

How to Request Speech-Language Services for an Elementary Student Alberta Health Services (AHS) Edmonton and Area

4 Easy Steps

Please Note:

Before services are requested, please contact the Speech-Language Pathologist (SLP) serving your school to discuss student needs and service options. This will ensure that your students are receiving the most appropriate services for their needs.

1. Teacher, school designate and family jointly identify the student's needs and consider supports already in place in school/community.
2. School designate contacts the school SLP to discuss services options and completes the "Individual Service Request" form (ISR):
 - *Print form from the Capital Health website (www.capitalhealth.ca/schoolsandpreschools)*
 - *Information must be complete and accurate*
 - *School designate signs the completed form*
3. School sends the following forms home with the student:
 - Letter informing parents about process & consent
 - "Consent form" – School Health Services
4. School faxes the **completed ISR and consent form together** to Alberta Health Services Central Access at 780-735-3553.

To avoid delays in processing, please ensure the student's full name and the name of your school are written on all forms faxed. Incomplete forms will be returned.

Dear Parent /Legal Guardian:

As you are aware, your child's school is requesting speech-language services through Alberta Health Services (AHS – formerly Capital Health)

Before we can see your child for group or individual services, we need your consent. *Please sign the attached consent form, and have a witness sign it. Return the form **back to your child's school**.*

We also need your consent before we can get or share information about your child's services and needs with the school. Your privacy and the confidentiality of this information are protected under the Health Information Act (HIA).

The Speech-Language Pathologist (SLP) will gather information about your child's speech language needs. This information may be obtained by:

- Talking with you to gather information
- Talking with your child's teacher
- Watching how your child is doing in the class
- Reviewing your child's school file
- Completing activities with your child outside of the class (your child may miss some regular class work at this time)

An SLP Assistant may also help in parts of this process.

Together with you and your child's teacher we will develop a plan to support your child's speech-language needs. This plan may include one or more of the following:

- ideas to try at home and school
- workshops for parents and/or teacher
- classroom group activities
- individual services to achieve a short term goal where appropriate.

If we decide together that no services are needed, your child's file will be closed.

Thank you for sending the consent form back to school quickly. We look forward to working with you. If you have any questions please contact your child's teacher.

Yours truly,

Speech and Language Services
Enclosures

Consent

School Health Services

To be signed by parent(s) / legal guardian(s) in both sections

Consent For Service	<ul style="list-style-type: none"> ● I give permission for my child, _____ to receive health services from the Capital Health school health team members which may include: <ul style="list-style-type: none"> ● Speech-Language Services (SLS) ● Occupational Therapy (OT) ● Mental Health ● Home Care Services (including nursing, OT and Physical Therapy) ● Nursing Services ● I understand that I will have the results and recommendations explained to me following assessment. ● I understand that treatment / intervention will only be provided if services are required and agreed to by parent / guardian and child. ● I understand that this consent is effective upon signing and is valid until the student health services are completed. I further understand that I may revoke this consent at any time in writing. <p>_____</p> <p>Name of Parent / Guardian (<i>please print</i>) Signature of Parent / Guardian</p> <p>_____</p> <p>Date Name of Witness (<i>please print</i>) Witness Signature</p>
----------------------------	--

Consent To Disclose Health Information	<ul style="list-style-type: none"> ● I give consent for members of my child's Capital Health school health team to disclose relevant health registration, assessment, diagnostic, and treatment information to staff at my child's school and other SHIP partners. (SHIP is made up of health, education, and children's services). ● I give consent for the schools and other SHIP partners to disclose relevant health registration, assessment diagnostic, and treatment information to members of my child's Capital Health school health team. ● I give consent for members of my child's Capital Health school health team to disclose relevant health registration, assessment, diagnostic, and treatment information to _____ <p>_____</p> <ul style="list-style-type: none"> ● I give consent for _____ to disclose relevant health registration, assessment, diagnostic, and treatment information to members of my child's Capital Health school health team. <p><i>I understand why I have been asked to disclose my child's health information, and am aware of the risks and benefits of consenting or refusing to consent. I further understand that I may revoke this consent at any time in writing.</i></p> <p>_____</p> <p>Name of Parent / Guardian (<i>please print</i>) Signature of Parent / Guardian</p> <p>_____</p> <p>Date Name of Witness (<i>please print</i>) Witness Signature</p>
---	--

The information on this form is collected under the authority of section 27(1)(a) of the Health Information Act for the purpose of providing student health services. If you have questions about the collection, use or disclosure of this information please contact the Capital Health School Services Regional Manager, Plaza 124, Suite 300, 10216 - 124 Street, Edmonton, AB 780-735-3000.