

**Community Learning Alternatives**



Learner File Check list

Learner's Name: \_\_\_\_\_

Date of Intake: \_\_\_\_\_ Goal Path: E / SC / PS / A / I

**INTAKE**

Item	Comments (if applicable)				Date
Participant registration					
Entered into EOIS CaMS					
Rationale if less than 19					
Supports required					
Learning style indicated	Visual	Auditory	Kinesthetic	Do not know	
Hours per week	1-5	6-10	11-15	16-20+	

**ASSESSMENT/PROGRESS**

Item	Comments (if applicable)			Date
Initial assessment	CABS	CAMERA	Other	
Learning plan signed	DD/MM/YYYY:			
Changes to LP signed				
Progress Shown by Learning Activities (Milestones recorded on Milestone Plan)				
Culminating Activity	Successful	Attempted – Not Successful	Not Attempted	
Exit date	DD/MM/YYYY:			

**PERMISSION FORMS**

Item	Comments (if applicable)		Date
Disclosure of Info.	Yes: OW   ODSP   ES   Parent   Other:	No	
Photo & Video	Yes	No	

**OTHER DOCUMENTS**

<input type="checkbox"/> Transcript <input type="checkbox"/> Psych/Educational Report Other:
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**EXIT AND FOLLOW-UP DETAILS: can be found on the Exit Form in the learner file**