Commission scolaire English-Montréal
English Montreal School Board

APPENDIX 4: Request for Complementary Service(s)

**Complementary services include diagnostic testing and consultation, not therapeutic services.*

PERSONAL INDENTIFICATION	
Child's full name:	
Quebec Permanent Code:	
Date of birth:	
Parent's full name:	
Address:	
Email address:	
Telephone number:	

Please indicate which complementary service(s) is needed:

Request for Evaluation *a detailed report will be provided
☐ Psychologist
☐ Speech and Language Pathologist
☐ Occupational Therapist

Request for Consultation
☐ Guidance Counselor
☐ GOAL Consultant
☐ Special Education Consultant
☐ Autism Spectrum Disorder Consultant

N.B.: The *Learning Project* must be submitted to the EMSB in order to process this request. Please ensure that the *Learning Project* is attached to this request, if not already sent.