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