**Demande reçue le :**

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***Document de référence***

***pour l’admission à l’école Benoit-Vachon***

*École à MANDAT RÉGIONAL D.I. – T.S.A.*

**RENSEIGNEMENTS PERSONNELS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **IDENTIFICATION DE L’ÉLÈVE** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Nom de l’élève | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | Code permanent | | | | | | | | | | | | | | | |  | | | | | |
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|  | Date de naissance | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | Âge au 30 septembre 2022 | | | | | | | | | | | | | | | |  | | | | | |
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|  | Adresse | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | Adresse | | | | | | | | | | | | | | | |  | | | | | |
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|  | Centre de services scolaire qui fait la demande | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | Service actuel | | | | | | | | | | | | | | | |  | | | | | |
|  | Code de difficulté : 50 | | | | | | | | |  | | Validé | | | | | | | | | | | | | | | | | À valider | | | | | | | | Ne peut être validé | | | | | | | |  | | | | | | | |
|  | Diagnostic : | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | |  | | | | | |
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| **FAMILLE** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Nom de la mère | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | Adresse courriel | | | | | | | | | | | | | | | | |  | |
|  | Téléphone : | | | |  | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | |  | | |  | | | | | | |  | | | |
|  |  | | | Maison | | | | | | | | | | | | | | | |  | | | Cellulaire | | | | | | | | | | | | | | | |  | | | Travail | | | | |  | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | |  | | | |
|  | Nom du père | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Adresse courriel | | | | | | | | | | | | | | |  | | | | | |
|  | Téléphone : | | | | |  | | | | |  | | | | | | | |  | | | | |  | | | | | | | | | | | | | |  | | | | |  | | | | | | | | |  |
|  | | | Maison | | | | | | | | | | | | | |  | | Cellulaire | | | | | | | | | | | | | | | | |  | | | | Travail | | | | | |  | | | | | | |
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|  | Foyer de groupe : personne responsable : | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | La garde légale est assumée par : | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | Autre : |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | Présence d’une fratrie : sœur(s) : | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | frère (s) : | | | | | | | |  | | | |  | | | | |  | | | |
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| **SANTÉ** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Médication : | | | | | | | | | Oui | | | | | Non | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Information médicale pertinente : | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | Autres diagnostics : | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
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| **SERVICE ET NOM DE L’INTERVENANT** | **MANDAT ET TYPE DE SOUTIEN APPORTÉS** |
| Orthophoniste : |  |
| Rapport annexé : |
| Psychoéducateur : |  |
| Rapport annexé : |
| Psychologue : |  |
| Rapport annexé : |
| Conseillère pédagogique : |  |
| Autre : |  |
| Rapport annexé : |

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| **SERVICES REÇUS PAR L’ÉLÈVE, OFFERTS PAR D’AUTRES ORGANISMES : programme DI-DP-TSA, Centre Jeunesse, centres hospitaliers, etc.** | | | | | | |
| Indiquer si l’élève est en suivi ou référé ou s’il est en attente d’un des services | | | | | | |
| **Service et nom de l’intervenant** | | | | | | **Mandat et type de soutien apportés** |
| Nom : |  | | | | |  |
| Fonction : | |  | | | |  |
| Lieu de travail : | | | |  | |  |
| Téléphone : | | |  | | |  |
| Rapport annexé | | | | |  |  |

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| Nom : |  | | | | |  |
| Fonction : | |  | | | |  |
| Lieu de travail : | | | |  | |  |
| Téléphone : | | |  | | |  |
| Rapport annexé | | | | |  |  |

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| Nom : |  | | | | |  |
| Fonction : | |  | | | |  |
| Lieu de travail : | | | |  | |  |
| Téléphone : | | |  | | |  |
| Rapport annexé | | | | |  |  |

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| Nom : |  | | | | |  |
| Fonction : | |  | | | |  |
| Lieu de travail : | | | |  | |  |
| Téléphone : | | |  | | |  |
| Rapport annexé | | | | |  |  |

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| **CHEMINEMENT SCOLAIRE DE L’ÉLÈVE (s’il y a lieu)** | | | | |
| **HISTOIRE SCOLAIRE** | | | | |
| **Année** | **Niveau scolaire** | **Type de classe** | **École fréquentée** | **Centre de services scolaire** |
| 2021-2022 |  |  |  |  |
| 2020-2021 |  |  |  |  |
| 2019-2020 |  |  |  |  |
| 2018-2019 |  |  |  |  |
| 2017-2018 |  |  |  |  |
| 2016-2017 |  |  |  |  |

**SITUATION ACTUELLE DE L’ÉLÈVE**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **La situation actuelle de l’élève nécessite des mesures particulières pour :** | | | | | | | |
| L’encadrement à l’école : |  | | | | | | |
| L’encadrement lors du transport : | |  | | | | | |
| L’élève présente-t-il des problèmes de fréquentation? | | | Oui |  | Non |  | Précisez : |

**PROFIL DE L’ÉLÈVE**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Description de la situation de l’élève (précisez les capacités ou défis de l’élève)** | | | | | | | |
| Communication verbale – non-verbale : | | | | | |  | |
| Interactions avec les autres (adultes et élèves) : | | | | | | |  |
| Besoins sensoriels : | |  | | | | | |
| Enjeux comportementaux : | | | | |  | | |
| Autonomie fonctionnelle : | | | |  | | | |
| Collaboration parentale : | | |  | | | | |
| Autres (spécifiez) : |  | | | | | | |

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|  | Signature de la direction (obligatoire) |  | Date |  | |
|  | | | | | |