Avon Maitland District School Board
Unlocking the Potential Within All of Our Learners

REQUEST FOR SERVICES
COMMUNITY CARE ACCESS CENTRE

Student's Name: ______________________________ **D.O.B.:** __________
Surname *Given Name* *(yy/mm/dd)*

Grade and Placement: ____________________ **O.E.N.** ____________________

Parent/Guardian Name(s): ______________________________

Address: ______________________________

Home Telephone Number: ____________________ **911#** *(if applicable)* ____________________

School: ______________________________ **Date:** ____________________
of Completion of Form (*yy/mm/dd*)

Form Completed by: ____________________ **Title:** ____________________

Family Physician: ______________________________ Telephone: ____________________

*Therapy Requested *(fill in a separate form for each therapy requested) - see Disclaimer below*

- ☐ Occupational Therapy
- ☐ Physiotherapy
- ☐ Speech/Language Therapy
- ☐ Nutritional Counselling
- ☐ Nursing

In point form, list your main concerns and observations:

____

____

List Strategies tried:

____

____

Do Parent(s)/Guardian(s) support this referral? ☐ Yes ☐ No

When is student available for therapy? ______________________________

Authorization for Referral

Avon Maitland District School Board ☐ ____________________ Date ____________________

Huron Perth Catholic District School Board ☐ ____________________ Date ____________________

DISCLAIMER:

***Authorization is contingent upon possession of a valid health card. The School Board will not be held financially responsible for the provision of services where no valid health card exists.**

Distribution: original to Central Files; copy to CCAC; copy to OSR

Personal information on this form is collected under the authority of the Education Act and will be used for educational, health and welfare purposes affecting the student. This form will be retained in the student's Ontario Student Record. Questions about this collection should be directed to the school principal or the Superintendent of Education (Special Education),Education Centre 62 Chalk Street North, Seaforth, Ontario N0K 1W0, telephone 519-527-0111 or 1-800-592-5437.