

Appendix 2

Request for Access to Complementary Services

PERSONAL IDENTIFICATION	
Date of the Request:	
Last name, First Name of Student:	
Student's Permanent Code (if available):	
Date of Birth:	
Last name, First Name of Parent/Guardian:	
Address:	
Parent's/Guardian's Email Address:	
Parent's/Guardian's Telephone Number:	

COMPLEMENTARY SERVICES	
WITH a detailed report by a professional*	WITHOUT a detailed report by a professional
<input type="checkbox"/> Psychology (report provided by psychologist, guidance counsellor, doctor)	<input type="checkbox"/> Guidance counsellor / Academic counsellor
<input type="checkbox"/> Speech-Language Pathology (report provided by Speech Language Pathologist)	<input type="checkbox"/> Special Education (Consultants)

* Please attach the professional's report to this form.

Detailed description of child's difficulties, necessitating the request for complementary services:

SCHOOL BOARD'S CONCLUSION ON NEEDS OF THE CHILD

Request accepted

Request denied

Complementary service to be provided :

Reason for denied request:

Date :

Complementary Services
Representative's Signature:

Service available in school : Yes No

Complementary service beginning date: _____

PARENT'S RESPONSE FOR THE OFFERED SERVICE

Accept

Deny

Reason for denied offer: _____

Date of response: _____

Parent's/Guardian's Name (Please print)

Parent's/Guardian's Signature

Date



Please return this form to **WQSB Homeschooling** at the following email address: homeschooling@wqsb.qc.ca