

# Children's Therapy & Family Resource Centre

## School Referral for Services

Has the parent or legal guardian consented to this referral? YES  NO

Child Information (please print)			
Child's First Name:	Child's Last Name:	Date of Birth (MM/DD/YYYY):	
Date of Referral (MM/DD/YYYY):	Age of Child:		
Family Contact Information			
Legal Guardian Name(s) (if different from parent/caregiver):		Relationship to child:	Phone Number:
Legal Guardian Address:	City:	Postal Code:	Email Address:
Health and Medical Information			
Is there any medical or health information we should know? Please send us any reports you may have from other service providers to <a href="mailto:reception@ctfrc.com">reception@ctfrc.com</a> .			

**Please complete the next form below**

## School Request for Therapy Support

Basic Information	
Name of School:	Grade:
Person Completing This Form:	Relationship to Student:
Email:	Phone:
Other Staff Supporting This Student: (Teachers, CEA's, Specialists):	
Reason for Request	
What do you hope to see change for this student (e.g. improved participation in specific activities)?	
Please provide details of strategies/approaches you have already tried to meet these goals:	

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What do you think an OT or PT could do to help you meet these goals?

Do you have any information to add?

Thank you for sharing this information. It will help us to better plan our assessment process and meet your needs. If this is a referral for fine motor/written output, please send us a sample of the student's work as well as a sample of the expected level of work.

Please send completed paper forms to:

Jennifer Persello, OT Manager  
[jpersello@ctfrc.com](mailto:jpersello@ctfrc.com)

Nicholas Smith, PT Manager  
[nsmith@ctfrc.com](mailto:nsmith@ctfrc.com)