

REQUEST FOR SERVICES

Date: _____

Requested by: _____ Position: _____

1. Student: _____ DOB: _____ Age: _____ Sex: _____

2. Address: _____ Phone: _____ Language at home: _____

3. School: _____ Grade: _____ Teacher: _____

4. Parents/Legal Guardian: _____

5. Siblings and Ages: _____

Services Requested:

Student Services

Counselling

Speech/Language

Psychological

Reading Recovery

6. Reason for Request (please be specific): _____

7. History (what has happened, been tried): _____

8. Please indicate what specific help you wish to obtain for this child (i.e. assessment, programming, counselling, etc):

9. Medical problems (brief description i.e. hearing, speech and language, vision, physical, medication, etc):

Signature of Person Requesting Services

Date

Student Services Signature

Date

Parent/Legal Guardian Signature (Counselling Only)

Date

Action Plans: _____

Persons Responsible _____
