**Description et identification des participants (ajoutez des lignes au besoin)**

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| **Participant** | **Âge** |  | **Nature de l’incapacité** | | | | | | **Jumelage** | | **Quel est le ratio demandé / besoin d’accompagnement**  **1/1**  **1/2**  **1/3**  **1/4**  **Autre (précisez)** |
| Intellectuelle | Trisomie 21 | Physique (spécifier)  -motrice  -visuelle  -auditive  -dyspraxie | Trouble du langage  et de la parole | Trouble du spectre  de l’autisme | Trouble de santé mentale | Autre (précisez) | Oui | Non |
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