

(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
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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: _____

The member is responsible for completing [Processes Associated with Education Screening](#).

Post Ceilings are designed to assist parents in the research of schooling at the intended posting location outside Canada. Post Ceilings for the Intended Posting Location can be obtained from the [Education Post Ceilings List](#).

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.

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 (_____) _____
Area Code 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.

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 Outside Canada Support Unit; (contacts are provided at http://www.forces.gc.ca/dgcb/educat/engraph/screening_e.asp?sidesection=2&sidecat=2.)
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 student has special education concerns identified by parents and/or school and/or an Independent Learning Plan (IEP) or is following a modified program, then:
1. Parents consult [Education Post Ceiling](#) and identify the school board/school that the student will be attending at the new post.
 2. Make contact with gaining school board/school and forward a copy of identified areas of concern, individual learning plan, copy of last two report cards.
 3. Confirmation required from gaining school board or school that required education is available.

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. All students require support from teachers, classmates, family, and friends in order to thrive and to gain full benefits from their school experience. Some students have special needs that require additional support beyond that ordinarily received in the school setting. Children who have behavioural or communication disorders, or intellectual, physical or multiple disabilities, or who are gifted, may require special education services or special education programs in order to enable them to attend school and to benefit fully from their school experience. Such students may be formally identified as exceptional pupils. Special education programs are very limited at some outside Canada schools. 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

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:

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"/>	
<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
5. Has the above named student ever been brought forward to a school based team meeting?
6. Is the above-named student presently in a special class?
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.

<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"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

8. In your opinion, is learning assistance or remedial instruction likely to be required by this student in the next school year or two?
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?

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

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

11. a. SIGNATURE BLOCK FOR TEACHER AND/OR SPECIAL EDUCATION TEACHER:

Signature of Classroom Teacher _____ Date _____ Area Code _____ Phone Number

AND IF APPLICABLE:

Signature of Special Education Teacher _____ Date _____ Area Code _____ Phone Number

11. b. PRINCIPAL'S SIGNATURE BLOCK

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.

Signature of Principal Date Area Code Phone Number

PART III

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

It is expected that the majority of children at the elementary and secondary level will be educated at post. The [Education Post Ceilings List](#) is established and is applicable to all government departments with employees serving outside Canada and will assist parents with schooling research at the intended posting location. The representative school and other schools on the roster are authorized compatible schooling at the post ceiling location. Prior to education sign-off, the member is responsible for researching schooling needs of accompanying dependent children. Signature in this block certifies that schooling at the intended posting location has been contacted, schooling is available for accompanying children in the appropriate language of instruction, grade level and that special education needs, if required, can be met at the intended posting location.

A. INTENDED POSTING LOCATION: _____

B. REPRESENTATIVE SCHOOL THAT MY SON/DAUGHTER _____
WILL BE ATTENDING: _____

C. WEB SITE OF REPRESENTATIVE SCHOOL: _____

D. LANGUAGE OF INSTRUCTION:
AT SCHOOL NOW ATTENDED: _____
AT GAINING SCHOOL: _____

I have completed all [Processes Associated with Education Screening](#).

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/dgcb/educat> 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,

(Green) 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

- (Yellow) If the above named dependent student has **SPECIAL EDUCATION CONCERNS** identified by parents and/or school and/or an Independent Learning Plan (IEP) or is following a modified program, then:
1. Parents consult [Education Post Ceiling](#) and identify the school board/school that the student will be attending at the new post.
 2. Make contact with gaining school board/school and forward a copy of identified areas of concern, individual learning plan, copy of last two report cards.
 3. Confirmation required from gaining school board or school that required education is available;

Then

(Green) When confirmation is received from gaining school that all education requirements can be met.

OR

- (Yellow) 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).

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