



**Quinte Children's Treatment Centre
School-Based Rehabilitation Services**

Quinte Health Care
Belleville General Hospital
265 Dundas Street East
Belleville, ON K8N 5A9

Telephone: **(613) 969-7400 x2784**
Fax: **(613) 961-2517**

Quinte Children's Treatment Centre

Upload document using Sync.com (please see instructions on our website)
Fax to: 613-961-2517
Questions? Call: 613-969-7400 ext. 2784

Services Requested: *(select all boxes that apply)*

- *Occupational Therapy
- *Physiotherapy
- *Speech Therapy
- Urgent equipment needs required for school entry (i.e. ramp, grab bars, mobility device)
- Request for service in French – if attending French school

*Supporting documentation must accompany referral

A Child/Youth Demographics

Child/Youth: Last Name: First Name:

Date of Birth: Gender:
(dd / mmm / yyyy)

Address: City: Prov: Postal Code:

Parent/Guardian: Last Name: First Name:

Legal Guardian: Y N Relationship to Child:

Living with Child: Y N *(if Agency or Other is selected above, please specify here)*

Parent/Guardian's Address: Same as child's above-listed address Other *(if Other, include address on line below)*

Address: City: Prov: Postal Code:

Home Phone: Mobile: Work: Ext.

Email: Email Consent*: Y N

Parent/Guardian: Last Name: First Name:

Legal Guardian: Y N Relationship to Child:

Living with Child: Y N *(if Agency or Other is selected above, please specify here)*

Parent/Guardian's Address: Same as child's above-listed address Other *(if Other, include address on line below)*

Address: City: Prov: Postal Code:

Home Phone: Mobile: Work: Ext.

Email: Email Consent*: Y N

*Consent for use of email to receive handouts, letters, information about programs and events, and/or to schedule appointments. Consent can be withdrawn at any time. To opt out of specific types of communications, please indicate in the space provided.



**Quinte Children's Treatment Centre
School-Based Rehabilitation Services**

Quinte Health Care
Belleville General Hospital
265 Dundas Street East
Belleville, ON K8N 5A9

Telephone: **(613) 969-7400 x2784**

Fax: **(613) 961-2517**

Custody Arrangements: Joint Sole No agreement Formal Agreement Children's Aid Society

Comments/Details:

B. Additional Information

Language(s) Spoken/Understood By Child: Interpreter required?: Y N

Diagnosis (if any):

Primary Physician: Phone Number:

Other Physician: Phone Number:

C. School Information

Does the student have an Individualized Education Plan (IEP)? Y N *(If yes, please attach)*

Does the student have an Identification, Placement and Review Committee (IPRC) designation? Y N

(If yes, please identify exceptionalty)

Is there a Safety Plan for this student? Y N

(If yes, please describe)

Has the school completed any other assessments or testing with this student? Y N

(If yes, please provide details)

School Board: ALCDSB HPEDSB CEPEO CECCE PDSB (Provincial & Demonstration)

School: City:

Learning Support Teacher: LST's Email:

Classroom Teacher: Grade:

School Principal: Phone: Fax:

Referred by:
(print/type name and credentials)

Date:
(dd-mmm-yyyy)

Signature: