|  |
| --- |
| 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 | UnderlineUnderline   |
| 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 yetBeginningNeeds practiceWith a lot of support |  |
| AlmostWith supportOn my way |   |
| YesSuccessIndependently |  |