

SD 61 - Victoria	Occupational Therapy	Physiotherapy
Arbutus Middle School	Jen Millar	Emma Taylor (gap) - Val Poirier
Bank Street	Sarah Mackenzie	Mikayla Rathbone
Braefoot Elementary	Tara Naylor	Drea Prizeman
Campus View Elementary	Michelle Rickinson	Emma Taylor (gap) - Val Poirier
Cedar Hill Middle School	Jan Wardill	Drea Prizeman
Central Middle School	Sarah MacKenzie	Mikayla Rathbone
Cloverdale	Jan Wardill	Drea Prizeman
Colquitz Middle School	Sara Taylor	Alisha Wallace (starts Sept 26) – Val Poirier
Craigflower Elementary	Brooken Sayers	Alisha Wallace (starts Sept 26) – Val Poirier
Doncaster	Jan Wardill	Drea Prizeman
Eagle View Elementary	Tara Naylor	Alisha Wallace (starts Sept 26) – Val Poirier
Esquimalt High	Lee Dellabough	Alisha Wallace (starts Sept 26) – Val Poirier
Frank Hobbs Elementary	Sara Taylor	Victoria Macaulay
George Jay Elementary	Sarah MacKenzie	Mikayla Rathbone
Glandford Middle School	Stephanie Edwards	Victoria Macaulay
Gordon Head Middle school	Teresa Winberg Phillips	Victoria Macaulay
Hillcrest Elementary	Teresa Winberg Phillips	Emma Taylor (gap) - Val Poirier
Home Learners Link - Elementary	assigned as needed	As needed
- High School	assigned as needed	As needed
James Bay Community School	Jen Millar	Mikayla Rathbone
Lake Hill	Stephanie Edwards	Drea Prizeman
Lambrick Park Secondary	Lee Dellabough	Victoria Macaulay
Lansdowne Middle	Sarah Mackenzie	Mikayla Rathbone
Macaulay	Alexa Purdie - temp	Alisha Wallace (starts Sept 26) – Val Poirier
Margaret Jenkins Elementary	Michelle Rickinson	Mikayla Rathbone
Marigold Elementary	Sarah Whyte	Alisha Wallace (starts Sept 26) – Val Poirier
McKenzie Elementary	Stephanie Edwards	Victoria Macaulay
Monterey Middles School	Michelle Rickinson	Emma Taylor
Mount Douglas Secondary	Lee Dellabough	Alisha Wallace (starts Sept 26) – Val Poirier
Northridge Elementary	Sara Taylor	Victoria Macaulay
Oak Bay High	Lee Dellabough	Robyn Misovic
Oaklands Elementary	Sarah Mackenzie	Mikayla Rathbone
Quadra	Jan Wardill	Drea Prizeman
Reynolds Secondary	Lee Dellabough	Drea Prizeman
Rockheights Middle	Lee Dellabough	Alisha Wallace
Rogers	Jen Millar	Victoria Macaulay
Shoreline	Tara Naylor	Alisha Wallace (starts Sept 26) – Val Poirier
Sir James Douglas Elementary	Alexa Purdie	Mikayla Rathbone
South Park Family School	Alexa Purdie	Mikayla Rathbone

Spectrum Secondary	Alexa Purdie	Victoria Macaulay
Strawberry Vale	Sarah Whyte	Victoria Macaulay
Tillicum Elementary	Sarah Whyte	Victoria Macaulay
Torquay Elementary	Teresa Winberg Phillips	Victoria Macaulay
Vic High	Lee Dellabough	Mikayla Rathbone
Vic West	Alexa Purdie	Alisha Wallace (starts Sept 26) – Val Poirier
Victor - phys med	Julie Southward	Robyn Misovic
Victor - Behaviour	Stephanie Edwards	
View Royal	Claire Abecia	Alisha Wallace (starts Sept 26) – Val Poirier
Willows	Michelle Rickinson	Robyn Misovic



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>Level 1 Priority OT Consultation</p>	<p>“Low incidence” students with complex medical conditions and/or neurodevelopmental’ concerns who have need for support regarding:</p> <ul style="list-style-type: none"> • Feeding issues putting them at risk for choking/aspiration. • Equipment needs (wheelchairs, alternate positioning, splinting). • Lifts and transfer education and monitoring. • Physical access to curriculum including assistive technology and computers. • Functional performance at risk for deterioration (often due to joint, muscle or skin conditions and limitations). • Physical accessibility issues in home and school. • Transition planning for adult services. • Participation in activities listed in Level 2.
<p>Level 2 Short Term Consultation</p>	<p>Students who have concerns with motor skills and / or sensory sensitivities which impact their activities or participation in multiple areas</p> <ul style="list-style-type: none"> • Activities (examples) <ul style="list-style-type: none"> ○ Self-care – dressing, eating, toileting, washing hands ○ School skills – printing, typing, drawing, opening containers ○ Life skills- cooking, riding bus, community safety • Participation in: <ul style="list-style-type: none"> ○ School environment- circle time, sitting at desk, centres, playground, gym ○ Home Environment—mealtime, self-care routines, home mobility ○ Community & Leisure – community access, recreation & leisure activities <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>Level 3 School Wide / Classroom Interventions</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"> • Self-regulation: How Does Your Engine Run; Zones of Regulation; Shanker model • Motor skills: Posture/Pencil grip in-service; The benefits of motor circuits on school performance; Building motor skills with children with Developmental Coordination Disorder.



<p>Do not refer for <u>individual</u> intervention*</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"> • Written output concerns only. • A student who has experienced an acute injury (e.g. broken arm or leg) requiring short-term rehabilitation. • “Picky eaters” not at risk for choking or aspiration. • Behaviour, emotional or mental health concerns which have not been addressed, that are likely the primary underlying cause of the functional concern. • Where challenges are primarily related to attention, sensory seeking and/or organization difficulties: <ul style="list-style-type: none"> ○ Please discuss with the parents the potential need for a referral to a Pediatrician or other professional. ○ Please consider implementing an inside or outside motor circuit due to the strong research on the positive effects of aerobic exercise on attention. ○ These students may be better served with environmental/classroom adaptations or other professional supports. • 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.
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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.

Last review/revision: 11 September 2019
 Pathway – PPM/10 Program, CFRS\10.8 School Age Therapy Program\Referrals



QA School Age Program Physiotherapy Caseload Priorities

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

Priority Level	Definition of Priority Level
Level 1	<ul style="list-style-type: none"> • Students with ongoing complex conditions* who require assistive devices for mobility and positioning needs (i.e. wheelchair or walker). • Students with ongoing complex conditions who require a mechanical lift or assistance with transfers. • Student's ongoing complex conditions are greatly impacting home and community participation in all or most activities at school (classroom activities, PE, toileting, school access and evacuation, safety on school grounds). • Students with ongoing complex conditions who have had an acute event (e.g fracture) or procedure (e.g. surgery). • Without physiotherapy intervention, these students are at high risk of functional deterioration or exacerbation of their medical conditions. • A student who is at high risk for falls or there is concern around safety with functional mobility (e.g. stairs) due to physical limitations.
Level 2	<ul style="list-style-type: none"> • Students with ongoing complex conditions who require less intensive or no assistive devices for mobility (i.e. orthotics or cane). • The ongoing complex conditions are moderately impacting home and community participation. • Without physiotherapy, these students are at a moderate risk of functional deterioration or exacerbation of their medical conditions.
Level 3	<ul style="list-style-type: none"> • Students with a movement related deficit (i.e. poor coordination) who would benefit from physiotherapy assessment/consultation with education on how to access appropriate resources in community. • Students who are being monitored for progress in identified PT goals and are at minimal risk of regressing without periodic support and consultation. • These students will only be followed up to and including grade five at which time they will be discharged from the PT caseload. • Please note, during times of busy caseload these students will not be seen due to operational capacity.
No School PT intervention indicated	<ul style="list-style-type: none"> • More appropriate resources are available to address an identified issue. • Where behavior or sensory challenges are likely the primary underlying cause of poor participation in movement activities. • A typical child who has experienced an acute injury requiring short-term rehabilitation (a student as such should access private physiotherapy services). • A typical child who is experiencing an isolated orthopedic condition as this would be more appropriately treated by a private practice PT.

**Ongoing complex conditions that are amenable to physiotherapy intervention may include, but are not limited to cerebral palsy, muscular dystrophy, and spina bifida. Diagnosis alone is NOT a sufficient reason for a referral.*