



BC CHRISTIAN ACADEMY

CHRIST | COMPASSION | COMMUNITY

INCLUSIVE EDUCATION (IE)

Student: _____ Incoming Grade: _____
Age: _____ Birthday: _____ Previous School: _____

Dear Parent:

Please indicate if you or a professional has observed your child to have problems in, received support for, and/or diagnosed with a disorder affecting any of the following: *(Please indicate with a check mark)*

- ☐ Speech & Language concerns i.e. dysfluency, not able to follow directions
- ☐ Reading and Spelling
- ☐ Math computations, word problems
- ☐ Written Output
- ☐ Comprehension
- ☐ Memory and processing speed
- ☐ Socio-emotional concerns (anxiety, tics, peer socialization)
- ☐ Behavior (inattention, hyperactivity, distractability)
- ☐ Gross/fine motor skills (i.e. handwriting, motor coordination)
- ☐ Any other medical condition (that will require classroom support)

As such, we would appreciate being given copies of any report/ diagnosis/ assessments from your child's previous school, therapists, and/or doctors. Please feel free to check which document is applicable to your child and have these submitted to the Admin Office at the soonest possible time:

- ☐ School Reports on Special Programs
- ☐ Learning Support Plan
- ☐ Individual Education Plan
- ☐ Anecdotal/Observation Reports from the School
- ☐ Pediatrician's Diagnosis
- ☐ Psycho-educational Assessment
- ☐ Speech & Language Assessment Report
- ☐ Occupational Therapy Assessment/Report
- ☐ Physiotherapy Assessment/Report
- ☐ Audiologist's Assessment/Report
- ☐ Vision Therapy Assessment/Report
- ☐ Behavior Consultant's Report
- ☐ Counselor/Psychiatrist's Report
- ☐ Others: (please specify _____)

At the moment, our Inclusive Education's roster is full. However, if you wish to go on a wait list, we shall keep said documents on file until such time we are able to act on your child's application. If we are not able to service your child, we shall return the documents. We assure you that we shall handle your child's application with the strictest confidentiality.

Parent Name: _____ Parent Signature: _____

☐ By checking this box and typing my name in the fields above, I am electronically signing my application