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 blv@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
Children and youth in New Brunswick and Nova Scotia*, eligible for services, shall be diagnosed by an audiologist within the last 12 months with 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 (BVI/DHH):</u>	Children and youth in the Atlantic Provinces, eligible for services shall have a diagnosis from a licensed eye specialist within the last 12 months as having one of the following: • Visual acuity of 6/21 (20/70) or less, near or distance, in the better eye with best correction. ☐ • A visual diagnosis or related visual stamina that is not correctable and results in the child's functioning as if their visual acuity is limited to 6/21 (20/70) or less. ☐ • Visual field of 20 degrees or less, or a diagnosis of hemianopsia or bilateral scotomas. ☐ • Any progressive eye disease with a prognosis of becoming one of the above in the next few years. ☐ • Cortical/Cerebral Visual Impairment (CVI). ☐ • Temporary eye conditions such as post-operative retinal detachment or patching where service for a limited time is required. (at the discretion of the Supervisor of Programs-BVI) ☐ And • Demonstrates limited ability to visually access the full range of program - appropriate media and materials. ☐

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