

CONSENT FOR SERVICE AND ACCESS TO THE ONTARIO SCHOOL RECORD (OSR)

Student's Name: _____		D.O.B.: _____
<small>Surname</small>	<small>Given Name</small>	<small>(yy/mm/dd)</small>
Grade and Placement: _____		O.E.N.: _____
Parent/Guardian Name(s): _____		
Address: _____		
Home Telephone Number: _____		911# (if applicable) _____
School: _____		Date: _____
		<small>of Completion of Form (yy/mm/dd)</small>
Form Completed by: _____		Title: _____

Our School System tries to meet the education and social needs of all students. To help reach this goal, every school has a team to provide advice, support and resources for teachers, parents and students. This school team meets on a regular basis to review the progress of students and to discuss concerns that may arise about particular students. On occasion, it is advisable to involve other personnel in these discussions.

Our careful observation of your child leads us to conclude that the following action(s) would be beneficial:

- Consultation** with professional support staff about effective strategies for meeting the student's educational, social and/or emotional needs.
- Assessment** to obtain further information about the student's abilities, achievement, learning style and/or psycho-social-emotional strengths and weaknesses.
- Observation** to obtain further information about the student's abilities, achievement, learning styles, and/or psycho-social-emotional strengths and weaknesses.

Principal's Signature: _____

I hereby consent to the provision of the above service(s), including access to the OSR by:

- | | | |
|---|---|--|
| <input type="checkbox"/> Special Education Consultant | <input type="checkbox"/> Behaviour Resource Teacher | <input type="checkbox"/> Speech/Language Pathologist |
| <input type="checkbox"/> Psychometrist/Psychologist | <input type="checkbox"/> School Based Public Health Nurse | <input type="checkbox"/> Teacher of the Deaf |
| <input type="checkbox"/> Other _____ | | |

Signatures: _____
Parent/Guardian

Parent/Guardian

Date: _____

Distribution: original to OSR; copy to Parent(s)/Guardian(s); copy to Central Files

Personal information on this form is collected under the authority of the Education Act and will be used for educational, health and welfare purposes affecting the student. This form will be retained in the student's Ontario Student Record. Questions about this collection should be directed to the school principal or the Superintendent of Education (Special Education), Education Centre, 62 Chalk Street, North, Seaforth, Ontario N0K 1W0, telephone 519-527-0111 or 1-800-592-5437