

(PROTECTED B, when completed)

SCREENING FOR A POSTING OUTSIDE CANADA  
QUESTIONNAIRE ON EDUCATIONAL PERFORMANCE OF DEPENDANTS

A separate Questionnaire Form is to be completed for each dependent child who is, or will be attending school at the intended posting location during your tour of duty outside Canada.

PART I  
TO BE COMPLETED BY A PARENT

1.

\_\_\_\_\_  
Child's First Name                      Child's Age                      Present School Grade

**NOTE:** If your dependent child is over the age of 3 years, 8 months at the time of posting, Part I of this form must be completed.

**INTENDED POSTING LOCATION:** \_\_\_\_\_

**SCHOOL TO BE ATTENDED:** \_\_\_\_\_

**WEB SITE OF SCHOOL:** \_\_\_\_\_

Prior to start of education screening the member is to obtain an electronic copy of the "Education Post Ceiling" from the gaining Outside Canada Support Unit education associate. Outside Canada Support Unit contacts are provided at [http://www.forces.gc.ca/dqcb/educat/engraph/screening\\_e.asp?sidection=2&sidecat=2#SECTION\\_2](http://www.forces.gc.ca/dqcb/educat/engraph/screening_e.asp?sidection=2&sidecat=2#SECTION_2).

For students to be enrolled in AFNORTH or SHAPE Canadian sections please refer to [OSAP 200.14.3 – Special Education](#)

**IMPORTANT NOTE: The full range of education programs including Special Education and/or Resource programs found in Canada are not available outside Canada.**

2. Does the above-named dependent experience any difficulty or have a special need in any of the following areas:

Vision	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Hearing	<input type="checkbox"/>		<input type="checkbox"/>	
Speech and Language	<input type="checkbox"/>		<input type="checkbox"/>	
Physical	<input type="checkbox"/>		<input type="checkbox"/>	
Emotional/ Behavioural Difficulties	<input type="checkbox"/>		<input type="checkbox"/>	
Focus/Attention Difficulties	<input type="checkbox"/>		<input type="checkbox"/>	
Formal Diagnosis of A.D.D. /A.D.H.D	<input type="checkbox"/>		<input type="checkbox"/>	
Learning Disability	<input type="checkbox"/>		<input type="checkbox"/>	

**If you have answered YES to any of the above categories please provide pertinent information.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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3. Does the above-named student have any of the following:
- |   |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|----|
| A formal Individual Education Plan (IEP)  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| An informal Individual Program Plan (IPP)   | <input type="checkbox"/> |     | <input type="checkbox"/> |    |
| Modifications to Grade Level Curriculum   | <input type="checkbox"/> |     | <input type="checkbox"/> |    |
| Accommodations  | <input type="checkbox"/> |     | <input type="checkbox"/> |    |
| Identification of Exceptional by an Identification, Placement, and Review Committee (IPRC): | <input type="checkbox"/> |     | <input type="checkbox"/> |    |
| Area of Exceptionality _____  |                          |     |                          |    |
| <input type="checkbox"/> On a waiting list  | <input type="checkbox"/> |     | <input type="checkbox"/> |    |
| <input type="checkbox"/> Recent Assessment Results for:                                     |                          |     |                          |    |
| <input type="checkbox"/> Psycho-educational Testing   |                          |     |                          |    |
| <input type="checkbox"/> Speech & Language Assessment                                       |                          |     |                          |    |

If **YES**, I have forwarded (via fax or electronic copy via e-mail) a copy of my child's Individual Education Plan (IEP), Individual Program Plan (IPP) or list of accommodations to the Principal of my child's gaining school at my intended posting location for review and comments. \_\_\_\_\_  
 Parent's Initials/Date

4. Does the above named dependent receive educational support or resourcing from:
- |   |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|----|
| Resource/Learning Support teacher                   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Learning strategies                                 | <input type="checkbox"/> |     | <input type="checkbox"/> |    |
| Literacy or Reading Recovery teacher                | <input type="checkbox"/> |     | <input type="checkbox"/> |    |
| Educational Assistant                               | <input type="checkbox"/> |     | <input type="checkbox"/> |    |
| School Counsellor/ Child and Youth Counsellor (CYC) | <input type="checkbox"/> |     | <input type="checkbox"/> |    |
| Occupational Therapist                              | <input type="checkbox"/> |     | <input type="checkbox"/> |    |
| Physiotherapist                                     | <input type="checkbox"/> |     | <input type="checkbox"/> |    |
| Speech and Language Pathologist                     | <input type="checkbox"/> |     | <input type="checkbox"/> |    |
5. Has the above named dependent ever been brought forward to a school based team meeting?  Yes  No
6. Has the above-named dependent been prescribed any medications that impact on his/her daily school activities or performance, (i.e., Ritalin, Concerta, Epipen, inhalers)  Yes  No

**IMPORTANT NOTE: It may not be possible to secure some medications in certain countries, as they have not been authorized for use.**

7. a. **For a Dependent Student in School:**

I, \_\_\_\_\_, grant permission for the Principal of  
 Name of Parent (please print)

\_\_\_\_\_  
 Name of School (\_\_\_\_\_) Phone Number

to release information regarding the above-named child to the Department of National Defence as required for screening for a posting outside Canada.

**OR**

7. b. **For a Dependent Child not in School:**

My above-named dependent child will reach the age of 3 years, 8 months during my posting outside Canada.

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**AND**

7. **c. Language of Instruction:** English  French .
- My dependent child is, or will be attending school at the intended posting location during my tour of duty outside Canada; **and**
  - I have obtained an electronic copy of the "Education Post Ceiling" from the gaining Outside Canada Support Unit education associate for the Unit for which I am tentatively selected and appropriate English/French Language of Instruction school is available, **or**
  - DCBA 5/DEM has been consulted. (613-995-8516)
8. I understand that I am responsible to provide a completed copy of this Education Screening form by mail to:
- (a)  Gaining Support Unit outside Canada;  
or
  - (b)  If the student will attend AFNORTH International School, to the Canadian school principal;  
or
  - (c)  If the student will attend SHAPE Canadian elementary school, to the Canadian school principal.  
or
  - (d)  If the above named dependent receives special educational services or has specific special educational needs, member to provide NDHQ/DCBA 5/DEM with supporting documentation from gaining school principal to ensure gaining school can provide for these needs.

I certify the information provided by me in this Part I to be correct and that on completion, a copy of this completed Education Screening form will be forwarded to appropriate addressee identified at number 8.

\_\_\_\_\_  
**Signature of Parent**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Area  
Code**

\_\_\_\_\_  
**Phone Number**

**PART II**

**TO BE COMPLETED BY THE CLASSROOM/SPECIAL EDUCATION TEACHER AND PRINCIPAL**

The child identified in Part I is a dependent of a Canadian Forces member tentatively selected for a posting outside Canada. The full range of educational facilities, normally found in Canada may not be available at the intended posting location. The Department of National Defence Dependent Schools Overseas cannot always ensure the provision of a full range of educational services including special programs and support for students with exceptional needs, e.g. behavioural, communication, intellectual, physical or multiple. Allowing a student with special needs to proceed to a location where the required services are not available may cause hardship to both the child and his/her family, and ultimately results in further emotional disruption when the Department is forced, at considerable financial/administrative cost, to return this family prematurely to Canada. It is requested that you complete the following, bearing in mind the **best interests of the child**.

**NOTE: Completion of Part II of this form not required if your dependent child is under the age of 3 years, 8 months at the time of posting.**

**NOTE TO CLASSROOM /SPECIAL EDUCATION TEACHER / PRINCIPAL:**

**Applicable to personnel posted to CFSU (E) Selfkant, Brunssum, the Netherlands area, Geilenkirchen, Germany, or SHAPE:**

***AFNORTH (LOCATED AT BRUNSSUM, THE NETHERLANDS) AND SHAPE (LOCATED AT MONS, BELGIUM) INTERNATIONAL SCHOOLS (CANADIAN SECTIONS) DO NOT PROVIDE FOR SPECIAL NEEDS. IF THE ANSWER TO QUESTION TWO, THREE, FOUR, FIVE, SIX, EIGHT IS YES, OR THE ANSWER TO QUESTION NINE IS NO, THEN THE MEMBER IS TO CONSULT THE APPLICABLE PRINCIPAL.***

***FOR STUDENTS TO BE ENROLLED IN AFNORTH OR SHAPE CANADIAN SECTIONS PLEASE REFER TO [OSAP 200.14.3 – SPECIAL EDUCATION](#)***

**Canadian Principal at AFNORTH school: 011-31-455-27-8200**  
**Canadian Principal at SHAPE school: 011-32-65-44-5985**

1. \_\_\_\_\_

Child's First Name	Child's Age	Present School Grade
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**IMPORTANT NOTE: The full range of education programs including Special Education and/or Resource programs found in Canada are not available outside Canada.**

2. Does the above-named student experience any difficulty or have a special need in any of the following areas:

Vision	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Hearing	<input type="checkbox"/>		<input type="checkbox"/>	
Speech and Language	<input type="checkbox"/>		<input type="checkbox"/>	
Physical	<input type="checkbox"/>		<input type="checkbox"/>	
Emotional/ Behavioural Difficulties	<input type="checkbox"/>		<input type="checkbox"/>	
Focus/Attention Difficulties	<input type="checkbox"/>		<input type="checkbox"/>	
Formal Diagnosis of A.D.D. /A.D.H.D	<input type="checkbox"/>		<input type="checkbox"/>	
Learning Disability	<input type="checkbox"/>		<input type="checkbox"/>	

**If you have answered YES to any of the above categories please provide pertinent information:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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3. Does the above-named student have any of the following:
- A formal Individual Education Plan (IEP)
  - An informal Individual Program Plan (IPP)
  - Modifications to Grade Level Curriculum
  - Accommodations
  - Identification of Exceptional by an Identification, Placement, and Review Committee (IPRC):
- Area of Exceptionality \_\_\_\_\_
- On a waiting list     Recent Assessment Results for:
- Psycho-educational Testing
  - Speech & Language Assessment

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

If **YES**, please forward a copy of the student's Individual Education Plan (IEP), Individual Program Plan (IPP) or list of accommodations to the Principal of the student's gaining school.

\_\_\_\_\_  
Principal / Teacher  
Initials

4. Does the above named dependent receive educational support or resourcing 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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

5. Has the above named student ever been brought forward to a school based team meeting?  Yes  No

6. Is the above-named student presently in a special class?  Yes  No

7. If the answer to questions 4, 5, or 6 is **YES**, please describe the child's special education needs and the extra learning assistance or remedial instruction currently provided.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. In your opinion, is learning assistance or remedial instruction likely to be required by this student in the next school year or two?  Yes  No

9. 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?  Yes  No

10. If the answer to the question 9 is **NO**, please explain
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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11. **SIGNATURE BLOCK:**

_____ <b>Signature of Classroom Teacher</b>	_____ <b>Date</b>	_____ <b>Area Code</b>	_____ <b>Phone Number</b>
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**AND IF APPLICABLE:**

_____ <b>Signature of Special Education Teacher</b>	_____ <b>Date</b>	_____ <b>Area Code</b>	_____ <b>Phone Number</b>
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I have discussed Parts I and II with the parents and the student's teachers. The above information is provided from teachers' observation and/or school records.

_____ <b>Signature of Principal</b>	_____ <b>Date</b>	_____ <b>Area Code</b>	_____ <b>Phone Number</b>
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**PART III**

**1. TO BE COMPLETED BY THE MEMBER PRIOR TO SIGN-OFF AT UNIT LEVEL:**

*I certify that appropriate schooling is available at the new post in the appropriate language of instruction, grade level and that special education needs, if required, can be met at the intended posting location.*

*If a YES answer has been indicated in Parts I or II, then the supporting documentation must be attached to this screening form indicating that special needs can be met at the new school at the intended posting location.*

School indicated in Part I has been taken from the "Education Post Ceiling" obtained from the gaining Outside Canada Support Unit education associate.

\_\_\_\_\_

**Signature of Member** **Date**

**2. TO BE COMPLETED BY W/BPSO or W/B ADMIN O:**  
**Note: Sign off is to be guided by [Personnel Psychology Directive No 440](http://www.forces.gc.ca) (www.forces.gc.ca) under "Screening – Posting Outside Canada"**

I have reviewed the information provided by the parent and the school principal regarding the Educational performance of \_\_\_\_\_  
**Child's First Name**

son/daughter of \_\_\_\_\_  
**Member's Name/SN-Rank**

in connection with his/her intended posting to \_\_\_\_\_  
**Intended Posting Location**

In my opinion,

the student follows a normal education program at school now attending and the school principal has indicated no special education needs for this child. The educational needs of this child **CAN** be met adequately at the intended posting location;

**OR**

the educational needs of this child **CANNOT** be met adequately at the intended posting location (supporting documentation from gaining school principal as provided by the member enclosed);

**OR**

If a **YES** answer has been indicated in Parts I or II which may **INDICATE SPECIAL EDUCATION NEEDS** for this child, then the educational needs are to be reviewed. Member to provide NDHQ/DCBA 5/DEM with supporting documentation from gaining school principal to ensure gaining school can provide for these needs.

\_\_\_\_\_

**Rank** **Name (Please Print)** **Initial** **Base Appointment**

\_\_\_\_\_

**Signature** **Date** **Area Code** **Phone Number**

**DISTRIBUTION LIST:** One copy for NDHQ/DCBA 5/DEM (Secure fax #: 613-995-9790)  
 One copy for Unit Personal File  
 One copy for NDHQ Personal File