

Dear Parent/Guardian,

This referral is the first step in a process that can bring many exciting rewards as your child improves his/her ability to produce written work. It is also a process that requires a commitment from you in order to bring results.

You may be asked to attend multiple appointments over a period of several weeks or months, so that we can complete our assessment and provide the necessary training for any equipment that we may recommend. Not all clients will receive a writing aid following our assessment, but if we recommend one for your child, you may be asked to assist in the process of trying out, selecting and ordering equipment. As well, we may ask you to supervise or assist your child with ongoing training and practice once the equipment is received.

If you feel that you can make this commitment, and you agree to the referral, please sign below. If you have any questions about the referral, please call the CHEO ACCESS Team at (613) 737-2757.

Parent/Guardian's signature: _____ **Date:** _____

Please return the completed Referral Form, signed by the parent/guardian, and the Writing Aids Screening, completed by the occupational therapist, to:

CHEO ACCESS Team
395 Smyth Road
Ottawa, Ontario
K1H 8L2
Phone: (613) 737-2757 Fax: (613)738-4841

Please attach recent therapy reports if applicable (e.g. Occupational Therapy, Psychology).

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