APSEA | Atlantic Provinces Special Education Authority

Referral for Service Form

A copy of the most recent **Audiology Report** or **Eye Report** must accompany this signed Referral for Services form.

- Fax to Email the completed form to: 902-424-1369 / Attention: Kyle Hatt (DHH) or email dhh@apsea.ca
- Fax to Email the completed form to: 902-425-6166 / Attention: Wanda Nauss (BVI) or email bvi@apsea.ca

A Child who is Deaf or Hard of Hearing (DHH): ☐ A Child who is Blind or Visually Impaired (BVI): ☐

Name of Child: (Full)			
Preferred Name:		DOB: (YYYY-MM-DD)	
Gender:	Male ☐ Female ☐ Non-Binary ☐		
Address: (Full)			
Home Language:		Phone: (Home)	
Phone: (Cell)		Phone: (Work)	
Email:			
Names of Parent(s)/Guardian(s):			

I hereby grant permission for APSEA staff to:

- complete observations, interviews, and assessments,
- obtain my child's confidential personal information from a medical or educational professional that is relevant to the assessment of my child's eligibility for APSEA services.

I understand that this referral gives permission to determine eligibility for APSEA programs and services that provide culturally and linguistically responsive, inclusive, equitable, and accessible educational services and supports to learners who are Deaf or hard of hearing and/or blind or visually impaired.

Parent(s)/Guardian(s) Signature:		Date:	

School & School District Information: (To be completed for school aged referrals)			
Name of School:			
Address: (Full)			
Name of Principal:		Email:	
Phone:		Students Grade:	
School Board/District/Region:			
School/Preschool Signature:		Date:	

Child Name: _____

FOR APSEA USE ONLY:	
Qualifies ☐	Does not Qualify ☐

DHH Eligibility	BVI Eligibility
Students, ages birth – 21, eligible for services shall have a diagnosis from a licensed Audiologist within the last 12 months as having at least one of the following: • Slight hearing loss or greater in the better ear which is not reversible in a reasonable period of time. ☐ And • Amplification is pursued. ☐ Or • Single-sided deafness. ☐ <u>Supervisor Comments:</u>	Students, ages birth – 21, eligible for services shall have a diagnosis from a licensed eye specialist within the last 12 months as having at least one of the following: • Visual acuity of 6/21 (20/70) or less, at near or distance, in the better eye with best correction or, for difficult-to test children or youth, an estimated acuity and/or visual behavior which is significantly abnormal from what is developmentally age-appropriate. ☐ • Visual field of 20 degrees or less, or a diagnosis of hemianopsia or bilateral scotomas. ☐ • Congenital or degenerative condition. ☐ • Medical diagnosis of Cortical Visual Impairment (CVI) made by an ophthalmologist, or neurologist. ☐ • Temporary eye conditions such as post-operative retinal detachment or patching where service for a limited time is required (at the discretion of the Provincial Supervisor). ☐

Education Support Teacher:			
Staff Association(s):			
Comments:			
Supervisor of Programs Signature, BVI/DHH:		Date:	