

MY PORTRAIT
Specific needs
Parental authorization



CHILD'S IDENTIFICATION

Child's given name : _____ Child's family name : _____

Child's date of birth : _____

INFORMATION ABOUT UPCOMING SCHOOL ATTENDANCE

LOCAL SCHOOL : _____

School service center or school board : _____

The child will enter : ☐ Passe-Partout ☐ Kindergarten 4-year-old ☐ Kindergarten 5-year-old

PARENT OR GUARDIAN'S DETAILS

I have read the information presented in the document *MY PORTRAIT - SPECIFIC NEEDS*, completed by _____ (Name of organization) le _____ (Date). ☐ Yes ☐ No

I would like to add clarifications. *(If so, you can do so here below in the space reserved for this purpose)* ☐ Yes ☐ No

NATURE OF THE AUTHORIZATION

The information presented in the *MY PORTRAIT – SPECIFIC NEEDS* document will be sent to your child's school and service center or school board and may be kept on file for your child's assistance*.

Information shared will always be treated condidentially and successfuly by those authorized to receive it (e.g., teachers, professionnals, principals). This agreement will be valid upon signature.
At any time, you may withdraw your authorization from the organization that completed the tool and from the school.

* the special assistance file makes it possible to gather in one place all the information that may be useful to the persons concerned with the special assistance to be given to a student at a given time in his or her school life. This file is constantly evolving, [...] based on the evolution of the student's situation and the people following his or her progress.
Source : Background information *Protection of personal information in schools*. (French version)

AUTHORIZATION

REMINDER — The intention of this tool is to better support children who may need adaptations in order to allow the school to **properly meet their needs, as soon as they enter school**.

1. I authorize _____ (Name of organization) to forward the document *MY PORTRAIT – SPECIFIC NEEDS* completed on _____ (Date) including the information therein to my child's school and service center or school board. ☐ Yes ☐ No

2. I authorize _____ (Name of organization) to forward to my child's school and service center or school board :
   - My child's intervention plan ☐ Yes ☐ No ☐ Not applicable
   - The report/assessment of the organization's interventions ☐ Yes ☐ No ☐ Not applicable

   *As a parent, you are invited to share with the school all reports that concern your child.

3. I authorize the exchange of information between the school and service center or school board staff and the staff of _____ (Name of organization) that completed the *MY PORTRAIT — SPECIFIC NEEDS* document, in order to clarify the information presented. ☐ Yes ☐ No

Signature of the parental authority : _____ Date : _____

Name *(please print)* : _____

The Montérégie MY PORTRAIT process and tools were developed by the Regional Intersectoral School Transition Working Group (GTR-TS), the My Portrait steering committee, and the COP of transition facilitators for the first school transition of the Montérégie school boards and service centres, as part of the regional project, in addition to the Cadre de référence montérégien pour soutenir une première transition scolaire harmonieuse. For more information about this process and tools, visit https://www.irc-monteregie.ca/premiere-transition.

Source of images : Lisitsa — Depositphotos *Last update : September 2026*