Centre de réadaptation
STAN CASSIDY
Centre for Rehabilitation
Towards Independence / Vers l'autonomie

Pediatric Neurodevelopmental Service
Service de neurodéveloppement pédiatrique

Le Centre de Réadaptation Stan Cassidy Centre for Rehabilitation
800 rue Priestman Street, Fredericton NB E3B 0C7
Tel.: / Tél. : (506) 452-5784 Fax: / Télec. : (506) 452-5727

Clinic Consultations

The Stan Cassidy Centre for Rehabilitation Neurodevelopmental Service is a bilingual tertiary team comprised of an occupational therapist, a behaviour analyst, a speech language pathologist, a social worker, a dietitian, and an education liaison.

Clinic Consultation Request

Purpose: To facilitate timely, focused discussions related to a school specific goal or challenge related to a learner with a neurodevelopmental disorder who is currently attending school. We cannot accept referrals for learners who are out of school. This service model is not designed to support home based goals and does not provide access to the SCCR Developmental Pediatrics clinic.

Who can request one: District-based team members who are **directly** and **actively** involved in supporting the learner and school team. Consultation requests submitted by case managers who are not directly involved with the learner will not be accepted.

*S-LPs and School Social Workers, fill out the **Pediatric Clinician to Clinician Consult Request** form available on the SCCR website and send the completed form to this email address: pediatricconsultsccr@horizonnb.ca*

What does it look like: 1-hour virtual discussion with the relevant SCCR Neurodevelopmental Service team members, district team member(s) and school team. The district representative is asked to invite and share the Zoom link with the appropriate team members who are part of the learner's care team, including S-LP and OT – especially if the priorities for discussion are directly related to their area of practice. District/school can invite caregivers to the meeting if they feel it's appropriate.

Wait time: Approximately 1 month.

To request a Clinic Consultation, the district-based team members can email Tanya.Browne@horizonNB.ca, Case Manager and Sherry.Jonah@gnb.ca, SCCR Education Liaison the completed form below indicating CONSULT REQUEST in the subject line. Clinicians assigned to each consultation are determined based on the information shared in the form below.

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The individual initiating the consultation must be a district-based team member who is **directly** and **actively** involved in supporting the learner and school team. Consultation requests submitted by case managers who are not directly involved with the learner will not be accepted. We cannot accept service requests for learners who are out of school.

Name of person completing this consultation request and current role within the school district:

Date submitting form:

Consent is required from the child's guardian to proceed with this request.	
Name of Parent/Guardian:	Date & Time consent was confirmed:

The following information is **required** for acceptance:	
Student Name	
Date of Birth	
Medicare number	
Medicare number expiry date	
Address (home)	
Parent name(s)	
District	
School	
Grade	

Who is **actively** involved with the learner?	
EST-Resource	
EST-School Councilor	
District-based EST	
ESS Coordinator	
Learning Specialist, Autism Learning Partnership (ALP)	
Speech-Language Pathologist (S-LP) *please ensure S-LP is invited if goals are related to communication, language and/or feeding	
Occupational Therapist *please ensure the OT is invited if the goals for discussion include	

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self-care, sensory concerns/preference, safety, etc.	
Physio Therapist	
Social Worker	
APSEA	
Other (BIM, EA)	

What is the clinical question you hope to have answered through this consultation?

What has been tried to address this area of challenge? It is expected that strategies have been tried to address this concern prior to submitting a request for consultation.

Additional information or comments to support this request: