



# St. Mary's School

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## APPLICATION FORM APPENDIX – SPECIAL NEEDS CONSIDERATIONS

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Registering to attend Grade \_\_\_\_\_ Date of Application: \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

Special Needs Diagnosis \_\_\_\_\_

Diagnosed by: \_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_

| <u>Existing Supports</u> | Name of Practitioner | Report Available | Date of Report |
|--------------------------|----------------------|------------------|----------------|
| Speech/Language          | _____                | _____            | _____          |
| Occupational Therapist   | _____                | _____            | _____          |
| Physiotherapist          | _____                | _____            | _____          |
| Psychiatrist             | _____                | _____            | _____          |
| Behaviour Therapist      | _____                | _____            | _____          |
| Other                    | _____                | _____            | _____          |

Parent description of existing supports/support programs child attends (where they attend, how often etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please attach a separate page should more space be required)

Parent description of condition and anticipated challenges in the school environment

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please attach a separate page should more space be required)

**This form is for the purpose of the gathering relevant information so the school can determine a plan of support. The final plan will be shared with parents before registration is confirmed.**

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_