

LANGUAGE INSTRUCTION FOR NEWCOMERS TO CANADA (LINC) **ESL Student Progress Report**

				Date:
Program Name				
Location				
Phone Number		Email		
First Name(s)	Last (Family) Name	Reference Number:		
Teacher:		Teach	er's Signature:	
Approved by:		Signat	ure:	

Canadian Language Benchmark (CLB) Levels:

Entry Benchmarks:

Listening	Speaking	Reading	Writing

Benchmarks at the end of the term/course:

Listening	Speaking	Reading	Writing

Attendance:

You attended _____ out of _____ classes ().

Comments about you	r attendance:
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Class Placement:

Current Class:	
Recommended class for next term:	

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Date:

Date:

Comments about your language learning:

Additional comments:		
Suggestions:		
Student's comments:		