



**Nature of Service/Resource (Select one or more that apply):**

- In-person     Telehealth     Web-based informational

**Section 1:**

<b><i>What is general information about the services/resources?</i></b>	
Name of service/resource	
Name of director and/or clinical coordinator	
Title (Dr., etc.)	
Phone number	
Email Address	
Location	
Website	

**Section 2:**

<b><i>What is the services/resources method of initial access?</i></b>	<b><i>Select one or more that apply</i></b>	<b><i>Comments</i></b>
Are appointments reserved over the phone?	<input type="checkbox"/>	
Are appointments reserved over email?	<input type="checkbox"/>	



Are appointments reserved on an online booking portal?	<input type="checkbox"/>	
Are services care by transfer (e.g., direct transfer from healthcare service to mental healthcare)?	<input type="checkbox"/>	
Was there no method necessary (e.g., web-based informational)?	<input type="checkbox"/>	

**Section 3:**

<b><i>What are the admission/participation criteria for the service/resource?</i></b>	<b><i>Select one or more that apply</i></b>	<b><i>Comments</i></b>
Specific Disability, <i>If yes, specify what disability</i>	<input type="checkbox"/>	
Age of the child (Years)	<input type="checkbox"/>	
Cost	<input type="checkbox"/>	
Language (e.g., only in English or French), <i>If yes, specify what language</i>	<input type="checkbox"/>	
Referral	<input type="checkbox"/>	
Wait-list	<input type="checkbox"/>	
Geo-location	<input type="checkbox"/>	



**Section 4:**

<i>Who does the service/resource target? (Does the program address the needs of the child, the parent, or both? If both specify details for each group and if there are any differences).</i>	<i>Select one or more that apply</i>	<i>Comments</i>
Child	<input type="checkbox"/>	
Parent	<input type="checkbox"/>	
Both (Family)	<input type="checkbox"/>	

**Section 5:**

<i>What is the goal/focus of the service/resource?</i>	<i>Select one or more that apply</i>	<i>Comments</i>
Assessment	<input type="checkbox"/>	
Intervention	<input type="checkbox"/>	
Follow-up	<input type="checkbox"/>	
Crisis/emergency management	<input type="checkbox"/>	
Redirection	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

**Section 6:**

**Any other pertinent information that you would like to share with us about this program:**

Empty text box for providing additional information.