

## School Based Rehabilitation Services and Central Auditory Processing Principal Referral Form

Parent/Guardian has consented to this referral

Date: \_\_\_\_\_ Preferred Language:  English  French  Other: \_\_\_\_\_

Languages spoken at home:  English  French  Other: \_\_\_\_\_

Is language interpreter required for caregiver communication:  Yes  No

Client Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  Male  Female  Other:

Address: \_\_\_\_\_

Name of Legal Guardian(s): \_\_\_\_\_ Telephone #(s): \_\_\_\_\_

Email: \_\_\_\_\_

Medical/Developmental Conditions: \_\_\_\_\_

### School Information:

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Principal: \_\_\_\_\_ Classroom Teacher: \_\_\_\_\_

Learning Resource Teacher: \_\_\_\_\_

Person to Contact for Further Information: \_\_\_\_\_ Extension: \_\_\_\_\_

Class Placement:  Regular  Special Education  DD/Life Skills  Other: \_\_\_\_\_

### Current School Interventions/ Supports:

IEP  EA/DSW Support  IPRC  Student Receiving Resource Assistance  Assistive Technology

Enrichment  ABA Specialists  Deaf and Hard of Hearing  Blind-Low Vision

Multi-disciplinary Student Support Team  Collaborative Support Team  Wellbeing Team

Behaviour Supports

Safety Plan in Place

Psycho Educational Assessment Completed: Date: \_\_\_\_\_

Other (i.e., LINCK): \_\_\_\_\_

### Assessment Requested:

Occupational Therapy  Physiotherapy  Speech Therapy  Audio Only

Audio Priority for Psychological Testing  CAP (7 yrs and older and NOT have a diagnosed intellectual disability)

Comments: \_\_\_\_\_

What is the expected outcome of the referral? \_\_\_\_\_

Client Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

The school is required to be actively involved in supporting the student while they are in the SBRS program. Therapists will provide recommendations for the school team to implement. Please check off who will be the most responsible individual/primary school contact for the therapist and provide their name and email address:

Classroom Teacher: \_\_\_\_\_  Resource Teacher: \_\_\_\_\_  
 Principal: \_\_\_\_\_  Other: \_\_\_\_\_

**SERVICE HISTORY:**

Has the student previously received SBRS OT? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year of Discharge: _____
Has the student previously received SBRS PT? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year of Discharge: _____
Has the student previously received SBRS SLP? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year of Discharge: _____
Has the school been using the strategies developed by the therapist and are they still working? I.e., P4C strategies, universal recommendations, previous caseload client specific recommendations <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you connected with parents and previous teachers to review interventions? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What has changed? Describe in detail. _____ _____	

**PLEASE IDENTIFY THE COMPLETED FORMS/SUPPLEMENTARY INFORMATION INCLUDED WITH THIS REFERRAL:**

- Teacher Checklist (**required** for Occupational Therapy and Physiotherapy referrals)
- Sample of Written Output **OR** Drawing/Colouring if not yet printing (**required** for OT fine motor & Assistive Technology referrals)
- Speech Language Pathology Referral Form
- School Board Speech Language Pathology Report (if available)
- Psycho Educational Assessment Report (required for CAP testing if available, recommended for other referrals)
- Other reports to support the need for assessment
- APD Questionnaire (required for Central Auditory Processing referrals)

Learning Resource Teacher: \_\_\_\_\_ Email: \_\_\_\_\_  
 Principal is aware of and consents to above referral(s) to the CTC-CK

Once completed, please send by mail, courier, fax (519-354-7355) or if parental consent obtained, email to [cbottrill@ctc-ck.com](mailto:cbottrill@ctc-ck.com). For more information on referral process, please contact 519-354-0520.  
Method of sending referrals is as per direction from your school board.

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