Deshkan Ziibiing
Chippewas of the Thames
First Nation Gagige Gikinomaagoziwin
Board of Education

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Fax: 519-289-0633
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tsoucy@chippewa-ed.on.ca

Student Name: _____ **Date of Birth: Y** _____ **M** _____ **D** _____ **Grade** _____

Address: _____

Telephone: _____ **Cell:** _____ **Work:** _____

Email Address Parent: _____ **Student:** _____

Parent/Guardians Names: _____

Emergency Contact Name: _____ **Telephone:** _____

School: _____ **Status Card Number:** _____

- The purpose of consultation is to obtain information about a student's educational, social, and emotional growth through school team meetings, individual interviews with students and/or teachers, exchange of information with agencies and/or a review of the OSR.
- The purpose of an assessment is to obtain information about the abilities, learning styles, strength and weaknesses of the student. The assessment may consist of one or more of the following: a review of the student's school history as contained in the OSR, discussions with the student's teacher(s), classroom observation of the student's performance and work habits, and the administration od standards test. The results of this assessment will be shared with the student and parent/guardians, and a report will be placed in the student's OSR to help present and future teachers provide an effective program for the student.
- The purpose of counselling is to provide the student with support and skills to help her/him to cope with personal and educational concerns. Counselling sessions may occur throughout the year and involve the student being called out of class. While discussions between the student and the counsellor need to be confidential, an interview may be arranged with a parent/guardian to discuss the progress of the student. The progress may involve a review of the OSR.
- The purpose of an intervention is to provide direct services to the student who has been identified as having difficulties in a specific area.

I hereby consent to the provision of the above-mentioned services including access to the OSR and computer access od student records by:

Secondary Student Advocate Chippewas of the Thames First Nation

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____

Signature of School: Official: _____ Date: _____

Personal information on this form is collected under the Authority of the Education Act R.S.O. 1980, C.129, and amendments thereto, and the policies of the Board of Education. It will be used for education, health, and welfare purposes affecting the student. For further information about collecting practices, contact the school.