

SPECIAL EDUCATION DEPARTMENT  
TOMMY DOUGLAS SECONDARY SCHOOL

4020 Major Mackenzie Drive  
Woodbridge, Ontario  
L4L 1A6

Tel: 289-342-0001  
Fax: 289-553-5464

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If your child **currently** receives **special education** accommodations and/or modifications outlined in an IEP, complete the following information and return with your registration package.

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Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Contact at Home: \_\_\_\_\_

Tel: \_\_\_\_\_ and/or email \_\_\_\_\_  
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Current School Name: \_\_\_\_\_

Board: \_\_\_\_\_

Tel: \_\_\_\_\_  
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Current identification in your school board (check all that apply):

- Autism
- Behaviour
- Deaf/hard of hearing
- Learning Disability
- Language/Speech Impairment
- Mild Intellectual Disability
- Developmental Disability
- Giftedness
- Physical Disability; blind/low vision/other (please specify) \_\_\_\_\_

continued on reverse . . .

Current Placement (Check one):

- Partially Integrated - receives support in a special education classroom setting more than 50%
- Withdrawal Assistance - receives support in a special education classroom setting less than 50%
- Resource Assistance - receives support in class less than 51%
- Indirect Service - receives consultation support to teacher and/or student
- Unsure

Does your child have Specialized Educational Assistive Technology (SEA) equipment i.e. laptop provided by the school for your child?

- Yes
- No
- Unsure

**\*Please provide a copy of your child most current IEP and psychological assessment or medical diagnosis in the registration package.**

Thank you for taking the time to complete this information. I will be contacting you to begin the process of continuing your child's special education services in the YRDSB at Tommy Douglas SS. Should you have any questions or concerns, please do not hesitate to contact me at the information below.

Kind Regards,

Sandra Ciummelli  
Head of Special Education Department  
Tommy Douglas Secondary School  
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