

DEAF AND HARD OF HEARING SERVICES TEAM – REFERRAL FORM

Student Information

Last Name _____ First Name _____ DOB (D/M/Y) _____ Sex M F

Parent(s)/Guardian(s) _____ Home Phone (_____) _____ Work Phone (_____) _____

Address _____ City _____ Province _____ Postal Code _____

Cell Phone (_____) _____ Email _____

Languages Spoken at Home and Mode of Communication _____

Manitoba Education Consultant _____

Agencies Involved SMD CSHC Other (list): _____ Audiologist _____

Additional Medical/Physical Conditions: _____

School Information

School _____ Grade _____ School Division _____

Address _____ City _____ Province _____ Postal Code _____

Phone (_____) _____ Fax (_____) _____ Principal _____ Principal's Email _____

Contact Person/Case Manager _____ Position in School _____ Contact Person's Email _____

Division Staff Involved (e.g., Resource Teacher, Speech/Language Pathologist, Teacher of the Deaf/Hard of Hearing, Psychologist, etc.)

Reason(s) for Referral to Team: _____

PLEASE NOTE: A copy of the student's most recent AUDIOLOGICAL REPORT must accompany this referral.

Parent/Guardian Signature _____ Date _____

Principal Signature _____ Date _____

Student Services Administrator Signature _____ Date _____

PLEASE SEND this completed form along with the audiological report and the completed Consent to Indirect Collection and Disclosure of Personal Information form to:

Coordinator, Deaf and Hard of Hearing Services Unit
Inclusion Support Branch
204–1181 Portage Avenue
Winnipeg, Manitoba, Canada R3G 0T3 OR by fax: 204-948-3229.

For further information, please call 204-945-7912





Education and Training

K–12 Education Division
Inclusion Support Branch
Deaf and Hard of Hearing Services Unit
204–1181 Portage Avenue
Winnipeg, Manitoba, Canada R3G 0T3
T 204-945-7912 F 204-948-3229
www.edu.gov.mb.ca/k12

CONSENT TO INDIRECT COLLECTION AND DISCLOSURE OF PERSONAL INFORMATION AND PERSONAL HEALTH INFORMATION BY MANITOBA EDUCATION AND TRAINING (DEAF AND HARD OF HEARING SERVICES UNIT)

The Deaf and Hard of Hearing Services Unit (the “Unit”) may need to collect and disclose your child’s personal information and personal health information in order to give consultative support to schools providing programming for your child.

Your consent is requested so that the following personal information and personal health information about your child can be indirectly collected and disclosed by the Unit under the authority of *The Freedom of Information and Protection of Privacy Act, (C.C.S.M. c. F175) (FIPPA)* and *The Personal Health Information Act, C.C.S.M.c. P33.5 (PHIA)*:

- speech development,
- language development,
- hearing and listening development, and
- health, intellectual, emotional and social conditions that may impact learning.

Consent

I consent to the persons and entities indicated below disclosing personal information and personal health information about my child to the Unit to support my child’s school in providing appropriate programming to my child:

This information may be collected from and/or disclosed to the following names/agencies:

School (name): _____ SMD Services/CCC Central Speech and Hearing Clinic

Audiologist (name): _____ Other (please name): _____

Agency Outside of Manitoba (name): _____

I consent to the Unit collecting my child’s personal information and personal health information from these persons and entities, and to the Unit disclosing such personal information to these persons and entities as may be necessary to obtain the information the Unit requires from them and for the purpose of supporting my child’s school in providing appropriate programming to my child.

I understand that:

I have the right to withdraw my consent at any time by notifying the Unit. My consent cannot be withdrawn retroactively. My consent continues until I notify the Unit that I withdraw my consent.

The persons and entities referred to above that will collect and disclose my child’s personal information and personal health information will be instructed not to use or disclose the information, except for the purposes noted above.

The personal information and personal health information received by the Unit will be kept in a confidential file and access to the information will be limited to individuals working to support my child (for example: Education Consultant, Spoken Language Consultant, ASL/Education Consultant, Education Interpreting Consultant, or others as appropriate).

Child’s Name and Date of Birth (please print) _____

Signature of Parent/Guardian _____ Date _____

If you have any questions about this form or the collection of information, please contact 204-945-7912.

Other Resources

Family/School Liaison

- Provides social, emotional, behavioural support to students, families, and school teams
- Liaises with families, educational teams, and external agencies
- Identifies gaps in service and links to appropriate resources
- Supports transition planning

Psychologist

Provides diagnostic assessment of

- learning potential
- learning style
- perceptual skills
- memory

Provides counselling and explores identity with students

Contact your Consultant for the Deaf /Hard of Hearing to access these supports.

Available in alternate formats upon request.

Important Links

Manitoba Education DHH Services

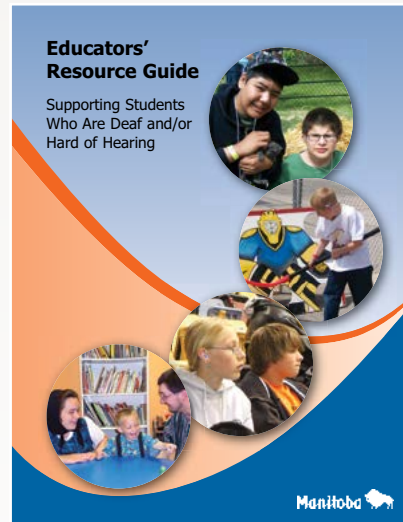
www.edu.gov.mb.ca/k12/specedu/dhh/

Manitoba School for the Deaf

www.msdc.ca

DHH Resource Guide

www.edu.gov.mb.ca/k12/docs/support/dhh_resource/index.html



Contact

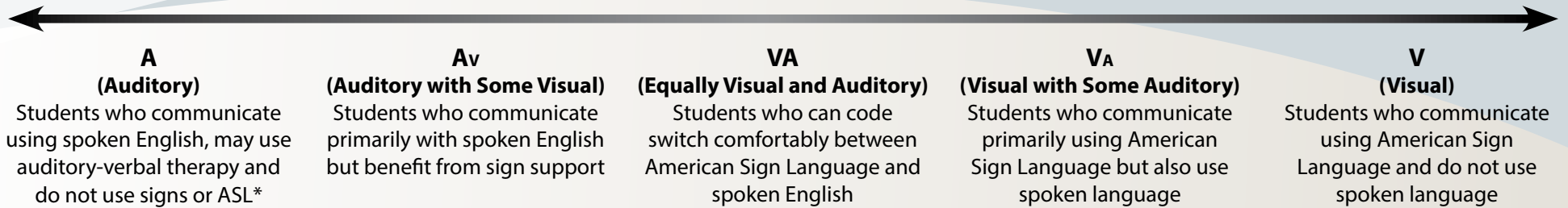
General Enquiries at 204-945-7912

Manitoba Education Deaf and Hard of Hearing Services



Supporting Students & School Teams

Communication Continuum



Adapted from the Cochlear Implant Education Center, Laurent Clerc National Deaf Education Centre.

The Manitoba Education and Training Consultant Outreach Team provides a wide range of services, resources, and information to school teams working with students who are Deaf and Hard of Hearing (DHH) in the K–12 setting across Manitoba. Teachers of the DHH (Consultants for the Deaf/Hard of Hearing) support all students while other specific staff also provide support depending on the specific communication and other needs of the student.

Consultant for the Deaf/Hard of Hearing

- Identifies and monitors the communication access, language, academic, and social needs of students
- Focuses support on the student by providing school teams with programming suggestions, educational/curricular resources, strategies, and information specific to student needs/situation
- Liaises with other service providers (e.g., SMD Services, Central Speech and Hearing Clinic) to support coordinated appropriate programming for students

AV/Spoken Language Consultant

- Consults with school teams, especially, SLPs and speech EAs, regarding listening and spoken language needs of DHH students
- Supports speech and language assessment
- Provides listening and spoken language therapy to DHH students
- Liaises with outside agencies to support the implementation of speech and language programs

AV/Spoken Language Consultant

ASL/Education Consultant

Educational Interpreting Consultant

ASL/Education Consultant

- Supports the school team in their delivery of educational curriculum for students who use ASL
- Provides direct and videoconferencing support for ASL development to students, interpreters, or signers
- Provides Deaf identity support to students
- Assesses student ASL skills

Educational Interpreting Consultant

- Provides direct support and resources to school teams (ie., interpreter's/signer's performance, role and professional development)
- Assesses interpreting skills
- Provides support to school divisions regarding the hiring of ASL interpreters/signers

* American Sign Language (ASL)