



**Referral for REACH Services**

**SCHOOL INFORMATION**

**STUDENT INFORMATION:**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(month/day/year)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City Postal Code

Alberta Education Code (please circle): 41 43 44 45 46 47 55 56 Other: \_\_\_\_\_  
 PUF: Yes  No

Diagnosis: \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_ By Whom: \_\_\_\_\_

Additional medical information

Please attach background information (e.g. recent assessments, therapy reports).

**SCHOOL INFORMATION:**

School: \_\_\_\_\_ Address: \_\_\_\_\_  
Street Postal Code

School Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Principal: \_\_\_\_\_ Teacher: \_\_\_\_\_

Education Assistant: \_\_\_\_\_ Grade/Program: \_\_\_\_\_

Contact Person: (School Based) \_\_\_\_\_ Position: \_\_\_\_\_

School Jurisdiction: \_\_\_\_\_

**OTHER AGENCY INVOLVEMENT (including referrals to):**

Agency/Discipline:	Date :	Currently Involved	On Waitlist	No Longer Involved
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**REASON FOR REFERRAL:**

- Assessment/Consultation
- Input supporting IPP development
- Modeling of programs/strategies
- Student new to school/teacher/education assistant
- Transition planning
- School inservice
- Assistive Technology
- Other (please specify)

<p><b>Request For Service:</b> (with parental knowledge)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Vision Consultant (Ophthalmology report must be attached)</li> <li><input type="checkbox"/> Orientation &amp; Mobility (for the Visually Impaired)</li> <li><input type="checkbox"/> Hearing Consultant (Audiogram must be attached)</li> <li><input type="checkbox"/> Educational Audiology (Audiogram must be attached)</li> <li><input type="checkbox"/> Psychology</li> <li><input type="checkbox"/> Speech-Language Pathology</li> <li><input type="checkbox"/> Occupational Therapy</li> <li><input type="checkbox"/> Physical Therapy</li> </ul>	<p><b><u>Please complete attached 'Teacher Observation Checklist'</u></b></p>
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**This form, along with the following documents, completes the referral package.**

- Teacher Observation Checklist
- Home Information (Form B-1) and Authorization for Release of Information (Form B-2)
- Current IEP/IPP (if available)
- Ophthalmology Report – (if Vision support is requested)
- Audiogram (if Audiology or Hearing support is requested)

**This referral will not be processed until all documents are received.**

**Name of person filling out form:** (please print) \_\_\_\_\_

**Relationship to student:** (teacher, principal, etc. ) \_\_\_\_\_

**Principal (or designate) signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Jurisdiction signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(if required)

These signatures, in conjunction with the parents' signature, represent authorization for the REACH team to become involved in assessment, planning and implementation of educational programming for the above named student.

The information requested on this form is being collected pursuant to the School Act, Section 18, Student Record Regulation and the Freedom of Information and Protection of Privacy Act. Information acquired through this form is kept secure and access restricted. Questions regarding the collection of this information should be addressed to the REACH Supervisor at 5505 - 4A Street, S. W., Calgary, Alberta, T2V 0Z7, or by calling (403) 777-6983.

**Teacher Observation Checklist**

Please complete only the disciplines you have referred for. Check off the items that best describe your student.

**Speech Language Pathology**

- is non-verbal
- uses pictures to communicate
- uses signs
- has poor social skills
- uses a speech generated communicate device
- is verbal
- uses single words
- uses short sentences
- has difficulty following classroom routines
- has difficulty with routines and transitions

Name of Device: \_\_\_\_\_

What I need help with most: \_\_\_\_\_

**Physical Therapy**

- often trips and falls
- has poor sitting posture
- struggles with activities such as running, fast jumping, hopping
- avoids or struggles on playground equipment
- has difficulty keeping up during imitation games and action songs
- appears less coordinated than peers
- avoids participating in gym classes
- struggles with throwing, catching and changes of direction, kicking activities
- seems to tire more quickly than peers
- has difficulty with maneuvering in the school environment, getting on/off the bus, etc.

What I need help with most: \_\_\_\_\_

**Educational Consultant of the Blind/Visually Impaired and/or Orientation and Mobility Specialist**

- is legally blind
- has low vision
- has recently experienced vision loss
- is having difficulty with orientation & mobility
- is struggling with academic learning

What I need help with most: \_\_\_\_\_

**Educational Consultant for the Deaf/Hard of Hearing and/or Educational Audiology**

- has recently experienced hearing loss
- uses an FM system
- uses a hearing aid
- uses sign language
- is struggling academically
- has an identified hearing loss
- has a cochlear implant

What I need help with most: \_\_\_\_\_

**Psychology**

- exhibits academic difficulties
- exhibits severe behavior concerns (e.g. self injury, aggressions, severe non-compliance, behaviours which significantly impact learning)
- exhibits attention difficulties
- exhibits poor social skills
- exhibits severe emotional concerns (e.g. depressed, anxious, withdrawn)

What I need help with most: \_\_\_\_\_

**Occupational Therapy**

- has difficulty grasping/controlling a pencil
- has difficulty with printing (e.g. legibility, speed)
- has difficulty copying from board/books
- has difficulty discriminating between shapes and other designs that are slightly different
- has difficulty interpreting visual information
- has difficulty completing puzzles
- is awkward using scissors
- has difficulty accessing the computer
- has difficulty with mobility and transfers
- has difficulty maintaining a working posture
- is disorganized with work/materials
- has difficulty dressing for recess or gym
- requires assistance in toileting tasks
- struggles with self-feeding/eating
- switches hands during fine motor tasks
- is bothered by lights, noises, textures, etc
- chews on fingers or clothing

What I need help with most: \_\_\_\_\_