Calgary Board of Education

REACH – Regional Educational Assessment & Consultation Services
8th Floor – 1221 – 8 St. S. W., Calgary, AB T2R 0L4 t | 403-817-7799 f | 403- 777-6997 | reachoffice@cbe.ab.ca

WELCOME TO REACH! TEACHER INFORMATION

Your jurisdiction/school has contracted REACH services for a student in your class. We thought you would like more information about this service.

What is REACH?

REACH consists of a multidisciplinary team whose mandate is to provide educational support services to students with special needs in Southern Alberta. REACH is one of four such support teams in the province funded by Alberta Education. REACH covers the area from Red Deer south with offices in Calgary, Lethbridge and Red Deer.

What does REACH do?

REACH provides support to the learning team in developing and implementing educational programs for students with severe learning needs. REACH is committed to providing an effective and efficient educational support service that is designed to facilitate student access to and participation in their educational programs.

What Educational Support Services are Available from REACH?

REACH staff will travel to your school and provide on-site support to meet the needs of your student. The services provided may include:

- **Assessment** to determine a student's strengths and areas of need for programming purposes.
- **Consultation** to provide support to school staff through a collaborative teaming process for the development of student programs and curricular modifications.
- Support for the identification and implementation of **Assistive Technology**
- Support to facilitate **Inclusion**.
- **Transition Planning**.
- **Inservices** to provide information on a wide range of topics relevant to your student(s).

What does CONSULTATION mean?

Members of the REACH team assist most often through the **Consultation** process. Consultation is designed to support the school learning team to meet the student's needs on a daily basis within their learning environment. That is, the student receives the services they need during their regular school day. Consultation is a collaborative process – the learning team plays a major role in deciding how they want REACH consultation services delivered to them and identifying areas of priority to focus on. As a member of the learning team, REACH consults and shares information with classroom teachers, parents, students (where appropriate), other school and jurisdiction staff, and others as required.

Consultation can include:

- meeting with the teacher and teaching assistant to discuss ideas to help the student in their learning process
- demonstrating strategies, approaches, techniques and program modifications
- observing the student in the classroom to help determine adaptations, program or environmental modifications and equipment needs
- participating in planning conferences and Individual Program Plan (IPP) meetings
- providing information about specialized materials, resources and services that facilitate student participation in the learning environment
- developing understanding and knowledge of individual student needs
- providing information regarding current developments and trends in service to special needs learners and their teachers.

Please note that REACH does not provide direct therapy where students are pulled out of class on a regular basis.

How Do I Work with REACH?

- During an initial team meeting, you can discuss how the REACH team member(s) can best support the student(s) in your classroom.
- Identify a convenient time to discuss student needs and programming when the team visits.
- Inform others involved with the student about REACH team visits. Let parents know about REACH visits.
- Be aware that the REACH team members will want to see the student in their natural learning environment, in other words, your classroom. The REACH team member will probably want to observe academic areas relevant to their discipline. For example, the physical therapist may want to observe gym class, the occupational therapist may want to see the student writing, the speech language pathologist will want to see the student communicating with others . . .
- If an assessment is requested, a quiet room will need to be available.
- Should you have any questions, concerns, feedback, or require additional information, never hesitate to call the REACH consultants working with your student.

Who is on the REACH Team?

The team consists of Educational Consultants for the Blind/Visually Impaired, Educational Consultants for the Deaf & Hard of Hearing, Psychologists, Speech-Language Pathologists, Physical Therapists, Occupational Therapists, Orientation and Mobility Specialists and Educational Audiologists.
For additional information, reference the Discipline Descriptors on the REACH website.

What is on the REACH website?

At **www.reachservices.ab.ca** you will find additional information about REACH, including student eligibility, the referral process (including the forms needed), discipline descriptions and inservices available.

We look forward to working with you and your student(s).

Calgary Board of Education

REACH – Regional Educational Assessment & Consultation Services
8th Floor – 1221 – 8 St. S. W., Calgary, AB T2R 0L4 t | 403-817-7799 f | 403- 777-6997 | reachoffice@cbe.ab.ca

Referral for REACH Services

SCHOOL INFORMATION – FORM A

STUDENT INFORMATION:

Student Name: _____ **Date of Birth:** _____ (month/day/year)

Address: _____ **Phone:** _____
Street City Postal Code

Alberta Education Code (please circle): 41 43 44 45 46 47 55 56 Other: _____
PUF: Yes ☐ No ☐

Diagnosis: _____

Date of Diagnosis: _____ **By Whom:** _____
Additional medical information

Please attach background information (e.g. recent assessments, therapy reports).

SCHOOL INFORMATION:

School: _____ **Address:** _____
Street Postal Code

School Phone: _____ **Fax:** _____ **E-mail:** _____

Principal: _____ **Teacher:** _____

Education Assistant: _____ **Grade/Program:** _____

Contact Person: (School Based) _____ **Position:** _____

School Jurisdiction: _____

OTHER AGENCY INVOLVEMENT (including referrals to):

Agency/Discipline:	Date :	Currently Involved	On Waitlist	No Longer Involved

REASON FOR REFERRAL:

- ☐ Assessment/Consultation
- ☐ Input supporting IPP development
- ☐ Modeling of programs/strategies
- ☐ Student new to school/teacher/education assistant
- ☐ Transition planning
- ☐ School inservice
- ☐ Assistive Technology
- ☐ Other (please specify)

Request For Service: (with parental knowledge)	
☐ Vision Consultant (Ophthalmology report must be attached) ☐ Orientation & Mobility (for the Visually Impaired) ☐ Hearing Consultant (Audiogram must be attached) ☐ Educational Audiology (Audiogram must be attached) ☐ Psychology ☐ Speech-Language Pathology ☐ Occupational Therapy ☐ Physical Therapy	**Please complete attached 'Teacher Observation Checklist'**

This form, along with the following documents, completes the referral package.

- ☐ Teacher Observation Checklist
- ☐ Home Information (Form B-1) and Authorization for Release of Information (Form B-2)
- ☐ Current IEP/IPP (if available)
- ☐ Ophthalmology Report – (if Vision support is requested)
- ☐ Audiogram (if Audiology or Hearing support is requested)

This referral will not be processed until all documents are received.

Name of person filling out form: (please print) _____

Relationship to student: (teacher, principal, etc.) _____

Principal (or designate) signature: _____ **Date:** _____

Jurisdiction signature: _____ **Date:** _____
(If required)

These signatures, in conjunction with the parents' signature, represent authorization for the REACH team to become involved in assessment, planning and implementation of educational programming for the above named student.

The information requested on this form is being collected pursuant to the School Act, Section 18, Student Record Regulation and the Freedom of Information and Protection of Privacy Act. Information acquired through this form is kept secure and access restricted. Questions regarding the collection of this information should be addressed to the REACH Supervisor at 8th Floor – Education Centre, Calgary Board of Education, 1221 – 8 Street S. W., Calgary, Alberta, T2R 0L4, or by calling (403) 817-7799.

Teacher Observation Checklist

Please complete only the disciplines you have referred for. Check off the items that best describe your student.

Speech Language Pathology

___ is non-verbal
___ uses pictures to communicate
___ uses signs
___ has poor social skills
___ uses a speech generated communicate device
___ is verbal
___ uses single words
___ uses short sentences
___ has difficulty following classroom routines
___ has difficulty with routines and transitions

Name of Device: _____
What I need help with most: _____

Physical Therapy

___ often trips and falls
___ has poor sitting posture
___ struggles with activities such as running, fast jumping, hopping
___ avoids or struggles on playground equipment
___ has difficulty keeping up during imitation games and action songs
___ appears less coordinated than peers
___ avoids participating in gym classes
___ struggles with throwing, catching and changes of direction, kicking activities
___ seems to tire more quickly than peers
___ has difficulty with maneuvering in the school environment, getting on/off the bus, etc.

What I need help with most: _____

Educational Consultant of the Blind/Visually Impaired and/or Orientation and Mobility Specialist

___ is legally blind
___ has low vision
___ has recently experienced vision loss
___ is having difficulty with orientation & mobility
___ is struggling with academic learning

What I need help with most: _____

Educational Consultant for the Deaf/Hard of Hearing and/or Educational Audiology

___ has recently experienced hearing loss
___ uses an FM system
___ uses a hearing aid
___ uses sign language
___ is struggling academically
___ has an identified hearing loss
___ has a cochlear implant

What I need help with most: _____

Psychology

___ exhibits academic difficulties
___ exhibits severe behavior concerns (e.g. self injury, aggressions, severe non-compliance, behaviours which significantly impact learning)
___ exhibits attention difficulties
___ exhibits poor social skills
___ exhibits severe emotional concerns (e.g. depressed, anxious, withdrawn)

What I need help with most: _____

Occupational Therapy

___ has difficulty grasping/controlling a pencil
___ has difficulty with printing (e.g. legibility, speed
___ has difficulty copying from board/books
___ has difficulty discriminating between shapes and other designs that are slightly different
___ has difficulty interpreting visual information
___ has difficulty completing puzzles
___ is awkward using scissors
___ has difficulty accessing the computer
___ has difficulty with mobility and transfers
___ has difficulty maintaining a working posture
___ is disorganized with work/materials
___ has difficulty dressing for recess or gym
___ requires assistance in toileting tasks
___ struggles with self-feeding/eating
___ switches hands during fine motor tasks
___ is bothered by lights, noises, textures, etc
___ chews on fingers or clothing

What I need help with most: _____

Calgary Board of Education

REACH – Regional Educational Assessment & Consultation Services
8th Floor – 1221 – 8 St. S. W., Calgary, AB T2R 0L4 t | 403-817-7799 f | 403- 777-6997 | reachoffice@cbe.ab.ca

HOME INFORMATION – FORM B-1

STUDENT INFORMATION:

Name of Child: _____ **Date of Birth:** _____ (month/day/year)

Address: _____ Street City Postal Code

FAMILY INFORMATION:

Parent(s): _____ **Legal Guardian:** _____ (if different)

Address: _____ **Address:** _____

Home Phone: _____ **Home Phone:** _____

Business Phone: _____ **Business Phone:** _____

Foster Parents' Name: (if applicable)

Address: _____ Street City Postal Code

Home Phone: _____ **Business Phone:** _____

Social Worker: _____ **Group Home:** _____

Phone #: _____ **Phone #:** _____

Key Worker: _____

HEALTH INFORMATION:

Diagnosis: _____

Date of Diagnosis: _____ **By Whom:** _____

Medication(s) (Please indicate what each medication is for): _____

_____

What do you consider to be the educational priorities for your child at this time?

PARENTAL AUTHORIZATION

Please ✓appropriate boxes

☐ I consent to the involvement of the REACH team for the purpose of assessment, planning and implementation of educational programming for the above named student. REACH services may include the involvement of the following consultants: psychology, physical therapy, occupational therapy, audiology, speech/language, orientation & mobility and education (vision, deaf & hard of hearing). A psychological assessment may include intellectual, behavioral, and/or social-emotional testing.

☐ I give consent for my child to be videotaped for the purposes of educational assessment and consultation. This videotape will be used only with those individuals involved in the educational programming for my child. I understand prior notification of the actual day of videotaping will be given to me for each occurrence.

I understand it is my responsibility to advise the school, in writing, of my withdrawal of any portion of, or all of this consent.

Name of consenting person (please print) _____ Relationship to child _____

Signature of consenting person _____ Date _____

PLEASE RETURN THIS FORM TO YOUR CHILD'S SCHOOL. REACH CANNOT PROVIDE SUPPORT TO YOUR CHILD WITHOUT THIS FORM BEING COMPLETED.

To be able to provide educational support services to your child, we need to ask you for some personal information.

Pursuant to the School Act, the Student Record Regulation and the Freedom of Information and Protection of Privacy Act, the School Jurisdiction may disclose to the REACH team, relevant information in your child's Cumulative Record. The REACH team may speak to your child's teachers, principal, education assistants and other personnel regarding your child's educational needs.

The Provincial Freedom of Information and Privacy Act protects how your personal information is collected, used and disclosed. Information acquired through this form is kept secure and access is restricted. Questions regarding collection of this information should be addressed to the REACH Supervisor 8th Floor – Education Centre, Calgary Board of Education, 1221 – 8 Street S. W., Calgary, Alberta, T2R 0L4, or by calling (403) 817-7799.

REACH
Regional Educational Assessment & Consultation Services
8th Floor – Education Centre, Calgary Board of Education,
1221 – 8 Street S. W., Calgary, Alberta, T2R 0L4, or by calling (403) 817-7799
www.reachservices.ab.ca

WELCOME TO REACH!
PARENT INFORMATION

As your child is being referred to REACH for services, we thought you would like to know more about the REACH team.

What is REACH?

REACH is one of four educational support teams in the province and is funded by Alberta Education. REACH covers the area from Red Deer south with offices in Calgary, Lethbridge and Red Deer.

What does REACH do?

REACH helps the school in developing and putting into practice programs for students with severe learning needs. REACH is committed to providing a service that helps students access and participate in their school programs.

What Educational Support Services are Available from REACH?

REACH staff will travel to your child's school and provide support at the school to help meet the needs of your child. Included in this service may be:

- Assessment to determine your child's strengths and areas of need
- Consultation to the classroom to support developing programs, providing materials, identifying equipment needs, modelling ways of working with your child, etc.
- Supporting the learning team to make decisions about Assistive Technology
- Working with the school to make the Transition from one school to another easier for your child.
- Providing Workshops that support the development of student programs.

What does CONSULTATION mean?

The REACH team will work with the teachers and educational assistants to decide how to meet your child's needs in their every day classroom activities.

Consultation can include:

- meeting with the teacher and teaching assistants to discuss ideas to help your child learn
- observing your child in the classroom and in different areas of the school (e.g. gym, computer lab, playground) to help determine appropriate strategies, activities, resources and equipment
- meeting with parents for planning conferences and Individual Program Plan (IPP) meetings
- giving information about special services that will help your child participate more in the classroom
- developing understanding and knowledge of your child's individual needs.

Please note that REACH does not provide direct therapy where your child is pulled out of class on a regular basis to work on certain areas.

Who is on the REACH Team?

- Education Consultant for the Visually Impaired
- Orientation and Mobility Consultant for the Visually Impaired
- Education Consultant for the Deaf and Hard of Hearing
- Educational Audiologist
- Psychologist
- Speech Language Pathologist
- Occupational Therapist
- Physical Therapist

What is my Involvement with the REACH Team?

- Please discuss with your child's classroom teacher which of the above team members have been requested for your child.
- Discuss with the teacher how you will get information about REACH school visits and REACH reports.
- Keep the teacher informed of any important information related to your child. For example, if they are being seen by a doctor or clinic, medication changes, other agencies working with your child or programs they are participating in. This information is important for the REACH team and the school to know about.

We hope this information will help you as you fill out the Home Information forms as part of the referral process to REACH.

IF THESE FORMS ARE NOT FILLED OUT AND RETURNED TO THE SCHOOL, REACH SERVICES CAN *NOT* BE PROVIDED TO YOUR CHILD.

Calgary Board of Education

REACH – Regional Educational Assessment & Consultation Services
8th Floor – 1221 – 8 St. S. W., Calgary, AB T2R 0L4 t | 403-817-7799 f | 403- 777-6997 | reachoffice@cbe.ab.ca

AUTHORIZATION FOR RELEASE OF INFORMATION – FORM B-2

STUDENT INFORMATION:

Student Name: _____ **Date of Birth:** _____
(month/day/year)

Family Physician: _____ **Address:** _____

Other Physicians: _____ **Address:** _____

_____ **Address:** _____

BACKGROUND INFORMATION:

Please indicate if your child has been involved with any of the following professionals/agencies during the past two years:

	Professional's Name	Agency/Clinic
☐ Audiologist		
☐ Occupational Therapy		
☐ Optometrist/Ophthalmologist		
☐ Physical Therapy		
☐ Psychologist		
☐ Speech Language Pathologist		

☐ Canadian National Institute for the Blind (CNIB)
CNIB No_____ Registered _____ or Enrolled_____

☐ Alberta Children's Hospital (ACH) (Specific Clinic/Services) _____

☐ Glenrose Rehabilitation Hospital (Specific Clinic/Services) _____

☐ Other (specify) _____

Authorization

I understand why I have been asked to disclose this information and am aware of the risks or benefits of consenting or refusing to consent to disclose this information. All information will be treated as confidential and is for educational programming purposes. I also understand that I may revoke this consent at any time by submitting a written revocation document to the requested site.

☐ Yes ☐ No I authorize release of REACH reports on the above named child to outside agencies for the purpose of referrals and/or medical/clinical reviews.
Parents/guardians will be notified before information is sent to outside agencies.

☐ Yes ☐ No I hereby authorize release of records on the above-named child from the above-named practitioners/agencies to: Supervisor, REACH, 8th Floor – Education Centre, Calgary Board of Education, 1221 – 8 Street S. W., Calgary, Alberta, T2R 0L4, or by calling (403) 817-7799.

_____ _____
Signature of Parent/Guardian Date

_____
Parent/Guardian (Please print)

Calgary Board of Education

REACH – Regional Educational Assessment & Consultation Services
8th Floor – 1221 – 8 St. S. W., Calgary, AB T2R 0L4 t | 403-817-7799 f | 403- 777-6997 | reachoffice@cbe.ab.ca

REACH CONSENT FOR SERVICE

Child's Name: _____ **Date of Birth:** _____
(month/day/year)

Please ✓ appropriate boxes:

☐ I consent to the involvement of the REACH team for the purpose of assessment, consultation and implementation of educational programming for the above named child. REACH services my include: Speech Language Pathology; Physical Therapy; Educational Consultant of the Blind/Visually Impaired; Orientation and Mobility Specialist; Educational Consultant for the Deaf/Hard of Hearing; Educational Audiology; Psychology and Occupational Therapy. **If you do not agree to any of these services, please cross out the items and initial.**

☐ I give consent for my child to be videotaped for the purposes of educational assessment and consultation. This videotape will be used only with those individuals involved in educational programming for my child. I understand prior notification of the actual day of videotaping will be given to me for each occurrence.

☐ I consent to the release of REACH reports on the above named child to outside agencies for the purpose of medical/clinical reviews. Parents/guardians will be notified before REACH documentation is released to an outside agency.

☐ I consent to the release of records on the above named child from the following practitioners/agencies:

- ❑ Audiologist _____
- ❑ Optometrist/Ophthalmologist _____
- ❑ Canadian National Institute for the Blind (CNIB)
  CNIB No. _____ Registered _____ or Enrolled _____
- ❑ Alberta Childen's Hospital (ACH) (Specific Clinic/Services) _____
  _____
- ❑ Children's CARE Services _____

All reports will be released to the Supervisor, REACH, Calgary Board of Education, 8th Floor – 1221 – 8 Street S.W., Calgary, AB T2R 0L4 T: 403-817-7799 F: 403-777-6997

I understand why I have been asked to disclose this information and am aware of the risks or benefits of consenting or refusing to consent to disclose this information. All information will be treated as confidential and is for educational programming purposes.

I understand that it is my responsibility to advise the school and REACH, in writing, of my withdrawal of any part of, or all of this consent.

_____ _____
Name of consenting person (please print) **Relationship to child** (*If you are not the legal guardian, please attach appropriate documentation indicating your ability to consent to services.)

_____ _____
Signature of consenting person **Date**

Pursuant to the School Act, the Student Record Regulation and the Freedom of Information and Protection of Privacy Act, the School Jurisdiction may disclose to the REACH team, relevant information in your child's Cumulative Record. The REACH team may speak to your child's teachers, principal, education assistants and other personnel regarding your child's educational needs.

The Provincial Freedom of Information and Privacy Act protects how your personal information is collected, used and disclosed. Information acquired through this form is kept secure and access is restricted. Questions regarding collection of this information should be addressed to the REACH Supervisor, REACH, Calgary Board of Education, 8th Floor – 1221 – 8 Street S.W., Calgary, AB T2R 0L4 T: 403-817-7799 F: 403-777-6997.

Calgary Board of Education

REACH – Regional Educational Assessment & Consultation Services
8th Floor – 1221 – 8 St. S. W., Calgary, AB T2R 0L4 t | 403-817-7799 f | 403- 777-6997 | reachoffice@cbe.ab.ca

Parental Authorization for Psychological Assessment & Disclosure of Information

Authorization is given as a signed statement of informed consent for assessment. The assessment will address the educational needs of the student. The services which are described below have been discussed with you by the principal and/or teachers from your child's school.

STUDENT IDENTIFICATION
Student Legal Last Name:
Student First Name:
Date of Birth (mm/dd/year):
School:

PURPOSE OF ASSESSMENT

- In an effort to provide an effective program for your child, a request for a psychological assessment has been made to REACH services. REACH is an educational, assessment and consultation service.

NATURE OF ASSESSMENT

- Psychoeducational (e.g., intelligence, academic functioning, learning style.)
- Social/Emotional (e.g., behaviour, self-esteem, anxiety, personality.)

ASSESSMENT PROCESS

- The assessment may take the form of a clinical interview, file review, classroom observation, and/or administration of individual psychological tests. Information may be collected from the parent/guardian/independent student and/or school personnel in the form of interviews and/or checklists or rating scales.
- If you have any questions or concerns, please feel free to contact the Psychologist who will answer your questions directly. The Psychologist may be contacted at the REACH office at 403-817-7799. Psychologist Name: _____.

OUTCOMES

- The information obtained from the assessment will be used to describe and understand the student's present functioning as it affects learning.
- The results may aid in identifying students exhibiting special needs according to the categories used by Alberta Learning.
- There will be a formal written report interpreting the results of the assessment. The results will be reviewed with the parent/guardian/independent student and school personnel and a copy of the report can be obtained from the school. The report will be stored in accordance with local jurisdiction's policies and regulations governing the maintenance of school records.

VOLUNTARY CONSENT

- Authorization and participation in the psychological assessment are voluntary.

RIGHT TO WITHDRAW

- The parent/guardian/independent student will be notified in advance when the assessment is to take place and they may revoke this consent at any time by notifying the principal of the child's school.

CONSENT (Please check boxes to indicate your consent for the following)

☐ I hereby consent to the provision of psychological assessment(s) which may include intellectual, behavioural and/or social-emotional testing for the forenamed student. I understand a psychologist will review and explain the results of the assessment with me, the consenting person (the parent/legal guardian/independent student) and with appropriate school staff.

☐ I hereby consent to the release to REACH, all the records, reports of examinations, and information of medical, psychiatric/psychological, and/or educational assessments or programs rendered to the forenamed student for the purpose of providing special assistance for the educational benefit of the student.

AUTHORIZATION SIGNATURES

A signature must be provided by the parent/legal guardian unless the student is an independent student as defined under the School Act. This authorization will remain in effect for the current school year.

I,_____, being either the parent or legal guardian of the child referred to on this authorization form, or an independent student, agree to the provision of services as described above, and authorize the Psychologist to consult with appropriate school staff in regards to my child's needs. If any custody order has been granted by a court, I have the authority to provide this authorization and I have informed the Psychologist, and the principal, if any other party's authorization is also required under the order.

Name of Principal or Designate	Date (mm/dd/year)	Signature of Principal or Designate

Name of Parent/Guardian/ Independent Student	Date (mm/dd/year)	Signature of Parent/Guardian/ Independent Student

Calgary Board of Education

REACH – Regional Educational Assessment & Consultation Services
8th Floor – 1221 – 8 St. S. W., Calgary, AB T2R 0L4 t | 403-817-7799 f | 403- 777-6997 | reachoffice@cbe.ab.ca

FUNCTIONAL VISION INQUIRY

Date: _____

To: _____

From: Educational Consultants for the Visually Impaired

Re: **Student:** _____
Date of Birth: _____

1. Present Eye Condition: _____
   Etiology of the Condition: _____

2. Acuity (with Correction)

			Standard Testing Distance of 10 feet		**Standard Testing Distance at 16”**
OD	Right Eye:	Distance	_____	Near	_____
OS	Left Eye:	Distance	_____	Near	_____
OU	Both Eyes:	Distance	_____	Near	_____

3. Field of Vision (restriction in degrees – Please describe. Example: Scotomas)

   _____

   _____

4. Is there a diagnosis or characteristics of Cortical Vision Impairment? _____ Yes _____ No
   If yes, please describe: _____

   _____

5. Is the visual impairment likely to:

   ☐ Improve ☐ deteriorate ☐ remain stable

6. Does child require glasses or contact lenses? _____

7. Describe special treatment that may be required (e.g. patching, eye drops, lighting).

   _____

   Should there be any restrictions in the child’s activities? _____

   _____

   Should the teacher be alert to any particular symptoms that would signal the need for medical attention? (e.g. eye poking, head banging, squinting, photophobia, etc.)

   _____

Doctor’s Signature: _____ Date: _____

Calgary Board of Education

REACH – Regional Educational Assessment & Consultation Services
8th Floor – 1221 – 8 St. S. W., Calgary, AB T2R 0L4 t | 403-817-7799 f | 403- 777-6997 | reachoffice@cbe.ab.ca

CBE Speech Generating Communication Device
Request for REACH Services

STUDENT INFORMATION:

Student Name: _____ **Student's Ex. Code (e.g.40's/50's):** _____

Date of Birth: _____ **Diagnosis**: _____
(month/day/year)

Address: _____ **Phone:** _____

SCHOOL INFORMATION:

School: _____

Phone #: _____ **Fax #:** _____

Teacher: _____ **Principal:** _____

Grade/Program: _____

Contact Person: _____ **Position:** _____

Contact Person Email: _____

PARENT/LEGAL GUARDIAN INFORMATION:

Parents/Legal Guardian: _____

Preferred Phone #: _____ **Email:** _____

REASON FOR REFERRAL:

What type of support are you requesting? (e.g. assessment, support for use of an existing device, other)

_____

_____

_____

INFORMATION ABOUT STUDENT (and device):

Does the student have a device? _____

If so, which one? _____

How long has the student had this device? _____

What other agencies/disciplines are currently involved with this student?

AGENCY/DISCIPLINE	ROLE

What other agencies/disciplines have been involved with this student in the past year?

AGENCY/DISCIPLINE	ROLE

How is the student accessing this device (e.g. finger, joy stick, switch, head switch, etc.)? _____

_____

In what situations is the student using this device in the classroom? _____

_____

_____

In what situations is the student using this device in the home or community? _____

_____

_____

Give an example of something the student might "say" using their device? _____

_____

_____

Name of person filling out form and relationship to student: (please print) _____

_____

_____ _____

Principal (or designate) Signature **Date**

_____ _____

Jurisdiction (or designate) Signature **Date**

PARENTAL AUTHORIZATION

Please ✓appropriate boxes

☐ I consent to the involvement of the REACH team for the purpose of assessment, planning and implementation of educational programming for the above named student. REACH services may include the involvement of the following consultants: speech/language, occupational therapy, physical therapy.

☐ I give consent for my child to be videotaped for the purposes of educational assessment and consultation. This videotape will be used only with those individuals involved in the educational programming for my child. I understand prior notification of the actual day of videotaping will be given to me for each occurrence.

I understand it is my responsibility to advise the school, in writing, of my withdrawal of any portion of, or all of this consent.

Name of consenting person (please print) _____ Relationship to child _____

Signature of consenting person _____ Date _____

To be able to provide educational support services to your child, we need to ask you for some personal information.

Pursuant to the School Act, the Student Record Regulation and the Freedom of Information and Protection of Privacy Act, the School Jurisdiction may disclose to the REACH team, relevant information in your child's Cumulative Record. The REACH team may speak to your child's teachers, principal, education assistants and other personnel regarding your child's educational needs.

The Provincial Freedom of Information and Privacy Act protects how your personal information is collected, used and disclosed. Information acquired through this form is kept secure and access is restricted. Questions regarding collection of this information should be addressed to the REACH Supervisor at Calgary Board of Education, 8th Floor 1221 – 8th St. S. W., Calgary, AB T2R 0L4, or by calling (403) 817-7799.

Office Use Only:

☐ **SLP** ☐ **OT** ☐ **PT** ☐ **OTHER (specify)**

Calgary Board of Education

REACH – Regional Educational Assessment & Consultation Services
8th Floor – 1221 – 8 St. S. W., Calgary, AB T2R 0L4 t | 403-817-7799 f | 403- 777-6997 | reachoffice@cbe.ab.ca

REACH Information Update

Student Name: _____ **Date of Birth:** _____

Diagnosis: _____ **By Whom:** _____ **Date:** _____

School: _____ **Jurisdiction:** _____

Address: _____
Street City Postal Code

Phone #: _____ **Fax #:** _____

Teacher: _____ **Principal:** _____

Teacher e-mail: _____

Grade/Program: _____ **Education Assistant:** _____

Contact Person: (School Based) _____ **Position:** _____

Contact e-mail: _____

Parent(s)/ Legal Guardian: _____

Address: _____
Street City Postal Code

Phone #: _____ **Business #:** _____

Foster Parents' Name: (if applicable) _____

Address: (if different from student's) _____
Street City Postal Code

Phone #: _____ **Business #:** _____

Social Worker: _____ **Group Home:** _____

Phone #: _____ **Phone #:** _____

This referral has been discussed with the parent/guardian ☐ Yes ☐ No
By Whom _____
If referral has not been discussed please do so before proceeding with referral.

Date form completed: _____