



APPENDIX 5: Request for Evaluations (School Board/Ministry)

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

Please check the required evaluations:

Grade 6	MEQ Uniform Exam					
	<input type="checkbox"/>	Mathematics 522-610				
	<input type="checkbox"/>	English Language Arts 514-600 (reading & writing)				
Secondary 4	<input type="checkbox"/>	MEQ Uniform Exam Mathematics CST 563-414 (C1:local, C2:MEQ)	<input type="checkbox"/>	EMS Local Exam Français, langue seconde programme de base 634-404	<input type="checkbox"/>	EMS Project Physical Education 543-402
	<input type="checkbox"/>	Mathematics SN 565-426 (C1:local, C2:MEQ)	<input type="checkbox"/>	Français, langue seconde programme enrichi 635-406	<input type="checkbox"/>	Visual Arts 668-402
	<input type="checkbox"/>	Science & Technology 555-444 (C1: MEQ, C2: local)	<input type="checkbox"/>	Environmental Science 558-404	<input type="checkbox"/>	Culture & Citizenship in Québec 580-404
	<input type="checkbox"/>	History of Québec & Canada 585-404	<input type="checkbox"/>	English Language Arts 632-406		
	<input type="checkbox"/>	Histoire du Québec & Canada 085-404 <small>*This exam is in French</small>				
Secondary 5	<input type="checkbox"/>	MEQ Uniform Exam English Language Arts 612-536	<input type="checkbox"/>	EMS Local Exam Mathematics CST 563-504	<input type="checkbox"/>	EMS Project Physical Education 543-502
	<input type="checkbox"/>	Français, langue seconde programme de base 634-504	<input type="checkbox"/>	Mathematics SN 565-506	<input type="checkbox"/>	Visual Arts 668-504
	<input type="checkbox"/>	Français, langue seconde programme enrichi 635-506	<input type="checkbox"/>	Chemistry 551-504	<input type="checkbox"/>	Culture & Citizenship in Québec 580-502
			<input type="checkbox"/>	Physics 553-504		
			<input type="checkbox"/>	Contemporary World 592-502		
			<input type="checkbox"/>	Financial Education 602-522		

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:			
<i>Learning Project</i> submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No, follow-up required			
Course Code	Date & Time	Location	Contact Person
School board representative:			
Date:			