



FORT LA BOSSE SCHOOL DIVISION

SPEECH LANGUAGE SERVICES

REFERRAL FORM

IDENTIFYING INFORMATION

NAME:	
DATE OF BIRTH (DD-MM-YY)	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
SCHOOL	TEACHER/GRADE
REFERRAL SOURCE	DATE

(Refers to "who is asking for specific assistance". More than one name can apply)

PARENT(S)/GUARDIAN(S) CONTACT INFORMATION

MOTHERS NAME/GUARDIAN	MAILING ADDRESS	<input type="checkbox"/> (H) PHONE _____ <input type="checkbox"/> (W) PHONE _____ <input type="checkbox"/> (C) PHONE _____ <input type="checkbox"/> TEXT _____ <input type="checkbox"/> EMAIL _____ <i>Please check preferred method of contact</i>
FATHERS NAME/GUARDIAN	MAILING ADDRESS	<input type="checkbox"/> (H) PHONE _____ <input type="checkbox"/> (W) PHONE _____ <input type="checkbox"/> (C) PHONE _____ <input type="checkbox"/> TEXT _____ <input type="checkbox"/> EMAIL _____

REASON FOR REFERRAL

<input type="checkbox"/> Expressive (oral) Language	<input type="checkbox"/> Executive Functioning (predicting/problem solving)
<input type="checkbox"/> Receptive (understanding) Language	<input type="checkbox"/> Phonological Awareness
<input type="checkbox"/> Speech Sound/Articulation	<input type="checkbox"/> Reading Comprehension
<input type="checkbox"/> Basic Concepts	<input type="checkbox"/> Written Language (grammar, syntax)
<input type="checkbox"/> Vocabulary	<input type="checkbox"/> Voice
<input type="checkbox"/> Listening Comprehension/Following Directions	<input type="checkbox"/> Stuttering/Fluency
<input type="checkbox"/> Short Attention	<input type="checkbox"/> Social Skills
<input type="checkbox"/> Memory	<input type="checkbox"/> Difficulty with Transitions

SCHOOL LEVEL INTERVENTION

<input type="checkbox"/> Individual Instruction	<input type="checkbox"/> Reduced Number of Curricular Outcomes
<input type="checkbox"/> Small Group Instruction	<input type="checkbox"/> Assistive Technology
<input type="checkbox"/> Classroom Support	<input type="checkbox"/> Visuals
<input type="checkbox"/> Resource Support	<input type="checkbox"/> Social Stories/Skills
<input type="checkbox"/> Scaffolding	<input type="checkbox"/> Self Regulation
<input type="checkbox"/> Pre-Teaching	<input type="checkbox"/> Alternate Work Environment
<input type="checkbox"/> Re-Teaching	<input type="checkbox"/> Behaviour Intervention Plan (BIP)
<input type="checkbox"/> Reduced Workload	<input type="checkbox"/> Individual Education Plan (IEP)
<input type="checkbox"/> Student Funded <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3	
S = successful over 6 week trial N = tried but not successful over 6 week trial	

SUPPORTS PREVIOUSLY ACCESSED

<input type="checkbox"/>	Speech-Language Pathology	<input type="checkbox"/>	Optometrist
<input type="checkbox"/>	Occupational Therapy	<input type="checkbox"/>	Audiologist
<input type="checkbox"/>	Physiotherapy	<input type="checkbox"/>	Otolaryngologist (ENT; ear, nose, throat)
<input type="checkbox"/>	School Psychologist	<input type="checkbox"/>	Child Development Clinic
<input type="checkbox"/>	Student Support Worker	<input type="checkbox"/>	Psychiatry
<input type="checkbox"/>	Early Literacy	<input type="checkbox"/>	Children Special Services
<input type="checkbox"/>	Other	<input type="checkbox"/>	Child and Family Services (CFS)

COMMENTS

PLEASE NOTE FAMILY PARTICIPATION IN FORT LA BOSSE SPEECH AND LANGUAGE THERAPY PROGRAM IS REQUIRED. IN ADDITION TO SCHOOL SERVICES A HOME PROGRAM MAY BE PROVIDED. PRACTICE OF THERAPY GOALS AT HOME IS EXPECTED.

I AM IN AGREEMENT WITH MY CHILD RECEIVING SPEECH-LANGUAGE PATHOLOGY SERVICES THROUGHOUT FORT LA BOSSE SCHOOL DIVISION

I AM IN AGREEMENT WITH MY CHILD BEING AUDIO/VIDEO RECORDED DURING SPEECH-LANGUAGE THERAPY SESSIONS. AUDIO/VIDEO RECORDINGS WILL BE USED FOR PROGRAMMING PURPOSES AND MAY BE SENT HOME VIA EMAIL OR DIGITAL DEVICE TO DEMONSTRATE A SKILL.

PARENT/LEGAL GUARDIAN SIGNATURE _____

DATE _____

*Completed referral forms should be forwarded (in a sealed envelope), along with any other pertinent documents, to the Coordinator of Student Services.

This information or personal health information is being collected under authority of Fort La Bosse School Division and will be used for educational purposes or to insure the health and safety of the student. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act and the Personal Health Information Act. If you have any questions about the collection, contact the Fort la Bosse School Division Access and Privacy Coordinator at (204) 748 - 2692