



HAISLA NATION COUNCIL

Education & Employment

606 Mountainview Square, Kitimat, BC V8C 2N2
Phone: 1-778-649-2025 Toll Free: 1-877-809-8098 Fax: 250-632-5069

Psych-Ed Assessment Intake Form (Age 17&Under)

Request for (Circle One): Reimbursement or Direct Coverage

Requestor's Name:	Institution (If Applicable):
Reason for Request: <input type="checkbox"/> Learning issues <input type="checkbox"/> Speech and language problems <input type="checkbox"/> Other _____	

Student Information:

Last Name:	First Name:
Date of Birth:	Haisla Status Number:
Grade:	Phone Number:
School:	Email Address:

When was the student's last hearing test?

Where?

When was the student's last vision test?

Where?

I, _____ agree to the following:

- Results of the Psych-Ed Assessment can be shared with Haisla Nation Council's Education Department.
- Haisla Nation Council can receive information from the student's school (i.e- Individual Education Plans, previous assessment results, progress reports).
- Haisla Nation Council can share information with the student's school (assessment results, education planning, etc.)

Parent/Guardian Name

Parent/Guardian Signature

Date