Lester B. Pearson School Board
Commission scolaire Lester-B.-Pearson

SSD Student Services Department

Dear Parents,

Welcome to the Lester B. Pearson School Board.

Kindergarten can be both a very exciting and an anxiety-provoking time for children and their families, particularly for students who may require special supports at school. Our goal is to facilitate a smooth transition for all incoming Kindergarten students. In order to be prepared for your child's entry to school, we would like to learn all we can about your child's needs.

It is very helpful for the Student Services Department to be aware of all services your child is currently receiving. If appropriate, please fill in the 'CURRENT SERVICES' form and the 'CONSENT FOR RELEASE OF INFORMATION' form. These will enable professionals from the school board to better understand the needs of your child as well as the supports that have been effective. These forms can be returned to the school secretary or directly to the Student Services Department.

In addition, please note that a professional from the Student Services Department will be contacting you shortly to set up a meeting to observe your child and to determine the supports that may be needed for a successful school year.

Thank you for your cooperation.

Student Services Department
Lester B. Pearson School Board

/sc 2010
Enclosures: PARENTAL CONSENT FOR RELEASE OF INFORMATION
STUDENT SERVICES DEPARTMENT – REGISTRATION – KINDERGARTEN

Lester B. Pearson School Board
Commission scolaire Lester-B.-Pearson

CHILD'S NAME: _____

DATE OF BIRTH: _____

SCHOOL: _____

SSD Student Services Department

CURRENT SERVICES

KINDERGARTEN REGISTRATION

My child is currently receiving the following services:

AGENCY	SERVICE /DEPARTMENT	CONTACT PERSON
☐ CLSC	Which service?	
☐ Daycare / Preschool ☐ Pat Roberts Centre (WIAIH) ☐ Montreal Oral School (MOSD) Other: _____	☐ With educator ☐ Without educator Since:_____	
☐ West Montreal Re-Adaptation (CROM) ☐ SRSOR ☐ Miriam Centre ☐ Centre Montéregien de Readaptation Other:_____	☐ ABA Therapy ☐ Child and Family Support Educator ☐ Stepping Stones ☐ Occupational Therapy ☐ Physical Therapy Other: _____ Since: _____	
☐ Mackay/MAB Rehabilitation Centre	☐ Speech & Language ☐ Occupational Therapy ☐ Physical Therapy Other:_____	
☐ Montreal Children's Hospital ☐ Jewish General Hospital ☐ Other Hospital:_____ _____	☐ Developmental Clinic ☐ Autism Spectrum Disorders Clinic ☐ Occupational Therapy ☐ Speech & Language ☐ Psychology ☐ Neurology ☐ Psychiatry ☐ Physical Therapy Other:_____	
☐ Douglas Hospital	☐ Autism Diagnosis Clinic ☐ Speech & Language Other: _____	
☐ Private Services	☐ Psychology ☐ Occupational Therapy ☐ Speech & Language Therapy ☐ Physical Therapy ☐ ABA Therapy Other:_____	

☐ **My child has not received any services**

*My child is currently on the following **waiting lists** for services:*

COMMENTS: *(ie allergies, strengths, challenges)*

Parent's signature: _____ Date: _____

RELEASE OF INFORMATION - CONSENT

STUDENT SERVICES DEPARTMENT
1925 BROOKDALE AVENUE,
DORVAL (QUEBEC) H9P 2Y7
Tel: 514-422-3000, Fax: 514-422-3014
www.lbpsb.qc.ca

CONFIDENTIAL

STUDENT: _____

SCHOOL: _____

DATE OF BIRTH: _____

Please check (✓) appropriate box:

COPY

I wish to receive a copy of my child's assessment from Lester B. Pearson S.B.:
PARENT/GUARDIAN: ☐

Parent's Name: _____

Street Address: _____

City & Postal Code: _____

(PLEASE ENSURE ADDRESS GIVEN IS ***COMPLETE***)

SEND INFORMATION TO :

Please send a copy of my child's assessment from Lester B. Pearson S.B. to:
OUTSIDE ORGANIZATION (i.e. hospital, doctor's office, other School Board, CLSC, etc.) ☐

Organization Name: _____

Street Address: _____

City & Postal Code: _____

(PLEASE ENSURE ADDRESS GIVEN IS ***COMPLETE***)

RECEIVE INFORMATION FROM :

Lester B. Pearson S.B. may obtain information pertaining to my child from:
OUTSIDE ORGANIZATION (i.e. hospital, doctor's office, other School Board, CLSC, etc.) ☐

Organization Name: _____

Street Address: _____

City & Postal Code: _____

(PLEASE ENSURE ADDRESS GIVEN IS ***COMPLETE***)

PROFESSIONAL REQUESTING REPORT(S) *(please print);*_____

I, the undersigned, authorize Student Services, Lester B. Pearson School Board, to release and/or obtain the following confidential information:

- ☐ *Psychological / psycho-educational*
- ☐ *Psychiatric (full diagnostic report)*
- ☐ *Speech / language*
- ☐ *Occupational therapy*
- ☐ *Academic reports (e.g. IEP, Progress notes)*
- ☐ *Other:* _____

_____ _____

Signature of Parent/ Guardian - OR - Student (if over 14) Date

Please print name of parent or student: _____

Lester B. Pearson School Board

Commission scolaire Lester-B.-Pearson

SCHOOL:

DATE:

COMPLETED BY:

(PLEASE PRINT)

INTAKE CHECKLIST

In order to provide a positive educational experience, the school needs to prepare and plan for the incoming student with special needs. This checklist is meant to support this process. This checklist is to be used by the administrator or professional meeting with a student with special needs who would like to register in the school outside of the registration period.

CHILD'S NAME:

DATE OF BIRTH: MALE ☐ FEMALE ☐

FATHER'S NAME AND ADDRESS:

PHONES: HOME: ( ) CELL : ( ) WORK: ( )

E-MAIL ADDRESS:

MOTHER'S NAME AND ADDRESS:

PHONES: HOME: ( ) CELL : ( ) WORK: ( )

E-MAIL ADDRESS:

CHILD RESIDES WITH: ☐ FATHER AND MOTHER ☐ FATHER ☐ MOTHER ☐ GUARDIAN ☐ OTHER (SPECIFY):

OTHER CONTACT PERSON:

PHONE NUMBERS:

BACKGROUND:

Are social services involved? ☐ yes ☐ no Are other types of services being provided? ☐ yes ☐ no

If yes, what?

Is there an outstanding request for service? ☐ yes ☐ no

What evaluations, if any, have been made?

Are reports available? ☐ yes ☐ no Was a diagnosis made? ☐ yes ☐ no ☐ uncertain
If yes, what?

School history: programs, French instruction, etc.

Is the child coming from another school board? ☐ yes ☐ no
If yes, why?

Notes: Any other relevant information:

Medications? ☐ yes ☐ no If yes, what?

PERMISSIONS:

Parents have completed a 'Release of Information' form ☐ yes ☐ no
Parents have completed a 'Permission to speak to Previous School(s)' form ☐ yes ☐ no
Copies of all permissions attached ☐ yes ☐ no

ACTIONS:

Schedule intake meeting ASAP; ensure the appropriate professionals are present.
Meet the student.

SSD Student Services Department