



## QA School Age Program Occupational Therapy Caseload Priorities

This table can be used: a) to determine if a student is an appropriate referral.  
b) to prioritize students during times of busy caseload.

Priority Level	Definition of Priority Level
<p><b>Level 1 Priority OT Consultation</b></p>	<p><b>“Low incidence” students with complex medical conditions and/or neurodevelopmental’ concerns who have need for support regarding:</b></p> <ul style="list-style-type: none"> <li>• Feeding issues putting them at risk for choking/aspiration.</li> <li>• Equipment needs (wheelchairs, alternate positioning, splinting).</li> <li>• Lifts and transfer education and monitoring.</li> <li>• Physical access to curriculum including assistive technology and computers.</li> <li>• Functional performance at risk for deterioration (often due to joint, muscle or skin conditions and limitations).</li> <li>• Physical accessibility issues in home and school.</li> <li>• Transition planning for adult services.</li> <li>• Participation in activities listed in Level 2.</li> </ul>
<p><b>Level 2 Short Term Consultation</b></p>	<p>Students who have concerns with <b>motor skills</b> and / or <b>sensory sensitivities</b> which impact their activities or participation in <b>multiple areas</b></p> <ul style="list-style-type: none"> <li>• Activities (examples) <ul style="list-style-type: none"> <li>○ Self-care – dressing, eating, toileting, washing hands</li> <li>○ School skills – printing, typing, drawing, opening containers</li> <li>○ Life skills- cooking, riding bus, community safety</li> </ul> </li> <li>• Participation in: <ul style="list-style-type: none"> <li>○ School environment- circle time, sitting at desk, centres, playground, gym</li> <li>○ Home Environment—mealtime, self-care routines, home mobility</li> <li>○ Community &amp; Leisure – community access, recreation &amp; leisure activities</li> </ul> </li> </ul> <p>*Please provide specific examples of the areas of difficulty and what you are seeing that leads you to suspect motor or sensory concerns. Describe other examples of motor difficulty when considering a referral for printing.</p> <p>*Requests for input around children who are “sensory seeking” only would fall under the classroom wide-school wide interventions.</p> <p>*Kindergarten referrals may be delayed until later in the year to allow for a child’s natural ongoing development and milestone acquisition.</p>
<p><b>Level 3 School Wide / Classroom Interventions</b></p>	<p>School wide intervention or in-services (can be done in collaboration with other members of school team e.g. counselor). Examples:</p> <ul style="list-style-type: none"> <li>• Self-regulation: How Does Your Engine Run; Zones of Regulation; Shanker model</li> <li>• Motor skills: Posture/Pencil grip in-service; The benefits of motor circuits on school performance; Building motor skills with children with Developmental Coordination Disorder.</li> </ul>



<p><b>Do not refer for <u>individual</u> intervention*</b></p> <p><i>*school wide interventions or in-services for these challenges may be considered. Please discuss with your OT.</i></p>	<ul style="list-style-type: none"> <li>• Written output concerns only.</li> <li>• A student who has experienced an acute injury (e.g. broken arm or leg) requiring short-term rehabilitation.</li> <li>• “Picky eaters” not at risk for choking or aspiration.</li> <li>• Behaviour, emotional or mental health concerns which have not been addressed, that are likely the primary underlying cause of the functional concern.</li> <li>• Where challenges are primarily related to attention, sensory seeking and/or organization difficulties:             <ul style="list-style-type: none"> <li>○ Please discuss with the parents the potential need for a referral to a Pediatrician or other professional.</li> <li>○ Please consider implementing an inside or outside motor circuit due to the strong research on the positive effects of aerobic exercise on attention.</li> <li>○ These students may be better served with environmental/classroom adaptations or other professional supports.</li> </ul> </li> <li>• Based on suggestion from another professional (Pediatrician, Psychologist, Mental Health clinician) only; above referral criteria still need to be the basis for the referral question.</li> </ul>
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*Referrals must go through school based team. Please note there is a limit to the number of short term consultations that can be done within a year. The school therapy program and individual therapists must prioritize their students across all of their schools. Some concerns may be more appropriately supported by school or classroom wide interventions and support. Referrals received after March break may not be seen until the following school year.*

♦Examples of neurodevelopmental conditions that may have significant functional impact include: autism, cerebral palsy, muscular dystrophy, Down syndrome; although diagnosis alone does not necessarily indicate need for therapy.

✓Examples of motor skill concerns include: fumbling with buttons or dropping items; can't open containers or put lids on markers; lack of precision with drawing or writing tasks.

Examples of sensory sensitivities include: hands over ears with loud noises; can't tolerate seams or tags in clothing; fearful of climbing.

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 Pathway – PPM/10 Program, CFRS\10.8 School Age Therapy Program\Referrals