

REQUEST FOR THE APPLICATION OF SPECIAL CONDITIONS FOR STUDENTS WITH SPECIAL EDUCATIONAL NEEDS

ACADEMIC YEAR ____ / ____



STUDENTS WITH SPECIAL EDUCATIONAL NEEDS

This request is for all students who present difficulties in the learning process and participation in the academic context, resulting from the dynamic interaction between environmental factors (physical, social and behavioural) and/or the student's limitations. This request is addressed to ISAL's Board and to the Pedagogical Council under the regulation for supporting Students with Special Educational Needs.

STUDENT IDENTIFICATION

FULL NAME:

CHILD OF:

AND

DATE OF BIRTH: __/__/____

BORN IN THE PARISH: _____

MUNICIPALITY:

MARITAL STATUS:

TAXPAYER NO.:

I.D. NO.

EXPIRATION DATE:

JOB:

ADDRESS

LOCALITY

ZIP CODE:

MOBILE PHONE

PHONE NUMBER

EMAIL ADDRESS

Justify your request

Blank area for justifying the request, consisting of multiple horizontal lines.

Signature of the student: _____ Date: _____

Decision

Resolution:

Suggestions:

Signature of the Board: _____ Date: _____

RESOLUTION OF THE PEDAGOGICAL COUNCIL - Optional

Resolution:

Suggestions:

Signature of the chairman of the Pedagogical Council: _____

Date: _____

IMPLEMENTED ACTIONS