



Commission scolaire English-Montréal
English Montreal School Board

STUDENT SERVICES DEPARTMENT

PARENTAL CONSENT FOR SPECIALIZED CLASS PLACEMENT

Name of Student: _____
(Last) (First)

Date of birth: _____ School: _____
(Year-Month-Day)

Permanent Code: _____

After discussion with school personnel, I have been made aware of my child's educational needs and the recommendation that my child be placed in the following class/program for the _____ school year:

- ASD Class Early Stimulation Class Language Class LD Class
- R.O.O.T.S. S.E.E.D.S. St. Raphael Welcoming Class John Grant
- L.I.N.K.S. Other (please specify): _____

Comments:

I understand that this class/program is in the best interest of my child's education at this time. During this time, my child's progress will be monitored by the school team (administrator/teachers/professional staff). I also understand that involvement of the professional staff (i.e. psychologist/guidance counsellor, special education &/or ASD consultants, occupational therapist and speech-language pathologist) will primarily be on a consultative basis and will involve in-class observation. In addition, I understand that the professional staff may consult the EMSB staff psychiatrist, as needed. If direct services from any of the indicated professionals are warranted, a separate consent form will be issued to me. No change in the above-mentioned services will be made without my knowledge and consent.

<p>I agree with the recommendation for my child <input type="checkbox"/></p> <p>I do not agree with the recommendation for my child <input type="checkbox"/></p> <p>Name of Parent: _____ Relationship to child: _____</p> <p>Signature of Parent: _____ Date: _____ (Year/Month/Day)</p>
