Commission scolaire English-Montréal
English Montreal School Board

APPENDIX 4: Request for Complementary Service(s)

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:

WITH detailed report from a professional
☐ Psychologist
☐ Speech and Language Pathologist
☐ Occupational Therapist
☐ Autism Spectrum Disorder Consultant

WITHOUT detailed report from a professional
☐ Guidance Counselor
☐ GOAL Consultant
☐ Special Education 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.

FOR OFFICE USE ONLY
Date received:
Learning Project submitted: ☐ Yes ☐ No, follow-up required
School board decision:
Summary of parent's response re: service(s) offered:
School board representative:
Date: