SECTION 1 (To be completed by person requesting consult)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of Request** | **Child’s Name** | **BSU #** | **Service Coordinator** | **Person Requesting Consult/Title** |
|       |       |       |       |       |

Type of consultation requested (check appropriate box):

[ ]  SI [ ]  Hearing [ ]  Vision [ ]  Nutrition [ ]  Music Therapy [ ]  Behavior

[ ]  OT [ ]  PT [ ]  ST [ ]  Autism [ ]  AAC [ ]  Social Work

Considerations when making a request:

* Are you looking for strategies only? [ ]  Yes [ ]  No
* Is the rest of the team aware of the possible need/request for a consult? [ ]  Yes [ ]  No
* Is there a current team member who could address the need without a consult? [ ]  Yes [ ]  No

Please provide the following information for the person doing the Consult:

Reason for consultation/ questions to be addressed / what has already been tried and results?

IFSP Drives Service: Strategy to add to existing outcome to support consult service requested: (e.g. “explore how to support feeding needs” or “explore ways to support walking”)

Date Sent to Service Coordinator:

**Guidelines for person completing the consult**:

* Review IFSP for current outcomes and services (SC must assign access to plan)
* Record the results of the consult in a session note
* Send consult form and copy of session note via email to SC within 7 calendar days.
* Review and/or complete the reverse side of this form only if SC is not in attendance.
* SC will contact family regarding the recommendations and will begin new referral for service if needed.

**SECTION 2 (To be completed by consulting therapist)**

|  |  |  |
| --- | --- | --- |
| **Date of Consultation:** | **Person/Therapist completing the consultation:** | **Individuals present at the consultation:** |
|       | **Print & sign**            |        |
|  |        |
|        |

If the SC is not in attendance, complete the information below for the team to consider.

Please add potential new outcome for identified needs or additional strategies recommended for an existing outcome below.

# (check appropriate box)

 [ ]  New Outcome? [ ]  Additional strategies?

***Outcome Phrase***:

***Outcome Goal/Statement:***

***What is happening now****?*

***What teaching strategies are needed to reach the outcome/goal***

***How will we as a team measure progress and collect data for this outcome/goal?***

# FINAL QUESTIONS:

1. Can a current team member support this need? [ ]  Yes [ ]  No

Team member name for SC to discuss with:

1. Is a new service recommended? [ ]  Yes [ ]  No

Service type:

Are you available to do on-going service? [ ]  Yes [ ]  No

If yes, SC will contact you once consult is received and discussed with family.