



## **APPENDIX 4 (Request to Obtain Complementary Services)**

<b>PERSONAL IDENTIFICATION</b>	
Date of Request :	
Name and Surname of Child :	
Permanent Code of The Child:	
Name and Surname of parent:	
Address :	
Email Address:	
Telephone (Home/Cell):	

<b>SELECT USING a ( ) THE COMPLEMENTARY SERVICE(S)</b>			
<b>WITH detailed report from a professional*</b>		<b>WITHOUT detailed report from a professional</b>	
<input type="checkbox"/>	Psychologist*	<input type="checkbox"/>	Guidance Counselor (professional report may be required)
<input type="checkbox"/>	Speech and Language Pathologist *	<input type="checkbox"/>	Special Education Consultant
<input type="checkbox"/>	Psychoeducator *	<input type="checkbox"/>	

<b>RESERVED FOR THE SCHOOL BOARD</b>
School board response:
Date :
Additional Comments: