

WELCOME TO REACH! **TEACHER INFORMATION**

Your jurisdiction/school has contracted REACH services for a student in your class. We thought you would like more information about this service.

What is REACH?

REACH consists of a multidisciplinary team whose mandate is to provide educational support services to students with special needs in Southern Alberta. REACH is one of four such support teams in the province funded by Alberta Education. REACH covers the area from Red Deer south with offices in Calgary, Lethbridge and Red Deer.

What does REACH do?

REACH provides support to the learning team in developing and implementing educational programs for students with severe learning needs. REACH is committed to providing an effective and efficient educational support service that is designed to facilitate student access to and participation in their educational programs.

What Educational Support Services are Available from REACH?

REACH staff will travel to your school and provide on-site support to meet the needs of your student. The services provided may include:

- **Assessment** to determine a student's strengths and areas of need for programming purposes.
- **Consultation** to provide support to school staff through a collaborative teaming process for the development of student programs and curricular modifications.
- Support for the identification and implementation of **Assistive Technology**
- Support to facilitate **Inclusion**.
- **Transition Planning**.
- **Inservices** to provide information on a wide range of topics relevant to your student(s).

What does CONSULTATION mean?

Members of the REACH team assist most often through the **Consultation** process. Consultation is designed to support the school learning team to meet the student's needs on a daily basis within their learning environment. That is, the student receives the services they need during their regular school day. Consultation is a collaborative process – the learning team plays a major role in deciding how they want REACH consultation services delivered to them and identifying areas of priority to focus on. As a member of the learning team, REACH consults and shares information with classroom teachers, parents, students (where appropriate), other school and jurisdiction staff, and others as required.

Consultation can include:

- meeting with the teacher and teaching assistant to discuss ideas to help the student in their learning process
- demonstrating strategies, approaches, techniques and program modifications
- observing the student in the classroom to help determine adaptations, program or environmental modifications and equipment needs
- participating in planning conferences and Individual Program Plan (IPP) meetings
- providing information about specialized materials, resources and services that facilitate student participation in the learning environment
- developing understanding and knowledge of individual student needs
- providing information regarding current developments and trends in service to special needs learners and their teachers.

Please note that REACH does not provide direct therapy where students are pulled out of class on a regular basis.

How Do I Work with REACH?

- During an initial team meeting, you can discuss how the REACH team member(s) can best support the student(s) in your classroom.
- Identify a convenient time to discuss student needs and programming when the team visits.
- Inform others involved with the student about REACH team visits. Let parents know about REACH visits.
- Be aware that the REACH team members will want to see the student in their natural learning environment, in other words, your classroom. The REACH team member will probably want to observe academic areas relevant to their discipline. For example, the physical therapist may want to observe gym class, the occupational therapist may want to see the student writing, the speech language pathologist will want to see the student communicating with others . . .
- If an assessment is requested, a quiet room will need to be available.
- Should you have any questions, concerns, feedback, or require additional information, never hesitate to call the REACH consultants working with your student.

Who is on the REACH Team?

The team consists of Educational Consultants for the Blind/Visually Impaired, Educational Consultants for the Deaf & Hard of Hearing, Psychologists, Speech-Language Pathologists, Physical Therapists, Occupational Therapists, Orientation and Mobility Specialists and Educational Audiologists.

For additional information, reference the Discipline Descriptors on the REACH website.

What is on the REACH website?

At www.reachservices.ab.ca you will find additional information about REACH, including student eligibility, the referral process (including the forms needed), discipline descriptions and inservices available.

We look forward to working with you and your student(s).

WELCOME TO REACH! **PARENT INFORMATION**

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What is REACH?

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What does REACH do?

REACH helps the school in developing and putting into practice programs for students with severe learning needs. REACH is committed to providing a service that helps students access and participate in their school programs.

What Educational Support Services are Available from REACH?

REACH staff will travel to your child's school and provide support at the school to help meet the needs of your child. Included in this service may be:

- **Assessment** to determine your child's strengths and areas of need
- **Consultation** to the classroom to support developing programs, providing materials, identifying equipment needs, modelling ways of working with your child, etc.
- Supporting the learning team to make decisions about **Assistive Technology**
- Working with the school to make the **Transition** from one school to another easier for your child.
- Providing **Workshops** that support the development of student programs.

What does CONSULTATION mean?

The REACH team will work with the teachers and educational assistants to decide how to meet your child's needs in their every day classroom activities.

Consultation can include:

- meeting with the teacher and teaching assistants to discuss ideas to help your child learn
- observing your child in the classroom and in different areas of the school (e.g. gym, computer lab, playground) to help determine appropriate strategies, activities, resources and equipment
- meeting with parents for planning conferences and Individual Program Plan (IPP) meetings
- giving information about special services that will help your child participate more in the classroom
- developing understanding and knowledge of your child's individual needs.

Please note that REACH does not provide direct therapy where your child is pulled out of class on a regular basis to work on certain areas.

Who is on the REACH Team?

- Education Consultant for the Visually Impaired
- Orientation and Mobility Consultant for the Visually Impaired
- Education Consultant for the Deaf and Hard of Hearing
- Educational Audiologist
- Psychologist
- Speech Language Pathologist
- Occupational Therapist
- Physical Therapist

What is my Involvement with the REACH Team?

- Please discuss with your child's classroom teacher which of the above team members have been requested for your child.
- Discuss with the teacher how you will get information about REACH school visits and REACH reports.
- Keep the teacher informed of any important information related to your child. For example, if they are being seen by a doctor or clinic, medication changes, other agencies working with your child or programs they are participating in. This information is important for the REACH team and the school to know about.

We hope this information will help you as you fill out the Home Information forms as part of the referral process to REACH.

IF THESE FORMS ARE NOT FILLED OUT AND RETURNED TO THE SCHOOL, REACH SERVICES CAN NOT BE PROVIDED TO YOUR CHILD.



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>Request For Service: (with parental knowledge)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Vision Consultant (Ophthalmology report must be attached) <input type="checkbox"/> Orientation & Mobility (for the Visually Impaired) <input type="checkbox"/> Hearing Consultant (Audiogram must be attached) <input type="checkbox"/> Educational Audiology (Audiogram must be attached) <input type="checkbox"/> Psychology <input type="checkbox"/> Speech-Language Pathology <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy 	<p><u>Please complete attached 'Teacher Observation Checklist'</u></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

- | | |
|---|---|
| <input type="checkbox"/> is non-verbal | <input type="checkbox"/> is verbal |
| <input type="checkbox"/> uses pictures to communicate | <input type="checkbox"/> uses single words |
| <input type="checkbox"/> uses signs | <input type="checkbox"/> uses short sentences |
| <input type="checkbox"/> has poor social skills | <input type="checkbox"/> has difficulty following classroom routines |
| <input type="checkbox"/> uses a speech generated communicate device | <input type="checkbox"/> has difficulty with routines and transitions |

Name of Device: _____

What I need help with most: _____

Physical Therapy

- | | |
|--|--|
| <input type="checkbox"/> often trips and falls | <input type="checkbox"/> appears less coordinated than peers |
| <input type="checkbox"/> has poor sitting posture | <input type="checkbox"/> avoids participating in gym classes |
| <input type="checkbox"/> struggles with activities such as running, fast jumping, hopping | <input type="checkbox"/> struggles with throwing, catching and changes of direction, kicking activities |
| <input type="checkbox"/> avoids or struggles on playground equipment | <input type="checkbox"/> seems to tire more quickly than peers |
| <input type="checkbox"/> has difficulty keeping up during imitation games and action songs | <input type="checkbox"/> 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

- | | |
|---|---|
| <input type="checkbox"/> is legally blind | <input type="checkbox"/> is having difficulty with orientation & mobility |
| <input type="checkbox"/> has low vision | <input type="checkbox"/> is struggling with academic learning |
| <input type="checkbox"/> has recently experienced vision loss | |

What I need help with most: _____

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

- | | |
|--|---|
| <input type="checkbox"/> has recently experienced hearing loss | <input type="checkbox"/> is struggling academically |
| <input type="checkbox"/> uses an FM system | <input type="checkbox"/> has an identified hearing loss |
| <input type="checkbox"/> uses a hearing aid | <input type="checkbox"/> has a cochlear implant |
| <input type="checkbox"/> uses sign language | |

What I need help with most: _____

Psychology

- | | |
|---|--|
| <input type="checkbox"/> exhibits academic difficulties | <input type="checkbox"/> exhibits attention difficulties |
| <input type="checkbox"/> exhibits severe behavior concerns (e.g. self injury, aggressions, severe non-compliance, behaviours which significantly impact learning) | <input type="checkbox"/> exhibits poor social skills |
| | <input type="checkbox"/> exhibits severe emotional concerns (e.g. depressed, anxious, withdrawn) |

What I need help with most: _____

Occupational Therapy

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

What I need help with most: _____



Referral for REACH Services

HOME INFORMATION

STUDENT INFORMATION:

Name of Child: _____ **Date of Birth:** _____
(month/day/year)

Address: _____
Street City Postal Code

AHC #: _____

Your child's Alberta Health Care number is required when ordering occupational therapy and/or physical therapy equipment for your child

FAMILY INFORMATION:

Parent(s): _____ **Legal Guardian:** _____
(if different)

Address: _____ **Address:** _____

Home Phone: _____ **Home Phone:** _____

Business Phone: _____ **Business Phone:** _____

Foster Parents' Name: (if applicable) _____

Address: _____
Street City Postal Code

Home Phone: _____ **Business Phone:** _____

Social Worker: _____ **Group Home:** _____

Phone #: _____ **Phone #:** _____

Key Worker: _____

HEALTH INFORMATION:

Diagnosis: _____

Date of Diagnosis: _____ **By Whom:** _____

Medication(s) (Please indicate what each medication is for): _____

What do you consider to be the educational priorities for your child at this time?

PARENTAL AUTHORIZATION

Please ✓ appropriate boxes

- I consent to the involvement of the REACH team for the purpose of assessment, planning and implementation of educational programming for the above named student. REACH services may include the involvement of the following consultants: psychology, physical therapy, occupational therapy, audiology, speech/language, orientation & mobility and education (vision, deaf & hard of hearing). A psychological assessment may include intellectual, behavioral, and/or social-emotional testing.
- I give consent for my child to be videotaped for the purposes of educational assessment and consultation. This videotape will be used only with those individuals involved in the educational programming for my child. I understand prior notification of the actual day of videotaping will be given to me for each occurrence.

I understand it is my responsibility to advise the school, in writing, of my withdrawal of any portion of, or all of this consent.

Name of consenting person (please print)

Relationship to child

Signature of consenting person

Date

**PLEASE RETURN THIS FORM TO YOUR CHILD'S SCHOOL.
REACH CANNOT PROVIDE SUPPORT TO YOUR CHILD WITHOUT THIS
FORM BEING COMPLETED.**

To be able to provide educational support services to your child, we need to ask you for some personal information.

Pursuant to the School Act, the Student Record Regulation and the Freedom of Information and Protection of Privacy Act, the School Jurisdiction may disclose to the REACH team, relevant information in your child's Cumulative Record. The REACH team may speak to your child's teachers, principal, education assistants and other personnel regarding your child's educational needs.

The Provincial Freedom of Information and Privacy Act protects how your personal information is collected, used and disclosed. Information acquired through this form is kept secure and access is restricted. Questions regarding 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.

REACH
Regional Educational Assessment & Consultation Services
 5505– 4A Street S. W., Calgary, Alberta T2V 0Z7
www.reachservices.ab.ca

WELCOME TO REACH! PARENT INFORMATION

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- ∞ **Assessment** to determine your child's strengths and areas of need
- ∞ **Consultation** to the classroom to support developing programs, providing materials, identifying equipment needs, modelling ways of working with your child, etc.
- ∞ Supporting the learning team to make decisions about **Assistive Technology**
- ∞ Working with the school to make the **Transition** from one school to another easier for your child.
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- ∞ giving information about special services that will help your child participate more in the classroom
- ∞ developing understanding and knowledge of your child's individual needs.

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Who is on the REACH Team?

- ∞ Education Consultant for the Visually Impaired
- ∞ Orientation and Mobility Consultant for the Visually Impaired
- ∞ Education Consultant for the Deaf and Hard of Hearing
- ∞ Educational Audiologist
- ∞ Psychologist
- ∞ Speech Language Pathologist
- ∞ Occupational Therapist
- ∞ Physical Therapist

What is my Involvement with the REACH Team?

- ∞ Please discuss with your child's classroom teacher which of the above team members have been requested for your child.
- ∞ Discuss with the teacher how you will get information about REACH school visits and REACH reports.
- ∞ Keep the teacher informed of any important information related to your child. For example, if they are being seen by a doctor or clinic, medication changes, other agencies working with your child or programs they are participating in. This information is important for the REACH team and the school to know about.

We hope this information will help you as you fill out the Home Information forms as part of the referral process to REACH.

IF THESE FORMS ARE NOT FILLED OUT AND RETURNED TO THE SCHOOL, REACH SERVICES CAN NOT BE PROVIDED TO YOUR CHILD.



REACH AUTHORIZATION FOR RELEASE OF INFORMATION

FORM B-2

STUDENT INFORMATION:

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

Family Physician: _____ Address: _____

Other Physicians: _____ Address: _____
_____ Address: _____

BACKGROUND INFORMATION:

Please indicate if your child has been involved with any of the following professionals/agencies during the past two years:

- | | Professional's Name | Agency/Clinic |
|---|---------------------|---------------|
| <input type="checkbox"/> Audiologist | _____ | _____ |
| <input type="checkbox"/> Occupational Therapy | _____ | _____ |
| <input type="checkbox"/> Optometrist/Ophthalmologist | _____ | _____ |
| <input type="checkbox"/> Physical Therapy | _____ | _____ |
| <input type="checkbox"/> Psychologist | _____ | _____ |
| <input type="checkbox"/> Speech Language Pathologist | _____ | _____ |
| <input type="checkbox"/> Canadian National Institute for the Blind (CNIB)
CNIB No _____ Registered _____ or Enrolled _____ | | |
| <input type="checkbox"/> Alberta Children's Hospital (ACH) (Specific Clinic/Services) | _____ | _____ |
| <input type="checkbox"/> Glenrose Rehabilitation Hospital (Specific Clinic/Services) | _____ | _____ |
| <input type="checkbox"/> Other (specify) | _____ | _____ |

Authorization

I understand why I have been asked to disclose this information and am aware of the risks or benefits of consenting or refusing to consent to disclose this information. All information will be treated as confidential and is for educational programming purposes. I also understand that I may revoke this consent at any time by submitting a written revocation document to the requested site.

Yes No I authorize release of REACH reports on the above named child to outside agencies for the purpose of referrals and/or medical/clinical reviews.
Parents/guardians will be notified before information is sent to outside agencies.

Yes No I hereby authorize release of records on the above-named child from the above-named practitioners/agencies to:
Supervisor, REACH, 5505 – 4A Street S. W. Calgary, AB T2V 0Z7
Ph: 403-777-6983 Fax: 403-777-6997

Signature of Parent/Guardian

Date

Parent/Guardian (Please print)

REACH
Regional Educational Assessment & Consultation Services



Calgary Board of Education

**Parental Authorization for Psychological Assessment
& Disclosure of Information**

Direction: Authorization is given as a signed statement of informed consent to provide special assistance for the educational benefit of the student. Signature must be provided by the parent/legal guardian unless the student is an independent student as defined under the School Act.

Student Identification Information

Student's Name <i>(Last)</i>	<i>(First)</i>	<i>(Initial)</i>	Date of Birth					
			<table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> </tr> </table>					
	Yr	Mo	Day					
School	Teacher	Grade/Class						

Consent (Indicate type of authorization)

- I hereby consent to the provision of psychological assessment(s) which may include intellectual, behavioural and/or social-emotional testing for the forenamed student. I understand a psychologist will review and explain the results of the assessment with me, the consenting person (the parent/legal guardian or independent student) and with appropriate school staff.

- I hereby consent to the release to REACH , all the records, reports of examinations, and information of medical, psychiatric/psychological, and/or educational assessments or programs rendered to the forenamed student for the purpose of providing special assistance for the educational benefit of the student.

Authorization Signatures

I have had the above consent information explained to me and all my questions have been answered to my satisfaction. I understand the reasons why the assessment and the information for the forenamed student is needed and am therefore aware of the risks and benefits of consenting or refusing to consent. I also understand that I will be notified in advance when the assessment is to take place and that I may revoke this consent at any time, prior to the assessment taking place, by writing to the Principal of my child's school.

Name of Consenting Person	Name and Role of School Official
Signature of Consenting Person	Signature of School Official
Date	Date

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5505 – 4A Street S. W., Calgary, Alberta T2V 0Z7
www.reachservices.ab.ca

FUNCTIONAL VISION INQUIRY

Date: _____

To: _____

From: Educational Consultants for the Visually Impaired

Re: **Student:** _____

Date of Birth: _____

1. Present Eye Condition: _____
Etiology of the Condition: _____

2. Acuity (with Correction)

**Standard Testing
Distance of 10 feet**

**Standard Testing
Distance at 16"**

OD	Right Eye:	Distance	_____	Near	_____
OS	Left Eye:	Distance	_____	Near	_____
OU	Both Eyes:	Distance	_____	Near	_____

3. Field of Vision (restriction in degrees – Please describe. Example: Scotomas)

4. Is there a diagnosis or characteristics of Cortical Vision Impairment? ____ Yes ____ No
If yes, please describe: _____

5. Is the visual impairment likely to:

Improve deteriorate remain stable

6. Does child require glasses or contact lenses? _____

7. Describe special treatment that may be required (e.g. patching, eye drops, lighting).

Should there be any restrictions in the child's activities? _____

Should the teacher be alert to any particular symptoms that would signal the need for medical attention? (e.g. eye poking, head banging, squinting, photophobia, etc.)

Doctor's Signature: _____

Date: _____

2009–2010
REACH Information Update



REACH

Student Name: _____ Date of Birth: _____

Diagnosis: _____ By Whom: _____ Date: _____

School Information: (for 2009-2010)

School: _____	Jurisdiction: _____	
Address: _____	City: _____	Postal Code: _____
Phone #: _____	Fax #: _____	
Teacher: _____	Principal: _____	
Teacher e-mail: _____		
Grade/Program: _____	Education Assistant: _____	
Contact Person: (School Based) _____	Position: _____	
Contact e-mail: _____		

Parents/Legal Guardian Information:

Parent(s)/ Legal Guardian: _____		
Address: _____	City: _____	Postal Code: _____
Phone #: _____	Business #: _____	

Foster Parents' Name: (if applicable) _____		
Address: (if different from student's) _____	City: _____	Postal Code: _____
Phone #: _____	Business #: _____	
Social Worker: _____	Group Home: _____	
Phone #: _____	Phone #: _____	