SCHOOL BASED REHABILITATION SERVICES

Principal Referral Form

1240 Murphy Road Sarnia, ON N7S 2Y6
519-542-3471 TOLL FREE 1-855-542-3471 FAX 519-542-4115
www.pathwayscentre.org

☐ **Parent/Guardian has agreed to the school making this referral and sharing of all attached documentation with Pathways Health Centre for Children.** Date:

STUDENT INFORMATION:			
Name:		Date of Birth: (dd/mm/yyyy)	
Address: Postal Code:		Gender or Preferred pronouns: Language(s) spoken at home:	
Home Phone #:		Interpreter Required ☐ Yes ☐ No	
Does the family wish to identify itself or this student as: ☐ First Nation ☐ Metis ☐ Inuit ☐ Other			
Confirmed Medical/Developmental Conditions:			
FAMILY IDENTIFICATION:			
Name:		Name:	
Relationship to Student: ☐ Mother ☐ Father ☐ Guardian		Relationship to Student: ☐ Mother ☐ Father ☐ Guardian	
Living with Child ☐ Yes ☐ No		Living with Child ☐ Yes ☐ No	
Identify family preferred order of contact (i.e. 1-preferred first number to call,2-second number to contact, etc.)			
	Home Phone #:		Home Phone #:
	Cell Phone #:		Cell Phone #:
	Work Phone #: ext.		Work Phone #: ext.
Address: ☐ Same as above		Address: ☐ Same as above	
Email Address:		Email Address:	
☐ Special Circumstances/Custody Arrangements (required):			
SCHOOL INFORMATION:			
School:		Grade:	Classroom Number:
Learning Platform: ☐ In Person Learning ☐ Virtual Learning Program			
Principal:		Email:	Ext.
Resource Teacher:		Email:	Ext.
Classroom Teacher:		Email:	Ext.
Educational Assistant(s):			

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Student Name: D.O.B:

Class Placement: ☐ Regular ☐ Modified Program ☐ Life Skills Program ☐ Other:

Current School Interventions/Supports:

☐ Student Receiving Resource Assistance ☐ Assistive Technology ☐ Enrichment

☐ Deaf and Hard of Hearing ☐ Blind-Low Vision ☐ ABA Team

☐ Collaborative Support Team (CST) ☐ Student Support & Wellbeing Team (SSWT)

☐ Mental Health Professionals ☐ IEP ☐ EA ☐ IPRC

☐ Psycho Educational Assessment Completed: Date of Ax:

List the Assessments completed by Psychologist (i.e. Beery):

REFERRAL INFORMATION:

Assessment Requested: ☐ Occupational Therapy ☐ Physiotherapy ☐ Speech Therapy

Referral Initiated By: ☐ Teacher ☐ Parent ☐ School Board (specify):

☐ Psychologist *note: school must identify safety or engagement in curriculum concern

☐ SBRS Therapist (☐OT/☐PT/☐SLP) ☐ Other(specify):

ADDITIONAL INFORMATION:

Strengths/Interests and Favourite Qualities of Student:

Who in the school will be responsible for follow up of recommendations provided by the therapist?

Name: Phone #: ext.

Contact Information/email: Best Time to be Reached:

PLEASE IDENTIFY THE COMPLETED FORMS/SUPPLEMENTARY INFORMATION INCLUDED WITH THIS REFERRAL:

☐ Teacher Checklist (**required** for Occupational Therapy and Physiotherapy referrals)

☐ Sample of Written Output **OR** Drawing/Colouring if not yet printing (**required** for OT fine motor & Assistive Technology referrals)

☐ School Board Speech Language Pathologist's Referral Form **OR** School Board Speech Language Pathologist's Report **OR** (**LKDSB ONLY**) Resource Teacher Pilot Referral Form

(one of the above **required** for all Speech Therapy referrals)

☐ Other reports to support the need for assessment

☐ Applicable Individual Education Plan Goals

☐ Safety plan (**required**)

☐ **Principal is aware and agreed to the school making this referral** Date:

Once completed please print and send by mail, courier or fax to:

Pathways Health Centre for Children
1240 Murphy Road, Sarnia, ON N7S 2Y6
Tel: (519) 542-3471 Toll Free: 1-855-542-3471
Fax: (519) 542-4115

For more information on referral process, please contact Tammy Holubeshen @519-542-3471 Ext. 1284