</p>                |
| <p>Check or cross</p>   | <p>Cut</p>                     |
| <p>Use headphones</p>   | <p>Check with a partner</p>  |
| <p>Point</p>            | <p>Click</p>                  |
| <p>Use a cellphone</p>  | <p>Use the computer</p>      |

**Possible Images for Assessment Tools**

|                                                                                                    |                                                                                                     |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <p>Listening</p>  | <p>Speaking</p>  |
| <p>Reading</p>    | <p>Writing</p>   |
| <p>Not yet<br/>Beginning<br/>Needs practice<br/>With a lot of support</p>                          |                    |
| <p>Almost<br/>With support<br/>On my way</p>                                                       |                  |
| <p>Yes<br/>Success<br/>Independently</p>                                                           |                  |