Central Alberta RCSD Referrals

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| Fax this completed form and the AHS Referral Form to 403-314-5230 |

Name of Child:                      Date of Birth:

This referral is for:

[ ]  AHS Core Rehabilitation Services [ ]  SLP [ ]  OT

[ ]  AHS Enhanced Rehabilitation Services [ ]  SLP [ ]  OT [ ]  PT

[ ]  Enhanced Low Incidence Services

 [ ]  Consultant for the Blind and Visually Impaired

 [ ]  Consultant for the Deaf and Hard of Hearing

 [ ]  Educational Audiologist

[ ]  Nursing

Date Referral Discussed at RCSD School Team Meeting:

Note: Middle, High and some Elementary Schools do not have school teams

[ ]  Check here if no school team

Date Referral Discussed with Family:

Best Time to Reach the Family:

Best Number to Reach the Family:

Please check the boxes below to confirm that these actions have been completed:

[ ]  Student Record has been reviewed

[ ]  Most Recent Reports that are relevant to the referral are attached

[ ]  The Referral Form (pages 1 and 2) are completed and attached