**INCLUSIVE LEARNING**

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

**CONSULTATION**

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| **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 |

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| **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