



Corporation of the County of Bruce
Human Services Department
30 Park St., P.O. Box 399, Walkerton, ON N0G 2V0

brucecounty.on.ca
Tel: 519-881-0431
Toll Free: 800-265-3005
Fax: 519-881-4324

Special Needs Resource Referral Form

Child's Name: _____ Date of Referral: ____/____/____
First Name Surname DD MM YY

Child's Date of Birth: ____/____/____ Child's Gender: _____
DD MM YY

Parent/Guardian: _____ Phone: _____
_____ Email: _____

Address: _____
Number Street Town Postal Code

Centre name: _____

Educator(s) name: _____

Program:	Infant	Toddler	Preschool	Recreational Program/Camp	EarlyON	Licensed Home Child Care
Schedule:	Monday	Tuesday	Wednesday	Thursday	Friday	

Child's Strengths:

Concerns:

Exploration

- Exploration around child's needs
- Strategies and Recommendations
- Up to 6 visits consultation

Intensive

- Further Screening and Assessment and the results will be explained to me
- Individual Support Plan Developed with family and educator input
- Goals and Strategies
- Sharing and receiving information regarding my child's development
- School Transition as per protocol
- Team Based Collaboration with Service Providers (OT, SLP, PT)

I understand that my child will be seen by Bruce County Special Needs Resource Program for service. I understand the information is confidential and I am aware that I can discontinue service/consent at any time.

Parent /Guardian: _____ Date: _____

Please email completed form to childcare@brucecounty.on.ca