

Learning Services P.O. Box 520 Prince Rupert, B.C. V8J 3R7

Tel: (250) 624 - 0925 Fax: (250) 624 - 6572

## CONSENT TO PROVIDE SPECIAL SERVICES

Stude	ent Name: _						_
		First	Middle	Last			-
Schoo	ol:						
_	•		ool District services, if			upert) Learning Servi ny child.	ces staf
This i	ncludes the	z following	ı:				
	Occupation	onal/Physi	cal Therapy	У			
	Speech/Language Therapy						
	Psycho-Educational Assessment						
	Deaf and Hard of Hearing Program Services						
	Counselling (Signature optional but verbal consent required)						
	E.S.L./E.L.D. (English Language Development) (Signature optional but verb consent required)						
	I.B.S. (Intensive Behaviour Support and/or Serious Mental Illness)						
	Pre-Scho	ol Assessi	ment				
Name	of Parent or	Legal Guard	dian (please pr	rint)			
 Signat	ure of Paren	t or Legal G	uardian	Month	Day	Year	
	nderstood th ad June 2017		norization is v	alid for one	calenda	ar year.	