



**REQUEST FOR SERVICE: WEST VANCOUVER SCHOOL DISTRICT #45**  
**North Shore School Occupational Therapy (NSSOT) Program**  
 2805 Kingsway, Vancouver, BC V5R 5H9  
 Tel: 604.451.5511 F a x : 604.451.5651 W e b : www.bc-cfa.org

**Instructions for School Staff:**

- 1) Please ensure that any new referral to the school Occupational Therapy program is discussed at a school-based team meeting.
- 2) Once the referral is approved, please complete the following referral form and ask the parent/guardian to add to information provided, review and sign if in agreement. Please also ask the parent/guardian to initial and sign the consent form and initial that they have read about rights and responsibilities.

**Then mail or fax directly to:**  
*North Shore School OT Program*  
*BC Centre for Ability*  
 2805 Kingsway, Vancouver V5R5H9  
 Fax: 604-451-5651

**Request Checklist**

I have included the following information or documents to this referral:

- Student's designation (if applicable)
- Observation notes
- Any supporting documentation
- Information on Private OT services, if there has been private OT

Please confirm that the consent form has been carefully completed including:

- Parent/Guardian signature
- Witness signature
- Initials beside any relevant service providers for this student
- Initials beside "other BCCFA programs" (first line) if the student was previously seen by Early Intervention Therapy or other programs.
- Initials beside Private Therapists (if applicable) and the names of any private service providers

If this student has an IEP, it is attached and includes a goal specifically related to this OT request.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
If this student has received a psych ed. assessment, it is attached.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
If this student has gross motor concerns, referral to physiotherapy services has been discussed with the family and school based team.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

**A copy of this referral has been placed in the student's file at the school. Yes**

*Please be aware that if a student has transferred from another district, referral to the school Occupational Therapy program should be discussed at a school based team meeting level. Please note that a new referral is required.*



**Section 4 - Pertinent Medical History**

Does this student have a low incidence designation?      Yes       No       Pending

If yes or pending, please check designation:      A     B     C     D     E     F     G     H

Please specify medical diagnosis If no medical diagnosis, please ensure there is some assessment information indicated below.

---

**Agencies or Specialists Involved:** e.g.: Sunny Hill Health Centre, BC Children’s Hospital, North Shore Health Region, Orthopaedic Surgeon, Neurologist etc

Previously: \_\_\_\_\_

---

Current: \_\_\_\_\_

---

Assessment date(s) and findings: \_\_\_\_\_

---



---

**Section 5 (MUST BE COMPLETED)**

Date of Referral: \_\_\_\_\_      Referred By: \_\_\_\_\_  
(school district representative)

*By signing this form, I indicate my agreement with this referral to Occupational Therapy. I have completed the Consent to Obtain/Release Information form.*

Signature of Parent/Guardian: \_\_\_\_\_

Signature of WVSD #45 District Administrator: \_\_\_\_\_

**Instructions for school staff:**

- 1) Please ensure that any new referral to the school Occupational Therapy program is discussed at a school-based team meeting.
- 2) Once the referral is approved, please complete and print this referral form, ask parent/guardian to add to information provided, review and sign if in agreement. Please also ask parent/guardian to initial and sign consent form and initial that they have read about rights and responsibilities.

**Then mail or fax directly to:**  
*North Shore School OT Program  
 BC Centre for Ability  
 2805 Kingsway, Vancouver V5R5H9  
 Fax: 604-451-5651*



**CONSENT TO OBTAIN/RELEASE INFORMATION**  
**North Shore School Occupational Therapy Program**  
 2805 Kingsway, Vancouver, BC V5R 5H9  
 P: 604-451-5511 F: 604-451-5651

NVSD and WVSD contract with BC Centre for Ability to deliver school-age Occupational Therapy consultation services. In order to provide safe and effective services, OTs need to request information from and share information with your child's other service providers, verbally and in writing. All information is treated as strictly confidential. A copy of this consent will be sent to all persons/agencies when written information is requested from them. All program reports will be sent to parent(s) and/or guardian in addition to the school team.

**Student's Name (First and Last names)**

**Student's Date of Birth (mm/dd/yy)**

I, the undersigned, do hereby authorize the BC Centre for Ability to obtain and/or release medical and educational information regarding my above named child from the persons/agencies listed below.

Obtain From	Release To	Name of Person/Agency
Example <i>AW</i>	Example <i>AW</i>	Please enter your first and last initials in the boxes beside the persons/agencies you authorize us to obtain information from and/or to release information to. <b>PLEASE DO NOT CHECK THE BOXES, WE NEED YOUR INITIALS.</b>
		Other BCCFA programs including: Early Intervention Therapy, Community Brain Injury for Children and Youth, Stepping Stones and adult programs
		Health Authority including school-age physiotherapy and nursing support services
		Supported Child Development Programs / after school daycare
		BC Children's Hospital, Sunny Hill Health Centre for Children. Other hospital:
		Foster Parent(s)
		Ministry of Child & Family Development including CYSN, At Home & Autism Funding
		Community Living BC
		Behaviour Consultant/Team (please name):
		Group Home staff (please identify home):
		Private Therapists (please list first & last names):
		My Child's doctor(s) (please list first & last names):
		Other:

**I consent to BCCFA staff obtaining information from/releasing information to school staff and understand that this is essential for delivery of services within this program.**

\_\_\_\_\_ X \_\_\_\_\_  
 Custodial Parent/Legal Guardian Printed Name      Custodial Parent/Legal Guardian Signature      Relationship to Child

\_\_\_\_\_ X \_\_\_\_\_  
 Date      Witness Signature      Witness Printed Name  
 (Consent expires one year from this date)      (Must be at least 18 years old)

## **Your Rights**

### ***The Right to Information***

You have the right to:

- receive copies of all reports written by the North Shore School Occupational Therapy Program about your child.
- see your child's health record at the Centre at any time by contacting the Program Director. (Please note: In keeping with the *Freedom of Information and Protection of Privacy Act*, the Centre does not make copies of reports originating from other agencies).
- complete and unbiased information about assessment, intervention, and service options.
- ask questions and receive answers regarding your child's assessment and any aspect of your child's intervention.
- receive verbal information from therapists in a language that you understand. The Centre will provide interpretation services to families and children to support home based services when necessary.
- information about community resources that may be suitable and available for your child and your family.

### ***The Right to Confidentiality***

- All staff, volunteers and students at the BC Centre for Ability sign a Confidentiality Agreement when they are hired. Breaches of confidentiality are grounds for discipline by the Centre as well as by professional colleges or registering bodies.
- Information about your child or your family will not be released without your written consent.

### ***The Right to Refuse Services***

- OTs will explain any service or intervention they propose or recommend including any potential risks. You have the right to refuse any service or intervention you believe is not in the best interests of your child or family.

### ***The Right to Provide Feedback***

- You have the right to express concerns or complain about your services. A complaint will not result in the loss of services. Compliments are also welcome. To provide feedback please call the Program Director at 604-630-3001

## **Your Responsibilities**

- Please inform staff as soon as possible if your child has an OT appointment which he/she is unable to keep.
- Please inform staff who are scheduled to visit your home, if you or your child is sick.
- Please inform staff if your child is also working with an Occupational Therapist in private practice. It may be necessary to prepare a co-therapy agreement.
- Please let us know if you need clarification about the nature of this consultation service.

Please sign below to confirm that you have been given information about your rights and responsibilities.

**Initial:** \_\_\_\_\_

**Date:** \_\_\_\_\_