

THERAPEUTIC FARM SCHOOL PROGRAM

PARENT / GUARDIAN REFERRAL FORM

Child's name: _____

Child's pronouns: _____

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: _____

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?

5 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: _____

• Social goal: _____

- Life skills goal: _____

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 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: _____

