

COMPLEMENTARY SERVICES REQUEST

STUDENTS

DATE OF REQUEST: _____	TEACHER TO CONTACT: _____
------------------------	---------------------------

REQUEST FOR FOLLOW-UP (STUDENTS) – please specify with which service(s) below	
<input type="checkbox"/> Psychoeducation <input type="checkbox"/> Guidance Counselling <input type="checkbox"/> Social Work <input type="checkbox"/> Psychology	<input type="checkbox"/> Speech Pathology <input type="checkbox"/> Orthopédagogie <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Other: _____
<p>For a request for FOLLOW-UP, please forward this form by email to Educational Services at se@csdulittoral.gc.ca accompanied by the documents listed on the right.</p>	<input type="checkbox"/> Student Identification Form (following page) <input type="checkbox"/> Signed Consent Form <input type="checkbox"/> Most Recent Report Card <input type="checkbox"/> Most Recent Intervention Education Plan <input type="checkbox"/> Any Other Pertinent Documents

***** OR *****

REQUEST FOR ASSESSMENT (STUDENTS) – please specify with which service(s) below	
<input type="checkbox"/> Psychoeducation <input type="checkbox"/> Guidance Counselling <input type="checkbox"/> Social Work <input type="checkbox"/> Psychology	<input type="checkbox"/> Speech Pathology <input type="checkbox"/> Orthopédagogie <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Other: _____
<p>For a request for ASSESSMENT, please forward this form by email to Educational Services at se@csdulittoral.gc.ca accompanied by the documents listed on the right.</p>	<input type="checkbox"/> Student Identification Form (following page) <input type="checkbox"/> Signed Consent Form <input type="checkbox"/> Most Recent Report Card <input type="checkbox"/> Most Recent Intervention Education Plan <input type="checkbox"/> Summary of Interventions Done by the School (Orthopédagogie, Special Education, etc.) <input type="checkbox"/> All Professionals' Reports on File, If Applicable <input type="checkbox"/> All Medical Reports on File, If Applicable <input type="checkbox"/> Any Other Pertinent Documents

***** OR *****

REQUEST FOR WORKSHOP (CLASS) – please specify below	
<input type="checkbox"/> Level: _____	<input type="checkbox"/> Subject: _____

Principal's Comments and Clarifications:

Signature of Principal: _____

Date: _____

COMPLEMENTARY SERVICES REQUEST

STUDENT IDENTIFICATION FORM

INFORMATION ON STUDENT

FIRST NAME(s)	LAST NAME(s)	GENDER	DATE of BIRTH
		<input type="checkbox"/> M <input type="checkbox"/> F	

PERMANENT CODE	SCHOOL	LEVEL	YEAR	TEACHING LANG.
		<input type="checkbox"/> Prim. <input type="checkbox"/> Sec.		<input type="checkbox"/> French <input type="checkbox"/> English

NAME and LAST NAME of PARENT 1	NAME and LAST NAME of PARENT 2

FAMILY STATUS – THE STUDENT LIVES WITH:	LANGUAGE(s) SPOKEN at HOME
<input type="checkbox"/> Both Parents <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Shared Custody <input type="checkbox"/> Foster Family <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____

MOTIVE(s) for the REQUEST

<input type="checkbox"/> Learning Difficulties	<input type="checkbox"/> Relational/Social Difficulties	<input type="checkbox"/> Emotional Difficulties
<input type="checkbox"/> Speech Difficulties	<input type="checkbox"/> Concentration/Attention Difficulties	<input type="checkbox"/> Behavioural Difficulties
<input type="checkbox"/> Motor/Sensory Difficulties	<input type="checkbox"/> Other (specify): _____	

INFORMATION ON STEPS ALREADY TAKEN

The parents have been contacted: by phone in writing in person (meeting)

An Individualized Education Plan (IEP) is in place for this student: YES NO If YES --> date of IEP: _____

Precisions and Comments (if there is no IEP in place, please specify the adaptation measures or other strategies implemented):

Services Already Involved	Name	Report/Notes on File?	Date of FIRST Intervention	Date of LAST Intervention
<input type="checkbox"/> Psychoeducation		<input type="checkbox"/>		
<input type="checkbox"/> Social Work		<input type="checkbox"/>		
<input type="checkbox"/> Guidance Counselling		<input type="checkbox"/>		
<input type="checkbox"/> Special Education		<input type="checkbox"/>		
<input type="checkbox"/> Orthopédagogie		<input type="checkbox"/>		
<input type="checkbox"/> Psychology		<input type="checkbox"/>		
<input type="checkbox"/> Occupational Therapy		<input type="checkbox"/>		
<input type="checkbox"/> Speech Pathology		<input type="checkbox"/>		
<input type="checkbox"/> Youth Protection		<input type="checkbox"/>		