

## 2025-2026 Student Services ~ Request for Support

### STUDENT INFORMATION:

Student Name:	Teacher:
Student Grade:	School:
Student DOB:	Learning Support Teacher:
Parent/Guardian Name:	Requested By:
Parent/Guardian Contact #:	Date Requested:
Who Has Legal Decision Making Authority (Is it documentation uploaded to PASI)	Guardians Are Aware Of Request

### EAL STUDENTS:

Canadian School	EAL	Benchmark	
Enrollment Date	Code:	level:	Historical Refugee Documentation

### SERVICE REQUESTED:

Occupational Therapy

Speech (Pronunciation)

Language (Use and Understanding)

Student Observation

Psychoeducational Assessment

Teacher Support

Vision

Other:

### CHOOSE ALL THAT APPLY

Discussed at School Learning Support Meeting

FSLW/ Connections

Involvement File Review Completed

Current IPP

Outside Agencies Involvement:

**Attached reports/assessments (helpful for request)**

Medications:

Current Diagnosis:

### INTERVENTIONS / UNIVERSAL STRATEGIES AND THEIR IMPACTS USED IN THE PAST TWO YEARS:

### WHAT QUESTION(S) DO YOU WANT ANSWERED FROM THIS REQUEST FOR SUPPORT?

NOTES FROM STUDENT SERVICES TEAM

**WHEN COMPLETE: Email The Fillable Form To [jacARRIERE@redeemer.ab.ca](mailto:jacARRIERE@redeemer.ab.ca)**