

# Dual Credit Application



NICOLA VALLEY  
INSTITUTE OF  
TECHNOLOGY

**Congratulations on deciding to take this exciting step forward into your education and future career! This guide will be helpful as you prepare your application for submittal to us.**

## WHAT IS DUAL CREDIT?

Taking part in this program means that you will attend a college program while enrolled in high school. You will receive both college credits and a number of Grade 12 credits that will be used towards your required graduation credits. The school district will provide tuition sponsorship for the foundation or certificate program. Your Career Coordinator will support you throughout the application process and the remainder of the program.

## PLEASE READ

### STEPS FOR SUBMITTING AN APPLICATION:

- It is in your best interest to complete your application as soon as possible to give you the best chance for admittance into the college program. This would ideally be completed as close to the registration opening date as possible, usually a year in advance to the start date. We will also require time to review your application.
- Submit the application package to your Career Coordinator for review and they will forward the completed application to the Career Programs District Office.
- You may be asked to complete an entrance exam for English and/or math competency.
- In addition, your attendance, behavior record, and transcript will also be reviewed.
- If a candidate is successful their application will be sent to the post-secondary institution by the Career Department staff.
- The Career Department and the post-secondary institution will notify the candidate via email if accepted into the program. A conditional acceptance letter will be sent via email to the candidate as well as information from the post-secondary regarding class start times, textbooks, etc.

### ADDITIONAL ITEMS THAT NEED TO BE SUBMITTED WITH YOUR APPLICATION

#### Resume

Include an up-to-date resume.

#### Personal Letter in Support of Application

Create a letter that answers the following questions: What makes you confident that you have selected the best Dual Credit program for yourself? How does the program selected relate to your planned occupation/career? Why do you believe you will be successful in completing the program? What skills and experiences do you already have that will help lead to your success? Support your answer with three relevant examples.

#### Community Reference Letter

Ask an employer, coach, teacher, family friend, etc. (must be an adult and not family), for a reference letter explaining why they recommend you for the program. What skills and personality traits do they believe you possess that would make you successful at completing this program?

#### WorkSafe Certificate

You should have completed a WorkSafe module in your CLE 10 (Career Life Education) class. Most teachers will provide a WorkSafe Certificate upon successful completion of this module. If you did not receive a certificate then you'll need to complete the unit and test as described in the application package.

### CONDITIONAL ACCEPTANCE

After being admitted into the Dual Credit Program students are conditionally accepted and School District #22 reserves the right to refuse/remove sponsorship of any student due to poor attendance, achievement or discipline issues, etc., either prior to the start of the program or through its duration.

### CONTACT YOUR CAREER COORDINATOR FOR ASSISTANCE:

Seaton/Alternate  
**Melanie Jorgensen**  
mjorgensen@sd22.bc.ca  
(250) 306-6806

Kalamalka/VSS  
**Tim Thorpe**  
tthorpe@sd22.bc.ca  
(250) 549-6921

Fulton/CBSS/Crossroads/vLearn  
**Debbie Meyer**  
dmeyer@sd22.bc.ca  
(250) 540-1714

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

School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Grad Year: \_\_\_\_\_

*Which program are you applying for:*

**Train in Trades**

**Certificate Program**

**Micro-Credential**

*(IT User Support, Video Game, Etc.)*

Name of Program: \_\_\_\_\_ Start Date: \_\_\_\_\_

Post-Secondary Campus: \_\_\_\_\_

Use the checklist below to ensure your application is "complete" *before* handing into the Career Coordinator.

**Students:**

Application Form	Consent for Release of Confidential Information
Job Profile (Parts A, B and C)	Refusal of Unsafe Work
Post-Secondary Institution Application Form	Student Education Plan (planning version)
Post-Secondary Release of Information	Teacher Recommendation

Planned Occupation/Career: \_\_\_\_\_

Planned Post-Secondary Credential: \_\_\_\_\_

Planned Post-Secondary Institution for above Credential: \_\_\_\_\_

**Student Provided Additions:**

Resume	Personal Letter in Support of Application
WorkSafe Certificate	Community Reference Letter (not family)

**Organized by your Career Coordinator (if required):**

Interview with Selection Committee	Competency Exam (TEA/Accuplacer)
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**Office Additions – OFFICE USE ONLY**

High School Attendance Record	
High School Discipline Record (if applicable)	IEP and Case Manager Recommendation (if applicable)
Official High School Transcript	Grad Transition Plan - Signed

In order to successfully complete a Dual Credit Program, the student must:

- ❖ Fulfill the Dogwood graduation requirements
- ❖ Pass the post-secondary program course(s)



**SD22 CAREER PROGRAMS**

**APPLICATION FORM**  
**PLEASE PRINT CLEARLY IN PEN**

**Name:** \_\_\_\_\_  
Last Name First Name Middle Name

**Preferred Name:** \_\_\_\_\_ **Pronoun:** she/her/hers  
he/him/his  
they/them/theirs **Gender:** \_\_\_\_\_

**Indigenous:** Yes No **Canadian Citizen:** Yes No  
*If yes:* Status Non-Status Inuit Metis

**Address:** \_\_\_\_\_  
(Including City and Postal Code)

**PEN#:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_

**Student Cell:** \_\_\_\_\_ **Date of Birth (Month, Day, Year):** \_\_\_\_\_

**Student email address:** \_\_\_\_\_  
(NOT AN SD22 SCHOOL EMAIL, NO PARENT EMAIL)

**Are you currently on an IEP or Learning Plan?** Yes No

**\* If on an IEP**  
Case Manager please provide a written reference for the coded student that includes the curricular and environmental adaptations, as outlined in the current IEP.

A copy of the IEP/Learning Plan is attached to the application Special Ed. Designation \_\_\_\_\_

**First Contact (all correspondence)**  
**Parent/Guardian Name:** \_\_\_\_\_  
Last Name First Name

**Email address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Second Contact**  
**Parent/Guardian Name:** \_\_\_\_\_  
Last Name First Name

**Email address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

I/We certify the information given in this application is true and complete to the best of our knowledge and understand that, if selected for a Career Program: falsified statements may be reason for removal. I authorize investigation of all statements contained herein and the references listed in this application.

I/We allow the Career Program department to use any program related picture of myself/the student named above for the purpose of promotion and communications for the Program.

I/We are aware that good attendance and work habits are expected and failure to demonstrate them may result in the student's disqualification. It is important for students to seek support early if they are not having success in the program and the career coordinators can help navigate this if help is needed. If your child voluntarily withdraws, is forced to withdraw, or does not successfully complete the Program, the ancillary fees and other costs for student materials will not be refunded.

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

**All signatures must be in place before application is processed.**



## SD22 CAREER PROGRAMS

### JOB PROFILE RESEARCH (PART A)

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To support your application, you must complete the following research of your selected job or career. **Please provide thoughtful and insightful responses to each question.** Answers to these questions will help determine a student's commitment and readiness to start a Dual Credit Program.

Use this website to help with your research: [www.workbc.ca/jobs-careers/explore-careers.aspx](http://www.workbc.ca/jobs-careers/explore-careers.aspx)

Occupation: \_\_\_\_\_

Description: \_\_\_\_\_

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High School Pre-Requisites: \_\_\_\_\_

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School/Programs needed: \_\_\_\_\_

Future Potential at this type of job (is there work?): \_\_\_\_\_

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What are your future goals related to this career? \_\_\_\_\_

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## **SD22 CAREER PROGRAMS**

### **JOB PROFILE INTERVIEW (PART B)**

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Find someone in the career field in which you have researched and are interested in and ask them the following interview questions.

What is your trade or occupation?

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What are some of your job duties and responsibilities?

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What are some of the prerequisites you need to get into this career?

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Are there other courses that would help you succeed in this career?

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What are some of the highlights of this occupation?

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What are some of the downfalls of this occupation?

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What are some of the safety factors concerning this occupation?

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What are the chances of promotion in this career?

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What is some advice you would give me on pursuing this as a career?

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Name of Person Interviewing: \_\_\_\_\_ Company: \_\_\_\_\_

Position: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Date: \_\_\_\_\_

**Answer the following questions based on your research.**

What are some things you found out about this career that you did not know before?

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Based on your research, are you still interested in this career? Why?

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Are there any Post-Secondary or Community run courses that would help you get a job in this career?

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What are your immediate plans as far as pursuing this career?

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What are your long-term plans as far as pursuing this career?

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Do you consider this a life-long career? If not, what are your long-term plans?

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# APPLICATION FOR ADMISSION

[nvit.ca](http://nvit.ca)



## MERRITT CAMPUS:

4155 Belshaw Street  
Merritt, BC V1K 1R1  
Phone: 1-250-378-3300  
Toll Free: 1-877-682-3300

## VANCOUVER CAMPUS:

200-4355 Mathissi Place  
Burnaby, BC V5G 4S8  
Phone: 1-604-602-9555  
Toll Free: 1-877-682-3300

## INSTRUCTIONS

1. Fill out this form completely and be sure to sign it. Mark sections that are not applicable with N/A. If you have questions regarding how to complete this form please contact the Registrar's Office or email [info@nvit.ca](mailto:info@nvit.ca).  
**Review Dates\*** are set for the Fall (September) term as the end of July of each year.  
**Review Dates\*** are set for the Spring (January) term at the end of November of each year.  
Seats will be offered to qualified applicants in the order applications are completed (all required documents and assessments are received).  
*\* Applications will be accepted after these dates if there are still seats available, but applications submitted before the deadline will be given priority and we cannot guarantee late applications will be evaluated in time for the start of term.*
2. Arrange to have official transcripts sent directly to NVIT from your high school and any post-secondary institutions you have attended. Unofficial copies of transcripts may be provided for faster evaluation of an application, but official transcripts are required to finalize offers of admission. High school transcripts may be ordered directly from your high school or the Ministry of Education (contact the Ministry at 250-356-2432 or visit <https://www2.gov.bc.ca/gov/content/education-training/k-12/support/transcripts-and-certificates>).
3. Mail or drop off your application to the Registrar's Office. Students may be able to email their applications to [info@nvit.ca](mailto:info@nvit.ca).
4. If you will not be available while this application is being evaluated, or to register, and wish to have someone else act on your behalf, please submit a signed Release Form to the Registrar's Office. The Release Form is available on our website at [www.nvit.ca](http://www.nvit.ca).
5. If your address or contact information changes, inform the Registrar's Office in writing so we can continue to contact you about your application.

## PERSONAL INFORMATION

Have you attended NVIT before:  No  Yes If yes, previous Student Number: \_\_\_\_\_

Name: \_\_\_\_\_ (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MIDDLE)

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Gender:  M  F  Non-Binary  I choose not to answer Pronouns:  She  He  They  Ze  Name

Birthdate (DD/MM/YY): \_\_\_ / \_\_\_ / \_\_\_ Citizenship:  Canadian  Permanent Resident  Student Visa  Other

Previous/Maiden Name: \_\_\_\_\_

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

Note: You will be assigned an NVIT email address. Format will be: your Student ID # followed by @nvit.ca. Example: n1234567@nvit.ca

PEN (Personal Education Number): \_\_\_\_\_

Assigned to all BC High School students

### OFFICE USE ONLY

Program: \_\_\_\_\_

Entered By: \_\_\_\_\_

## VOLUNTARY DISCLOSURE

Are you of Indigenous Ancestry?  No  Yes

If yes, your Band or Nation: \_\_\_\_\_

Province: \_\_\_\_\_

Check applicable box:  Status  Non Status  Métis  Inuit

Do you have a disability?  No  Yes If yes, do you wish to be contacted by an Academic Advisor?  No  Yes

## EMERGENCY CONTACT INFORMATION

Emergency contact name: \_\_\_\_\_ Emergency contact phone: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

## APPLICATION INFORMATION

Before completing this section, refer to the current NVIT program calendar or NVIT website at [www.nvit.ca](http://www.nvit.ca) for information on programs available at NVIT. If you are unclear about which program to apply for, contact the Registrar's office at 250-378-3300.

Start Term: (Circle One) Fall (Sep-Dec) Spring (Jan-Apr) Summer (May-Aug) Year: \_\_\_\_\_

Name of program: \_\_\_\_\_

Are you planning to attend:  Full-Time  Part-Time

Please indicate where you would like to start your classes:  Merritt  Vancouver  Community: \_\_\_\_\_

Do you require a student housing application? (Available at Merritt campus only)  Yes  No (Please specify)

Do you require a Daycare Application? (Available at Merritt campus only)  Yes  No

## HIGH SCHOOL INFORMATION

**Note:** Official high school transcripts must be forwarded from the high school or Ministry for admission to be granted.

Name of High School: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Last year attended: \_\_\_\_\_

Did you graduate:  No  Yes If yes, Graduation Year: \_\_\_\_\_

## POST-SECONDARY EDUCATION

**Note:** Official post-secondary transcripts must be forwarded from the institution for transfer credit/admissions to be awarded.

UNIVERSITY OR COLLEGE	FROM (YEAR/MONTH)	TO (YEAR/MONTH)	PROGRAM

## DECLARATION

**Applicant Declaration:** I declare that the information I have submitted in this application is complete and correct. Omission of information or falsification of any document submitted may result in the immediate cancellation of admission or registration. Completion of this application permits the Institute to request and/ or confirm any information necessary to support my application for admission.

**Information Release:** I understand that the information provided in this application, as well as other information contained in a student record, is collected under the authority of the College and Institute Act. All information contained in student records will be protected and used in compliance with the B.C. Freedom of Information and Protection of Privacy Act (1996). It may be used for internal administration of admission, registration, grade notification, income tax receipts, awards, institutional research, planning, and other fundamental activities related to being a member of the Nicola Valley Institute of Technology community and attending a public post-secondary institution in B.C.

**Limitations of the Application:** I understand that this application is a request for admission, and does not guarantee admission to any program or course. Admission is subject to provision of all requested documents and assessments, completion of admission requirements, and space availability. If admitted, I agree to abide by the established rules and regulations of Nicola Valley Institute of Technology, including those of the program in which I shall be registered.

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

# Nicola Valley Institute of Technology

## Merritt Campus:

4155 Belshaw Street Merritt, BC V1K 1R1

Phone: (250) 378-3300

Toll Free: 1-877-682-3300

## Vancouver Campus:

200-4355 Mathissi Place Burnaby, BC V5G 4S8

Phone: (604) 602-9555

Email: info@nvit.ca Website: www.nvit.ca



## STUDENT INFORMATION RELEASE

Information contained in a student record, is collected under the authority of the College and Institute Act. All information contained in student records will be protected and used in compliance with the B.C. Freedom of Information and Protection of Privacy Act (1996). The Nicola Valley Institute of Technology is prohibited from providing information from your student records to a third party unless permission is granted via the *Student Information Release* form.

Submit this form to the NVIT Registrar's Office via the address or email above. Please note that should a start and end date not be provided for this form; it is assumed to be an indefinite permission. Should you wish to revoke the authorization, please contact the Registrar's Office.

### Student Information

Student Number:  Student Name: \_\_\_\_\_

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

### Authorized Designate(s) and Authorized Program

Name of Designate: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Program(s): \_\_\_\_\_

### Authorization

**Please check one or more boxes below to grant authorization of information for above specified program(s) only:**

- Invoices, charges, credits, payments, overdue tuition/fees, and/or accounts receivable activities.
- Grades/GPA/transcripts, personal information, enrolment & registration, admissions, academic progress, attendance, graduation, and other information related to academics.
- Admissions/Registration Proxy: In the event I am unable to complete admissions and/or registration, this person may act on my behalf and submit information. I understand that I am responsible for maintaining my student record.
- Financial aid, awards, bursaries, scholarships, Student Aid BC, and sponsorship information.
- T2202 (tax information)
- Other, Please Specify: \_\_\_\_\_

### Certification

I acknowledge that this authorization starts as of the date this form is signed and has no expiration date, however, I can revoke the authorization at any time by submitting a written request to the Registrar's Office. By signing this form, I authorize NVIT to release the information specified to the person(s) or agency listed above.

Student Signature: \_\_\_\_\_

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



# Nicola Valley Institute of Technology

Registrar's Office

## REGISTRATION FORM

1. This form is to be used ONLY if you are registering after the regular scheduled start date of the term or if you are located in one of NVIT's community programs, otherwise all registration is done on NVITConnect.
2. If you are unsure of what course to take you can see an Academic Planner for assistance.
3. Ensure the selected courses do not conflict with each other.
4. Complete this form and submit to the Registrar's Office along with payment or sponsorship letter. Once processed, you will receive a course schedule.  
Email: [info@nvit.bc.ca](mailto:info@nvit.bc.ca) MERRITT: 4155 Belshaw Street Fax: 250-378-3332 BURNABY: 200-4355 Mathissi Place Fax: 604-602-3400

### Student Information

Student Number:  Student Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

### Program Information

Registration Semester Fall  Spring  Summer  Academic Year

Academic Program

### Course Selection Information

Course Code	Number	Section	Course Title	Misc Notes
ex. ENGL	110	01	College Composition	

### DECLARATION:

I understand that:

1. Once this form is submitted I will be registered for the above courses, subject to successful completion of prerequisites. If a course is full, I will be placed on a waitlist and will be automatically registered in the course if a space becomes available.
2. If I wish to withdraw from courses or be removed from a waitlist, I must submit a completed Course Change form to the Registrar's Office by the deadlines stated in the Calendar. **Non-attendance will not result in a withdrawal.**
3. I am responsible for ensuring payment of the fees associated with the requested courses as stated in the Calendar.
4. I am responsible for ensuring that I fulfill graduation requirements for my program as listed in the Calendar.

I accept the conditions of registration and request registration in the above courses.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# **SD22 CAREER PROGRAMS**

## **CONSENT FOR RELEASE OF INFORMATION**

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**Student Name:** \_\_\_\_\_  
Last Name First Name Middle Name

***I hereby grant permission to Vernon School District No. 22 (Vernon) Career Programs personnel to:***

- Release academic, attendance, and discipline information and/or records to appropriate post-secondary schools and School District No. 22 staff.
- Discuss pertinent information with representative from appropriate post-secondary schools and School District No. 22 staff on a strictly confidential basis.
- Release and discuss the current Education Plan (IEP) with the post-secondary institution if applicable.

I understand the Vernon School District 22 Career Programs department will only use this information for application purposes.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you would like any further information regarding safety aspects of work sites, please contact your local WorkSafeBC office to speak with your area Safety Officer or call 604-276-3100 (toll free 1-888- 621-7233.)

### 3.12 Procedure for refusal

(1) A person must not carry out or cause to be carried out any work process or person operate or cause to be operated any tool, appliance or equipment if that has reasonable cause to believe that to do so would create an undue hazard to the health and safety of any person.

(2) A worker who refuses to carry out a work process or operate a tool, appliance or equipment pursuant to subsection (1) must immediately report the circumstances of the unsafe condition to his or her supervisor or employer. immediately report the circumstances of the unsafe condition to his or her supervisor or employer.

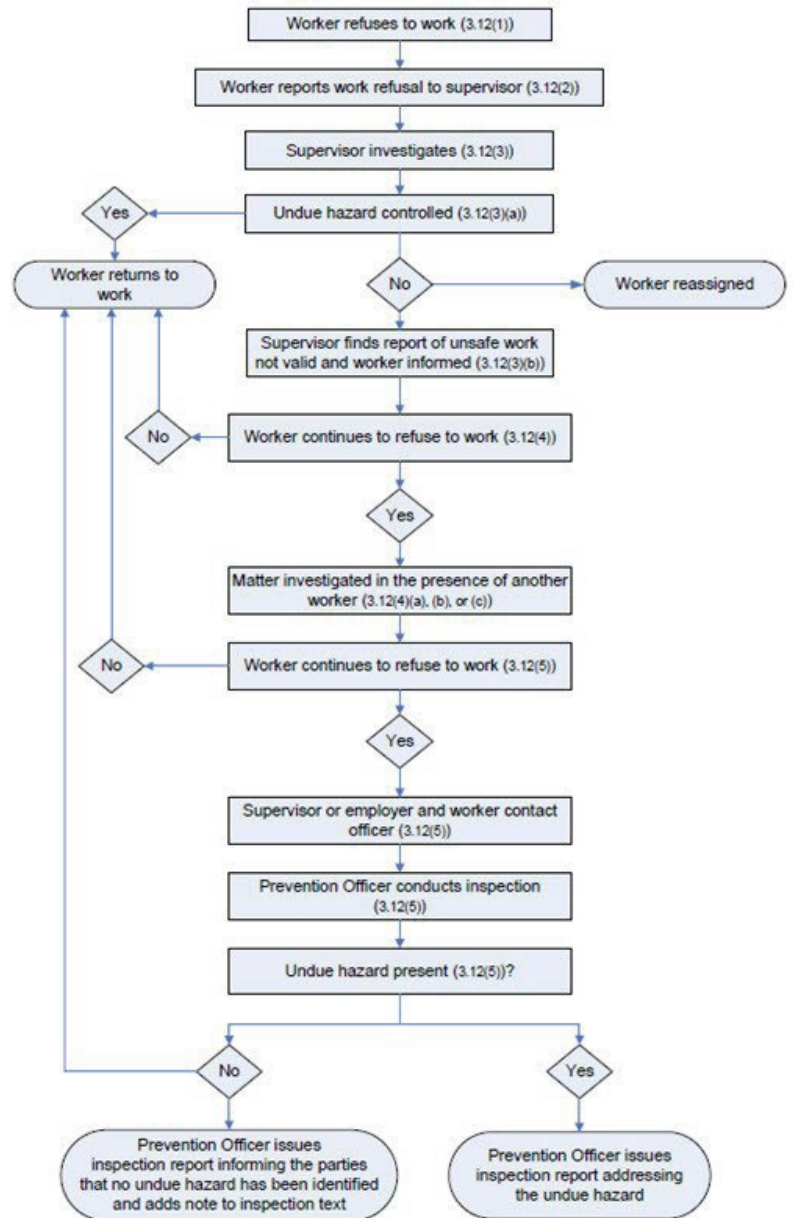
(3) A supervisor or employer receiving a report made under subsection (2) must immediately investigate the matter and (a) ensure that any unsafe condition is remedied without delay, or (b) if in his or her opinion the report is not valid, must so inform the person who made the report.

(4) If the procedure under subsection (3) does not resolve the matter and the worker continues to refuse to carry out the work process or operate the tool, appliance or equipment, the supervisor or employer must investigate the matter in the presence of the worker who made the report and in the presence of

- (a) a worker member of the joint committee,
- (b) a worker who is selected by a trade union representing the worker, or
- (c) if there is no joint committee or the worker is not represented by a trade union, any other reasonably available worker selected by the worker.

(5) If the investigation under subsection (4) does not resolve the matter and the worker continues to refuse to carry out the work process or operate the tool, appliance or equipment, both the supervisor, or the employer, and the worker must immediately notify an officer, who must investigate the matter without undue delay and issue whatever orders are deemed necessary.

**Flowchart for Regulation Guideline 3.12**



**I have reviewed the Refusal of Unsafe Work with my Career Coordinator**

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


Student Signature: \_\_\_\_\_

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

Career Coordinator  
Signature: \_\_\_\_\_

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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

 Make an appointment with your Career Coordinator to develop a Transition Plan.

1. Courses selected must meet the current graduation requirements. You may need to modify your timeline to achieve this. (Students must graduate when they complete their Dual Credit program.)
2. **Within the 80 Credits you MUST have:** ALL required courses Listed below, 5 Grade 12 courses, 1 Fine Art, Tech OR Applied Skill and 1 Indigenous-focused course (4 credit). (52 credits are required course credits and 28 are elective credits).

GRADE 10	
REQUIRED COURSES	CREDITS
1. English Language Arts 10	4
2. Social Studies 10	4
3. A Math 10	4
4. Science 10	4
5. Physical Education 10	4
6. Career Life Education 10	4
7. Fine Arts, Tech, Applied Skill 10, 11 or 12	4
8.	
9.	
10.	
<b>TOTAL CREDITS FOR GRADE 10:</b>	

GRADE 11	
REQUIRED COURSES	CREDITS
1. A Language Arts 11	4
2. A Social Studies 11 or 12	4
3. A Math 11	4
4. A Science 11 or 12	4
5.	
6.	
7.	
8.	
9.	
10.	
<b>TOTAL CREDITS FOR GRADE 11:</b>	

GRADE 12	
REQUIRED COURSES	CREDITS
1. A Language Arts 12	4
2. CLC & Capstone	4
<b>ELECTIVE CREDITS</b>	
<i>Must have at least two additional elective grade 12 courses other than English 12 and CLC to graduate. This could include <b>elective</b> grade 12 courses that you took in grade 11</i>	
Grad Requirement of Indigenous-focused course work (4 credit)	
<b>Indigenous Credit</b>	<input style="width: 30px; height: 20px;" type="text"/>
<b>TOTAL CREDITS FOR GRADE 12:</b>	

<b>TOTAL GRAD CREDITS</b>	
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Completing WorkSafe training is **Mandatory** for all students going in to a Dual Credit Program. If you have not received a WorkSafe Certificate in Planning 10/ CLE 10/CLC 12, then the following **Student WorkSafe 10-12 Independent Learning Guide and accompanying test** is required to be completed.

If you do have a WorkSafe Certificate please make a copy and bring it to your Career Coordinator for your file.

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## **HOW TO GET STARTED**

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Student Worksafe 10-12  
Independent Learning  
Guide  
SD#22 Version



1. Download and read the Student WorkSafe 10-12 Independent Learning Guide SD#22 Version:

[https://sd22org-my.sharepoint.com/:b:/g/personal/careerprograms\\_sd22\\_bc\\_ca/IQBm3gaA2gUXQYpoDTFy90B0AR\\_wLc1GoYcGxuXyXwPigyE?e=Mk9AxV](https://sd22org-my.sharepoint.com/:b:/g/personal/careerprograms_sd22_bc_ca/IQBm3gaA2gUXQYpoDTFy90B0AR_wLc1GoYcGxuXyXwPigyE?e=Mk9AxV)



2. Follow the link below to take the test. You must get at least 16/20 - retake the test if necessary. Let your Career Coordinator know when you have successfully completed the test.

TEST Link: <https://forms.gle/PjsnqFDYp25ZSKwt6>





# SD22 CAREER PROGRAMS

## TEACHER RECOMMENDATION

Thank you for completing the Teacher Statement of Recommendation regarding the student named below. The information on this reference will be used to determine readiness for Career Programs. A quality response to the general comments section is also important.

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

School: \_\_\_\_\_

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

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

Course: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_

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

		POOR		TO		EXCELLENT
Attendance and Punctuality	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Comments: \_\_\_\_\_

Work Ethic	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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Comments: \_\_\_\_\_

Attitude	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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Comments: \_\_\_\_\_

Initiative/Motivation	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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Comments: \_\_\_\_\_

Interpersonal Skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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Comments: \_\_\_\_\_

General Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_