



# Complex Case Consultation Request Form

DATE: \_\_\_\_\_  
(yyyy-mm-dd)

SECTION 1: CHILD / YOUTH IDENTIFICATION			
First Name	Last Name	Birth Date (Year/Month/Day)	
SECTION 2: PARENT/GUARDIAN INFORMATION			
Primary Contact Name	Phone Number	Contact Email Address	
Secondary Contact Name (if required)	Phone Number	Release of Information Consent	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
SECTION 3: SWRCSD LEADERSHIP TEAM CONTACT (requests must be made through your Leadership Team representative)			
Name	Organization		
SECTION 4: EXPECTATIONS FROM COMPLEX CASE			
Reason for the request:			
<i>What are you looking for from the complex case team that would be helpful?</i> <i>Describe the situation that is causing concern.</i> <i>What would a successful case consultation mean for this child / youth / family?</i>			
SECTION 5: IDENTIFICATION OF CHILD/YOUTH'S CHALLENGES			
Diagnosis	Professional Conducting Assessment	Year	
Assessments	Professional Conducting Assessment	Year	Copy Attached? (only if relevant to case)
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION 6: EXISTING SUPPORTS AND SERVICES**

Direct support services for the child/youth currently being provided:

✓ Currently	✓ Previously		✓ Currently	✓ Previously	
<input type="checkbox"/>	<input type="checkbox"/>	Assistive Technology Consultant	<input type="checkbox"/>	<input type="checkbox"/>	Orientation And Mobility Specialist
<input type="checkbox"/>	<input type="checkbox"/>	Audiologist	<input type="checkbox"/>	<input type="checkbox"/>	Physical Therapist
<input type="checkbox"/>	<input type="checkbox"/>	Behaviour Specialist	<input type="checkbox"/>	<input type="checkbox"/>	Probation Officer
<input type="checkbox"/>	<input type="checkbox"/>	Before / After School Care	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatrist
<input type="checkbox"/>	<input type="checkbox"/>	Counsellor (FSLC / School)	<input type="checkbox"/>	<input type="checkbox"/>	Psychologist
<input type="checkbox"/>	<input type="checkbox"/>	Educational Assistant	<input type="checkbox"/>	<input type="checkbox"/>	Respite
<input type="checkbox"/>	<input type="checkbox"/>	Family Support Worker (in home)	<input type="checkbox"/>	<input type="checkbox"/>	SRO - School Resource Officer
<input type="checkbox"/>	<input type="checkbox"/>	Hearing Consultant	<input type="checkbox"/>	<input type="checkbox"/>	Social Worker
<input type="checkbox"/>	<input type="checkbox"/>	Learning Support Teacher	<input type="checkbox"/>	<input type="checkbox"/>	Speech Language Pathologist
<input type="checkbox"/>	<input type="checkbox"/>	Mental Health Therapist	<input type="checkbox"/>	<input type="checkbox"/>	Vision Consultant
<input type="checkbox"/>	<input type="checkbox"/>	Occupational Therapist	<input type="checkbox"/>	<input type="checkbox"/>	Other:

To be successful, the child/youth requires which of the following in their environment:

- |                                                       |                                                               |                                                     |
|-------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> adapted/alternate materials  | <input type="checkbox"/> increased supervision/assistance     | <input type="checkbox"/> behaviour plan             |
| <input type="checkbox"/> modified instruction         | <input type="checkbox"/> ongoing or emergency medical plan    | <input type="checkbox"/> medical/personal care      |
| <input type="checkbox"/> adjusted instructional level | <input type="checkbox"/> assistive technology (communication) | <input type="checkbox"/> mobility/motor development |
| <input type="checkbox"/> Other: _____                 |                                                               |                                                     |

Documentation of behavioural and/or medical status through anecdotal records, checklists and/or medical logs:

	Hourly	Daily	Weekly	Monthly
Behaviour is monitored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical condition is monitored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specific physical or mental health concerns requiring assistance:

Which of the SWRCSD ministry partners are involved with this child / youth / family:	Of those partners involved, have all possibilities been exhausted without success:	
<input type="checkbox"/> Alberta Children’s Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Alberta Community and Social Services (FSCD)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> AHS Children’s Allied Health	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> AHS Addiction and Mental Health	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Police	<input type="checkbox"/> Yes	<input type="checkbox"/> No

In collaboration with the partners noted above, what extraordinary supports and services have already been accessed without success?

Any other comments, information:

**Forward to Margaret Vennard, SWRCSD Regional Manager  
Email: [margaret@swrcsd.ca](mailto:margaret@swrcsd.ca)**