

Assessment Provider Form

Contact Information: (Please provide the best contact information for the Schools to reach you at to facilitate the assessment process):

Name:

Phone Number:

Email:

Are you an independent contractor?

Clinic Name & Signing Authority for contract purposes (answer this **ONLY** if you are not an independent contractor):

Are you a registered member in good standing of your professional organization:

Name of Regulatory Body:

Do you have a valid Police Information Check (inclusive of vulnerable Sector Check)?

Do you have WCB Coverage (or an exemption letter from WCB)?

Do you have supervised or independent experience working with school aged children/youth? (please specify)

How are you capable of delivering assessments: In-Person Remote Both

Are you able to provide assessments in a language other than English? If yes, please specify language(s):

What population are you capable of servicing?

What region(s) of the province can you cover?

Do you have the necessary assessment materials and kits to complete common school assessments within your discipline?

What is your assessment capacity (# of Assessments/week)?

***FOR PSYCHOLOGY ONLY**

Are you able to complete Autism assessments using ADOS and ADI?