

Instructions to Complete a TVCC OT or PT School Referral

If you have any questions about the referral process, please contact a TVCC Intake Coordinator at 519.685.8716 (in the London calling area) or 1.866.590.8822 ext 58716.

1. Referral packages must be submitted by schools. Schools can submit referral packages to TVCC for contracted services for students attending publicly funded schools in London, Middlesex, Oxford, Elgin, Huron, Perth, Grey and Bruce counties. (There is one exception: for students attending Osprey Central School in Maxwell in Grey county, referrals are sent to the Children's Treatment Network or CTN). For these services in private schools or in the home, contact your Local Health Integration Network or LHIN.

The contracted service agencies that will provide these services on behalf of TVCC are assigned by county:

Elgin, Grey and Bruce counties – Closing the Gap

Huron and Perth counties – CarePartners and CBI Limited

London and Middlesex county – St. Elizabeth Health Care and TVCC

Oxford county – CBI Limited and TVCC

2. Complete the TVCC Family and Community Referral Form. It can be found on the TVCC website separate from this package of school referral forms.
 - Students do not require a Health Card to be eligible for service. The space to enter a Health Card number on the form can be left empty.
 - In the "Tell us what is needed" box, write that you are requesting OT and/or PT at school.
 - If you believe your student would benefit from any of the additional TVCC services outlined on the referral form, please call a TVCC Intake Coordinator to discuss.
3. Complete the OT/PT Referral Form in this linked referral package. Information typed into the first page will automatically enter into the same field on the following pages.
 - You do not need to attach related reports that are from TVCC; please do refer to them by name and date.
 - Complete the OT Sensory Questionnaire only for OT Referrals for clients with sensory needs. Otherwise, leave this portion blank.
4. Provide the student's legal guardian with the other 3 forms in the linked referral package to be completed by the family.
 - Please support the family to complete their forms if required.
 - If you are unable to obtain written consent and authorization to share information from the student's legal guardian, the school resource teacher can discuss all the information on the forms verbally with the legal guardian and sign all the family

forms in the referral package on behalf of the family ie “verbal consent obtained from Bob Smith, legal guardian by Jane Doe, Resource Teacher”. Before the start of service, the therapist will confirm consent and authorization to share with the family.

5. For students with urgent needs (ie returning to school after surgery with new needs) indicate if the student’s needs are urgent from the school perspective on the fax cover sheet. Provide details of the needs on the referral form. TVCC will assess the needs of the student on a priority basis and contact the school and family if there are any questions.
6. To update information about students who are currently waiting for service, you may submit a “Student Update Form” rather than completing a full referral package again. You must discuss with the family (and check on the form that it has been discussed) when you are sharing new information with TVCC. Important updates to share would include any changes to the student’s needs or changes to custody or contact information or changes to the school attended. Please share updates about students already receiving service directly with the student’s therapist. The therapist will share with TVCC.
7. **To submit the referral, the school** gathers together:
 - a. TVCC Family and Community Referral Form,
 - b. TVCC Public School OT/PT Referral Package including the OT/PT Referral Form and the 3 forms from the family
 - c. any additional reports

To form a complete package and submit to TVCC Intake by:

Faxing to 519.685.8705 OR

Mailing to:

Thames Valley Children's Centre, Attention: Intake
779 Base Line Road East
London ON N6C 5Y6

You will be contacted by a TVCC Intake Coordinator or Clinical Co-ordinator if we have any questions or require more information. The family and school will be informed if the student is placed on a waitlist for service.

Interim School Therapy Services

OT/PT Referral Form

To be completed by school Resource Teacher

Requesting: Occupational Therapy (OT) Physiotherapy (PT)

Student Information:

Name: _____ DOB: _____

School: _____ School Board: _____

Student's Needs/Reason for Referral:

Please provide specific examples and details on how this impacts the student's performance at school

Please list any special devices presently used, e.g. walker, transfer aids etc. or desired in school environment

Classroom/School Supports Available:

Does the student have an Individual Education Plan (IEP)? Yes No

Safety Issues:

Please provide specific examples and details on how this impacts the student's performance at school

- | | |
|--|--|
| <input type="checkbox"/> swallowing difficulties | <input type="checkbox"/> immediate safety risk |
| <input type="checkbox"/> skin redness/breakdown | <input type="checkbox"/> unable to access school/ washroom/ classroom due to physical disability |
| <input type="checkbox"/> surgery | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> change in medical condition (deterioration) | |

List any specialized testing completed or school therapy services in the past: (attach reports)

Name: _____

DOB: _____

Classroom Observations Check all applicable

- Difficulty opening containers
- Difficulty managing outdoor clothing
- Trouble changing clothes, difficulty with fastenings
- Difficulty with swallowing, chewing or drooling
- Needs assistance with self-feeding
- Unable to manage toileting
- Has difficulty with doorknobs and faucets
- Little attention to appearance
- Physical difficulties in accessing a computer
- Difficulty using scissors
- Difficulty handling small items
- Difficulty copying shapes, numbers or letters
- Difficulty imitating body movements; doesn't cross midline
- Holds pencil awkwardly; presses too hard or too lightly
- Has difficulty with puzzles, small blocks and shapes
- When writing, doesn't stabilize the paper
- By age 9, confuses right and left on self or another person
- When using one hand, tenses or moves the other
- Is unable to draw a circle, cross, diagonal line
- Has trouble pasting one piece of paper on another
- Loses place when reading; moves head when reading
- Has not established hand dominance
- Unable to demonstrate understanding of directional commands
- Has difficulty copying chalkboard work
- Difficulty accessing stairs, bus, doors, playground
- Has a splint/brace that interferes with class work
- Slumps to one side, slides forward in chair/wheelchair
- Has trouble holding head up when sitting
- Needs help with use of wheelchair
- Totally dependent for all transfers
- Upset by unexpected touch; doesn't like others nearby
- Tires easily with routine tasks
- Trouble keeping balance; readjusts posture frequently
- Is awkward, and large movements are clumsy
- Has extreme tightness which limits joint movement
- Appears to have poor overall body strength; is 'floppy'
- Difficulty bouncing, throwing or catching a large ball
- Makes no attempt to catch himself when falling
- Poorly developed sense of rhythm
- Too much movement in joints; seems double-jointed
- Stumbles/falls more frequently than others the same age
- Cannot heel-toe walk, hop on one foot, jump in place
- Lacks reciprocal arm and leg movements when walking
- Difficulty with stairs
- Habitually walks on toes

Academic/Social/Behavioural Observations Check all applicable (ISTS does not address behavioural issues)

- Easily distracted; has short attention span
- Is hyperactive, very restless
- Is easily frustrated or discouraged
- Unaware of others' feelings/needs
- Has difficulty with group participation; is uncooperative
- Difficulty taking turns or following rules
- Does not recognize when needs to change behavior

Academic performance (Note: this information is required to effectively work with the child)

How have these issues been addressed by school personnel?

Comments:

Resource Teacher: _____ **Phone:** _____ **Ext:** _____

Email for Confirmation of referral/sharing plan for service: _____

Signature: _____ **Date:** _____

Please attach relevant reports/work samples/etc.

School Principal Authorization: _____

Interim School Therapy Services

OT Sensory Questionnaire



Name: _____ **DOB:** _____

School personnel to complete the following questions as additional information for a student with potential sensory needs and forward to TVCC with the referral:

Questions:	
What concerns do you have about the student's ability to participate at school?	
How have the concerns been explored and what are the causes of the concerns if identified?	
Is there a significant impact on participation; how does it present?	
Have you reviewed the sensory information package?	
What programming has been developed with the support of the resource teacher?	
What has been tried with the student and what are the outcomes?	
What supports within our school board have been accessed for this student? (e.g. behavioral support program or specialized resource team)	
What community resources are currently in place for this child?	

Interim School Therapy Services Authorization to Share Information



To be completed by the Parent/Legal Guardian or Client:

Please print your full name: _____

Please print the full name of the Student: _____

Please indicate your relationship to the Student: _____

Please check ONE:

I am the legal guardian of the above named child OR I am the client and am at least 16 years of age.

Services work best when there is good communication among everyone involved with you and your child. I do hereby authorize the exchange of information to and from:

Yes No

Thames Valley Children's Centre (TVCC)

AND

School and School Board, specify both: _____

AND

Preschool Speech and Language Program (if involved) specify: _____

AND

The Service Provider Agency assigned by Thames Valley Children's Centre

The service provider agency that could provide the OT, PT or SLP service at school is determined by the county of your child's school:

Elgin/ Grey/Bruce: Closing the Gap Healthcare Group

Huron/Perth: CarePartners or CBI Limited

London/Middlesex: ParaMed Home Health Care or St. Elizabeth Health or TVCC

Oxford/Norfolk: CBI Limited or TVCC

AND

Other: _____

Limitation to sharing:

Please indicate below any individual or facility with whom you **DO NOT wish** Thames Valley Children's Centre or School/School Board or Service Provider Agency or Preschool Speech and Language Program staff to communicate. Please indicate the relationship to the client. **If the request is to not communicate with a biological parent please provide supporting documentation.**

Individual/Relationship to the client: _____

Confirmation of Referral Receipt:

To save time and postage, please email me and the school the referral confirmation letter. The email will include my child's name, services requested, and assigned urgency of need. My email Address: _____

I understand that email is not a private method of communication. _____

This authorization is valid as long as the above named receives services from Thames Valley Children's Centre. In the event of transfer of services, consent will be valid until one year following inactivation date. This authorization may be cancelled at any time by submitting a written request to Clinical Information Services, Thames Valley Children's Centre.

Signature – Legal Guardian or Client

Date

Interim School Therapy Services

Consent for Services



To be completed by the Parent/Legal Guardian or Student:

Please print your full name: _____

Please print the full name of the child: _____

Please indicate your relationship to the child: _____

Please check ONE:

I am the legal guardian of the above named child

OR

I am the client and am at least 16 years of age.

By signing this, you are consenting to the start of services which includes the collecting of information to start a clinical record at TVCC. You can access that record at any time. If your child is assigned to another service provider agency for service, that agency will also start a clinical record. The service provider agency that could provide the OT, PT or SLP service at school is determined by the county of your child's school:

Elgin/ Grey/Bruce: Closing the Gap Healthcare Group

Huron/Perth: CarePartners or CBI Health Group

London/Middlesex: ParaMed Home Health Care or St. Elizabeth Health Care or TVCC or VON

Oxford/Norfolk: CBI Health Group or TVCC

You will be involved in the planning and decisions to be made about how, and if, services continue.

Please check ONE to share your preference below:

I would like the service provider to leave a message informing me when the assessment at school will be started. I understand I will be contacted by the service provider after the completion of the assessment to discuss the assessment findings and a plan for treatment, if applicable.

OR

I would like to have a discussion with the service provider before the therapy assessment at school begins.

Date

Signature of Parent/Legal Guardian or Client

You can withdraw this consent, therefore ending our services with you/your child, at any time by notifying TVCC Clinical Information Services in writing.

