



**AFNORTH and SHAPE INTERNATIONAL SCHOOLS CANADIAN SECTIONS  
EDUCATIONAL QUESTIONNAIRE FOR INTERNATIONAL STUDENTS**

<b>Student Surname</b>	<b>Student First Name</b>
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**COMPLETE ONE FORM FOR EACH DEPENDENT**

Application For School Year:	Going into grade:	Planned Arrival Date	Planned Departure Date
Parent Surname	Parent First Name	Rank	Place of Employment
Email		Phone number	
Nationality	Language Spoken At Home:	Child D.O.B. (dd/mm/yyyy)	
Child's Language Of Instruction At School: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Dutch <input type="checkbox"/> German <input type="checkbox"/> Other: .....			

**Release of Information**

I authorize the release of information on this form and in the attached reports to the personnel of the Department of National Defence. This information will be used only to evaluate and document my child's educational needs.

**Signature of Parent:**

**Date:**

**EDUCATIONAL SCREENING POLICY:**

In order for your student to be considered for admission to AFNORTH or SHAPE International Schools, Canadian Sections the following is required:

1. Completed Educational Questionnaire (Part 1 and 2) – to be completed by parent and school / doctor
2. Report cards for the previous two years. If not written in English or French, they need to be translated as part of the submission.
3. English and/or French level testing is mandatory for all students and will be administered by the school. This is in order to ensure that we can provide adequate programming and support for students. We urge you to make an appointment as soon as possible to avoid delays in admission.
4. Copy of most recent IEP if applicable

**SCHOOL INFORMATION**

Current School (Name)	Current Grade/Level	School Phone Number
School Address		
Name of Principal:	Name of Teacher:	
Name of Special Education Teacher: <span style="float: right;"><input type="checkbox"/> n/a</span>		
Person completing this form:	<input type="checkbox"/> Principal <input type="checkbox"/> Teacher <input type="checkbox"/> Special Education <input type="checkbox"/> Teacher	
Email address:		



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**PART 1: STUDENT PROFILE**  
**TO BE COMPLETED BY PARENTS and TEACHER OR PRINCIPAL OF CURRENT SCHOOL  
 (OR DOCTOR FOR CHILDREN WHO HAVE NOT YET ATTENDED SCHOOL)**

<b>Section A: General Information</b>	<b>Parents</b>		<b>School staff or Doctor</b>	
	Yes	No	Yes	No
Does the student experience any difficulty or have a special need in any of the following areas:				
Vision				
Hearing				
Speech and Language				
Physical				
Emotional/ Behavioural Difficulties				
Focus/Attention Difficulties				
Vision related difficulties (spatial/tracking/hand-eye coordination, etc)				
Formal Diagnosis of A.D.D./A.D.H.D				
Has the student been prescribed any medications that impact on his/her daily school activities or performance, (i.e., Ritalin, Concerta, Epi-pen, inhalers)				
If you have answered <b>YES</b> to any of the above categories please provide pertinent information.				
<b>Note: It may not be possible to secure some medications in certain countries, as they have not been authorized for use. If the student has been prescribed any medication please provide documentation that the medication is available in the country to which you are posted.</b>				
<b>Parent Comments:</b>				
<b>School Staff or Doctor Comments:</b>			<b>Signature</b>	



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<b>Section B: Academic Information</b>	<b>Parents</b>		<b>School staff or Doctor</b>	
	Yes	No	Yes	No
Has the student ever been brought forward to a school based team meeting?				
Has the student ever been suspended or expelled?				
Has student been identified with a learning disability				
Does the student have a formal Individual Education Plan (IEP)?				
Does the student have an informal Individual Program Plan (IPP)?				
Does the student receive accommodations for Grade Level Curriculum?				
Does the student receive modifications to Grade Level Curriculum?				
Has the student been identified by as Exceptional by Identification, Placement, and Review Committee (IPRC): If yes, provide area of exceptionality:				
Is the student on a waiting list for assessment <u>or</u> Does the student have assessment results from Psycho-educational Testing, Speech & Language Assessment or Vision Acuity Assessment?				

**Does the student receive educational or resource support from:**

Resource/Learning Support teacher				
Learning strategies				
Literacy or Reading Recovery teacher				
Educational Assistant				
School Counsellor/Child and Youth Counsellor (CYC)				
Occupational Therapist				
Physiotherapist				
Speech and Language Pathologist				
Vision Therapist/Optomtrist				
Is the above-named student presently in a special class?				

If the answer is **YES** to any of the above questions, please describe the child's special education needs and the extra learning assistance or remedial instruction currently provided. Forward a copy of the child's IEP, IPP or a list of accommodations with this screening form.

**Parent Comments:**

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**School Staff or Doctor Comments:**

**Signature**

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**PART 2: PROGRAM PROFILE**

**TO BE COMPLETED BY THE CLASSROOM, SPECIAL EDUCATION TEACHER OR PRINCIPAL**

Your input, opinion and the data requested will assist the gaining school principal in making a decision as to the educational needs of the students can be met at AFNORTH School.

A special educational program is one requiring modifications to curriculum or accommodations for student learning in order to enable the student to access the curriculum. The program would have measurable educational goals and outcomes and plan of action to ensure that the goals and outcomes were met.

Special Educational Services may be defined as “facilities and resources, including support personnel and equipment necessary for implementing a special education program. These include psycho-educational assessments.

**All psycho-educational assessments should be included with this application.**

In your opinion, is learning assistance or remedial instruction likely to be required by this student in the next school year or two?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes please explain:	

**PART 2 (Continued)**

In your opinion, can this child successfully follow a school program designed for his/her age group, without special assistance such as the services of a teacher's aide, a special education teacher, a speech therapist, a psychologist and/or a remedial/resource teacher?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**If No please explain:**

<b>Name:</b>	
<b>Signature:</b>	
<b>Date:</b>	



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**PART 3: CANADIAN SECTION APPROVAL**

**To be completed by the Canadian Section Principal**

Name of Principal:		School:	<input type="checkbox"/> SHAPE <input type="checkbox"/> AFNORTH
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I have reviewed and confirmed the information provided by the member, the school principal and/ or special education teacher/doctor regarding the educational performance of the student listed in this questionnaire.

<input type="checkbox"/> <b>GREEN</b> Educational needs of this child <b><u>CAN</u></b> be met.	<input type="checkbox"/> <b>RED</b> Educational needs of this child <b><u>CANNOT</u></b> be met.
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Comments:
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Signature	Date
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**Distribution:**

**Copy in OSR**

**Copy to CEM c/o Senior Education Officer**