

## CONFIDENTIAL REQUEST FOR SUPPORT SERVICES

**Notice of Collection.** The personal (health) information on this form is collected under the authority of the Education Act (R.S.O. 1990 c. 266 as amended) and Psychology Act/Audiology and Speech-Language Pathology Act, in accordance with current privacy legislation (see below). The information will be used in the provision of psychological or speech/language services for the student. When stored in the psychology or speech/language (health) file, the information will be maintained in accordance with the Personal Health Information Privacy Act governing the establishment, use, disclosure, retention, transfer and disposal of health records. Questions regarding the use of information in the health file should be directed to the Board's Health Information Custodian for Psychology Services (Dr. Jennifer Curry), at 1-855-255-2112 or Speech and Language Services (Elizabeth Glover), at 1-888-402-3522 (ext. 2575). When/if stored in the Ontario School Record the information will be maintained in accordance with the Municipal Freedom of Information and Protection of Privacy Act governing the establishment, use, disclosure, retention, transfer and disposal of student records. Questions about information in the Ontario School Record should be directed to the school principal and/or the Information and Records Management Specialist, Upper Canada District School Board, 225 Central Avenue, West, Brockville, ON, K6V 5X1 (telephone 613-342-0371 ext. 1396).

<b>IDENTIFYING INFORMATION</b>		Student Number:	
Student Name:	Gender:	Date of Birth: (dd-mmm-yyyy)	
School:	Grade:		
Classroom Teacher:	Special Education Teacher:		
No of days absent in current school year:		Grade level(s) repeated (if any):	
Attendance History – List any grades in which more than 20 absences have occurred in that year:			
Are parents separated/divorced? Yes      No			
If yes, what is the custody arrangement? Sole custody parent 1      Sole custody parent 2      Shared custody			
Who is the Education Decision Maker?			
<u>Parent 1</u>		<u>Parent 2</u>	
Name		Name	
Address		Address	
Home Phone		Home Phone	
Work Phone		Work Phone	
Cell Phone		Cell Phone	
Email		Email	
Best Way to Contact (check)?	phone home    work    cell    email	Best Way to Contact (check)?	phone home    work    cell    email
<b>HEALTH DATA</b>			
VISION Name of Optometrist: Date of most recent assessment: Results:		HEARING Name of Audiologist and Clinic: Date of most recent assessment: Results:	
Other Health/medical information currently available (eg, Allergies, Epilepsy, ADHD) and, if known, diagnosing physician/date			
<u>Health/Medical:</u>		<u>Diagnosed by:</u>	
		<u>Approximate Date:</u>	
List current medications (if any):			
Family Physician/ Pediatrician:		List outside Agencies Involved:	
Phone:		Past:	
Address:		Current:	

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Teacher/Classroom Observations (in addition to those listed in IEP)	
<b>Areas of strength:</b>	<b>Areas of concern:</b>

CLARIFICATION OF REQUEST	
√	<b>What services are you asking for?</b>
	Psychological Services - Formal assessment
	Speech/Language Services – Formal language assessment
	Speech/Language Services – Speech/Articulation/Fluency/Voice screening only
	Speech/Language – transfer case from another Board or agency

<b>Refer to your SST notes. Briefly, summarize the interventions, supports and accommodations that have been tried with this student (include short description of outcomes/student response):</b>

<b>Referring to your SST notes, what is the <u>specific reason</u> for this referral:</b>

<b>What <u>specific information</u> would you like to learn as a result of this request:</b>

<b>Further comments you wish to make on how the assessment and report can be of assistance:</b>

UCDSB Personnel Involved (current and previous):	Related Documentation, if available (attach)
Special Education Teacher ▶	SST notes; other
Learning Partner ▶	SST notes; other
Psychology Services ▶	Consultation notes; Assessment reports
Autism Therapist ▶	Consultation notes/summary
Special Services Counsellor ▶	Referral form(s); Consultation notes; other
Speech-Language Pathologist ▶	Consultation notes; Assessment reports
Intensive Support Teacher ▶	SST notes; other
Teacher of Deaf/Hard of Hearing/Visually Impaired ▶	SST notes; Teacher D&HH/V Reports; other
ISSW ▶	SST notes; Summaries; other

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	<b>IPRC</b>	No	Yes	Date:
<b>Exceptionality (if available)</b>				
	<b>IEP</b>	No	Yes – <i>please attach</i>	
<b>Previous Formal (Psychological) Assessment (UCDSB, other):</b>		No	Yes	Date:

REFERRAL SUBMISSION CHECKLIST	
<b><i>A referral for <u>Psychology Services</u> - Formal Assessment must include:</i></b>	
<input type="checkbox"/>	Complete Confidential Request for Support Services form (this form with parent signature at the bottom)
<input type="checkbox"/>	Status of Vision and Hearing (see Health Data – page 1)
<input type="checkbox"/>	Student Support Team (SST) notes or minutes
<input type="checkbox"/>	Original Copies of Scored Wechsler Fundamentals (WF-AS) forms (protocol, scores, and Observation Form <sup>1</sup> )
<input type="checkbox"/>	Writing Sample (handwritten – use forms and format provided <sup>1</sup> ) <ul style="list-style-type: none"> <li>o Sample of written work done on a computer (if available)</li> </ul>
<input type="checkbox"/>	Most recent IEP (if applicable)
<input type="checkbox"/>	Copies of previous assessment reports (ie, <b>Psychological</b> , Speech-Language, etc.)
<input type="checkbox"/>	Copies of Related Documentation (as indicated at top of this page)
<b><i>Please refer to document “Speech-Language Referral Information” on Insite for referral guidelines.</i></b>	
<b><i>A referral for <u>Speech Language Services – Formal Language Assessment</u> must include:</i></b>	
<input type="checkbox"/>	Complete Confidential Request for Support Services form (this form) with parent signature at the bottom of page 3. Information about hearing assessment (dates and results) is especially important!
<input type="checkbox"/>	Most recent Student Support Team (SST) notes or minutes
<input type="checkbox"/>	Completed Speech-Language Checklist (can be found at the link below <sup>1</sup> )
<input type="checkbox"/>	Completed Parent Questionnaire (can be found at the link below <sup>1</sup> )
<input type="checkbox"/>	Completed Phonological Awareness Screener (e.g., Sound Skills, Heggerty) or Phonological Awareness Test (to be scored/interpreted by SLP)
<b><i>A referral for <u>Speech-Language – Articulation/Fluency/Voice/Assessment</u> must include:</i></b>	
<input type="checkbox"/>	Complete Confidential Request for Support Services form (this form) with parent signature at the bottom of page 3. Information about hearing assessment (dates and results) is especially important!
<input type="checkbox"/>	Completed Speech-Language Checklist (can be found at the link below <sup>1</sup> )
<input type="checkbox"/>	Completed Parent Questionnaire (can be found at the link below <sup>1</sup> )

- **Reminder: JK students should only be referred to preschool agencies for speech language services (ie Words in Bloom, Language Express, etc)**

**Parent Consent for Information to be sent to Special Education Staff**

I/We give consent for OSR information (including previous professional reports) to be shared with relevant Special Education Staff which could include staff from psychology services, speech-language services, and/or their manager. Information will be shared for the purpose of determining service.

<b>Signature of Parent(s) or Legal Guardian(s):</b>		<b>Date:</b>	
<b>Signature of Parent(s) or Legal Guardian(s)</b>		<b>Date</b>	
<b>Person completing this form (name): Position:</b>		<b>Date:</b>	
<b>Principal’s Signature (or designate):</b>		<b>Date:</b>	

<sup>1</sup> All forms can be located on Insite, using ‘I Need to – Find a Form’ – See Teaching for Learning Forms > Special Education > Special Education Forms