APPENDIX A – Confirmation of Diagnosis Form

CHILD’S INFORMATION (To be completed by professional)

Name: ________________________________  Gender: __________

Family Physician: ________________________________  Birth Date: __________

Diagnosis:  □ Autism Spectrum Disorder (ASD)

Language of Service  □ French  □ English

Diagnostic Assessment Tools used: ________________________________

______________________________

DIAGNOSING PROFESSIONAL’S INFORMATION (To be completed by Pediatrician, Physician, Psychologist, Pediatric Neurologist or Psychiatrist)

Profession:  □ Physician: ________________________________  (Speciality)

□ Psychologist

□ Other: ________________________________

Name: ________________________________

Address: ________________________________

(suite, number, building, street)

(city/town/village)  (province)  (postal code)

Telephone #: ________________________________  Signature: ________________________________  (mm/dd/yyyy)

APPLICATION FOR SERVICES (To be completed by parent(s)/guardian)

Parent/Guardian’s Name: ________________________________  Parent/Guardian’s Name: ________________________________

Mailing address: ________________________________  Mailing address: ________________________________

(apt., number, street)  (apt., number, street)

(city/town/village)  (city/town/village)

(postal code)  (postal code)  (telephone #)  (telephone #)

(email address)  (email address)

Guardian’s Signature: ________________________________  Guardian’s Signature: ________________________________

Parental or guardian signature indicates agreement with the information provided and gives consent to be contacted by Education and Early Childhood Development regarding services and gives permission for the diagnosing professional to send the Confirmation of Diagnosis and diagnostic write-up to the Preschool Autism Program of EECD.

Please mail the completed form to:

Autism/Autisme - Education and Early Childhood Development - P.O. Box 6000 - Place 2000 - 250 King Street - Fredericton, NB E3B 9M9

This form is also available for print on the GNB website at:

http://www2.gnb.ca/content/gnb/en/services/services_renderer.13836.Services_for_Preschool_Children_with_Autism_Spectrum_Disorders.html

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