Children's TREATMENT CENTRE OF CHATHAM-KENT
Celebrating Abilities, Developing Potential

School Based Rehabilitation Services and Central Auditory Processing Principal Referral Form

Appendix 6

☐ **Parent/Guardian has consented to this referral**

Date:_____ Preferred Language: ☐English ☐ French ☐Other: _____

Client Name:_____ D.O.B.: _____ ☐Male ☐ Female ☐ Other:

Address: _____

Name of Legal Guardian(s):_____ Telephone #(s):_____

School Information:

School Name: _____ Grade: _____

Principal:_____ Classroom Teacher: _____

Learning Resource Teacher: _____ Email: _____

Person to contact for/form further information:_____ Extension: _____

Class Placement: ☐Regular ☐Special Education ☐DD/Life Skills ☐Other: _____

Behaviour Team Involved? ☐Yes ☐No Has an IPRC Been Held? ☐Yes ☐No

Student Receiving Resource Assistance: ☐Yes ☐No EA/DSW Support? ☐Yes ☐No

Psychoeducational Assessment? ☐Yes ☐No High Risk Team ☐Yes ☐No

Other:_____

Referral Information:

Assessment Requested: ☐Occupational Therapy ☐Physiotherapy ☐Speech Therapy
☐CAP (7 yrs and older or with a diagnosed intellectual disability)

Comments: _____

_____

What is the expected outcome of the referral? _____

_____

\Medical/Developmental Conditions: _____

Please identify the forms which have been completed and are included with this referral:

- ☐ **Teacher Checklist (required for Occupational Therapy, Physiotherapy and Central Auditory Processing referrals)**
- ☐ **School Board Speech Language Pathologist's Referral (required for Speech Therapy referrals)**
- ☐ **APD Questionnaire (required for Central Auditory Processing referrals)**

Principal Signature:_____ Date: _____

Once completed, please send by mail, courier, fax (519-354-7355) or if parental consent obtained, email to mball@ctc-ck.com. For more information on referral process, please contact 519-354-0520.

355 Lark Street Chatham Ontario N7L 5B2
Telephone: 519-354-0520 Fax: 519-354-7355 Toll Free #: 1-833-241-0628

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