



APPENDIX 1: Request for evaluations (School Board/Ministry)

PERSONAL IDENTIFICATION	
Date of the request:	
First and Last Name of the child:	
Québec Permanent Code of child:	
Date of birth:	
First and Last Name of Parent:	
Address:	
Email Address:	
Telephone number (Home/Cell):	

Please check the required evaluations in relation to your child's learning project.

EVALUATIONS ADMINISTERED IN MAY/JUNE	GRADE	REQUIRED
ELEMENTARY		
Français langue seconde, programme de base	6	<input type="checkbox"/>
Français langue seconde, programme immersion	6	<input type="checkbox"/>
English Language Arts	6	<input type="checkbox"/>
Mathematics	6	<input type="checkbox"/>
SECONDARY		
Français, écriture (132-208)	Sec. 2	<input type="checkbox"/>
TS Math 425 – C2	Sec. 4	<input type="checkbox"/>
SN Math 425 – C2	Sec. 4	<input type="checkbox"/>
CST Math 414 – C2	Sec. 4	<input type="checkbox"/>
Science & Technology 444 – Theory	Sec. 4	<input type="checkbox"/>
Applied Science & Technology 416 – Theory	Sec. 4	<input type="checkbox"/>
History 404	Sec. 4	<input type="checkbox"/>
English Language Arts, Reading	Sec. 5	<input type="checkbox"/>
FSL de base, Interaction/Oral (634-510)	Sec. 5	<input type="checkbox"/>
FSL de base, Compréhension écrite (634-520)	Sec. 5	<input type="checkbox"/>
FSL enrichi, Interaction/Oral (635-510)	Sec. 5	<input type="checkbox"/>
FSL de base, Compréhension écrite (634-520)	Sec. 5	<input type="checkbox"/>
FSL de base, Production écrite (634-530)	Sec. 5	<input type="checkbox"/>
Français, Production écrite (132-520)	Sec. 5	<input type="checkbox"/>

RESERVED FOR THE SCHOOL BOARD	
Location of Evaluation :	
Date :	Contact person: