Southwest
COLLABORATIVE SUPPORT SERVICES

Low-Incidence Service Request

CHILD/YOUTH INFORMATION	Last Name:	First Name:	Grade:
	Date of Birth: (yyyy/mm/dd)	Program Unit Funding (PUF): ☐ Yes	
	School:	Teacher:	

PARENT/ LEGAL GUARDIAN INFORMATION	Last Name:	First Name:	☐ Parent ☐ Legal Guardian
	Address:	Cell:	Work:
	Email:		
	Last Name:	First Name:	☐ Parent ☐ Legal Guardian
	Address:	Cell:	Work:
	Email:		

REFERRER'S INFORMATION	☐ Parent/Guardian ☐ AHS ☐ School Division ☐ Community Agency Date: (yyyy/mm/dd)		
	Organization:		
	Referrer's Name:	Phone:	Ext
	Title:	Email:	
	(**For schools only**) This request has been discussed with the school Administrator ☐ ***No*** ☐ ***Yes***		
The referrer has obtained informed consent from the parent or legal guardian for this request		☐ ***No*** ☐ ***Yes***	

☐ Requesting support regarding **HEARING** concerns **Complete yellow column**	☐ Requesting support regarding **VISION** concerns **Complete blue column**
Hearing assessment helpful but not required. ☐ Audiogram attached	**Vision report required**, attach either: ☐ Ophthalmology report ☐ Optometry report
The child/youth: ☐ Has been diagnosed with a hearing loss ☐ Wears amplification: ☐ Cochlear Implant ☐ Hearing Aid ☐ Uses an alternative communication system: ☐ American Sign Language ☐ Signed Exact English ☐ PODD Book ☐ Communication device ☐ Other ☐ Has an interpreter	**The child/youth:** ☐ Is legally blind/registered with CNIB ☐ Has recently experienced vision loss ☐ Has a reduced field of vision ☐ Has limited visual acuity ☐ Has low vision ☐ Is having difficulty with orientation and mobility ☐ Needs assistive technology (ex. magnifier) ☐ Needs appropriate reading and writing media Please provide ASN for SSVI loans _____

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Reason for request:

The child/youth:

- ☐ Frequently asks for things to be repeated
- ☐ Struggles to communicate/engage with peers
- ☐ Has a peer group at school
- ☐ Struggles to communicate with teacher / EA
- ☐ Is struggling academically
- ☐ Struggles to follow directions/answer questions
- ☐ Has difficulty telling a story

Child/youth strengths and interests:

What strategies have been tried?

What strategies are the most effective?

Instructions to submit form electronically:

1. Complete and save this form
2. Complete Consent for Service/Release of Information document and have parent/guardian
3. Scan consent, attachments/reports (reminder: vision report is required, audiogram is optional)
4. Email documents to:

- Your Central Office designate AND
- SWRCSD Low Incidence Team at office@swrcsd.ca