

## Support Programs

2024 – 2025



### Support Programs Enrollment Letter

Following our meeting regarding your child’s performance and in alignment with our discussion, your child .....’s would benefit from our Support Programs to enhance his/her academic progress based on individualized plan.

<b>Special Education</b>	<b>Fees per academic year: 2400\$</b>
<ul style="list-style-type: none"><li>- The learner will benefit from the assistance of the Special Educator in class</li><li>- The learner will benefit from individual and group Pull-Out sessions according to their Individualized Plan</li><li>- The learner will benefit from material and tests accommodation and modification</li></ul>	
<b>Speech Therapy</b>	<b>Fees per academic year: 1500\$</b>
The learner will benefit from Out sessions individual and group sessions according to their Individualized Plan	
<b>Psychomotor Therapy</b>	<b>Fees per academic year: 1500\$</b>
The learner will benefit from Out sessions individual and group sessions according to their Individualized Plan	
..... will benefit from the services of:	
<input type="checkbox"/> <b>Special Education</b> <input type="checkbox"/> <b>Speech Therapy</b> <input type="checkbox"/> <b>Psychomotor Therapy</b>	

We, ..... ’s parent (s), are aware of the services that our child will receive and their required fees.

**Parents’ Signature** \_\_\_\_\_