

Dear Parents and Guardians,

To best support your child's learning, from both your child's teachers and the Learning Support program, a signed consent form needs to be on file. **Whether or not your child currently uses Learning Support resources, this form is still required for our student files.** This consent form also opens a dialogue between your family and the school, if needs are identified.

PARENT/GUARDIAN FILL-IN PORTION

Please mark the appropriate box(es) which apply to your child.

STUDENT NAME: _____ GRADE: _____

Has your child previously received learning support in any of the following areas?

- | | | |
|-----------------------------------------|-----------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Numeracy | <input type="checkbox"/> Giftedness | <input type="checkbox"/> Learning Support Plan |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Speech & Language | <input type="checkbox"/> Individualized Education Plan (IEP) |
| <input type="checkbox"/> Written output | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Social skills | <input type="checkbox"/> Other: _____ | |

If you have questions or concerns, please comment below.

If my child appears to be experiencing learning difficulties as identified by the classroom teacher, I authorize Phil & Jennie Gaglardi Academy to initiate support and/or assessment and, if necessary, receive specialized instruction from the Learning Support team for the _____ school year.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

If you have any further comments or concerns, please direct them to the Learning Support team at learningsupport@gaglardiacademy.ca or call the school at 250-339-1200 to book an appointment.

Learning Support Team