



**SOUTH SHORE REGIONAL CENTRE FOR EDUCATION
PARENT/GUARDIAN CONSENT FOR
LEARNING DISABILITY SERVICES**

Student's Name: _____	Date of Birth (D/M/Y): _____
School: _____	Grade: _____
Parent/Guardian Name: _____	Phone Number: _____

South Shore Regional Centre for Education Learning Disability Services provides on-going support for students diagnosed with a LD. Service can include time spent within the school and classroom, as well as consultation with the child, parents/guardians and teachers.

Consultation with your child and school may include:

- Discussion about their LD and learning style
- Encouragement of self-advocacy and independence
- Recommendations and support of program adaptations (including technology support)

____ I consent to my child receiving this service for the _____ school year.

____ I do not consent to my child receiving this service at this time.

⇒ Please sign and return to the school resource teacher, or email a copy to ldservices@ssrsb.ca

Parent/Guardian Signature: _____ Date: _____