

## SOUTH EAST ALBERTA Interagency Referral Form (birth to 18 years)

FOR ELECTRONIC FORM - To go to next field press the Tab button, to go to previous field press Shift and Tab together; alternately you can use the mouse button. To select and unselect checkboxes press the space bar.

<b>CHILD'S INFORMATION</b>	Last Name:	First Name:	Grade:
	Date of Birth: (dd/mm/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female	

<b>PARENT/LEGAL GUARDIAN INFORMATION</b>	Last Name:	First Name:	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Primary Contact	
	Contact Number(s) Home:	Cell:	Work:	
	Last Name:	First Name:	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Primary Contact	
	Contact Number(s) Home:	Cell:	Work:	Ext:

<b>REFERRER'S INFORMATION</b> <i>(select either Agency, Pre-School or School)</i>	<input type="checkbox"/> Agency		<input type="checkbox"/> Pre-School <input type="checkbox"/> School, specify School District: .		
	Agency Name:		Pre-School/School Name:		
	Referrer:		Referrer:	Phone:	Ext
	Title:		Principal:	<input type="checkbox"/> same as referrer	Phone: Ext
	Phone: Ext:		Teacher:	<input type="checkbox"/> same as referrer	Phone: Ext
	Date: (dd/mm/yyyy)		Referrer's Signature:		

<b>REFERRER'S CONCERNS</b>	Reason for Referral:
<i>(Note: This is a common form that could be shared among service providers/agencies. Provide sensitive information directly to the service provider.)</i>	

BASIC INFORMATION					OPTIONAL INFORMATION		
REQUESTED	REPORT (Required)	APPENDIX (Attached)	SERVICE REQUEST		Currently Receiving Service from:		
			AHS Fax Direct	REACH Send to Office	AHS	REACH	PRIVATE
<input type="checkbox"/> Audiology – Education	Audiogram <input type="checkbox"/> attached	<u>A</u> <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Audiology – Testing		<u>A</u> <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/> Behaviour Consultant / Psychology		<u>B</u> <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Blind Visually Impaired	Ophthalmology <input type="checkbox"/> attached	<u>C</u> <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CHADS Behavioural (Parent Training & Consultation <7 years 11 months)			<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/> CHADS Home Based Development (birth to 3.5 years)			<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/> Educational Consultant for Deaf/Hard of Hearing	Audiogram <input type="checkbox"/> attached	<u>A</u> <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mental Health (School based)		<u>B</u> <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/> Occupational Therapy		<u>D</u> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Physical Therapy		<u>E</u> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Respiratory Therapy		<u>F</u> <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/> Speech Language Pathology		<u>G</u> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Additional, specify:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Medical, specify:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INFORMATION TO DETERMINE MOST APPROPRIATE SERVICE(S)	
Student's Educational Exception Code: <input type="checkbox"/> No <input type="checkbox"/> Yes, specify: _____	
Program Unit Funding (PUF): <input type="checkbox"/> No <input type="checkbox"/> Yes	
Diagnosis: <input type="checkbox"/> No <input type="checkbox"/> Yes, specify: _____	
By Whom: _____	Date/Year of Diagnosis: (dd/mm/yyyy)
The parent/legal guardian needs to agree to the referral. Has the parent/guardian agreed to the referral? <input type="checkbox"/> No <input type="checkbox"/> Yes	
For REACH services parent/guardian must complete and sign "Parent/Legal Guardian Input Form".	

** For Office Use Only **			
Signature of Agency/School Based Designate		Signature of Central Office Designate	
Print Name	Date (dd/mm/yyyy)	Print Name	Date (dd/mm/yyyy)

The information requested on this form is being collected pursuant to the School Act, Section 18, and the Freedom of Information and Protection of Privacy (FOIPP) Act and in accordance with Alberta's Health Information Act (HIA). Information acquired through this form is kept secure and access is restricted.

## AGENCIES/SERVICES

CORE SERVICES	AGENCY	FAX	PHONE
<b>Audiology – Testing</b> <ul style="list-style-type: none"> <li>See <a href="#">appendix</a> for service information</li> </ul>	AHS	403-528-8190	Med Hat: 403-528-8175
<b>Children's Health and Developmental Services (CHADS) – Behavioral Services (i.e. Parent Training)</b> <ul style="list-style-type: none"> <li>CHADS Behavioural services includes parent training, consultation, assessment and treatment services to children with emotional or behavioural challenges in one setting only (i.e., home or school)</li> </ul>	AHS	403-528-8135	Med Hat: 403-502-8257 Brooks: 403-793-6664
<b>Children's Health and Developmental Services (CHADS) – Home Based Development</b> <ul style="list-style-type: none"> <li>A home based early intervention service for families and their children, birth to 3.5 years of age</li> </ul>	AHS	Fax to CHADS 403-529-8859	Med Hat: 403-528-8146 Brooks: 403-501-3314
<b>Mental Health (School based)</b> <ul style="list-style-type: none"> <li>See <a href="#">appendix</a> for service information</li> </ul>	AHS	403-529-3562	Med Hat: 403-529-3500
<b>Occupational Therapy</b> <ul style="list-style-type: none"> <li>See <a href="#">appendix</a> for service information</li> </ul>	AHS	Fax to CHADS 403-529-8859	Med Hat: 403-529-8851
<b>Physical Therapy</b> <ul style="list-style-type: none"> <li>See <a href="#">appendix</a> for service information</li> </ul>	AHS	Fax to CHADS 403-529-8859	Med Hat: 403-529-8851
<b>Regional Educational Assessment &amp; Consultation Services (REACH)</b> <ul style="list-style-type: none"> <li>REACH is a multidisciplinary educational support team that provides assessment, consultation and inservices</li> </ul>	AB Ed	403-777-6997	Regional: 403-777-6983
<b>Respiratory Therapy</b> <ul style="list-style-type: none"> <li>See <a href="#">appendix</a> for service information</li> </ul>	AHS	403-529-8905	Med Hat: 403-529-8855
<b>Speech Language Pathology</b> <ul style="list-style-type: none"> <li>See <a href="#">appendix</a> for service information</li> </ul>	AHS	Med Hat: 403-528-8190 Brooks: 403 501 3323	Med Hat: 403-528-8175 Brooks: 403 501 3318 Bow Island: 4035455123 Oyen: 403 664 3651

ADDITIONAL SERVICES	AGENCY	FAX	PHONE
<b>Addictions (formerly AADAC)</b> <ul style="list-style-type: none"> <li>Offers alcohol, other drugs, tobacco and problem gambling information, support, and referral services.</li> </ul>	AHS	Med Hat: 403-529-3130 Brooks: 403-362-1248	Med Hat: 403-529-3582 Brooks: 403-362-1265
<b>Clinical Nutrition Services</b>	AHS	Med Hat: 403-529-8975	Med Hat: 403-529-8969
<b>Family Supports for Children with Disabilities (FSCD)</b> <ul style="list-style-type: none"> <li>Provide information about programs and community services, referrals to advocacy groups, disability associations and disability related resources. Help families coordinate supports and services and assist with extraordinary costs of raising a child with a disability.</li> </ul>	SCFSA	Med Hat: 403-528-5271 Brooks: 403-793-6594	Med Hat: 403-529-3106 Brooks: 403-362-1284
<b>Fetal Alcohol Spectrum Disorder (FASD) Southeast Alberta</b> <ul style="list-style-type: none"> <li>Offers services to support families with children who have an FASD diagnosis or for whom it is suspected.</li> </ul>	CMS	Med Hat: 403-504-2459 Brooks: 403-793-8403	Med Hat: 403-526-7473 Brooks: 403-793-8401
<b>Genetics (confidential send separate form)</b> <ul style="list-style-type: none"> <li>provides genetic services to individuals and families with known or suspected genetics disorders.</li> </ul>	AHS	Med Hat: 403-528-2250	Med Hat: 403-502-8210
<b>Public Health Nursing</b>	AHS	Med Hat: 403-528-2250 Brooks: 403-501-3323	Med Hat: 403-502-8200 Brooks: 403-501-3300
<b>Sexual Health (confidential send separate form)</b>	AHS	Med Hat: 403-528-2250	Med Hat: 403-502-8216
<b>Smoking Cessation Program</b>	AHS	Med Hat: 403-528-2250	Med Hat: 403-502-8224
<b>Specialized Services for Children with Disabilities</b>	SCFSA	Med Hat: 403-529-8859	Med Hat: 403-529-8966
<b>Moving and Choosing</b> <ul style="list-style-type: none"> <li>Initiative promotes active living, healthy eating, and social well-being targeting youth: ECS-Grade 12. Health practitioners, community partners, &amp; schools working together to create healthier schools and families.</li> </ul>	AHS	Med Hat: 403-5028245	Med Hat: 403-528-2250
<b>Regional Autism Coordinator</b> <ul style="list-style-type: none"> <li>Supports families as they seek diagnosis, co-ordinates allied health services for assessment, provides information and referral, and advocates for improved services for children with Autism Spectrum Disorders.</li> </ul>	SCFSA	Med Hat: 403-529-9022	Med Hat: 403-527-3302

MEDICAL SERVICES
<ul style="list-style-type: none"> <li>Family to contact family physician for pediatric referral as appropriate</li> </ul>

AHS - Alberta Health Services  
 SCFSA – Southeast Child and Family Services Authority  
 CMS - Cross Ministry Committee  
 AB Ed - Alberta Education  
 For more information visit Children's Resource Guide [www.prrdweb.com](http://www.prrdweb.com)

## Interagency Referral Form (birth to 18 years)

### PARENT/LEGAL GUARDIAN INPUT FORM

<b>CHILD'S INFORMATION</b>	Last Name:	First Name:	
	Date of Birth: (dd/mm/yyyy)	Address:	
	City:	Province:	Postal Code:
	Phone:	School/Preschool:	

<b>YOUR CHILD'S HEALTH INFORMATION</b>	Family Physician:	Specialist/Pediatrician:
	Alberta Health Care number:	(REACH uses this number for ordering OT and PT equipment)
	Diagnosis:	

**Does your child have any form of assistive devices (i.e. glasses, g-tube, hearing aids, walking aids, wheelchair, speech generating device)**

Specify Device	Since When	Prescribed by:

**Medications (specify type, when started, who prescribed):**

**Hospitalization/surgery (i.e. ear tubes, ear surgeries, orthopedic surgeries):**

**Illness/injury (i.e. asthma, allergies, seizures, ear infections, diabetes):**

Birth Weight:  Mature (38-42 weeks)  Pre-mature (less than 38 weeks), If yes how many weeks?

**Were there any challenges during pregnancy or delivery (i.e. twin, NICU care)?**  No  Yes, specify:

**Were there early developmental issues or deficits?**  No  Yes, specify:

**What is your child's first language (language spoken at home)?**

#### OTHER INFORMATION

**Please describe your child's interests and strengths:**

**Tell us about any concerns you have for your child:**

**Please add any other information that you feel is important:**

<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Agent <input type="checkbox"/> Other, specify:	Name:
"I understand it is my responsibility to advise the school, in writing, of my withdrawal of any portion of, or all of this consent."	
<b>Parent's/Guardian's Signature:</b> (Signature signifies consent for REACH Services)	<b>Date (dd/mm/yyyy):</b>

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## Appendix A - Parent and/or Classroom Observation Checklist

### Audiology and Educational Consultant for Deaf/Hard of Hearing

Complete and return only if pertinent to child's referral

Parent(s) and Teacher: Please use the same sheet and check all boxes that apply from your observations

**A. The child:**

- |   |  |
|---|--|
| <input type="checkbox"/> Has a history of ear infections<br><input type="checkbox"/> Expresses difficulty hearing<br><input type="checkbox"/> Frequently asks for things to be repeated<br><input type="checkbox"/> Has difficulty communicating with his/her peers<br><input type="checkbox"/> Does not speak grammatically correct<br><input type="checkbox"/> Is struggling academically<br><input type="checkbox"/> Has recently experienced hearing loss | <input type="checkbox"/> Has minimal to mild hearing loss<br><input type="checkbox"/> Has moderate to severe hearing loss<br><input type="checkbox"/> Has profound hearing loss<br><input type="checkbox"/> Uses a sign system<br><input type="checkbox"/> Uses an amplification system<br><input type="checkbox"/> Needs assistive technology |
|---|--|

**B. What strategies have been tried? What strategies were effective?**

**C. How can an Audiologist help (Alberta Health Services)?**

- Determine if the child has hearing loss
- Determine if the type of loss requires medical evaluation
- Interpret assessment and hearing aid fitting information
- Provide trouble shooting support to parents regarding hearing aids and how they work/function

**D. How can an Educational Audiologist help? (REACH or Alberta Health Services through contract funds)**

- Support the learning teams' understanding of the educational implications of child's hearing loss and the capabilities of personal hearing aids and FM systems
- Interpret assessment and hearing aid fitting information from community audiologists
- Evaluate acoustic environments and make recommendations for enhancing the learning environment
- Make recommendations regarding the purchase, service and repair of FM systems
- Provide in-services for learning team regarding anatomy and physiology of hearing and the use of hearing aids and FM systems
- Provide classroom in-services for students on hearing loss, hearing aids and FM systems
- Provide trouble-shooting support to schools regarding FM systems

**E. How can an Educational Consultant for the Deaf/Hard of Hearing help? (REACH only)**

- Assess child's academic abilities
- Recommend educational strategies, specialized learning materials and resources to support learning
- Consult with the learning team regarding curricular modifications
- Provide information on sign systems (American Sign Language, Signed English) and in services related to beginner sign language
- Consult with the learn team regarding social skill development
- Provide consultation regarding individualized programming to enhance auditory, academic, sign and/or oral language skills
- Provide inservices for school learning team regarding the educational implications of a hearing loss and integration of deaf and hard of hearing students into the regular classroom

<b>Completed By:</b>	<input type="checkbox"/> Parent(s) <input type="checkbox"/> Professional	<b>Date (dd/mm/yyyy):</b>
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## Appendix B - Parent and/or Classroom Observation Checklist

### Psychology and Behavioural Consultant

Complete and return only if pertinent to child's referral

Parent(s) and Teacher: Please use the same sheet and check all boxes that apply from your observations  
Mental Health referral questions to be directed to School Mental Health Consultant

**A. The child has difficulty with:**

- |   |  |
|---|--|
| <input type="checkbox"/> Expressing ideas in writing<br><input type="checkbox"/> Reading<br><input type="checkbox"/> Spelling<br><input type="checkbox"/> Remembering rote facts or figures<br><input type="checkbox"/> Remembering ideas and concepts<br><input type="checkbox"/> Perseveration on narrow interests (topics, objects)<br><input type="checkbox"/> Overly literal understanding<br><input type="checkbox"/> Planning ahead<br><input type="checkbox"/> Organizing materials (desk, locker)<br><input type="checkbox"/> Gathering needed materials for a task<br><input type="checkbox"/> Poor schoolwork perseverance<br><input type="checkbox"/> Starting tasks<br><input type="checkbox"/> Completing whole tasks<br><input type="checkbox"/> Completing homework<br><input type="checkbox"/> Staying focused when noise and other activities are happening<br><input type="checkbox"/> Remembering instructions<br><input type="checkbox"/> Carrying out instructions<br><input type="checkbox"/> Listening to directions, attending to lectures<br><input type="checkbox"/> Recognizing mistakes in academic tasks<br><input type="checkbox"/> Missed time in school/attendance | <input type="checkbox"/> Behaviour problems which complicate assessment of cognitive and academic abilities<br><input type="checkbox"/> Being worried<br><input type="checkbox"/> Being sad (more than is expected for age)<br><input type="checkbox"/> Accepting praise, recognizing own success<br><input type="checkbox"/> Being overly quiet or passive<br><input type="checkbox"/> Having wide mood changes<br><input type="checkbox"/> Blaming others<br><input type="checkbox"/> Arguing with adults<br><input type="checkbox"/> Showing anger<br><input type="checkbox"/> Threatening or intimidating<br><input type="checkbox"/> Physical aggression (fighting)<br><input type="checkbox"/> Deliberately annoying others<br><input type="checkbox"/> Refusing to comply with rules/requests<br><input type="checkbox"/> Understanding of social expectations<br><input type="checkbox"/> Interacting with other children<br><input type="checkbox"/> Interacting with the teacher/other adults<br><input type="checkbox"/> Needing teacher's attention constantly<br><input type="checkbox"/> Routines – classroom or transitions<br><input type="checkbox"/> Staying in seat when expected<br><input type="checkbox"/> Being overly active, fidgeting, squirming |
|---|--|

**Additional Comments:**

**B. What strategies have been tried? What strategies were effective?**

**C. How can a Psychologist/Educational Behavior Consultant help? (REACH or Private Psychology Service only)**

- Assess child's current level of cognitive functioning/learning style and provide program recommendations
- Assess child's current level of adaptive functioning and provide program recommendations
- Assess child's current level of behaviour and provide program recommendations
- Assess child's social-emotional functioning and provide program recommendations
- Consult regarding strategies to support learning in the classroom
- Consult with the learning team regarding social skill development
- Consult with the learning team regarding behavioural issues

Completed By:

Parent(s)    Professional

Date (dd/mm/yyyy):

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## Appendix C - Parent and/or Classroom Observation Checklist

### Educational Consultant of the Blind Visually Impaired

Complete and return only if pertinent to child's referral Parent(s) and Teacher: Please use the same sheet and check all boxes that apply from your observations											
<b>A. The child:</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Is legally blind/registered with CNIB</td> <td style="width: 50%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Has limited visual acuity</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Has recently experienced vision loss</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Has low vision</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Has a reduced field of vision</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Is having difficulty with orientation and mobility</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Is struggling with academic learning</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Needs appropriate reading and writing media</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Needs assistive technology</td> <td></td> </tr> </table>		<input type="checkbox"/> Is legally blind/registered with CNIB	<input type="checkbox"/> Has limited visual acuity	<input type="checkbox"/> Has recently experienced vision loss	<input type="checkbox"/> Has low vision	<input type="checkbox"/> Has a reduced field of vision	<input type="checkbox"/> Is having difficulty with orientation and mobility	<input type="checkbox"/> Is struggling with academic learning	<input type="checkbox"/> Needs appropriate reading and writing media	<input type="checkbox"/> Needs assistive technology	
<input type="checkbox"/> Is legally blind/registered with CNIB	<input type="checkbox"/> Has limited visual acuity										
<input type="checkbox"/> Has recently experienced vision loss	<input type="checkbox"/> Has low vision										
<input type="checkbox"/> Has a reduced field of vision	<input type="checkbox"/> Is having difficulty with orientation and mobility										
<input type="checkbox"/> Is struggling with academic learning	<input type="checkbox"/> Needs appropriate reading and writing media										
<input type="checkbox"/> Needs assistive technology											
<b>B. What strategies have been tried? What strategies were effective?</b>  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>											
<b>C. How can the Educational Consultant for the Blind/Visually Impaired help with educational needs? (REACH only)</b> <input type="checkbox"/> Assess child's functional vision to determine educational implications and programming <input type="checkbox"/> Interpret medical eye reports as they relate to educational environments <input type="checkbox"/> Consult regarding educational resources and adaptations <input type="checkbox"/> Consult regarding educational strategies for learners with multiple needs <input type="checkbox"/> Assess educational needs: academic, Braille, specialized equipment, functional academics <input type="checkbox"/> Registration with MRU (Materials Resource Unit). If child is eligible, recommend appropriate learning formats <input type="checkbox"/> Consult with school personnel regarding specialized material and/or equipment adaptations to maximize visual functioning and learning <input type="checkbox"/> Consult regarding the development of child literacy programs and formats (Braille, large print, tape) <input type="checkbox"/> Provide suggestions for adapting educational programs to facilitate inclusion											
<b>D. How can the Educational Consultant for the Blind/Visually Impaired help with Orientation and Mobility needs? (REACH only)</b> <input type="checkbox"/> Assess orientation and mobility skills as they relate to the child's environment: classroom, school, and community <input type="checkbox"/> Provide program suggestions and recommendations to school personnel and family to enhance the child's level of skill in orientation and mobility <input type="checkbox"/> Provide information regarding use of sensory skills (functional vision, auditory, tactile, and olfactory) for orientation and mobility <input type="checkbox"/> Develop child programs that teach mobility concepts: sighted guide, self-protective techniques, cane skills, and independent travel based upon the child's needs											
<b>Completed By:</b>	<input type="checkbox"/> Parent(s) <input type="checkbox"/> Professional										
<b>Date (dd/mm/yyyy):</b>											

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## Appendix D - Parent and/or Classroom Observation Checklist

### Occupational Therapy

Complete and return only if pertinent to child's referral

Parent(s) and Teacher: Please use the same sheet and check all boxes that apply from your observations

**A. The child has difficulty with:**

- |   |  |
|---|--|
| <input type="checkbox"/> Grasping and manipulating small objects<br><input type="checkbox"/> Grasping and placing objects with accuracy<br><input type="checkbox"/> Grasping/controlling his/her pencil<br><input type="checkbox"/> Forming printed letters and numbers<br><input type="checkbox"/> Letter and/or number reversals<br><input type="checkbox"/> Fluency of printing<br><input type="checkbox"/> Copying work from the board<br><input type="checkbox"/> Copying work from books<br><br><input type="checkbox"/> Forming cursive letters<br><input type="checkbox"/> Reading cursive writing<br><input type="checkbox"/> Fatigue during printing or other motor tasks<br><input type="checkbox"/> Holding scissors<br><input type="checkbox"/> Controlling the scissors and/or paper<br><input type="checkbox"/> Typing on a keyboard<br><input type="checkbox"/> Using a computer mouse<br><input type="checkbox"/> Completing puzzles | <input type="checkbox"/> Discriminating between shapes and other designs that are slightly different<br><input type="checkbox"/> Using both hands together (lacing/tying shoes, opening lunch container)<br><input type="checkbox"/> Switching hands during fine motor tasks<br><input type="checkbox"/> Chewing on inappropriate objects<br><input type="checkbox"/> Being bothered by clothing tags, bright lights or loud noises<br><input type="checkbox"/> Being bothered/dislikes certain foods (textures, temperatures, certain foods)<br><input type="checkbox"/> Eating his/her snack or lunch<br><input type="checkbox"/> Toileting independently<br><input type="checkbox"/> Dressing for recess and/or gym<br><input type="checkbox"/> Organizing his/her work and/or locker<br><input type="checkbox"/> Classroom mobility and transfers<br><input type="checkbox"/> Remembering information presented visually<br><input type="checkbox"/> Being overwhelmed by visual information |
|---|--|

**B. What strategies have been tried? What strategies were effective?**

**C. How can an Occupational Therapist help?**

Provide educational strategies in the area of productivity including:

- functional skills (meal preparation, laundry)
- prevocational skills (recycling, work experience)
- written communication (printing, handwriting, keyboarding)

Assess and recommend strategies and/or accommodation regarding:

- safety issues and school accessibility
- positioning in desk/wheelchair
- sensory processing
- fine motor skills
- visual perceptual skills
- planning and organizational skills
- Promote independence and optimize participation in self-care activities (dressing, eating/drinking, toileting, hygiene)
- Provide assessment and strategies for enhancing oral motor and feeding skills
- Determine the need for and type of assistive technology that would support the child in their educational program

<b>Completed By:</b>	<input type="checkbox"/> Parent(s) <input type="checkbox"/> Professional	<b>Date (dd/mm/yyyy):</b>
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## Appendix E - Parent and/or Classroom Observation Checklist

### Physical Therapy

Complete and return only if pertinent to child's referral

Parent(s) and Teacher: Please use the same sheet and check all boxes that apply from your observations

#### A. The child has difficulty with:

- Balancing (i.e., on apparatus, crowded hallway, hopscotch, walking, standing still)
- Keeping straight posture when sitting or standing
- Participating in games that involve running, fast changes of direction, jumping and hopping
- Recognizing his/her own body parts and left from right
- Throwing and catching a ball and target games
- Playing on playground equipment (i.e. slide, swing, jungle gym, balance beam, etc.)
- Fear of heights or movement
- Muscle strength
- Coordination in comparison to classmates
- Physical Education class
- Movements appear awkward or clumsy. Describe:
  
- Physical development. Explain:
  
- Needs equipment for mobility. Explain:

#### B. What strategies have been tried? What strategies were effective?

#### C. How can a Physical Therapist help?

- Provide support to the learning team regarding physical management and safety
- Assess child's motor development (strength, flexibility, posture, balance, spatial awareness, coordination and motor planning), and provide specific programs and strategies to maximize physical functioning in the school setting
- Provide support to teachers for adapting educational programs to facilitate inclusion (including physical education)
- Facilitate use of adaptive equipment and technology within the school setting to maximize the child's physical function and to support access
- Provide consultation with respect to school accessibility, the child's mobility within the school setting and relevant safety issues
- Facilitate interactive play skills through gross motor activities
- Provide the Physical Education teacher with further strategies to work with the child
- Provide the Physical Education teacher with game and activity suggestions for a wide range of physical abilities

Completed By:

Parent(s)  Professional

Date (dd/mm/yyyy):

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## Appendix F - Parent and/or Classroom Observation Checklist

### Respiratory Therapy

Complete and return only if pertinent to child's referral

Parent(s) and Teacher: Please use the same sheet and check all boxes that apply from your observations

#### A. The child has difficulty with:

- School absences due to illness
- Activity participation in gym class (due to breathing)
- Activity participation during recess (due to breathing)
- Chronic cough
- Signs of sleep deprivation (e.g. sluggish, dark eye circles, short attention)
- Child has inhaler at school
- Poor communication with teacher regarding asthma device technique, triggers or asthma action plan
- Carries Epi Pen / Twinjet
- Poor / no communication with teacher regarding anaphylaxis triggers or emergency action plan

Other Respiratory Concerns:

#### B. What strategies have been tried? What strategies were effective?

#### C. Have parents been supportive in communication and/or treatment of child condition?

#### D. How can a Respiratory Therapist help?

- Provide asthma education to school staff, single classrooms and individual child and family session. (Education includes – signs and symptoms, triggers and avoidance techniques, medications and device technique)
- Provide and discuss use of asthma action plan in classroom and at home setting
- One on one family asthma education follow-up session at your school
- Provide anaphylaxis information, set-up and training following Allergy Anaphylaxis Information Response Kit (AAIR) distributed by Alberta Education
- Provide anaphylaxis education to school staff and regular auto-injector update training
- Provide anaphylaxis education to single classrooms discussing signs and symptoms, trigger avoidance and emergency action plan for school peers

Completed By:

Parent(s)  Professional

Date (dd/mm/yyyy):

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## Appendix G - Parent and/or Classroom Observation Checklist

### Speech Language Pathology

Complete and return only if pertinent to child's referral

Parent(s) and Teacher: Please use the same sheet and check all boxes that apply from your observations

#### A. The child:

- Has difficulty making certain sounds
- Is difficult to understand
- Is nonverbal
- Has difficulty making grammatically correct sentences
- Has difficulty finding the words to use
- Has difficulty telling a story
- Repeats or prolongs sounds/words while speaking
- Has poor vocabulary skills
- Has difficulty with phonological awareness skills (e.g. rhyming)
- Has difficulty following directions
- Has difficulty understanding basic concepts (e.g. beside, last, most)
- Has difficulty understanding questions
- Has difficulty with paragraph/story comprehension
- Uses or needs to use an Augmentative Communication system
- Stutters
- Voice problems
- Is nasal
- Has feeding or swallowing challenges

#### B. What strategies have been tried? What strategies were effective?

#### C. How can a Speech Language Pathologist help?

- Assess the child's communication abilities
- Consult with learning team regarding strategies that will support the child's communication with others and acquisition of language and literacy skills
- Determine the need for, the type of, and implementation of an augmentative/alternate communication system or assistive technology (e.g., software, Intellikeys, switch toys, etc.)
- Provide assessment and strategies for enhancing oral motor and feeding skills (in collaboration with occupational therapist)

Completed By:

Parent(s)  Professional

Date (dd/mm/yyyy):

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