



**REQUEST FOR  
INFORMATION**

**Doctor's Office Name**  
**Doctor's Office Address**  
**Doctor's Office Fax**

**Re: Student Name**

**DOB:**

**School:**

**Grade:**

**Attention:** School Principal (Please advise if the Principal is not the main school contact for this student)

I am assessing the student identified above and it would be very helpful to have current information from school staff regarding his/her progress and assessment history.

The student's parent/guardian has signed below giving permission for school staff and my office to exchange information.

If the school could provide any of the information selected below it would be very helpful in my assessment of this student.

Current report card and progress report

Teacher Anecdotal Comments

School Based Screening Assessments

District Level Assessments (SLP, OT-PT, Psyched-Ed)

Classroom Level Assessments

Psycho-educational Assessment

Medical Care Plan

Behaviour Support Plan

Other \_\_\_\_\_

*As parent/legal guardian of \_\_\_\_\_ I hereby consent to School District No. \_\_\_\_ releasing confidential information to Dr. \_\_\_\_\_ for the purpose of gathering information as part of a comprehensive medical assessment. I understand that the information gathered throughout this assessment process will not be released to any other person or organization without my written permission.*

*I understand that I may cancel or change the above authorization in writing at any time prior to the expiry date (60 days from signing), unless action has already been taken on the basis of the authorization.*

\_\_\_\_\_  
Parent/Guardian Name (print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Name (print)

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date