



Request for Access to Student Services

PERSONAL IDENTIFICATION

Date of request:	Level of Instruction:
Student's Full Name:	
Student's date of birth:	Permanent Code:
Parent's Name:	
Address:	
Phone number:	Email:

For all requests, with the exception of Academic/career counseling, a recent professional report must be attached to this form. The services available may vary. Services will be offered to the student at the designated school in the same capacity as if the child were attending the school. It is possible that the professional has a wait list for services.

STUDENT SERVICES

Psychological Assessment <input type="checkbox"/>	Remedial Educational Services <input type="checkbox"/>
Psychoeducational Services <input type="checkbox"/>	Academic/Career Counseling <input type="checkbox"/>
Speech-Language Assessment <input type="checkbox"/>	

Detailed description of your child's difficulties and reasons for the requested services.