



Children's Therapy and Family Resource Centre

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August 31, 2009

To: Principals and Learning Assistance Resource Teachers
From: School Therapy Program
Re: Physical Therapy and Occupational Therapy Services

Hello, and welcome back for another school year! For those of you who are unfamiliar with our service, the following letter will give you a brief introduction. To the staff we know well, we look forward to seeing you and working with you again this year.

Our staff will remain the same this year:

Occupational Therapy: Jennifer Persello will be the OT working in all of the schools.

Physical Therapy: Cynthia Hunter will be working in Cache Creek, Ashcroft, Clinton and Lytton. Bonnie Pryce will be working in Lillooet.

Physical and Occupational Therapy Services:

School District 74 and the Ministry for Children and Family Development contract our centre (the Children's Therapy and Family Resource Centre) to provide therapy services to school aged children within the School District boundaries. In total, we have funding for 0.25 Full-time Equivalent therapists, and the 3 therapists named above will share this allotment. We provide services both in the schools and in the children's homes, as well as out in community settings when needed. Our services are provided based on the priorities of both the school and family. As well as providing direct services such as assessment, consultation, and therapy (on a very limited basis due to funding), we also provide inservices to school staff on topics such as back care and lifting, feeding/dysphagia, printing and handwriting development, fine/gross motor skill development, sensorimotor development, sensory processing, etc. These can be arranged at the school's request. If you would like specific information about the functional areas covered by OT or PT, please ask your therapists.

This year we would like to emphasize the need for early referrals and providing input as early as possible for those kindergarten students who require additional help.

Prioritization:

Due to the large demand for services, we have developed a way to prioritize referrals. The following priorities will be used as guidelines. Those students falling in categories 1, 2, or 3 will be seen first, followed by students in category 4, and then 5. Greater priority is given to those students whose difficulties severely impact school performance. There is generally a waiting time of between 2-4 months for those students in category 5.

1. Acute or urgent conditions: Students who have recently had surgery, are medically unstable, have suffered a brain injury, spinal cord injury, or are recovering from severe trauma and require immediate intervention.
2. Safety issues: Immediate concerns regarding safety for both the student and staff. This includes the use of equipment such as wheelchairs, standing frames, lifting equipment, or equipment repairs. Also included are issues around lifting and transfers, accessibility, and transportation.
3. Basic Life Skills: Concerns with feeding, toileting, bathing, dressing, and day-to-day functional independence. Concerns with joint mobility and positioning. This may include

a review of splints or adapted equipment to prevent deformity and promote optimal function at school.

4. Access to Technology: Assist with assessment of access to technology for communication and classroom performance.
5. School and Home Functioning: Provide assistance to students to develop the skills to function effectively in the following areas: gross motor (PE activities, running, throwing, balance, strength, specific sports); fine motor (cutting, printing, manipulating objects); sensory motor (attention, organization, sensory processing, coordination); daily living (functional dressing, hygiene, eating, home and community living skills); play skills (playing with developmentally appropriate toys/games, recreation, leisure)

Referrals:

We accept referrals from teachers, families, physicians, and outside agencies. A copy of the new referral form is attached to this letter. Please dispose of the old ones and feel free to copy the new form. All referrals must be approved and signed by the child's legal guardian. We anticipate that school based referrals will be screened by the school based team prior to being forwarded to us. The PT/OT checklist remains unchanged and should accompany the referral form. Completion of the checklist helps us to identify specific areas of concern and specific goals, as well as allowing us to better prioritize the referrals.

Equipment:

For many students, specialized equipment is loaned to the school from our lending cupboard. If this equipment is for use during the school day, the school principal and LAT are responsible for its care and use. If equipment is damaged or lost, the school will be responsible for replacement costs. All equipment must be returned to the centre before the school year is over. Please talk to your therapists if you have questions or concerns about this process.

Caseload List:

Accompanying this letter is a list of children at your school who are currently on our caseload. Please review the list, and fax it back with: confirmation that the student is still attending your school, the name of each student's teacher, grade, and school support worker (if appropriate). If a student has moved and you are aware of his new school, we would appreciate this information. Please also indicate which students would be considered a priority for services, and your immediate concerns. We will begin school visits within the next 1-2 weeks, and we will contact you soon to arrange a date. Please do not hesitate to call if you have questions or concerns.

We appreciate your support in providing this program and welcome any comments or suggestions.

Sincerely,

Bonnie Pryce, PT
Cynthia Hunter, PT
Jennifer Persello, OT