**![A picture containing text, lamp

Description automatically generated]()INCLUSIVE LEARNING**

**FORM C – REQUEST FOR AUGMENTATIVE & ALTERNATIVE COMMUNICATION**

**CONSULTATION**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **STUDENT INFORMATION** | | | | | | | | | | |
| Student: |  | | | D.O.B: | |  | | Date: |  | |
| Enrolling Teacher: | |  | | | PEN #: | |  | | Grade: |  |
| Parent(s)/Guardian(s): | | |  | | School: | |  | | | |

|  |  |
| --- | --- |
| **INVOLVED TO DATE** | |
| * Private OT or S-LP (if known) | * District Support Teacher (Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| * SET BC | * PIOP Consultation |
| * Sunny Hill AAC Team | * District Teacher Visually Impaired (Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| * School S-LP (Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | * SD # 79 OT (Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| * Queen Alexandra Clinics | * Other |

|  |
| --- |
| * District Augmentative & Alternative Communication S-LP |
| Signature |

|  |  |  |  |
| --- | --- | --- | --- |
| **SIGNATURES** | | | |
| Referral Initiated By:  School S-LP  District OT  District Teacher - Visually Impaired  High School Resource Teacher | Signature | Date: |  |
| Principal: | Signature | Date: |  |
| Parent(s)/Guardian(s):  Consent is provided to provide consultation to this student and information to the school based team | Signature | Date: |  |

*COMPLETED AND SIGNED ORIGINAL FORMS TO BE FILED AT SCHOOL IN THE STUDENT’S FILE.*

*DISTRIBUTION: copy to Parent/Guardian; copy to Inclusive Learning to update District database (Filemaker Pro)*

🞏 IEP

🞏 Reviewed at SBT / LST (notes if available)

🞏 Student Profile from MyEd

COWICHAN VALLEY SCHOOL DISTRICT, 2557 BEVERLY ST, DUNCAN, BC, V9L 2X3

Revised – January 2021