

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 SERVICES

Student Information

Student's Name: (last) _____ (First) _____ (Middle) _____
Date of Birth: (month) _____ (Day) _____ (Year) _____
Name of Parent(s)/Guardian(s): _____

Address: (Street/P.O. Box) _____
(City/Town) _____ (Prov.) _____ (Postal Code) _____
Telephone: (home) _____ (work) _____
Email: _____

School District/Unit Information

Name of District/Unit: _____
Address: (Street/P.O. Box) _____
(City/Town) _____ (Prov.) _____ (Postal Code) _____
Telephone: _____
Superintendent: _____
Special Services Co-ordinator/Supervisor: _____
Address (if different from above): (Street/P.O. Box) _____
(City/Town) _____ (Prov.) _____ (Postal Code) _____
Telephone: _____

School Information

Name of School: _____

Address: (Street/P.O. Box) _____

(City/Town) _____

(Prov.) _____

(Postal Code) _____

Telephone: _____

Name of Principal: _____

Student's Placement: (Grade or Special Classes) _____

Reason for Referral: _____

Additional Disability(s) _____

Available Assessment Information:

Name of Test _____

Date of Administration _____

Name of Test _____

Date of Administration _____

Name of Test _____

Date of Administration _____

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:

- A child who is deaf or hard of hearing
- A child who is blind or visually impaired

Parent(s)/Guardian(s) Signature _____

Date: _____

Signature of School District/Unit Representative completing this form _____

Date: _____

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