



# BC CHRISTIAN ACADEMY

CHRIST | COMMUNITY | COMPASSION

## INCLUSIVE EDUCATION (IE)

Student:	Incoming grade:
Date of Birth:	Age:
Previous School:	

Dear Parent:

Please indicate whether you or a professional have observed, provided support for, or diagnosed your child with difficulties or a disorder in any of the following areas. (Please mark all that apply.)

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

As such, we would greatly appreciate receiving copies of any reports, diagnoses, or assessments from your child's previous school, therapists, and/or doctors. Please indicate which documents are applicable to your child and submit them to the Admin Office at your earliest convenience.

<input type="checkbox"/>	School Reports on Special Programs
<input type="checkbox"/>	ASD Reports
<input type="checkbox"/>	Learning Support Plan
<input type="checkbox"/>	Individual Education Plan
<input type="checkbox"/>	Anecdotal/Observation Reports from the School
<input type="checkbox"/>	Pediatrician's Diagnosis
<input type="checkbox"/>	Psycho-educational Assessment
<input type="checkbox"/>	Speech & Language Assessment Report

[bcchristianacademy.ca](http://bcchristianacademy.ca) | [office@bccaschool.ca](mailto:office@bccaschool.ca)

**Elementary School Campus** | 1019 Fernwood Ave. Port Coquitlam BC V3B 5A8 | 604.941.8426

**Middle School Campus** | 2329 Fremont Connector Port Coquitlam V3B 0M3 | 778 819 6620

**High School Campus** | 3000 Christmas Way Coquitlam BC V3C 2M2 | 778.819.4826



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	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 present, our Inclusive Education roster is full. However, if you wish to be placed on a waitlist, we will keep the submitted documents on file until we are able to consider your child's application. If we are unable to provide services for your child, the documents will be returned. Please be assured that we will handle your child's application and all related documents with the strictest confidentiality.

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Parent Name

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Parent Signature

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Date

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

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