



## REQUEST FOR CLINICAL SERVICES

### **CHILD IDENTIFICATION**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: ☐ Male / ☐ Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal code: \_\_\_\_\_

### **MEDICAL INFORMATION**

Allergies: \_\_\_\_\_ Medical conditions: \_\_\_\_\_

Special needs diagnosis: \_\_\_\_\_

Please indicate any pertinent information and whether the child has received any services in the past (i.e. speech therapy, occupational therapy, etc.):

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*If your child was previously evaluated by a speech therapist, psychologist, occupational therapist or other, please provide a copy of those documents.*

### **PARENT IDENTIFICATION**

Marital status of parents: \_\_\_\_\_

*Parent information*

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

*Parent information*

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

### **CLINICAL SERVICES**

Please select the service(s) that you would like your child to receive:

- ☐ Integration assistance (current students only)
- ☐ Behaviour intervention therapy (ABA)
- ☐ Speech therapy
- ☐ Occupational therapy



## CONSENT FOR SERVICES

I, \_\_\_\_\_ (parent/tutor) as the legal guardian/parent agree to allow my child \_\_\_\_\_ (name of child) to receive services by a professional from Académie de l'enfance (ADE) preschool and child development services. I understand that services will be provided on site at my child's preschool. The professional will conduct an initial assessment or screening if required. The professional will develop goals that will be included in my child's classroom, and she will provide treatment and consultation thereafter as required by the preschool. The professional may use a secured web based forum to communicate with the educator and/or classroom educational assistant about my child's program, and my child's progress. I understand that information such as intervention plans, program goals, assessment results and summary reports will be shared between the clinicians/professionals of ADE clinical services and the preschool team.

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

Signature of parent/tutor: \_\_\_\_\_

Signature of second parent: \_\_\_\_\_

*\*Signature of both parents is necessary if parents are not living together. No matter the type of custody (shared or exclusive), the second parent keeps his parental authority and must give consent to medical care for a child less than 14 years old.*



SERVICE	RATE
<b>INTEGRATION ASSISTANCE</b> 1 on 1 support in the classroom for children registered in preschool programs. <i>Preferential small group rates can be offered. *Based on qualifications &amp; availability</i>	<b>Shadowing (1:1)</b> \$15.00 to \$20.00 / hour
<b>BEHAVIOUR INTERVENTION THERAPY</b> Behavioural intervention therapy and supervision by a Board Certified Behavioural Analyst (BCBA) for children with autism and other developmental disorders	<b>Behavioural intervention</b> \$40.00 per hour  BCBA supervision \$125.00 per hour
<b>SPEECH LANGUAGE THERAPY</b> Our collaborative speech therapists are OOAQ accredited, meaning speech therapy services can be claimed by most insurance plans and as medical expenses. <i>*Speech therapy evaluations typically consist of four components / hours for preschool aged children: (1) initial visit, (2) assessment, (3) report, and (4) feedback session with the parents.</i>	<b>Therapy session</b> \$125.00 per hour \$75.00 per ½ hour  <b>Evaluation rate</b> \$155.00 per hour
<b>OCCUPATIONAL THERAPY</b> Collaborative occupational therapists offer in-house services, by appointment. Occupational therapy services can be claimed by most insurance plans and as medical expenses.	<b>Therapy session</b> \$125.00 per hour

**ALL SERVICES ARE BILLED BY ADE TO PARENTS DIRECTLY. MOST SERVICES ARE ELIGIBLE TO BE CLAIMED AS A MEDICAL EXPENSE AND / OR SUBMITTED FOR REIMBURSEMENT BY MOST INSURANCE COMPANIES.**