



School Health Professional Services Referral Form

Fax: 1-866-869-0071

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 CHEO services.
- If this referral is the result of another professional's recommendation (e.g. Psychologist, Ear Nose Throat Specialist), the professional's report **MUST BE INCLUDED** in this referral package.
- **Incomplete referrals will not be processed, but returned to the referral source.**
- Please retain a copy of the referral for your records.

Student Information (Print):

Student's Name:	D.O.B	male	female
Student's Address (include city):	Postal Code:		
Health Card # (if known):	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:	

MANDATORY Referral information has been shared with parent(s) and the referral source has received parental consent to share this information with CHEO and the Champlain Local Health Integration Network (LHIN).

School Information (If known) (Print):

School:	Grade:
School Address:	Type of class:
School Phone:	Teacher:
School Fax:	Resource Teacher:

Specify who will be responsible for follow up on the recommendations of the provider?

Teacher	Special Education/Resource Teacher/LST	Principal	Other
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Services Requested:

Occupational Therapy	Complete page 2 and 3 or referral will not be processed
Physiotherapy	Complete page 2 and 3 or referral will not be processed
Speech Therapy	Refer to checklist for completing SLP Referral Attach report from a Registered SLP or referral will not be processed

Referral Source Signature: _____ Date: _____
 Print Referral Source _____ Contact Number: _____



**School Health Professional Services
Occupational Therapy/ Physiotherapy Referrals
Fax: 1-866-869-0071**

Client's Name: _____ Date of Birth (d/m/y): _____

School: _____

Checklist for Completing the Speech Referral:

Obtain written permission from parents/guardian to refer the child to CHEO for speech services.

Complete the School Services Application Form.

The referring Speech Language Pathologist must complete (with signature and date), either CHEO School Speech Therapy Referral Form, or send a speech and language report that includes the same information.

Attach a current (within one year) speech and language assessment report. A complete language report is only necessary for children identified or suspected of having language difficulties. CHEO provides services to children with speech disorders and the School Board is responsible for language development.

If the referral is for voice therapy, an Ear, Nose and Throat (ENT) Physician's referral is necessary. Please attach ENT's assessment report (within 6 months of the referral date).

CHEO services children with articulation disorders at or beyond the moderate level of severity. The School Board is responsible for mild articulation difficulties.

All children referred to the CHEO School Speech Therapy Services program must be 5 years of age or older to receive service.

Mail or fax the above information to CHEO for follow-up at:

100-4200 Labelle Street
Ottawa, ON K1J 1J8
Pediatric Phone Numbers: 613-745-4358, 1-844-641-7078
FAX: 1-866-869-0071

Note:

- Completion of the above steps in the checklist is required to ensure that the application is complete and ready for processing.
- A certified Speech Language Pathologist must complete all speech language pathology referrals to CHEO.

Information about the program, as well as this form, can be found on our CHEO website.

<http://www.cheo.on.ca/en/school-based-rehab>



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Client's Name: _____ Date of Birth (d/m/y): _____

School: _____

Medication: list of medications attached Y N

Check off any areas of concern and explain/give examples for all items checked on the following page.

**** This referral form is designed to collect information to provide an overall picture of the child/youth, and does not guarantee admission and/or therapy intervention for all areas checked.**

Difficulty opening containers	Visual Impairment
Difficulty managing indoor/outdoor clothing	Hearing Impairment
Trouble changing clothes; difficulty with buttons, snaps, zippers	Doesn't respond appropriately to touch, textures of foods and clothing
Difficulty with swallowing, chewing or drooling	Is upset by unexpected touch; doesn't like others nearby (personal space)
Needs assistance with self-feeding	Overly sensitive to noises, light, movement
Unable to manage toileting	Tires easily with routine tasks
Has difficulty with doorknobs and faucets	Trouble keeping balance; readjusts posture frequently
Difficulty coordinating both hands to do a task	Is awkward and large movements are clumsy
Physical difficulties in accessing/using a computer/keyboard	Has tightness in some muscles which limits joint movement
Difficulty using scissors/cutting accurately	Appears to have poor overall body strength; is "floppy"
Difficulty handling/picking up small items	Difficulty bouncing, throwing or catching a large ball
Difficulty copying shapes, number or letters	Makes no attempt to catch himself when falling
Difficulty imitating body movements; doesn't cross midline	Poorly developed sense of rhythm; can't play clapping games
Unable to colour within lines	Too much movement in joints; seems double jointed
Holds pencil awkwardly; presses too hard or too lightly	Stumbles, falls more frequently than others the same age or bumps into objects/people
Has difficulty with puzzles, small blocks and shapes	Cannot heel-toe walk, hop on one foot, jump in place
When writing, doesn't stabilize the paper	Lacks reciprocal arm and leg movements when walking
By age 9, confuses right and left on self or another person	Difficulty with stairs/playground structures
Does not work from left to right	Habitually walks on toes
When using one hand, tenses or moves the other	Has a splint/brace that interferes with class work
Is unable to draw a circle, cross, diagonal line	Slumps to one side, slides forward in chair/wheelchair
Has trouble pasting one piece of paper on another	Has trouble holding head up when sitting
Loses place when reading; moves head when reading	Needs help with use of wheelchair
Has not established hand dominance - switches	Totally dependent for all transfers
Unable to demonstrate understanding of directional commands	Uses a mobility aid
Has difficulty accurately copying from the blackboard or paper	Academic/Social Behavioural Issues: <i>(Note: CHEO does not address Behavioural Issues)</i>
Illegible written work	Easily distracted; has short attention span
Is more efficient typing than printing/writing (as per teacher)	Is hyperactive, very restless
Has the child had the opportunity to develop above tasks prior to school entry?	Is easily frustrated or discouraged
	Unaware of others' feelings/needs
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has difficulty with group participation; is uncooperative
<i>Explain</i> _____	Difficulty taking turns or following rules
	Does not recognize when needs to change behaviour



**School Health Professional Services
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Is this a referral to support SEA funding for equipment at school? Yes No

If Yes Specify: Sensory Equipment Writing Aids Technology

Client's Name: _____ Date of Birth (d/m/y): _____

School: _____

Complete all relevant areas thoroughly.

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

How have these issues been addressed by school personnel?

Note: that CHEO does not solely teach printing, writing, numbers and letter recognition, colouring, drawing, scissor use or keyboarding.

Describe presenting motor difficulty(ies):

How have these issues been addressed by school personnel?

Safety/ Accessibility Issues:

Special Devices Utilized:
(Please list any special devices presently used, e.g. walker, transfer aids, technology etc.)



**School Health Professional Services
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Classroom/School Supports Available:

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

Client's Name: _____ Date of Birth: _____

School: _____

Complete all relevant areas thoroughly.

Has the student been identified through an IPRC? Yes No

If yes, what are the area(s) of exceptionality:

Additional Information:

e.g. has the child been referred/ seen by a psychologist

NOTE:

- CHEO School Health Professional Services (SHPS) are mandated by PPM 81 for children/youth who have significant, motor-based difficulties impacting on many activities of daily living, and require professional services/equipment to attend school, receive instruction, and participate in the academic program and school routines.
- Learning disabilities, writing, cutting, focusing, attention and/or hyperactivity, as well as other behavioural challenges, will not be addressed by the therapist(s)
- Sensory processing disorders will be addressed, only if there are significant coexisting motor-based difficulties.
- Information about the program, as well as this form, can be found on our CHEO website. <http://www.cheo.on.ca/en/school-based-rehab>
- Pediatric Phone Numbers:
Dedicated public number: **613-745-4358, 1-844-641-7078**