



Educational Accommodations

Please note: Alberta Education provides limited funding to accommodate additional needs.
Each case will be evaluated based on the specific needs of the student.

****This form must be completed for each student applying, regardless of their need for resource support and returned with your application.****

CHILD'S FULL NAME: _____

DATE OF BIRTH: _____ GRADE ENTERING: _____

Please complete the following section as thoroughly as possible. The information you provide will better enable us to accommodate and/or determine if there is assistance available for your child. *Please be advised the assessment team may request to contact the last school your child attended to be better informed of your child's education needs.*

- | | | | |
|----------------------------------|---------------------------------------|-----|----|
| 1) Has your child ever received: | Speech Therapy? | YES | NO |
| | Occupational Therapy? | YES | NO |
| | Psycho Educational Assessment ? | YES | NO |
| | Psychological Counseling? | YES | NO |
| | Extra tutoring from Private Facility? | YES | NO |
| | Behaviour Support? | YES | NO |
| | Physio Therapy? | YES | NO |

**If YES, please send reports with application package.*

- 2) Has your child received additional assistance from a Learning Support Teacher or Learning Assistant? YES / NO
If YES, please describe level and types of support received:

GRADE	SUPPORT
_____	_____
_____	_____

- 3) Has your child ever been on an Individual Program Plan (IPP) in school? YES / NO

If YES, please include a copy of the most up-to-date program plan.

If YES, please note the grade level your child level was in when the IPP was introduced, as well as the grade level when the IPP was deemed no longer necessary. (An end date may not be applicable).

- 4) How was the need for support determined?

Personal evaluation Registered psychologist General practitioner Teacher/Learning Support Teacher Other

- 5) Has your child ever been coded for resource support? YES / NO

If YES, please include supporting documentation. What number (level)? _____

- 6) Is your child currently undergoing testing and/or evaluation with a psychologist or other support person? YES / NO

I acknowledge that the information I have given on this form is true and accurate to the best of my knowledge.

Parent/Guardian FULL NAME

SIGNATURE

DATE