



Huron-Superior Catholic District School Board

FORM 5

**Summary of Service for School Administration
(SCHOOL LETTERHEAD)**

Student Name : _____

School : _____

Service Start Date : _____

Service End Date : _____

Summary of Services:

Information to inform support to student achievement and well-being (if applicable):

Please attach all notes and documentation resulting from service provided during school hours.

External Agency Service Provider Name: _____

External Agency: _____

Signature: _____ Date: _____

Note: This information will not be placed in the student's Ontario Student Record (OSR); however, it will remain stored in a confidential and secure location for the remainder of that school year and one additional year (school principal will determine the appropriate location).