SCHOOL-BASED REHABILITATION SERVICES REFERRAL FORM

3945 Matchette Rd.
Windsor, Ontario N9C 4C2
T: 519.252.7281
Toll Free: 1.800.976.JMCC(5622)
F: 519.252.5873
www.jmccentre.ca

☐ **Parent/guardian has agreed to this referral (this box must be checked)** ☐ **RE-REFERRAL**

STUDENT INFORMATION

Student's Name: ______________________ (Last, First, Initial) Date of Birth: ______________ (Month/Day/Year)

Gender: ☐ Male ☐ Female ☐ Gender Neutral

CAREGIVER INFORMATION

Primary Contact: ______________________ Relationship to Client: ______________

Address: ______________________ City: ______________ Postal Code: __________

Home Telephone: ______________ Cell Phone: ______________ Work Phone: ______________

E-mail: ______________________

Secondary Contact: ______________________ Relationship to Client: ______________

Address *(if different than above)*: ______________________ City: ______________ Postal Code: __________

Home Telephone: ______________ Cell Phone: ______________ Work Phone: ______________

E-mail: ______________________

Student Lives With: ☐ Parents ☐ Mother ☐ Father ☐ Other: ______________

Language(s) Spoken: ______________________ Interpreter Required: ☐ Yes ☐ No

SCHOOL INFORMATION

School: ______________________

Address: ______________________ City: ______________ Postal Code: __________

Phone: ______________________ Fax: ______________________

Principal: ______________________ Signature: ______________________

(Signature required for school initiated requests)

Teacher: ______________________ Grade: __________ IEP: ☐ Yes ☐ No

Class Placement: ☐ Regular ☐ Special Education Support ☐ Special Education Class

Person to contact at school for further information: ______________________

REASON FOR REFERRAL

Services Requested: ☐ Occupational Therapy ***(OT approval required):*** ______________________ **(OT Signature)**

☐ Physiotherapy: ☐ participation ☐ mobility ☐ safety

☐ Speech-Language Pathology *(SLP referral required)*

COMMENTS:

Referral Initiated By: ______________________ Signature: ______________________

School Board/Agency: ______________________ Date: ______________________

PLEASE FAX COMPLETED FORM TO JMCC AT FAX NUMBER: 519.252.5873