**Resource Consultation Request**

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| Request Date:       |
| Program Name:       | Classroom:       |
| Supervisor’s Name:       | Program Address:       |
| Program E-mail:       | Program Phone:        |
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| ***The intent of a Resource Consultation is to provide a goal specific service (up to 3 visits)***\*A Resource Specialist will be in contact with you. Please be prepared to discuss the reason for the request and a specific goal that you want to achieve. |
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|   [ ]  Program ConsultationThis consultation will guide and support staff, support knowledge transfer and help all children participate in your program. | [ ]  Child Specific Brief Consultation (Parental Consent) [ ]  Parent Consent (see website below for consent form)[***http://www.peelregion.ca/children/working/service-providers/index.htm***](http://www.peelregion.ca/children/working/service-providers/index.htm) ***\*Between September to December, for children 4,5 or 6 years of age and new to the Program, discuss with the parent whether or not the child was supported by a PIRS RC ~ if so encourage the family to connect with the RC so that he/she can visit the program and provide strategies to support the transition\****  |

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| For Office Use Only |
| Date Received:Date of Initial Date of Scheduled Consultation: |

**Please send the completed form to** EarlyYearsSystemDivision@peelregion.ca