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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **STUDENT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student’s Name: | | | |  | | | | | | | | | | | | | | | | | | | Date of Birth: | | | | | |  | | | | | |
|  | | | (Last, First, Initial) | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | --- | | (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** |