CYAN CLINIC

COMPLEX YOUTH ADHD NANAIMO

Date:_____

Dear School Team,

The CYAN Clinic has received a referral to assess and treat _____, DOB: _____. Their parent/guardian, _____, has given consent to connect with you to gather information and to help create a team of support around their family.

Please fill out as much of this form as possible and attach all applicable supporting documents. Paperwork can be emailed to CYAN@oceanviewpaediatrics.com, faxed to 250-591-1913 or can be picked up by the Clinic Intake Worker.

Are you aware of the student having any current diagnoses? ◯ Yes ◯ No
If yes, specify:
From the school's perspective, what are the most pressing challenges that need assessment and treatment?
Please specify:

From the school's perspective, do you currently have a positive & productive working relationship with this student's family?
If yes or no, specify:

Has this student had frequent absences from school or been absent for more than one month? ◯ Yes ◯ No
If yes, specify:
Has this student had any particular difficulties with schoolwork? ◯ Yes ◯ No
If yes, specify:
Has this student received any special help in school? ◯ Yes ◯ No
If yes, specify:

Has the student's behaviour been of any concern at school?	◯ Yes	◯ No
If yes, specify:		
Please describe any significant school events or concerns (academic, social or behavioural)		
Kindergarten		
Grades 1-3		
Grades 4-6		
Grades 7-9		
Grades 10-12		

Which of the following tools and interventions are currently being utilized (please attach supporting documents)?		
Student Support Plan	◯ No	◯ Yes
Individual Education Plan	◯ No	◯ Yes
Inclusion Support Team	◯ No	◯ Yes
School Counsellor/Emotional Mental Health Support accessed through school	◯ No	◯ Yes
Safety Plan(s)	◯ No	◯ Yes
School Based Speech and Language or Occupational Therapy	◯ No	◯ Yes
Additional classroom accommodations	◯ No	◯ Yes
Other:		
Other:		

Please provide the name and contact details of one school team member who works closely with this student and who will be the main contact while this student is receiving services and support through The CYAN Clinic. The Clinic Intake Worker will follow up with appointment details, invitations to meetings as needed, and plans for treatment and follow up.

Name: _____Role:_____Phone:_____Email:_____

Complex Youth ADHD Nanaimo Clinic
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