



REQUEST FOR STUDENT INFORMATION/SUPPORT SERVICES

Date: _____

From (teacher): _____

To (Principal): _____

School: _____

Request for information: Please provide me with any information available regarding any of my students with handicaps, social maladjustments or learning disabilities in accordance with clause 8-9.09 b) of the Provincial Agreement.

Request for services:

Referral: _____ Student's Name

With respect to my obligation in clause 8-9.06 of the Provincial Agreement, I am informing you that, in my opinion, the above-mentioned student is demonstrating the following difficulty or difficulties:

Timeline and Interventions/Teaching Strategies Carried Out (check all that apply)

From: _____ To: _____

- Environment (Preferential seating, small group, etc.)
Materials (Manipulatives, calculator, graphic organizer, etc.)
Assignments (Reader, scribe, extended time, etc.)
Instruction (Simplified instructions, frequent feedback, provided lesson notes in advance, etc.)
Behaviour (Positive reinforcement, frequent breaks, clearly defined limits/expectations, etc.)
Global Development - Preschool (Direct actions: intervening using gestures, verbal, or visual cues/Indirect actions: rearranging learning space, materials, activities, or time, etc.)
Other (Please specify)

Support services requested:

- Special Education Technician
Attendant
Communicate with SLSNC

I would like my request to be discussed at the School Level Special Needs Committee to determine and allocate any additional support services required.

In accordance with clause 8-9.07 a) of the Provincial Agreement, a response regarding this request is expected within 10 working days.

Thank you for your attention to this request.

_____ Teacher signature