Education Centre



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Robert Bratvold, Director of Education

Specialized Learning Centre Placement Developmental Education

Informed Consent Form

| Student Name: | Date of Birth: |
|---|--|
| School: | Date: |
| As a result of formal and informal assessments and teachers, and other educational professionals, it is that your child be placed in the Specialized Learning better serve your child's educational needs. | ne recommendation of the educational team |
| Developmental Education offers education to studen learning environment offering intensive supports. | ts with multiple disabilities in a specialized |
| The goal of Developmental Education is to prepare s community at school, at home and in society. | students to participate in an inclusive |
| Developmental Education is offered at Ecole Vickers Grade 8). | Public School (Pre-Kindergarten to |
| The educational team, in consultation with you as parand Intervention Plan (IIP) for your child with goals a of skills and abilities needed for your child to participate | nd objectives that will target the development |
| Signature of Principal: | Date: |
| Signature of Student Support Services Consultant: | |
| Parental Consent Statement | |
| I clearly understand the recommendation and hereby placement described above. I understand the rational and realize that my child will be working on a selecte specified in the Inclusion and Intervention Plan. | ale for and the implications of this placement |
| Signature of parent/guardian: | Date: |

Informed consent shall be renewed at the beginning of each school year and placed in the student's cumulative file.