

**Child Development Services**

Child &amp; Youth with Special Needs (CYSN)

FASD

Infant Development (IDC)

Occupational Therapy (OT)

Physiotherapy (PT)

Speech &amp; Language (SLP)

Supported Child Development (SCD)



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Active: Yes

No

Internal: Yes

No

File No: \_\_\_\_\_

**REFERRAL FORM FOR CHILD DEVELOPMENT SERVICES****Please use one form for each person being referred for service****Please check service required**

Date: \_\_\_\_\_

Service:

CYSN

FASD

IDC

OT

PT

SLP

SCD

Name of Person to be Served: \_\_\_\_\_

Last Name

First Name

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(DD/MM/YYYY)

Gender: \_\_\_\_\_

Indigenous? Yes No

Parent / Guardian Name: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work / Cell: \_\_\_\_\_

Can a message be left here? Yes No Yes No

Has Client, Parent / Guardian been informed of referral?

Yes No

Does the Ministry of Child and Family Development maintain an open file?

Yes No Don't Know

If Yes – Name of Social Worker \_\_\_\_\_

Does this referral pose any safety concerns toward our staff?

Yes No

Diagnosis (if known): \_\_\_\_\_

**Reason for Referral:** Please indicate significant **birth history** (e.g. prematurity, jaundice, respiratory distress, feeding difficulties), **medical history** (e.g. major illness, chronic ear infections, allergies), and, **social/family history**.

Referral Source: \_\_\_\_\_

Person Referring: \_\_\_\_\_

**Child & Youth with Special Needs (CYSN)**

CYSN serves families who are parenting children with special needs. The format is family support, individually and in groups. As well as home outreach. Referrals from MCFD / CYSN.

**Fetal Alcohol Spectrum Disorder (FASD)**  
(Birth to 18)

Providing information, advocacy and support to families with children and youth, from birth to 18 years in whom Fetal Alcohol Spectrum Disorder (FASD) and other Complex Developmental Behaviour Disorders are suspected, or where there is a confirmed diagnosis. Assistance can be provided throughout the FASD assessment process, as well as ongoing parent-to-parent support. Open Referral.

**Infant Development (IDC)**  
(Birth to 3)

Offering home-based outreach services for children from birth to 3 years. The Infant Development Consultants serve children who may be at risk for developmental delays. Group activities for parents and children are also provided. Open Referral.

**Occupational Therapy (OT)**  
(Birth to 5)

Providing service to children from birth to 5 years through assessment, treatment, and consultation. The Occupational Therapist helps children develop skills for play activities and daily living. Open Referral.

**Physiotherapy (PT)**  
(Birth to 5)

Providing service to children from birth to 5 years through assessment, treatment, and consultation. The Physiotherapist provides parents and caregivers with information about movement such as rolling, crawling, sitting, walking, climbing and jumping. Open Referral.

**Speech & Language (SLP)**  
(Birth to 5)

Serving children birth to 5 years who may be at risk for speech / language delays with a focus on prevention and identification. Speech and Language Pathologists assess hearing, speech, and language. Open Referral.

**Supported Child Development (SCD)**  
(Birth to 18)

Promoting inclusive child care for children ages birth to 18 years in community childcare settings. The SCD Consultant assists children with special needs to access community childcare settings. The Supported Child Development Assistant provides specialized support in the childcare setting when required. Open Referral.