# Appendix 2

**Request for Access to Complementary Services**

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| **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: |  |

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| **COMPLEMENTARY SERVICES** |
| **WITH a detailed report by a professional\*** | **WITHOUT a detailed report by a professional** |
| Psychology (report provided by psychologist, guidance counsellor, doctor) | Guidance counsellor / Academic counsellor |
| Speech-Language Pathology ( report provided by Speech Language Pathologist) | Special Education (Consultants) |

*\* Please attach the professional’s report to this form.*

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| **Detailed description of child’s difficulties, necessitating the request for complementary services:** |
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| **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 NoComplementary 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