

DEPARTMENT OF EDUCATION
PROVINCIAL ADOLESCENT SCHOOL
REENTRY/YEAR END REPORT

TEACHERS: Tim Payne and Lynn White
TELEPHONE: (902)368-6226

DATE: _____

STUDENT: _____ **HOME SCHOOL:** _____

ATTENDANCE: _____ days of a possible _____ days

DATES ATTENDED: _____ **TO** _____

REASON FOR REFERRAL TO PROVINCIAL ADOLESCENT SCHOOL:

OBJECTIVES FOR STUDENT WHILE ATTENDING PROVINCIAL ADOLESCENT SCHOOL

PROGRESS ON OBJECTIVES

A. ACADEMIC:

Subject:

Comments:

B. SOCIAL/PERSONAL:

NOTE: Please contact the School Counsellor or the District Special Education Consultant regarding personal issues and concerns.

Sample

FORWARD COPIES TO: Home School
Provincial Adolescent Group Home
School Board/District Special Education Consultant
Department of Education