

APPENDIX B – Language of Service and Communication Form

INFORMATION – CHILD

Name of child: _____ Date of birth: _____
(mm/dd/yyyy)

Language of service for the child's intervention: English French

INFORMATION - PARENTS

Name of parent (1): _____ Address: _____
(Suite, number, building, street)

(City/town/village) (Province) (Postal Code) Telephone: _____

Language of choice for communication: English French

Parent signature: _____ Email: _____

Name of parent (2): _____ Address: _____
(Suite, number, building, street)

(City/town/village) (Province) (Postal Code) Telephone: _____

Language of choice for communication: English French

Parent signature: _____ Email: _____

Please mail, fax or email the completed form to:

Autism/Autisme - Education and Early Childhood Development - P.O. Box 6000 - Place 2000 -
250 King Street - Fredericton, NB E3B 9M9 or by Fax at 506-462-2104 or by email
autism.autisme@gnb.ca