



APPENDIX 1C
REQUEST FOR EVALUATION
ADAPTIVE MEASURES

Send to: efitzwater@rsb.qc.ca

PERSONAL IDENTIFICATION	
Date of the request:	
Child's name and surname:	
Child's QPC: (Québec Permanent Code)	
Child's date of birth:(YYYY/MM/DD)	
Grade level of instruction:	
Parent's name and surname:	
Address:	
E-mail address:	
Telephone number (home/cell):	

Please indicate the adaptive measures in accordance with the Ministry's regulations.
NOTE: Any supporting reports or other documentation must be sent with this request.

ADAPTIVE MEASURES REQUESTED:

REASONS FOR THIS REQUEST:

RESERVED FOR THE SCHOOL BOARD
Comments on location and organization of evaluation(s):