## THERAPEUTIC FARM SCHOOL PROGRAM

## PARENT/GUARDIAN REFERRAL FORM

Child's birthdate: Age: Does your child identify as Indigenous? YES or No If Yukon First Nations, which First Nation do they belong to?  Parent/Guardians name: Contact information: Email address: Do you prefer to be contacted via: email phone call text message Mailing address: Physical address (if different then mailing address):  Emergency Contact #1: Contact information: Emergency Contact #2: Contact information: Name of child's Doctor and/or Pediatrician:	Child's name:	
Does your child identify as Indigenous? YES or No If Yukon First Nations, which First Nation do they belong to?  Parent/Guardians name: Contact information: Email address: Do you prefer to be contacted via: email phone call text message Mailing address: Physical address (if different then mailing address):  Emergency Contact #1: Contact information: Emergency Contact #2: Contact information:  Is your child's Doctor and/or Pediatrician: Contract number:  Is your child currently enrolled in a school within Whitehorse or another Yukon community, if so which one: What grade is your child in:  Is your child currently attending school? YES or NO If your answer is YES, how many days a week does your child attend school? S days 4 days 3 days 2 days 1 day Does your child attend school: full days half days (am/pm) less then 3 hours 1 hour or less  If your answer is NO, please provide a brief explanation as to why they are not currently attending school:  What are your goals for your child in the upcoming school year? Academic goal:  Name of child's Doctor and/or Pediatrician:  Physical address:  Academic goal:  Social goal:  Social goal:	Child's pronouns:	
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Contact information:	If Yukon First Nations, which First Nation	do they belong to?
Email address:	Parent/Guardians name:	
Do you prefer to be contacted via: email phone call text message Mailing address:	Contact information:	<del></del>
Mailing address:	Email address:	
Physical address (if different then mailing address):  Emergency Contact #1:	Do you prefer to be contacted via: email	phone call text message
Emergency Contact #1:	Mailing address:	
Contact information:	Physical address (if different then mailing ac	ddress):
Emergency Contact #2:	Emergency Contact #1:	
Name of child's Doctor and/or Pediatrician:	Contact information:	
Name of child's Doctor and/or Pediatrician:	Emergency Contact #2:	<del></del>
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Academic goal:      Social goal:		explanation as to why they are not

What would you say are your child's greatest strengths?
What would you say are your child's greatest stretches?
What strategies are useful when working with your child to help support them? (ie: give time and space, needs a big bubble, give choice)
What are your child's current areas of interest? (ie: cars, boats, World War 2, puzzles etc.)
Is there anything your child fears? (ie: dogs, flushing toilets, bugs etc.)
Does your child have any allergies? (food, environmental etc.)
Who is now of your shild's toom?
Who is part of your child's team?  Occupational Therapist:
Play Therapist:
Speech and Language Pathologist:
Counsellor:
Doctor and/or Pediatrician:
Other:

Describe how your child's social interactions are with other adults? (family/non-family member/strangers)
Describe how your child's social interactions are with other children (older & younger):
Describe how the child's social interactions are with animals (dogs, cats, other):
Does your child have any special talents?
Thank you for completing this questionnaire. If there is any additional information that you would like the Therapeutic Farm School Program to know please include it on the additional page attached.
Name (please print):
Signature:
Date: