CURRENT SERVICES—ELEMENTARY

CHILD'S NAME: _____

DATE OF BIRTH: _____ SCHOOL: _____

☐ **MY CHILD IS CURRENTLY RECEIVING OR IS ON THE WAITING LIST FOR THE FOLLOWING SERVICES:**
(reminder to sign a release of information form for each of the organizations checked off below)

AGENCY	SERVICE/DEPARTMENT	DETAILS
☐ CLSC	Which Service?	_____ Contact Person _____ Email _____ Telephone
☐ Daycare ☐ Previous School Name: _____ _____ Other:	☐ IEP ☐ With educator ☐ Without educator Since:	_____ Contact Person _____ Email _____ Telephone
☐ West MTL Readaptation (CROM) ☐ MAB Rehabilitation Centre ☐ Services Spécialisés de la Montérégie Ouest (SRSOR) ☐ Miriam Centre ☐ CDR Marie Enfant ☐ Centre Montérégien Réadaptation Other:	☐ ABA Therapy ☐ Child & Family Support Educator ☐ Stepping- Stones ☐ Occupational Therapy ☐ Other: Since:	_____ Contact Person _____ Email _____ Telephone
☐ Mackay / Layton (schools) ☐ Montreal Oral School _____ ☐ Montreal Children's Hospital ☐ Ste-Justine's Hospital ☐ Jewish General Hospital ☐ Douglas Hospital ☐ Hawkesbury General Other:	☐ Speech & Language ☐ Occupational Therapy ☐ Physical Therapy ☐ Development Clinic ☐ ASD Clinic ☐ Psychology ☐ Neurology ☐ Psychiatry Other:	_____ Contact Person _____ Email _____ Telephone
☐ Private Services Name of Organization: Name of Professional:	☐ Speech & Language ☐ Occupational Therapy ☐ Physical Therapy ☐ Psychology ☐ ABA Therapy ☐ Private Counselling Other:	_____ Contact Person _____ Email _____ Telephone
List of available documents to include with registration package	☐ Diagnosis of Chronic Illness ☐ Assessments From Professionals ☐ Behavioral Plan ☐ De-Escalation Plan Other:	_____ Contact Person _____ Email _____ Telephone
Release of Information Form(s)	☐ One for each of the contacts you listed above	

☐ **MY CHILD HAS <u>NOT</u> BEEN SEEN/SUPPORTED BY SPECIALISTS/PROFESSIONALS AND IS CURRENTLY NOT ON ANY WAITING LIST(S)**

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____