

## **REFERRAL PROCEDURES & CHECKLISTS**

### **Psycho. Ed. Referrals (Dr. Pierce)**

Consent for Assessment and Access to OSR (parent permission)  
Educational Assessment (Initial Identification)  
(total of 2 forms to be sent to Board Office)

### **Speech & Language Referral (Terri Corriveau)**

Consent for Assessment and Access to OSR (parent permission)  
2-page Speech-Language Checklist  
(total of 2 forms to be sent to Board Office)

### **Speech & Language Referral (CCAC) \*\*MUST HAVE BEEN TO TERRI CORRIVEAU PRIOR TO REF. TO CCAC\*\***

Consent for Assessment and Access to OSR (parent permission)  
Consent for Exchange of Information  
Request for Services CCAC  
Copy of Assessment Summary from Terri Corriveau  
2-page CCAC Screening Form For School Board SLP (From Terri Corriveau)  
(total of 5 forms to be sent to Board Office)

### **Occupational Therapy (CCAC)**

Consent for Assessment and Access to OSR (parent permission)  
Consent for Exchange of Information  
Request for School Health Services (replaces Request for CCAC form)  
OT/PT Referral Checklist  
Writing or printing sample from student  
(total of 5 forms to be sent to Board Office)

### **Occupational Therapy (Faye Murray)**

Consent for Assessment and Access to OSR (parent permission)  
3-page OT Skills Screening  
Consent for Exchange of Information  
Writing or printing sample from student  
Informed Consent – Faye Murray (located under Forms & Templates)  
Authorization for Collection and Release of Info – Faye Murray (Forms & Templates)  
Referral Checklist – Faye Murray (located under Forms & Templates)  
(total of 8 Forms to be sent to Board Office)

### **Physiotherapy**

Consent for Assessment and Access to OSR (parent permission)  
Consent for Exchange of Information  
Request for School Health Services (replaces Request for CCAC form)  
OT/PT Referral Checklist  
(total of 4 forms to be sent to Board Office)

**Please Note – A Consent For Exchange of Information form is not needed for Psycho. Ed. referrals or Terri Corriveau referrals...just CCAC referrals.**

**All language referrals need to go to Terri first. Terri may refer on to CCAC.**

**Professional Service Provider Report** get filed as they come from CCAC

**CPRI – must have CPRI referral form outlining social, academic and behaviours (prepared in Word)**



## Psycho. Ed. Referrals (Dr. Pierce) Checklist

**STUDENT'S NAME:** \_\_\_\_\_

**STUDENT NUMBER:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_

<b>FORMS BE SENT TO BOARD</b>	<b>DATE SENT</b>	<b>DATE RECEIVED BY BOARD</b>
Consent for Assessment and Access to OSR (parent permission)		
Educational Assessment (Initial Identification)		
Initials		

(Total of 2 Forms to be sent to Board Office)

For Board Office Use  <input type="radio"/> Approved  <input type="radio"/> Denied  Initials: _____
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**Speech & Language Referral  
(Terri Corriveau, Speech & Language Pathologist)  
Checklist**

**STUDENT'S NAME:** \_\_\_\_\_

**STUDENT NUMBER:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_

<b>FORMS BE SENT TO BOARD</b>	<b>DATE SENT</b>	<b>DATE RECEIVED BY BOARD</b>
Consent for Assessment and Access to OSR (parent permission)		
2-page Speech-Language Checklist		
Initials		

(Total of 2 Forms to be sent to Board Office)

<p>For Board Office Use</p> <p style="margin-left: 40px;"><input type="radio"/> Approved</p> <p style="margin-left: 40px;"><input type="radio"/> Denied</p> <p style="margin-left: 40px;">Initials: _____</p>
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## Speech & Language Referral (CCAC) Checklist

**\*\*MUST HAVE BEEN TO TERRI CORRIVEAU PRIOR TO REF. TO CCAC\*\***

**STUDENT'S NAME:** \_\_\_\_\_

**STUDENT NUMBER:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_

FORMS BE SENT TO BOARD	DATE SENT	DATE RECEIVED BY BOARD
Consent for Assessment and Access to OSR (parent permission)		
Consent for Exchange of Information		
Request for Services CCAC		
Copy of Assessment Summary from Terri Corriveau		
2-page CCAC Screening Form For School Board SLP (from Terri Corriveau)		
Initials		

(Total of 5 Forms to be sent to Board Office)

<p>For Board Office Use</p> <p style="margin-left: 40px;"> <input type="radio"/> Approved  <input type="radio"/> Denied         </p> <p style="margin-left: 40px;">Initials: _____</p>
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## Occupational Therapy (CCAC) Checklist

**STUDENT'S NAME:** \_\_\_\_\_

**STUDENT NUMBER:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_

FORMS BE SENT TO BOARD	DATE SENT	DATE RECEIVED BY BOARD
Consent for Assessment and Access to OSR (parent permission)		
OT/PT Referral Checklist		
Consent for Exchange of Information		
Request for School Health Services		
Writing or printing sample from student		
Initials		

(Total of 5 Forms to be sent to Board Office)

<p>For Board Office Use</p> <p style="margin-left: 40px;"> <input type="radio"/> Approved  <input type="radio"/> Denied         </p> <p style="margin-left: 40px;">Initials: _____</p>
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## Occupational Therapy (Faye Murray) Checklist

**STUDENT'S NAME:** \_\_\_\_\_

**STUDENT NUMBER:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_

FORMS BE SENT TO BOARD	DATE SENT	DATE RECEIVED BY BOARD
Consent for Assessment and Access to OSR (parent permission)		
3-page OT Skills Screening		
Consent for Exchange of Information		
Writing or printing sample from student		
Informed Consent – Faye Murray		
Authorization for Collection and Release of Information – Faye Murray		
Referral Checklist – Faye Murray		
Initials		

(Total of 8 Forms to be sent to Board Office)

<p>For Board Office Use</p> <p style="margin-left: 40px;"> <input type="radio"/> Approved  <input type="radio"/> Denied         </p> <p style="margin-left: 40px;">Initials: _____</p>
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## Physiotherapy Referral Checklist

**STUDENT'S NAME:** \_\_\_\_\_

**STUDENT NUMBER:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_

FORMS BE SENT TO BOARD	DATE SENT	DATE RECEIVED BY BOARD
Consent for Assessment and Access to OSR (parent permission)		
Consent for Exchange of Information		
Request for School Health Services		
Initials		

(Total of 3 Forms to be sent to Board Office)

<p>For Board Office Use</p> <p style="margin-left: 40px;"> <input type="radio"/> Approved  <input type="radio"/> Denied         </p> <p style="margin-left: 40px;">Initials: _____</p>
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# SEA CLAIMS CHECKLIST

**STUDENT'S NAME:** \_\_\_\_\_

**STUDENT NUMBER:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_

<b>TO BE DONE</b>	<u>SCHOOL LEVEL</u>	<u>BOARD LEVEL</u>
<b>CHECK REPORT FOR WORDING</b>		
<b>RECEIVE QUOTES FOR EQUIP.</b>		
<b>PREPARE ISA CLAIMS FORMS (Including cover sheet – signed)</b>		<b>N/A</b>
<b>PREPARE P.O. FOR EQUIP.</b>	<b>N/A</b>	
<b>FAX P.O. TO APPROPRIATE BUSINESS</b>	<b>N/A</b>	
<b>RECEIVE INVOICES</b>		
<b>ENTER ON MINISTRY SPREADSHEET</b>	<b>N/A</b>	
<b>MAKE DUPLICATE COPY OF ALL DOCUMENTATION</b>		<b>N/A</b>
<b>INITIALS</b>		

<p>For Board Office Use</p> <p><input type="radio"/> Approved</p> <p><input type="radio"/> Denied</p> <p>Initials: _____</p>
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