



Fort La Bosse School Division Parental Choice to Decline Service

Student Name: _____ Parent Name: _____

Date: _____ Classroom Teacher: _____

Area(s) Requiring Intervention (provide details in each domain)

Academic	Speech and Language
Social/Emotional	Motor

Recommendations of Resource Team

<p style="text-align: center;">Academic</p> <p>___ resource programming ___ resource testing ___ psychological assessment with school psychologist ___ other: _____</p>	<p style="text-align: center;">Speech and Language</p> <p>___ referral to speech language program ___ other: _____</p>
<p style="text-align: center;">Social/Emotional</p> <p>___ in-school counseling with student support worker ___ referral to mental health worker ___ other: _____</p>	<p style="text-align: center;">Motor</p> <p>___ referral to occupational therapist ___ referral to physiotherapist ___ resource programming in-school ___ other: _____</p>

My child's teacher(s) has explained the above concerns to me as well as the services available to support my child's learning and development. Against professional recommendations, I am declining these services for my child for the following reason(s):

Signature of Parent

Principal

Resource Teacher