INDEPENDENT CLINICAL REVIEW PROCESS

FAMILY REQUEST FORM

Through the Independent Clinical Review (ICR) process, the Ontario Autism Program (OAP) gives families the opportunity to request an independent review of key components of their child's OAP Behaviour Plan.

Reviews can be launched when an OAP Behaviour Plan is initially developed, or when it has been updated at a progress review. Every effort should be made by families and service providers to reach agreement about OAP Behaviour Plans before seeking an independent review. Please note that the ICR is not a second opinion or re-assessment. If a family is not satisfied with the services and supports their child is receiving based on their OAP Behaviour Plan, it should be addressed directly with the service provider, through the agency's conflict resolution/complaints process.

Thank you for completing this form. An ICR family representative will be in touch with you within 17 business days of submitting this form to your OAP service provider.

CONTACT INFORMATION

Date Submitted

Child/Youth's Name

Date of Birth

Parent's/Guardian's Name

Relationship to the child or youth

Home Phone

Work Phone

Cell Phone

Email Address

Address

City, Postal Code

Ontario

Province

REASONS FOR REQUESTING A REVIEW

1. **Identify your OAP service provider: _____**

2. **Length of time in OAP service: _____**

3. **Reviews can be requested for new or newly updated Behaviour Plans. Indicate which applies to you:**

   ☐ Requesting a review of a new Behaviour Plan

   ☐ Requesting a review of a Behaviour Plan Updated at a recent progress review

4. **Did you discuss the concerns you and/or your child have about the Behaviour Plan with the OAP service provider? Please explain the outcome of this discussion.**

5. **Indicate which element/s of the Behaviour Plan you seek to review:**

   ☐ Domain(s) to be addressed

   ☐ Skill(s) to be increased

   ☐ Behaviour(s) to be decreased

   ☐ Planned intervention approach, including intensity and duration

   ☐ Behavioural goal(s)

6. **Briefly describe your concerns and rationale for seeking a review for any of the element of the Behaviour Plan identified above. Please explain this in relation to what was proposed in your child's Behaviour Plan:**

Domain(s) to be addressed

Skill(s) to be increased

Behaviour(s) to be decreased

Planned intervention approach, including intensity and duration. Please indicate service hours proposed.

Behavioural goal(s)

7. **How do you feel about how your child's OAP Behaviour Plan was developed? Do you feel you and your child were engaged in this process? Please explain.**

8. **Indicate whether you prefer to have a review completed in English or French:**

☐ **ICR in English** ☐ **ICR in French**

FAMILY PERSPECTIVE

9. **In the space below, please outline any concerns you and/or your child have regarding your child's OAP Behaviour Plan, and your rationale for requesting a review.**