APPENDIX 5

REQUEST TO OBTAIN COMPLEMENTARY SERVICES

(SUPPORTING DOCUMENTS MUST BE PROVIDED)

Send to: homeschool@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 REQUESTED SERVICE(S)

DETAILED PROFESSIONAL REPORT MUST BE PROVIDED		DETAILED PROFESSIONAL REPORT NOT REQUIRED	
☐	Psychologist	☐	Guidance Counselor (professional report may be required)
☐	Speech and Language Pathologist	☐	Special Education Consultant
☐	Psychoeducator		

REASON FOR THE REQUEST

SUPPORTING DOCUMENTATION

Please check and attach relevant documentation to support the request (i.e. any professional reports and/or work samples)

☐	Professional report	☐	Work samples (i.e. written text)
☐	Parent observations	☐	Other:

DIAGNOSIS AVAILABLE ☐ **Yes** ☐ **No** (*If yes, please specify)

RESERVED FOR THE SCHOOL BOARD

Comments: