

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

Language(s) spoken at home: _____

Name of school your child will attend for Kindergarten (if known): _____

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

If your language of choice for communication is neither English nor French, please indicate your language of communication.
We will do our best to provide translation services. _____

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

If your language of choice for communication is neither English nor French, please indicate your language of communication.
We will do our best to provide translation services. _____

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

