

MY PORTRAIT
Universal - Partners
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 – UNIVERSAL - PARTNERS*, completed by _____ le_____. ☐ Yes ☐ No
(Name of organization) (Date)

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 – UNIVERSAL - PARTNERS* document will be sent to your child's school and service center or school board.

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, **until the end of kindergarten, after which the document will be destroyed.** At any time, you may withdraw your authorization from the organization that completed the tool and from the school.

AUTHORIZATION

REMINDER — The intention of this tool is to welcome children, according to their strenghts, their challenges and their interests in order to **facilitate their adaptation, as soon as they enter school**.

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

2. I authorize _____ to forward to my child's school and service center or school board :
(Name of organization)
   - 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 _____ that completed the *MY PORTRAIT — UNIVERSAL – PARTNERS* document, in order to clarify the information presented. ☐ ☐ No
(Name of organization)

_____ _____
Signature of parental authority Date

Name of parental authority *(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.polereussite.com/premiere-transition.

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

Québec