



***NEW* Special Needs Access Point Referral Package Important Instructions for Completing a SNAP Referral**

In order to provide better service and reduce the steps required for intake, it is no longer necessary to phone SNAP to refer a child. Below is the **new process** for making a referral:

- 1. Discuss your concerns with the child's parent or guardian.**
- 2. Tell the parent about the services available through the Special Needs Resourcing Collaborative** on page 2 of this package. It is important that the parent/guardian understands that their child may receive support from one or more of the special needs resourcing agencies. ***Give the parent the information sheet to keep as a reference*.**
- 3. The "Consent to Share Information" and "Referral and Intake" form *must* be completed by the referral source together with the parent/guardian.**

Please do not send this package home with the parent to complete

- **The Consent to Share Information** is required to complete the referral to the appropriate agency(s). Carefully review the consent with the parent/guardian to ensure they understand the information and services they are consenting to.
- **The Referral and Intake Form must be reviewed with the parent/guardian to ensure accuracy and that they are fully aware of all information documented and shared.**
- For **Re-referrals to SNAP**, complete a new consent form and the SNAP Re-Referral form located on the SNAP website.

4. Fax or mail the completed consent and referral form to:

Resource Coordinator, Special Needs Access Point
Region of Waterloo, Children's Services
99 Regina Street S., 5th Floor
Waterloo, ON
N2J 4G6
Fax: 519-883-4288



Due to privacy policies referrals sent by email will not be accepted

The SNAP Resource Coordinator will review the referral form to determine which service(s) will be most beneficial in supporting the child and will forward the referral to the appropriate agency(s). The referral source and parent will receive confirmation via phone or email of the services that have been coordinated.

If you have questions or need assistance please contact the SNAP Resource Coordinator at 519-883-2022.

Special Needs Resourcing Services in Waterloo Region

A partnership funded by the Region of Waterloo Children’s Services that ensures all children and their families can fully participate in quality, inclusive Early Learning and Child Care.

 <p>Special Needs Access Point (SNAP)</p>	 <p>Early Learning, Child Care and Family Resources</p>
<p>A single point of access for referral(s) to services and supports for children in licensed child care including:</p> <ul style="list-style-type: none"> • Developmental screening • Service coordination • Information and resources for families 	<p>Resource Consultants provide support for children with developmental and/or social-emotional concerns including:</p> <ul style="list-style-type: none"> • Developmental screening • An individualized plan to support the child’s development • Service coordination • Ongoing consultation and monitoring • Additional program support for children with complex needs • Information, training and resources for educators and families

 <p>SPOT Program</p>
<p>Physiotherapy: assesses trunk control, balance, physical abilities in the classroom and on the playground, muscle power, joint stiffness. Assessment of muscle tone involves the therapist moving the legs through the range of motion.</p> <p>Occupational Therapy: assesses play, social, and hand skills (e.g. scissor and pre-printing skills), attention to task, sensory processing, and self-help skills (e.g., dressing, feeding, toileting).</p> <p>Kinesiology: assesses the physical environment and suggests enhancements, assists child with physical skill development, promotes safe and active participation for all children.</p> <p>Speech Language Pathology: assesses voice, fluency (e.g.,stuttering), resonance (e.g. movement of air through the nose), sound production, oral motor skills, feeding, expressive language, comprehension, and social communication.</p>

For more information, contact the Special Needs Access Point at 519-883-2022 or snap@regionofwaterloo.ca



Region of Waterloo

COMMUNITY SERVICES

Special Needs Access Point (SNAP) Consent to Share Information

The Special Needs Access Point (SNAP) represents a group of agencies that support children in licensed child care programs in Waterloo Region. All referrals to the services listed below must be processed through SNAP in order to activate service. The following agencies could provide service to children in any licensed child care program:

- Region of Waterloo - Special Needs Access Point (SNAP)
- K-W Habilitation – Early Learning, Child Care and Family Resources
- KidsAbility – (Speech-Language Pathology/Occupational Therapy/Physiotherapy/Kinesiology)

I, _____, give consent for my child _____,

born on, _____, to be referred to one or more of the agencies listed above.

I acknowledge the following by signing below:

- I have been informed of the role these services may play in meeting my child's needs.
- The SNAP Referral Form will be shared with the appropriate agency(s) listed above.
- My child's skills and development will be screened or assessed by the appropriate agency(s) listed above. KidsAbility assessments (if applicable) will be scheduled at the childcare location to observe and assess my child's development either in the group or individually in a separate, quiet space with fewer distractions.
- Verbal and/or written information, assessments, and reports will be shared between the relevant agencies listed above and with my child's early learning program for the purposes of planning and implementing an individualized program for my child.
- Information collected is used to respond to my child's needs, refer to appropriate services and provide data for planning and evaluation
- I understand I have the right to refuse my consent for the participation of any of the agencies at any time.

I consent to receive email communication from the appropriate agency(s) listed above to schedule appointments or confirm referrals made. **Yes** **No**

Signature (Parent/Guardian)

Date

Signature (Witness)

Date



Region of Waterloo Special Needs Access Point - Referral and Intake Form
(Phone) 519-883-2022 (Fax) 519-883-4288

This form must be completed by the referral source and parent together. Do not send this form home with the parent to complete

1. Referral Source and Contact Information

Date of Referral: ____ / ____ / ____ Referred by: _____
MM DD YY Name and Job Title

_____ Phone/Ext. _____ Email _____
ELCC/Agency Name

2. Child and Family Information

Child's Name: _____ M F Child's D.O.B.: ____ / ____ / ____
First Last MM DD YY

Address: _____ City: _____ Postal Code: _____

Child lives with: Parent Parent Foster Parent/Guardian Other: _____

Custodial parent/guardian: Both Parents Other: _____
(name and relationship to child)

Parent/Guardian Name: _____ Relationship to child: _____

Address same as child, if different please provide address below:

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Parent/Guardian Name: _____ Relationship to child: _____

Address same as child, if different please provide address below:

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Languages Spoken: English Other _____ Interpreter Required:

3. Child Care Information

(This section to be completed by referral source assisting family SEEKING child care)

Registered on OneList: Yes No

Child care subsidy required: Yes No Unsure Not Applicable Application completed

(This section to be completed by referral source when the child is ATTENDING child care)

Name of licensed **child care centre**: _____ Classroom: _____

If the child is attending licensed **home child care** please complete the following:

Provider Name: _____

Address: _____ City: _____ Postal Code: _____

Phone number: _____ Email: _____

When does the child attend the child care centre or home child care setting?

Mon Tues Wed Thurs Fri Full Days Mornings Afternoons

When did the child start attending at this location? _____

4. Birth History

Is your child adopted? No Yes, age at adoption: _____

Full Term Premature _____ weeks gestation Baby's weight at birth: _____

Were there any concerns during pregnancy or delivery? No Unknown Yes, please describe:

How much alcohol, recreational or prescription drugs were consumed during the pregnancy?

Were there any concerns with your baby's health after birth? No Yes, please describe:

Was the baby in intensive care after birth? No Yes, please describe:

5. Medical History

Family Doctor
Name: _____

Pediatrician
Name: _____

Specialist(s)
Name: _____

Other Practitioner(s) (i.e. naturopath)
Name: _____

Does your child have a diagnosis? No Yes, please describe: _____
Diagnosed by: _____

Does your child have asthma? No Yes, please describe: _____

Does your child have allergies? No Yes, please describe: _____

Has your child's vision been tested? No Yes, date of exam/results: _____

Has your child's hearing been tested **since birth**? No
 Yes, date of exam/results: _____

Has your child had recurring ear infections? No Yes, please describe: _____

Has your child seen an Ear, Nose and Throat doctor? No Yes, date seen/results: _____

Does your child have tubes in his/her ears? No Yes Date of surgery: _____

Does your child have a history of feeding difficulties (e.g. difficulty breast/bottle feeding, growth/weight concerns, transitioning to solids, managing textures, gagging, choking, overstuffing mouth, feeding equipment) No Yes, please describe:

Describe your child's sleep routine (naps/bedtime/wake time) and indicate if your child has a history of sleeping difficulties (i.e. falling asleep, waking often, apnea, snoring, does not appear rested):

Has your child been hospitalized or had any surgeries since birth? No Yes, please describe:

Does your child require ongoing medication? No Yes, please describe:

6. Family Information

Please describe any family history of medical, learning, mental health or developmental concerns:

Please list anyone else who lives in the home (e.g. siblings, parents, grandparents, aunt, etc.):

7. Developmental Information

Please describe why you are seeking support through special needs resourcing services:

Please identify if any of the following concerns have been observed:

- Drooling
- Difficulty with pronunciation of sounds (if atypical for age)
- Stuttering
- Difficulty with understanding of language
- Movement appears “stiff” “tight” “clumsy” “floppy”
- Trips or falls when walking
- Reacts strongly to taste, sound, touch, movement, smell
- Avoids eye contact
- Difficulty controlling emotions and calming self
- Aggressive behaviour physical/verbal (towards others or objects)
- Self-injury
- Difficulty sleeping
- Feeding concerns (eats only 2-3 food items, texture avoidance/preference)
- Difficulty sitting/focusing at group time and/or during tasks
- Repetitive or unusual behaviours
- Avoids play with peers/prefers to play alone or withdraws from activities
- Difficulty accessing or reluctance to use some or all areas of playground, gym or classroom
- Does not appear as active as typical peers, experiencing difficulty or reluctance to engage in physical activity
- Child has an injury/disability requiring temporary modification to environment or adaptive equipment (i.e. post surgery, broken limb)
- Difficult or harmful childhood experiences/history of trauma

Please provide a detailed overview of the **child's interests and strengths along with relevant developmental concerns** for each area of development as discussed by the referral source and parent together. Regardless of the reason for referral, therapists and consultants require detailed information in **every developmental area** to ensure appropriate service provision.

Social/Emotional:

Describe the child's social/emotional wellbeing (i.e. separation from parent/caregiver, transitions, expressing emotions, ability to self-calm, etc.)

Play Skills:

Describe the child's play skills (i.e. peer interactions, turn-taking and sharing, pretend/imaginary play, play interests, attention span during tasks and play, etc.)

Fine Motor:

Describe the child's engagement in fine motor activities (i.e. manipulative toys, puzzles, drawing, crafts, etc.)

Gross Motor:

Describe the child's movement and mobility (i.e. transitions in/out of positions, how child is moving around, balance, use of playground equipment, engaging in gross motor activity, etc.)

Communication Skills:

Describe the child's use of communication skills (i.e. sounds/gestures/words, making requests and following directions, responding to questions, putting words together, clarity of speech, use of books)

Cognitive Skills:

Describe the child's understanding and problem-solving skills (i.e. awareness of concepts such as big/little, awareness of body parts, problem-solving with toys/activities, emerging pre-academic knowledge such as colours/shapes/numbers/letters)

Self-Help Skills:

Describe the child's self-help skills (i.e. dressing/undressing, use of feeding utensils, toileting)

What are you currently doing in the child care setting and/or at home to support child's success?

8. Other Services Involved

Please identify only current or previous services involved. Do not use this section to request services

No other services involved

	Service	Name of Contact	Status: Active, Waiting, Closed
Developmental Services Resource Centre (DSRC)	<input type="checkbox"/>		
	<input type="checkbox"/>		
Family and Children's Services	<input type="checkbox"/> Family Services Worker		
	<input type="checkbox"/> Child Protection Worker		
Carizon/Lutherwood	<input type="checkbox"/> Zero 2 Six		
	<input type="checkbox"/> Front Door		
	<input type="checkbox"/>		
KidsAbility	<input type="checkbox"/> Speech Language Pathology		
	<input type="checkbox"/> Occupational Therapy		
	<input type="checkbox"/> Physiotherapy		
	<input type="checkbox"/> Kinesiology		
	<input type="checkbox"/> Autism Services		
	<input type="checkbox"/> Social Work		
	<input type="checkbox"/>		
K-W Habilitation	<input type="checkbox"/> Resource Consultant		
	<input type="checkbox"/> Psychology Services		
Region of Waterloo	<input type="checkbox"/> Infant and Child Development Program		
	<input type="checkbox"/> Healthy Babies, Healthy Children Program		
	<input type="checkbox"/> Special Needs Access Point		
Community Care Access Centre (CCAC)	<input type="checkbox"/> Care Coordinator		
	<input type="checkbox"/> Physiotherapy		
	<input type="checkbox"/> Occupational Therapy		
	<input type="checkbox"/> Speech Language Pathology		
	<input type="checkbox"/> Nursing		
	<input type="checkbox"/> Nutrition		
KW Extend-a-Family	<input type="checkbox"/>		
	<input type="checkbox"/>		
Canadian National Institute for the Blind (CNIB)	<input type="checkbox"/>		
	<input type="checkbox"/>		
Other (i.e. private IBI, private therapy(s), psychology, etc.)	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

Has your child had a **private (fee for service)** assessment for: speech therapy
 physiotherapy
 occupational therapy
 psychology

Name of private therapist/ psychologist and date of assessment: _____

Do you consent for the SPOT therapist or Resource Consultant to contact the **private** therapist and/or psychologist?

Yes No _____
(please initial)

Please attach a copy of any relevant developmental screening tools, assessments or reports.

Name of documents attached: _____ Date: _____

Additional comments/concerns *(to be completed by the parent/guardian)*

Additional comments/concerns *(to be completed by the referral source)*

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Region of Waterloo, Children's Services
99 Regina Street S., 5th Floor
Waterloo, ON
N2J 4G6
Fax: 519-883-4288

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Questions can be directed to Michelle Mundy, Resource Coordinator, Special Needs Access Point by calling 519-883-2022 or by email to snap@regionofwaterloo.ca

