|  |  |  |
| --- | --- | --- |
| 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:

* 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?** YesNo

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

****

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

Task: Fill in the application form.

III. Getting Things Done

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

**Yes 🗸 No *X***

|  |  |  |
| --- | --- | --- |
| **Holistic**: The form is complete. (5 items CLB 1L; 10 items CLB 2L) | |  |
| 1. Wrote on the line | |  |
| 1. Used capital letters for names and addresses | |  |
| 1. Printing is clear | |  |
| 1. Spelling is mostly correct | |  |
| **Continue** | **Next time** | |
| **Success = Holistic 🗸** Your score: \_\_\_\_\_ / Holistic  **3 🗸** Your score: \_\_\_\_\_ **🗸** | | |



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.

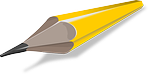
Location: 210 Don Street, Your Town



**CLB 1L**

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

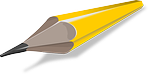
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



1. Time
2. Days
3. Address

**(CLB 1L) Success 2 🗸**

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



Questions 1 to 3

1. Who should you speak to?

* teacher
* pharmacist
* doctor

1. Do you have to pay?

* Yes
* No

1. 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.

|  |  |  |
| --- | --- | --- |
| **My name is** | | |
| **Today is** | | |
| **I can find … Circle YES or NO** | | |
| 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**

|  |  |
| --- | --- |
| Listen | Say  🗣 |
| Read | Write  ✍ |
| Circle | Underline  Underline |
| Check or cross     | Cut |
| Use headphones | Check with a partner |
| Point | Click |
| Use a cellphone  ***C:\Users\test.Anne\Desktop\14858630-Mobile-phone-in-the-hand-Stock-Vector-smartphone.jpg*** | Use the computer |

**Possible Images for Assessment Tools**

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