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School Based Rehabilitation Services

Enabling Participation, Socialization and Learning

SBRS Student Update Form

To be completed by School Personelle regarding Waitlisted Students

Last Name:		First Name:	
Date of Birth:		School:	
<p>This form is intended for use by the school in order to share with QCTC any updated information that may affect a student's position on the waitlist for OT, PT or SLP services or to provide additional or changed contact information. Updates regarding students who are already actively receiving OT, PT or SLP services and no longer on the waitlist can be submitted directly to Quinte and District Rehabilitation and do not require use of this form.</p>			
<p>Student's Updated Needs/Reason for Referral:</p> <p>See documents attached</p> <p>The student no longer requires the requested OT, PT or SLP services. Please remove this student from the waitlist.</p> <p>The family is in agreement with this plan.</p>			
<p>Demographics Update: (Changes in School Attended, School Board, Home address, Family contact information, Custody and Guardianship, etc.)</p> <p>The family is aware this updated information is being shared with QCTC (This box must be checked).</p>			
Resource Teacher or School Board SLP:			
Phone Number:		Extension:	
Signature:		Date:	