



Referral for Wellness Services

2020-2021



DALTON[®]
ASSOCIATES

AFNEA Jordan's Principle Integrated Community and School-Based Wellness Initiative

Email: Password protect and forward completed referral form to info@afneawellness.ca

Paper: Return completed forms to Special Education teams KES or VSS / or Health Centre

Referral Information

Date:

Name and role of referee

Contact of referee

Client Information

Name of child / youth

Date of birth / grade / gender

DOB:

Grade:

Gender:

Name of parent or guardian

Address

Phone number

Email Address

Are parents aware of referral?

YES

NO

Name of home room teacher

Service requested

- ☐ Psychotherapy / Counselling
- ☐ Behaviour Support (ABA)
- ☐ Speech and Language Therapy
- ☐ Psychological Assessment

Reason for Referral

What is the reason for referral?

Are there any questions would you like answered as part of the assessment or service?