



St. Lawrence
College

Centre for Behavioural Studies

REQUEST FOR SERVICES FORM

This form can be filled out by an individual requesting services or their parent or guardian. It can also be filled out by a healthcare provider but must still be signed by the individual, or in the case of minors, their parent or guardian. The information collected in this form is for the purpose of determining eligibility for service delivery and programming offered at the Centre for Behavioural Studies (The Centre). We recommend you fill this out online, then print and scan the document. Alternately, please print, fill out and scan the document to cbs@sl.on.ca

Client Information:

*denotes a required field

Name*:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	
Address* (please include full mailing address):			
Telephone* (only one phone number is required):	Home:	Work:	Mobile:
Email Address:			
Date of Birth* (month/day/year):			
School currently attending:	Grade:		

What challenges are you currently facing that you would like help with from The Centre*?

Do you have a diagnosis? (i.e., Autism, Developmental Disability, Anxiety, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify (<i>please note that a diagnosis is not necessary, however, understanding your situation will help us ensure that the services you receive are most suited to your needs</i>):		

Are you currently receiving, or have you ever received, services at other agencies or institutions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:		

Is there a specific program or service you are hoping to receive*?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Please specify:			

Name of Person who filled out the form*:			
Relationship to client* (<i>only required if you are filling out the form on behalf of someone else</i>):	<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Other <i>Please specify:</i>

Signature of client/parent/guardian*:
Date*: