**Le parent/tuteur consent à l’aiguillage (cette case doit être cochée)**  **RENOUVELLEMENT DE L’AIGUILLAGE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **RENSEIGNEMENTS SUR L’ÉLÈVE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nom de l’élève: | | | | |  | | | | | | | | | | | | | | | | | | | Date de naissance: | | | | | | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | (Nom de famille, prénom, initiales) | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | --- | | (Mois/jour/année) | | | | | | |
| Sexe:  Masculin  Féminin  De genre neutre | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | |
| **INFORMATIONS DU PARENT OU TUTEUR** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Contact principal**: | | | | | | | | |  | | | | | | | | | | | | | | | | | Lien avec l’élève: | | | | | | | | | | | | |  | | | | | | | |
| Adresse: | |  | | | | | | | | | | | | | | | Ville: | | | | |  | | | | | | | | | | | | | | | | Code postal: | | | | | | |  | |
| Tél. au domicile: | | | | | | |  | | | | | | | | Cellulaire: | | |  | | | | | | | | | | | | | | | | | | Au travail: | | | | | | | |  | | |
| Courriel: | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| **Contact secondaire**: | | | | | | | | | | | |  | | | | | | | | | | | | | | Lien avec l’élève: | | | | | | | | | | | | | |  | | | | | | |
| Adresse *(Si différent de ci-dessus)*: | | | | | | | | | | | | | |  | | | | | Ville: | | | |  | | | | | | | | | | | | | | | Code postal: | | | | | | |  | |
| Tél. au domicile: | | | | | |  | | | | | | | | | Cellulaire: | | |  | | | | | | | | | | | | | | | | | | Au travail: | | | | | | | |  | | |
| Courriel: |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| L’élève vit avec:  Parent  Mère  Père  Autre: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Langue(s) parlée(s): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Interprète requis:  Oui  Non | | | | | | | | | | | | | | |
| **INFORMATIONS SUR L’ÉCOLE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| École: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adresse: | | | |  | | | | | | | | | | | | | | | | | Ville: | | | | | | |  | | | | | | | | | Code postal: | | | | | | | | |  |
| Téléphone: | | | |  | | | | | | | | | | | | | | | | | Téléc.: | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Directeur/directrice: | | | | | | | | | |  | | | | | | | | | | | Signature: | | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | (Signature requise pour les demandes initiées par l'école) | | | | | | | | | | | | | | | | | |
| Enseignant(e): | | | | |  | | | | | | | | | | | | | | | | Niveau: | | | | | | | | | |  | | | | | | | | | | | PEI: Oui Non | | | | |
| PLACEMENT:  Classe ordinaire  Soutien à l’enfance en difficulté  Classe distincte | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MOTIF DE L’AIGUILLAGE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Services demandés: | | | | | | | | | | | Ergothérapie ***(approbation OT requise)*** OT signature : | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | Physiothérapie :  participation  mobilité  sécurité | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | Orthophonie (aiguillage requis pour l’orthophonie) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **COMMENTAIRES:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aiguillage demandé par: | | | | | | | | | | | | |  | | | | | | | | | | | | Signature: | | | | | | | | | |  | | | | | | | | | | | |
| Conseil scolaire/organisme: | | | | | | | | | | | | |  | | | | | | | | | | | | Date: | | | | | | | | | |  | | | | | | | | | | | |

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| **Veuillez télécopier le formulaire dûment rempli au numéro de télécopieur de JMCC: 519.252.5873** |