



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	MEQ Uniform Exam	EMSBS Local Exam	EMSBS Project
	<input type="checkbox"/> Mathematics CST 563-414 (C1:local, C2:MEQ)	<input type="checkbox"/> Français, langue seconde programme <b>de base</b> 634-404	<input type="checkbox"/> Physical Education 543-402
	<input type="checkbox"/> Mathematics SN 565-426 (C1:local, C2:MEQ)	<input type="checkbox"/> Français, langue seconde programme <b>enrichi</b> 635-406	<input type="checkbox"/> Visual Arts 668-402
	<input type="checkbox"/> Science & Technology 555-444 (Theory:MEQ, Lab:local)	<input type="checkbox"/> Environmental Science 558-404	<input type="checkbox"/> Ethics & Religious Culture 569-402
	<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		
Secondary 5	MEQ Uniform Exam	EMSBS Local Exam	EMSBS Project
	<input type="checkbox"/> English Language Arts 612-536	<input type="checkbox"/> Mathematics CST 563-504	<input type="checkbox"/> Contemporary World 592-502
	<input type="checkbox"/> Français, langue seconde programme <b>de base</b> 634-504	<input type="checkbox"/> Mathematics SN 565-506	<input type="checkbox"/> Financial Education 602-522
	<input type="checkbox"/> Français, langue seconde programme <b>enrichi</b> 635-506	<input type="checkbox"/> Chemistry 551-504	<input type="checkbox"/> Entrepreneurship 604-562
		<input type="checkbox"/> Physics 553-504	<input type="checkbox"/> Physical Education 543-502
			<input type="checkbox"/> Visual Arts 668-502
		<input type="checkbox"/> Ethics & Religious Culture 569-502	

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:			