



OTTAWA-CARLETON
DISTRICT SCHOOL BOARD

Specialized Health Support Services in School Settings

Specialized Health Support Services in School Settings

Standard 7

Purpose of the Standard

To provide the Ministry and the public with information about specialized health support services available in school settings

Information in this standard is in accordance with Policy Program Memorandum (PPM) 81 and is located on the following chart called Specialized Health Support Services in School Settings.

Looking Forward

The Board will:

- continue to work collaboratively with community partners to ensure the well-being of all students

Specialized Health Support Service	Agency or position of person who performs the service (e.g. Champlain CCAC, Board staff, parent, student)	Eligibility criteria for students to receive the service	Position of person who determines eligibility to receive the service and the level of support	Criteria for determining when the service is no longer required	Procedure for resolving disputes about eligibility and level of support (if available)
Nursing	<ul style="list-style-type: none"> • Champlain Community Care Access Centre (CCAC) contracted 	<ul style="list-style-type: none"> • Attendance at an elementary or secondary school • Student is under the care of a physician • Student requires nursing care at school • School principal/ personnel can identify student to CCAC by calling case manager • Medical orders are required — will be obtained by case manager 	<ul style="list-style-type: none"> • CCAC case manager • Attending physician 	<ul style="list-style-type: none"> • Medical staff and CCAC determine that services are no longer required • Change in medical status 	<ul style="list-style-type: none"> • Case conference • Parent(s)/ guardian(s) can appeal to CCAC • Contact person — case manager • CCAC appeals process under review

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Nutrition	<ul style="list-style-type: none"> • CCAC contracted nutritional agencies 	<ul style="list-style-type: none"> • Attendance at an elementary or secondary school • Student is under the care of a physician • Student has an Ontario Health Card • Student requires nutritional care at school • School principal/ personnel can identify/refer student to CCAC by calling case managers 	<ul style="list-style-type: none"> • CCAC case manager 	<ul style="list-style-type: none"> • Achievement of nutritional goals • Student no longer requires/ benefits from nutrition services at school 	<ul style="list-style-type: none"> • Case conference • Parent(s)/guardian(s) can appeal to CCAC • Contact person — case manager • CCAC appeals process under review

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Physiotherapy (PT)	CCAC contracted therapy agencies	<ul style="list-style-type: none"> • Attendance at an elementary or secondary school • Has an Ontario Health Card • Student requires physiotherapy to attend school • School principal and personnel refer student to CCAC using the School Services Application Form 	<ul style="list-style-type: none"> • CCAC case manager 	<ul style="list-style-type: none"> • Achievement of PT goals • Student is not benefiting from therapy • No follow-up support • Student is uncooperative • Parental request for termination of service • Further discharge criteria as per CCAC (see p. 76) 	Case conference Parent(s)/guardian(s) can appeal to CCAC Contact person — case manager CCAC appeals process under review

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Occupational Therapy (OT)	CCAC contracted therapy agencies	<ul style="list-style-type: none"> • Attendance at an elementary or secondary school • Student has an Ontario Health card • Student requires occupational therapy to attend school (has fine/gross motor difficulties) • School principal and personnel refer student to CCAC using the School Services Application Form 	<ul style="list-style-type: none"> • CCAC case manager 	<ul style="list-style-type: none"> • Achievement of OT goals • Student is not benefiting from therapy • No follow-up support • Student is uncooperative • Parental request for termination of services. • Further discharge criteria as per CCAC (see p. 73) 	Case conference Parent(s)/guardian(s) can appeal to CCAC Contact person — case manager CCAC appeals process under review

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Speech and Language Therapy Consultation, screening, informal and formal assessments	Board staff - Speech Language Pathologist(SLP)	<ul style="list-style-type: none"> • School referral to board SLP 	<ul style="list-style-type: none"> • Parent • LST • SLP 	<ul style="list-style-type: none"> • Consultation screening and/or assessment are completed 	Case conference
Speech and Language Intervention Demonstration therapy sessions (up to four)	Board staff – SLP	<ul style="list-style-type: none"> • Based on referral, screening, assessments and attendance of parent(s)/guardian(s) and/or staff 	<ul style="list-style-type: none"> • SLP 	<ul style="list-style-type: none"> • Maximum of four therapy sessions per school year 	Case conference
Speech and Language Intervention Direct treatment services to specific specialized program classes Senior Kindergarten	Board staff — SLP volunteers and students under supervision and training of Board (SLP)	<ul style="list-style-type: none"> • Student placement in one of the following system classes: • Language Learning Disability (primary & junior) • Developmental Disabilities Program (senior kindergarten, primary & junior), • Primary Special Needs 	<ul style="list-style-type: none"> • School Multi-Disciplinary Team • System class recommendation committee • Board SLP 	<ul style="list-style-type: none"> • Student transferred out of the listed system classes to • another placement 	Case conference Appeal IPRC placement

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Speech Therapy	CCAC contracted therapy agencies	<ul style="list-style-type: none"> • Attendance at an elementary or secondary school • Student has an Ontario Health Card • Student requires speech articulation therapy at school • Student is in senior kindergarten or older • School board or other SLPs refer student to CCAC using the School Services Application Form after initial assessment • Student has moderate to severe articulation problem, cleft palate, medically based speech disorder 	<ul style="list-style-type: none"> • CCAC case manager • Board staff — SLP pre-referral assessment 	<ul style="list-style-type: none"> • Discharged when presenting with a mild to moderate articulation problem. Discharged to Parent Articulation Training-Program (PAT-P) • Parental request for termination of service • No follow-up support • Student is uncooperative • Further discharge criteria as per CCAC (see p. 81) 	Case conference Parent(s)/guardian(s) can appeal to CCAC Contact person — case manager CCAC appeals process under review

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Speech Articulation and Remediation <ul style="list-style-type: none"> • Voice therapy • Stuttering (fluency) • parent articulation training program 	<ul style="list-style-type: none"> • CCAC contracted therapy agencies • First Words CHEO • Board staff — SLP 	<ul style="list-style-type: none"> • Student is in Senior Kindergarten or older • School Board or other SLPs refer student to CCAC using the School Services Application Form after initial asses. • Child is prior to SK entry • Do not meet the CCAC criteria listed above 	<ul style="list-style-type: none"> • First Words • Board SLP 	<ul style="list-style-type: none"> • Child is senior kindergarten age • Parent attendance at PAT-P workshop Follow-up home program and demonstration session available upon request 	<ul style="list-style-type: none"> • Case conference
Administering of Prescribed Medications	<ul style="list-style-type: none"> • Board staff — educational assistant (EA), teacher, principal, office staff 	<ul style="list-style-type: none"> • Request must be made in writing from the parent and physician • Physician must specify the medication, dosage, frequency, method, side effects, and the duration of administration (as per MOE Policy/ Program Memo. No. 81) 	<ul style="list-style-type: none"> • Physician • Parent(s)/ guardian(s) • Principal 	<ul style="list-style-type: none"> • Direction from physician and approval of parent(s)/ guardian(s) 	<ul style="list-style-type: none"> • Case conference

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Catheterization	<ul style="list-style-type: none"> • Board staff — EA (trained by appropriate agency) • Student 	<ul style="list-style-type: none"> • Dependent or assistance required for catheterization 	<ul style="list-style-type: none"> • Physician • Parent(s)/guardian(s) • Principal 	<ul style="list-style-type: none"> • Direction from physician and approval of parent(s)/guardian(s) • Independence achieved for self-catheterization • Change in medical condition 	<ul style="list-style-type: none"> • Case conference
Suctioning <ul style="list-style-type: none"> • shallow • deep 	<ul style="list-style-type: none"> • Shallow suctioning — Board staff — EA • Deep suctioning CCAC 	<ul style="list-style-type: none"> • Physician's direction • Physiotherapy recommendation 	<ul style="list-style-type: none"> • CCAC case manager • Medical staff 	<ul style="list-style-type: none"> • Direction from physician • Change in medical condition 	<ul style="list-style-type: none"> • Case conference • Appeal to CCAC
Lifting and Positioning	<ul style="list-style-type: none"> • Board staff - EA trained by OT/PT from CCAC • CCAC and Board • OT/PT trainers 	<ul style="list-style-type: none"> • Dependent for lifting and positioning and transfers 	<ul style="list-style-type: none"> • CCAC — • OT/PT • Physician • Principal 	<ul style="list-style-type: none"> • Independence achieved for transfers • Changes in medical condition • Upon physician's or therapist's direction 	<ul style="list-style-type: none"> • Case conference

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Assistance with Mobility	<ul style="list-style-type: none"> • Board staff - EA • Trained OT/PT • Board staff- EA trained by OT/PT from CCAC 	<ul style="list-style-type: none"> • Dependence training or/assistance required for mobility • Physician's • Assessment 	<ul style="list-style-type: none"> • Principal • OT/PT — Board and CCAC 	<ul style="list-style-type: none"> • Effective and comfortable use of new equipment or adjusted equipment 	<ul style="list-style-type: none"> • Case conference
Feeding	<ul style="list-style-type: none"> • Board staff- EA trained by OT or PT • CCAC contracted nursing agencies 	<ul style="list-style-type: none"> • Dependent assistance required for mobility • Physician direction 	<ul style="list-style-type: none"> • Physician • Principal • CCAC case manager • OT/SLP 	<ul style="list-style-type: none"> • Direction from physician and approval of parent(s)/guardian(s) • Change in feeding • Needs 	<ul style="list-style-type: none"> • Case conference
Toileting	<ul style="list-style-type: none"> • Board staff - EA trained by appropriate professional/ agency 	<ul style="list-style-type: none"> • Dependent and/or requiring assistance for toileting 	<ul style="list-style-type: none"> • Principal • Physician direction and parental approval 	<ul style="list-style-type: none"> • Direction from physician and approval of parent(s)/ guardian(s) 	<ul style="list-style-type: none"> • Case conference

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Augmentative communication devices Face-to-face writing aids -low tech needs	<ul style="list-style-type: none"> • Clinic for Augmentative Communication (CAC) at Ottawa Carleton Treatment Centre for assessment and prescription, Board SLP responsible for ongoing support and follow-up Board SLP • CCAC OT • Board staff-teacher , EA trained by appropriate agency 	<ul style="list-style-type: none"> • Referral to CAC by school board SLP or CCAC SLP • School referral to board SLPs • Referral to CCAC OT 	<ul style="list-style-type: none"> • Intake at CAC clinic at OCTC, • Board SLP • OT from CCAC 	<ul style="list-style-type: none"> • Annual reviews until system no longer required • Classroom Support no longer required for maintenance • modification 	<ul style="list-style-type: none"> • Case conference
Medical Dressing	<ul style="list-style-type: none"> • Board staff - EA 	<ul style="list-style-type: none"> • Physician direction and parental approval 	<ul style="list-style-type: none"> • Physician • Parent • Principal 	<ul style="list-style-type: none"> • Physical direction and parental approval 	<ul style="list-style-type: none"> • Case conference

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Adaptive Devices Program (ADP) Funding	<ul style="list-style-type: none"> • CAC Clinic or SLP Individual authorizers at CAC for communication aids • CCAC contracted therapists for OT, PT needs 	<ul style="list-style-type: none"> • Specialized equipment or resources required 	<ul style="list-style-type: none"> • Authorized ADP assessor 	<ul style="list-style-type: none"> • Student no longer requires resource 	<ul style="list-style-type: none"> • Discussion with ADP

School Health Support Services Service Guidelines – Nutrition (Registered Dietitian (RD) Services)

Conditions/Service Need	Eligibility criteria	Role of RD/Model of Service
<p>G tubes</p> <ul style="list-style-type: none"> • New • Longstanding • Oral feeding also <p>Note changes in student's medical condition/functional status may result in changes in nutritional status resulting in need for RD assessment/intervention</p>	<ul style="list-style-type: none"> • Student has had new G tube inserted • Student has longstanding G tube feeds • Student G tube fed but also trying to increase oral intake 	<ul style="list-style-type: none"> • See general role of RD* • RD to teach about products • RD to teach about schedule for feeding related to activities, lifestyle, interaction of medical conditions (eg. reflux) • RD Assess tolerance to feeds; provide recommendations/trials for feeds • RD to communicate/teach school staff • RD to reinforce/revise schedule from hospital (new tubes) • Consultative services may be provided in the home and/or school setting
<p>Dysphagia</p> <p>Note changes in student's medical condition/functional status may result in changes in nutritional status resulting in need for RD assessment/intervention</p>	<ul style="list-style-type: none"> • Student is at risk of aspiration with current intake • Student is not linked with an outpatient clinic to review this information with parents 	<ul style="list-style-type: none"> • See general role of RD*** • Prevent aspiration by working with SLP who determines texture needed RD provides specific information about how and what to prepare as per general role of RD • Sensory texture issues – RD works with OT and SLP as above • Consultative services may be provided in the home and/or school setting

<p>Medical condition affecting nutrition and hydration</p> <p>Eg. Cerebral Palsy, Crohn’s disease, metabolic disorders, cardiac conditions, renal conditions</p> <p>Note changes in student’s medical condition/functional status may result in changes in nutritional status resulting in need for RD assessment/intervention</p>		<p>See general role of RD***</p> <ul style="list-style-type: none"> • Consultative services may be provided in the home and/or school setting
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Program Criteria:

- School support – appropriate physical environment/space is provided, participation of volunteers or parents/caregivers is facilitated by school, teacher/EA willing to work with RD to include strategies in school setting
- Adequate attention and behaviours for consultation
- Consistent follow up demonstrated in program

Discharge criteria include one or more of the following:

- Student needs can be met by outpatient clinic/services
- Student issues are strictly behavioural and no school board behavioural intervention is in place
- Student condition stable with weight being monitored by family physician/clinic
- Lack of student/family/school motivation or participation with program/recommendations
- Student has achieved treatment goals
- Student has strategies/program in place to be able to meet goals
- No practice/irregular attendance of student at sessions
- Degree of progress does not warrant ongoing intervention
- Student and/or family/caregiver do not feel need for treatment
- Student no longer demonstrates need for service

***General Role of RD**

Promote and/or Maintain Healthy growth related to nutritional recommended intake, changes with age, need for supplementation with feeds



School Health Support Services Service Guidelines –Occupational Therapy

Conditions/Service Need	Role of OT/Model of Service
<p>Short Term needs</p> <p>Student with a specific functional problem requiring focused, short term intervention in <u>one</u> of the following areas:</p> <ul style="list-style-type: none"> • Age/developmental school productivity issues • mobility issues • environmental adaptations/accessibility (equipment) • sensory processing issues <p>Intervention is short term and specific in nature</p>	<p>Assessment in the form of clinical observations, interview of parent/caregiver/teacher or standardized assessments may include:</p> <p>Fine motor skills, gross motor skills, motor coordination, visual perceptual skills, sensory processing, activities of daily living, accessibility and mobility</p> <p>Intervention and/or instructional strategies defined and taught to school staff and family/caregivers. Program and resources provided to school staff and family/caregivers</p> <p>Feedback to/from school staff/family/caregivers</p> <p>Ongoing re-evaluation as needed to revise goals and intervention strategies</p>
<p>Moderate term needs</p> <p>Student with <u>one or more</u> of the following functional problems:</p> <ul style="list-style-type: none"> • Age/developmental school productivity issues • mobility issues • environmental adaptations/accessibility (equipment) • sensory processing issues <p>Intervention will have a rehabilitation focus</p>	<p>Assessment in the form of clinical observations, interview of parent/caregiver/teacher or standardized assessments may include:</p> <p>Fine motor skills, gross motor skills, motor coordination, visual perceptual skills, sensory processing, activities of daily living, accessibility and mobility</p> <p>Intervention and/or instructional strategies defined and taught to school staff and family/caregivers Program and resources provided to school staff and family/caregivers Feedback to/from school staff/family/caregivers Ongoing re-evaluation as needed to revise goals and intervention strategies</p>

<p>Complex/Early Intervention</p> <p>Student with one or more of the following functional problems: physical disability affecting ability to function independently in school (safety, mobility, productivity), degenerative condition, chronic health condition, developmental disability</p> <p>Intervention will focus on the establishment of optimal function in order to develop baseline for ongoing maintenance</p>	<p>Assessment in the form of clinical observations, interview of parent/caregiver/teacher or standardized assessments may include: Fine motor skills, gross motor skills, motor coordination, visual perceptual skills, sensory processing, activities of daily living, accessibility and mobility Intervention and/or instructional strategies defined and taught to school staff and family/caregivers Program and resources provided to school staff and family/caregivers Feedback to/from school staff/family/caregivers Ongoing re-evaluation as needed to revise goals and intervention strategies</p>
<p>Complex/Long Term Needs</p> <p>Student with one or more of the following functional problems: Physical disability affecting ability to function independently in school (safety, mobility, productivity), degenerative condition, chronic health condition, developmental disability</p> <p>Intervention will focus on prevention of deterioration and maximizing/maintenance of function</p> <p>Student experiencing developmental delay (global) or cognitive/physical disability may necessitate consultation throughout their school career Situation may need annual review and upgrading of programming</p>	<p>Assessment in the form of clinical observations, interview of parent/caregiver/teacher or standardized assessments may include: Fine motor skills, gross motor skills, motor coordination, visual perceptual skills, sensory processing, activities of daily living, accessibility and mobility Intervention and/or instructional strategies defined and taught to school staff and family/caregivers Program and resources provided to school staff and family/caregivers Feedback to/from school staff/family/caregivers</p> <p>If experiencing an episodic need for intense short term intervention student may receive additional visits For example:</p> <ul style="list-style-type: none"> • Facilitation with transition within school system • Facilitation with transition to adult services • Intermittent difficulties associated with growth/equipment changes • Change in caregiver (school setting) • Supportive care needs • Sudden change in functional status <p>Ongoing re-evaluation as needed to revise goals and intervention strategies</p>

Program Criteria:

- School support – appropriate physical environment/space is provided , participation of volunteers or parent/caregivers is facilitated by school, teacher/EA willing to work with therapist to include strategies in school setting
- Motivation and consent of student/caregiver to participate
- Adequate attention and behaviours for assessment/treatment sessions
- Consistent follow up demonstrated in supplemental program/homework/exercises provided by CCAC OT
- Students are not eligible for service if they have ONLY behaviour difficulties, visual perceptual problems, or learning disabilities

Discharge Criteria- include one or more of the following:

- Student has achieved treatment goals
- Student has strategies /program in place to be able to meet goals
- Lack of follow up in school or home program
- No practice/irregular attendance of student at sessions
- Degree of progress does not warrant ongoing intervention
- Student and/or family do not feel need for treatment
- Student no longer demonstrates need for service

Service Model:

- Intervention may be direct, consultative, one to one or via workshop or educational presentation to caregivers/school staff

- SHSS Service Guidelines – Occupational Therapy V. 09 2013

School. Health Support. Services Service Guidelines – Physical Therapy

Conditions/Service Need	Role of PT/Model of Service
<p>Short Term</p> <ul style="list-style-type: none"> Physical challenges in the school setting – including difficulties participating in gym class, safe mobility within the school/schoolyard, stairs Non-deteriorating condition with minimal complications predicted Acute cardiorespiratory issues 	<p><u>Services include:</u></p> <ul style="list-style-type: none"> Assess physical function and/or gross motor skills Develop intervention strategies Teach school staff, family/caregivers to review/feedback/upgrading of intervention/adaptation strategies as needed Evaluate safe implementation of program in school setting
<p>Rehabilitation/Chronic</p> <ul style="list-style-type: none"> Student with a disability which impacts on functional abilities of mobilization, transfers, cardiorespiratory status, demonstrating potential for improvement PT intervention to maximize progression of skills and optimize functional status Improve/Maintain mobility and orthopedic, gross motor and respiratory status Intervention may vary in response to changing needs and readiness Example: Physical impairment limiting ambulation with potential to effect level of independent mobility (e.g.: Borderline ambulatory vs. wheelchair mobility) Students may require additional visits post surgery/ post botox 	<p><u>Services include:</u></p> <ul style="list-style-type: none"> Assessment of physical function, setting goals with students, school staff and family to maximize physical function in the school setting Intervention strategies developed and taught to school staff and family/caregivers Prescription of equipment Collaboration with school staff in development of IEP plan/goals Ongoing evaluation of safe implementation of program in school setting Ongoing re-evaluation as needed to progress goals and intervention strategies

Complex/Long term Needs

- Student with a disability which impacts on functional abilities of mobilization, transfers and cardiorespiratory status
- PT intervention to maintain/delay deterioration of mobility, orthopedic, gross motor and respiratory status
- Intervention may vary in response to changing needs and readiness

Services include:

- Assessment of physical status/function, setting goals with students, school staff and family to maintain physical function in the school setting
- Intervention strategies developed and taught to school staff and family/caregivers
- Prescription of equipment
- Collaboration with school staff in development of IEP plan/goals
- Ongoing evaluation of safe implementation of program in school setting
- Ongoing re-evaluation as needed to revise goals and intervention strategies

*** all guidelines include assessment, conferencing, consultation**

Program Criteria:

- School support – appropriate physical environment/space is provided for gross motor activities , participation of volunteers or parents is facilitated by school, teacher/EA willing to work with therapist to include strategies in school setting
- Parent/caregiver involvement in physio program
- Motivation and consent of student to participate
- Adequate attention and behaviours for assessment/treatment sessions
- Consistent follow up demonstrated in supplemental program/homework/exercises provided by CCAC PT
- Service model is abilities based – based on goals of child, school and family – goals are task oriented
- An identified gross motor difficulty impacting on school participation and safety in the school setting

Discharge Criteria include one or more of the following:

- Student has achieved treatment goals
- Student has strategies /program in place to be able to meet goals
- Lack of follow up in school or home program
- No practice/irregular attendance of student at sessions
- Degree of progress does not warrant ongoing intervention
- Student and/or family/caregivers do not feel need for treatment
- Student no longer demonstrates need for service

Services:

- Intervention may be consultative, one to one or via workshop or educational presentation to family/caregivers/school staff

SHSS Service Guidelines – Physical Therapy V. 09 2013



School Health Support Services Speech Language Pathology Service Guidelines

Community Care Access Centre provides speech therapy for children and youth with a health based need for speech services. **School boards** are responsible for providing these services to children/youth who have a **language** disorder. This is inclusive of private and home schools. School boards are also responsible for the treatment of **mild articulation** disorders. (Mild articulation = no processes involved OR 1-2 sound errors regardless of age OR errors fall within the child's development range OR sound patterns associated with that of first language (ESL) OR W for R or Frontal Lisp, or lateral lisp on s, z only, tongue thrust).

Students who are identified with physical, neurological, and/or cognitive difficulties may have an impeded rate of progress. It is anticipated that therapeutic strategies will require more time. Student **MUST** meet eligibility criteria of continued measurable progress and consistent support from home and school must be evident.

Conditions/Service Need	Eligibility criteria	Role of SLP/Model of Service
<p>Moderate to severe articulation/phonological disorder</p> <p>Moderate – 3-6 sound errors are noted OR phonological processes (including atypical errors) may be involved AND errors noticeably reduce intelligibility (e.g. lateralization of most or all fricatives with significant negative effect on intelligibility)</p> <p>Severe –more than 6 sound errors, processes involved, intelligibility is severely reduced</p>	<ul style="list-style-type: none"> • Must have SLP referral and assessment • Must have current SLP report (within last 12 months) 	<ul style="list-style-type: none"> • Direct treatment and/or consultative individually or in group • Consult as required • Provide home program • Education, consultation and training of client/parent/school personnel • Clinic/workshop

<p>Complex/Medically Fragile DE children only</p> <p>DE children ONLY where model is different & SLP is addressing language development and/or swallowing risks</p>		<ul style="list-style-type: none"> • Direct treatment and/or consultative individually or in group • Consult as required • Provide home program • Education, consultation and training of client/parent/school personnel • Clinic/workshop
<p>Motor Speech Disorder <u>Mild</u></p> <p><u>Moderate</u> -3-6 sound errors, processes may be involved, errors are inconsistent over repeated trials, intelligibility is noticeably reduced</p> <p><u>Severe</u> – more than 6 sounds errors are noted, processes may be involved, errors are inconsistent over repeated trials, intelligibility is severely reduced</p> <p><u>Profound</u> - Efforts to speak/vocalize but limited sound system Oral motor difficulties must impact intelligibility or contribute to feeding and/or swallowing difficulties</p>	<ul style="list-style-type: none"> • Must have SLP referral and assessment • Must have current SLP report (within last 12 months); neurology report if available 	<ul style="list-style-type: none"> • Direct treatment and/or consultative individually or in group • Consult as required • Provide home program • Education, consultation and training of client/parent/school personnel • Clinic/workshop
<p>Fluency disorder</p> <ul style="list-style-type: none"> • Dysfluent in first language • Tension • Secondary behaviours – avoiding words/avoidance of situations • Effortful speech, struggle • Demonstration of social +/- vocational limitation (s) as result of fluency disorder 	<ul style="list-style-type: none"> • Must have SLP referral and assessment • Must have current SLP report (within last 12 months) • Client motivation – key with referral 	<ul style="list-style-type: none"> • Direct treatment and/or consultative individually or in group • Consult as required • Provide home program • Education, consultation and training of client/parent/school personnel • Clinic/workshop

<p>Voice / Resonance disorder</p> <p>Vocal fold pathology identified by ENT resulting in poor voice quality including: Rough Hoarse Whispery</p> <p>Mild/Moderate - vocal production impacts on daily communication</p> <p>Severe - vocal production is markedly affected Majority of communication may require non-verbal techniques</p> <p>Atypical hypo or hyper nasality Nasal Air Emission</p>	<p>ENT report required</p> <p>Eligibility for ongoing services – expectation of clinical changes in first 3 months – if not, service not continued and client referred for more appropriate intervention</p> <p>Report from cleft palate team, if involved</p>	<ul style="list-style-type: none"> • Direct treatment and/or consultative individually or in group • Consult as required • Provide home program • Education, consultation and training of client/parent/school personnel • Clinic/workshop
<p>Multiple Needs</p> <p>Experiencing moderate to severe difficulties in more than on treatment area/category of speech remediation including: articulation, oral motor, fluency and voice difficulties</p>	<ul style="list-style-type: none"> • Must have SLP referral and assessment • Must have current SLP report (within last 12 months) 	<ul style="list-style-type: none"> • Direct treatment and/or consultative individually or in group • Consult as required • Provide home program • Education, consultation and training of client/parent/school personnel • Clinic/workshop
<p>Alternative and Augmentative Communication</p> <p>Resource to school on short term basis within scope of practise and service mandate; transition to school board staff for ongoing services</p>	<ul style="list-style-type: none"> • If AAC device is primary method of communication – school board responsibility • If secondary device to augment speech production – shared mandate of School board and CCAC 	<ul style="list-style-type: none"> • Direct treatment and/or consultative individually or in group • Consult as required • Provide home program • Education, consultation and training of client/parent/school personnel • Clinic/workshop

Assessment and Discharge	Following assessment client does not meet eligibility criteria (may be due to improvements while waiting for service; may have been inappropriately referred) SLP will complete assess/discharge report	No service provided
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NOTE: The **Referral for Same Need** category has been eliminated. Please reassess the child and put them into the most appropriate category above.

Program Criteria:

- The student must display – appropriate motivation, attention, language, behaviour and cognitive ability to participate in an individual speech therapy session of a minimum of 30 minutes in length
- The SLP assessment report accompanying the referral to include child’s status of those components
- The student must display – language skills that are equal to or greater than demonstrated speech skills
- Students who require significant language stimulation will be discharged back to the care of the school board speech language pathologist
- SLP report including an assessment on language skills (within past year) where there are identified concerns, from referring agency SLP/school board SLP/private SLP
 Exception: a child with diagnosed developmental delays, a report within the last two years will be accepted if accompanied with a statement by the referring SLP regarding the validity of the report
 Referral must be initiated by an SLP; if no identified concerns then a statement on language skills (within past year) is required from SLP
- Stimulability for speech sounds
- School support – appropriate physical environment/space is provided; participation of volunteers or family/caregivers is facilitated by school; teacher/EA willing to work with therapist to include strategies in class work
- Family/caregiver to attend minimum of one session
- Motivation and consent of student to participate
- Adequate attention and behaviours for assessment/treatment sessions
- Consistent follow up demonstrated in supplemental program/homework provided by SLP

Discharge Criteria include one or more of the following:

- Student has achieved treatment goals
- Student has strategies /program in place to be able to meet goals
- Lack of follow up in school or home program
- No practice/irregular attendance of client at sessions
- Student meets criteria for mild articulation
- Degree of progress does not warrant ongoing intervention
- Student and/or family/caregiver do not feel need for treatment
- Student no longer demonstrates need for service

SHSS Service Guidelines – Speech Language Pathology V. 09 2013



OTTAWA-CARLETON
DISTRICT SCHOOL BOARD

Authorization for Referral to the Champlain Community Care Access Centre

I hereby authorize _____ to send a request for
(name of school releasing information)

_____ to The Champlain Community Care Access Centre
(service) 4200 Labelle Street
Suite 100
Ottawa, Ontario
K1J 1J8

For my child _____
(name of client – print)

(client's address)

I understand this information is to be used by the recipient for the purpose of assessing eligibility for the service.

Name of Parent/Guardian: _____
(please print)

Signature: _____

Relationship to Client: _____

Date: _____

School Health Support Services Referral Form – 2016-2017

Important:

- The Principal or designate must affirm that available school resources and levels of support have been accessed prior to initiating the referral.
- The school is required to be actively involved in support of the therapy program.
- Student must have a **valid Ontario Health Card Number** to obtain CCAC services
- School to please retain a copy of referral for your records.

Student Information

(yyyy-MMM-dd)

Student's Name:	female <input type="checkbox"/>	male <input type="checkbox"/>	D.O.B
Student's Address (include city):	Postal Code:		
Health Card # : _____	Version Code: _____	Expiry Date: _____	
Known Diagnosis:			

Parent/Guardian Contacts:

First Name:	Phone # (H):
Last Name:	Phone # (B):
Relationship:	Phone # (C):
Address:	
First Name:	Phone # (H):
Last Name:	Phone # (B):
Relationship:	Phone # (C):
Address:	
Comments:	

Parental Consent obtained by school to make referral to Champlain CCAC

School Information:

School:	Grade:
School Address:	Type of class:
School Phone:	Teacher:
School Fax:	Resource Teacher:
Who will be responsible for follow up on the recommendations of the provider?	
<input type="checkbox"/> Teacher <input type="checkbox"/> Special Education/Resource Teacher <input type="checkbox"/> Principal <input type="checkbox"/> Other	

Services Requested:

<input type="checkbox"/> Occupational Therapy	You MUST complete page 2 and 3 or referral will not be processed
<input type="checkbox"/> Physiotherapy	You MUST complete page 2 and 3 or referral will not be processed
<input type="checkbox"/> Speech Language	You MUST attach report from Registered SLP or referral will not be processed

Referral Source Signature: _____

Date: _____

Print Referral Source and Contact Number: _____

A CCAC Case Manager will contact the parent/guardian or student to determine eligibility for service.

Student Name: _____

Please fill in each line and identify areas of difficulty, and comment as appropriate.	Frequently	Sometimes	Rarely	Not applicable	Please add details in areas of difficulty.
Hand dominance not established, or does not use preferred hand consistently (i.e. hand switching observed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Difficulty picking up small objects (Cheerios, pennies, etc.) & moving in hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cannot hold/or cut with scissors correctly; not accurately cutting on straight lines or shapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unable to colour within lines of pictures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unable to draw a person with several body parts that is recognizable/age appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does not print/write legibly as per age expectations (despite being taught)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does not work from left to right when printing/ reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is more efficient typing vs. printing or writing (must be determined by teacher)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unable to copy information accurately from the blackboard or copy from a book/paper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has tightness in some muscles which limit joint movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has awkward, clumsy movements in gym class or on playground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stumbles, falls or bumps into objects/people; may walk on toes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Difficulty keeping balance in games, during gym class, or on playground compared to peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Difficulty accessing stairs, bus, doors, playground, gym, bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Student is not felt to be safe on stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ball skills not age appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Difficulty chewing or swallowing; may cough when eating; drools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does not respond appropriately to touch, taste of certain foods & textures of clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is overly sensitive to noises, lights, movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Difficulty sitting still; may fidget, rock, turn during meals or when doing homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cannot manage snacks, containers (lunch box, juice box, lids) & utensils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Difficulty putting on/off indoor & outdoor clothing, & fasteners (buttons, snaps, zippers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Needs Help when toileting (with clothing, getting on/off toilet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Presenting Difficulty	Describe how the presenting difficulty is impacting the child's participation at school (e.g.: health and safety, transfers, equipment, accessibility behavioural or emotional concerns, productivity, ADL)	Describe what strategies have been tried to address the difficulty (e.g.: Adapted Seating, Augmentative System e.g. picture Exchange communication system or technology, increased computer use, move'n sit cushion, pencil grips, printing/writing programs, scribing, sensory tools/techniques, visual schedule, referrals to other service professionals)

**Academic/Social Behavioral Issues:
(Please note: CCAC does not address behavioral issues)**

<input type="checkbox"/> Easily distracted; has short attention span	<input type="checkbox"/> Unaware of others' feelings/needs
<input type="checkbox"/> Is hyperactive, very restless	<input type="checkbox"/> Has difficulty with group participation; is uncooperative
<input type="checkbox"/> Is easily frustrated or discouraged	<input type="checkbox"/> Does not recognize when needs to change behavior
<input type="checkbox"/> Difficulty taking turns or following rules	<input type="checkbox"/> Difficulty with change/transitions
<input type="checkbox"/> Problems with memory and recall	

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

How have these issues been addresses by school personnel?

Other comments/information: