

Client's Name:		Date of Birth:	
School Name:		Class/Grade:	

**A. Reason for Referral**

Referral Source (Name and Position): \_\_\_\_\_ Date: \_\_\_\_\_

**B. Safety & Participation**

Is there a Safety Issue?  Yes  No If yes, please describe:

Do the referral concerns affect the child/youth's ability to access the curriculum or attend school?

Mildly  Moderately  Unable to access any part of the curriculum/Attend school

**C. History & Support**

Does the child/youth have an Individualized Education Plan (IEP)?  Yes (If yes, please attach)  No  Unknown

Does the child/youth have an Identification, Placement and Review Committee (IPRC) designation?  
 Yes (If yes, please attach)  No  Unknown

Has the child/youth received School-Based Services previously (formerly SHSS)?  Yes  No  Unknown

If yes, how many years of service?

If yes, what strategies have been put into place?

If the child/youth has received OT/PT service before, what has changed?

Has the school been using any strategies to address concerns?  Yes  No

Are they still working?  Yes  No

Please elaborate:

Have you connected with parents and previous teachers to review interventions?  Yes  No

Are there strategies identified in the OSR or with the resource teacher?  Yes  No

What (if any) other community resources have been accessed?

Children's Mental Health  KidsInclusive/CHEO OCTC  Special ED Resource Team  South East LHIN  
 Behavioural Team  School Board Resources  Pre-School Speech & Language  Other

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**D. Information for Therapy Referral**

Please identify any equipment used by the child for mobility at school:

Areas of Concern:

Safety  General Mobility & Accessibility  Equipment Concerns  Gym  Playground  Other  N/A

Please provide description or examples:

Please check areas of concern:

Fine Motor/Hand Skills  N/A

Please provide description or examples:

Printing/Written Output\*  N/A

Please provide description or examples:

\* Please indicate support and/or adaptations for printing/handwriting that have been tried:

- Printing/Cursive Writing Program
- 1:1 Support
- Technology / Software Programs
- Alternative Pencil Grips or Lined Paper
- Other (Please describe):

Sensory\*\*  N/A

Please provide description or examples:

\*\* What Sensory resources does your school have?

- Sensory Room
- Basic Sensory equipment
- Other (Please describe):

What strategies have you tried?

- Environmental Adaptations
- Body Breaks
- Other (Please describe):

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Self-Care (Toileting, Feeding, Dressing)  N/A

Please provide description or examples:

Other

Please provide description or examples:

**Please attach supporting documentation.**

**Form available at [www.kidsinclusive.ca](http://www.kidsinclusive.ca) and is fillable to allow for more detail.**