



Educational Support Services

Student Information Form

Student Name: _____ Current School Grade: _____

Birthdate: _____ Requested Grade Placement: _____

Parent/Guardian Name: _____

Address: _____

Phone Number: _____

E-mail address: _____

Current School: _____

School Contact Person/ Case Manager: _____

Phone: _____ E-mail address: _____

Please indicate Educational Support Services currently in place for your child

- Special Education (please complete Sections 1 and 3)
- Learning Assistance (please complete Sections 2 and 3)
- English Language Learning (please complete Sections 2 and 3)
- Enrichment or Gifted program) (please complete Sections 2 and 3)

1: Special Education

Does your child have a Ministry of Education category designation in any of the following?
(Category will be indicated on your child's IEP)

- A (Physically Dependent)
- B (Deaf-Blind)
- C (Moderate Intellectual Disability)
- D (Chronic Health Impairment)
- E (Visual Impairment)
- F (Hearing Impairment)
- G (Autism)
- H (Severe Behaviour or Mental Illness)
- K (Mild Intellectual Disability)

Please describe the support services your child receives in his/her current setting:

- a) Special Education Assistant NO YES
- b) Occupational Therapy NO YES Name: _____
- c) Physiotherapy NO YES Name: _____
- d) Speech-Language NO YES Name: _____
- e) Behavioural Consultant NO YES Name: _____
- f) Teacher of Hearing Impaired NO YES Name: _____
- g) Other _____

PLEASE provide copies of the following:

- most recent report card (at least 2 school terms)
- current IEP (including progress reports)
- most recent psycho-educational assessment (cognitive, academic achievement assessment)
- medical reports related to the diagnosis (genetics, pediatrician, neurologist, etc.)
- behaviour and/or safety plan (if any)
- most recent speech-language, occupational therapy, physiotherapy, psychiatrist, etc. reports (if any)

Student can not be considered for enrolment until all relevant documentation has been received

Additional information (if any)

2: Learning Assistance, Enrichment, and English Language Learning (ELL)

Does your child have a Ministry of Education category designation in any of the following?
(Category will be indicated on your child's IEP)

- P (Gifted) Q (Learning Disabilities)
- R (Moderate Behaviour or Mental Illness) no category designation indicated on IEP or LSP
- ELL

Describe supports in place for your child (ie: reading support programs, math support, technology, ELL program, enrichment programs, etc.)

Has your child received Speech-Language services? YES NO

when: _____

PLEASE provide copies of the following:

- most recent report card (at least 2 school terms)
- current IEP **or** Student Learning Plan/Learning Support Plan **or** ELL reports (include progress reports)
- most recent educational assessment (if any)
- behaviour and/or safety plan (if any)
- speech-language assessment report (if any)

Student can not be considered for enrolment until all relevant documentation has been received

Additional information (if any)

3: STUDENT PROFILE

1. What is your child's history?

2. What are your child's strengths/gifts?

3. What are your child's needs/stretchches?

4. How do you hope that LCS will partner with you to support your child?

Additional Information (if any)
