

**Atlantic Provinces Special Education Authority  
Commission de l'enseignement spécial  
de provinces de l'Atlantique**

5940 South Street, Halifax, Nova Scotia B3H 1S6  
(902) 424-8500 Voice/TTY (902) 424-7765  
Administration Fax (902) 424-0543 Assessment Fax (902) 424-6421

**REFERRAL for PRESCHOOL SERVICES**

Name of Child:

Date of Birth:

Name of Parent(s)/Guardian(s):

Address:

Telephone: (home)

(work)

Email:

Signature of Parent/Guardian:

Date:

Referred by:

Address:

Relationship to Child:

Additional Disability(s):

Name of Person Completing Referral:

Position:

Telephone:

Date:

N.B. A copy of the most recent audiology report must accompany a referral for a student who is deaf or hard of hearing. A copy of the most recent eye report must accompany a referral for a student who is blind or visually impaired.

Service Requested for:

- |                          |                                           |
|--------------------------|-------------------------------------------|
| <input type="checkbox"/> | A child who is deaf or hard of hearing    |
| <input type="checkbox"/> | A child who is blind or visually impaired |

*To be completed by APSEA staff:*

Statement of Problem:

Recommended Service:

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Date:

APSEA Provincial Supervisor

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***Serving Children and Youth who are Deaf, Hard of Hearing, DeafBlind, Blind or Visually Impaired***