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# **School Health Support Services (SHSS)**

Information regarding the  
referral process for  
School Health Support Services

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## FREQUENTLY ASKED QUESTIONS

### What is the South West Community Care Access Centre (CCAC)?

The South West CCAC is a Ministry of Health and Long-Term Care funded organization which provides a single access point for community health care services. Responsibilities include:

- Assessment
- Linking patients to professional and other services and resources
- Care Coordination
- Monitoring and reassessment
- Discharge and transition planning

### What is the School Health Support Services (SHSS) program?

South West CCAC school services are provided to children/ youths in publicly funded and private schools and to children/youths that are being home schooled to assist them in pursuing their education. The student must require the services in order to be able to attend school, participate in school routines and receive instruction, including receiving satisfactory instruction at home. In other words, in the absence of school services, the child's/youth's school attendance, instruction or participation would be significantly disrupted. Professional school services are provided to eligible children/youths in publicly funded and private schools and to children/youths that are being home schooled. South West CCAC personal support school services is only available to children/youths in private schools and to children/youths that are being home schooled. The Ministry of Education's Policy and Program Memorandum 81 (PPM 81) established the inter-ministerial framework for the provision of SHSS in schools.

**The objectives of the SHSS program are:**

- To provide children who have medical and rehabilitation needs the opportunity to attend school;
- To maximize student opportunity to participate in school outings and instruction;
- To empower students to achieve independence in the school setting;
- To enable children and their families to acquire the requisite skills to direct/manage their care.

Services are available province wide to children in public, separate, private, and home schools. The services are contracted to various community agencies and funded through the South West CCAC and can include:

- Nursing
- Physiotherapy
- Occupational Therapy
- Speech-Language Pathology
- Registered Dietitian
- Care Coordination

# Who is eligible to receive SHSS?

**Criteria:** School Health Support Services (SHSS) are provided by a contracted provider for students with multiple/high technical equipment needs and to students with medical and rehabilitation needs who are in a progressive state or at risk for deterioration without intervention. Service is provided at school during school hours to minimize disruption to the student's educational program.

NOTE: There are no eligibility criteria for care coordination support services including: assessment of need, system navigation and information and referral.

## **To be eligible for contracted services, the following criteria must be met:**

- The student is enrolled as a pupil at a school (including a private school) or is receiving satisfactory instruction at home
- The student is an insured person under the Health Insurance Act (possesses a valid Health Card Number)
- The student is in need of at least one professional service (i.e. nursing, physiotherapy, occupational therapy, speech therapy or registered dietitian) either  
a) to attend school, participate in school routines and receive instruction or b)  
to receive satisfactory instruction at home
- The school environment has the physical features necessary to enable the service to be provided
- The risk that the service provider will suffer serious physical harm while providing the service is not significant, or if significant, can be reduced to being no longer significant through reasonable steps taken by the service provider.

*Reference: Long-Term Care Act, Regulation 386/99, Section 5*

# What is the role of the South West CCAC Care Coordinator?

The School Health Support Services Care Coordinator coordinates the care plan of provider/community agencies for the successful attainment of patient goals. The Care Coordinator is a vital communication link, actively participating in multidisciplinary team meetings to facilitate communication and coordination of the child's school health services.

## **The responsibilities of the Care Coordinator include:**

- Care coordination, system navigation and linking with appropriate care
- Assessment for program eligibility
- Reassessment
- Alternate planning for ineligible students
- Setting of program goals and adjusting goals to meet changing needs
- Revisions to the Plan of Care as needed
- Ensuring that the quantity and mix of services meet the student's needs
- Informing the physician, school and parents of a student's progress
- Ensuring effective use of services
- Authorization of supplies, services and equipment
- Monitoring the continuing appropriateness of supplies, services and equipment
- Discharge planning

# How do I refer a student to the SHSS program?

## Referral Initiation:

1. Where a student is identified by parents, school personnel and/or community agencies as requiring a referral to the SHSS after school entry, the school board personnel will initiate/review the referral to the SHSS program.
2. Speech Therapy referrals to SHSS must be pre-screened by the School Board SLP and include a Speech-Language Screening Form as completed by this Speech Therapist unless referred by a preschool speech language pathologist.
3. Where the student has been identified prior to school entry as having a need for Nursing, Physiotherapy, Occupational Therapy, or Nutrition services a referral to the SHSS program may be initiated by a physician, or a community therapist with consent of the parent/guardian and support of the school. A referral for Speech Therapy must be supported by a Speech-Language Pathologist (SLP) assessment.

## Referral Process:

1. The principal or designate must obtain parental consent to contact the South West CCAC.
2. The principal, resource teacher, and/or classroom teacher, in consultation with the parents/guardians, must complete the SHSS **Request for School Health Support Services Form** (Appendix B). All sections must be completed accurately and signed by the principal or designate for a referral to proceed.
3. If the service requested is Occupational Therapy or Physiotherapy, the **Occupational Therapy/ Physiotherapy Referral Form** must also be completed and included with the referral sheet (Appendix B).
4. If the service requested is Speech Language Pathology, the school board Speech Language Pathologist should complete the **Screening Form for School Board Speech-Language Pathologists** and this form should be included with the other documents (Appendix B).
5. The school board then mails or faxes the referral to the South West CCAC. Please see the South West CCAC Care Coordinator business card (attached) for the appropriate fax number.
6. Incomplete information can significantly delay the referral and assessment process. It is very helpful when the parents have been made aware that a referral for School health support services has been made and that a CCAC Care Coordinator will be calling them. Please also include the parents' daytime phone number in the referral information.

## Ongoing South West CCAC support

- Care Coordinators communicate regularly with the Learning Support personnel, care providers and service providers.
- Care Coordinators monitor and adjust the SHSS care plan based on the changing needs of the child.

## What about Case Conferences?

- Case conferences are beneficial to all involved in supporting patient care. Initiation of this request may be done by any member of the care team.
- Conferences support the sharing of goals and outcomes and in some cases can address any problems or barriers with a plan for resolution.
- If the school or parent/guardian determines the need for a case conference, the Care Coordinator can be contacted to attend. The Care Coordinator may invite specific service providers when appropriate.



# What happens when the student no longer requires services with the SHSS program?

The School Health Support Services program is goal directed and planning for discharge when goals are met is a shared responsibility of the Care Coordinator and the care team. Planning begins with the initial assessment.

## **In collaboration with parents/school, the Care Coordinator will:**

- Set goals and review the student's progress;
- Make alternative plans to ensure that the student will be able to reach and maintain his/her optimal functional level within the school setting or the community upon discharge;
- Establish with the student, service providers, school and parents/guardians, a time frame for treatment and a planned date of discharge.

The Care Coordinator is available to the school and home to provide community resource information if alternative services/resources are required following discharge from the SHSS service provider.

If a student has been discharged from the SHSS program, it is possible to refer the child again if needs arise, by following the original referral process.

The South West CCAC has a service decision review process for families/patients that have a concern about service decisions.

## How can the school/parents help to prevent missed therapy visits, to maximize consistency of service?

1. At the initial assessment, the Care Coordinator advises the parent/guardian that SHSS visits should be treated like any other health care appointment. Date/time should be recorded on their calendar.
2. The parent/guardian is to notify the therapist/provider, leaving a cancellation message at their phone extension. These cancellation messages are to be left as soon as possible so the providers can reschedule their appointment plans.
3. If the school has a master calendar, they can help by keeping it updated regarding school trips and special events.

We look forward to working with you throughout the school year.

## **ADDRESSING YOUR CONCERNS**

If you have a concern with a decision made by South West CCAC or Contract Agency staff involving eligibility, amount, type or termination of your child's service, you can request a review of the decision. It is important to note that only the patient or patient's substitute decision-maker can ask for a review; school personnel cannot make the request even on behalf of the patient or substitution decision maker.

### **Here are some steps to help you:**

1. Contact the Care Coordinator (business card attached)  
Patient, Caregivers or Substitute Decision Makers should discuss the concern with the Care Coordinator directly involved with the patient. Together, the Care Coordinator and in-home care team will attempt to find a solution with you.

At any time, you have the right to appeal a service decision to the Health Services Appeal and Review Board. Your Care Coordinator will provide you with information about this process.

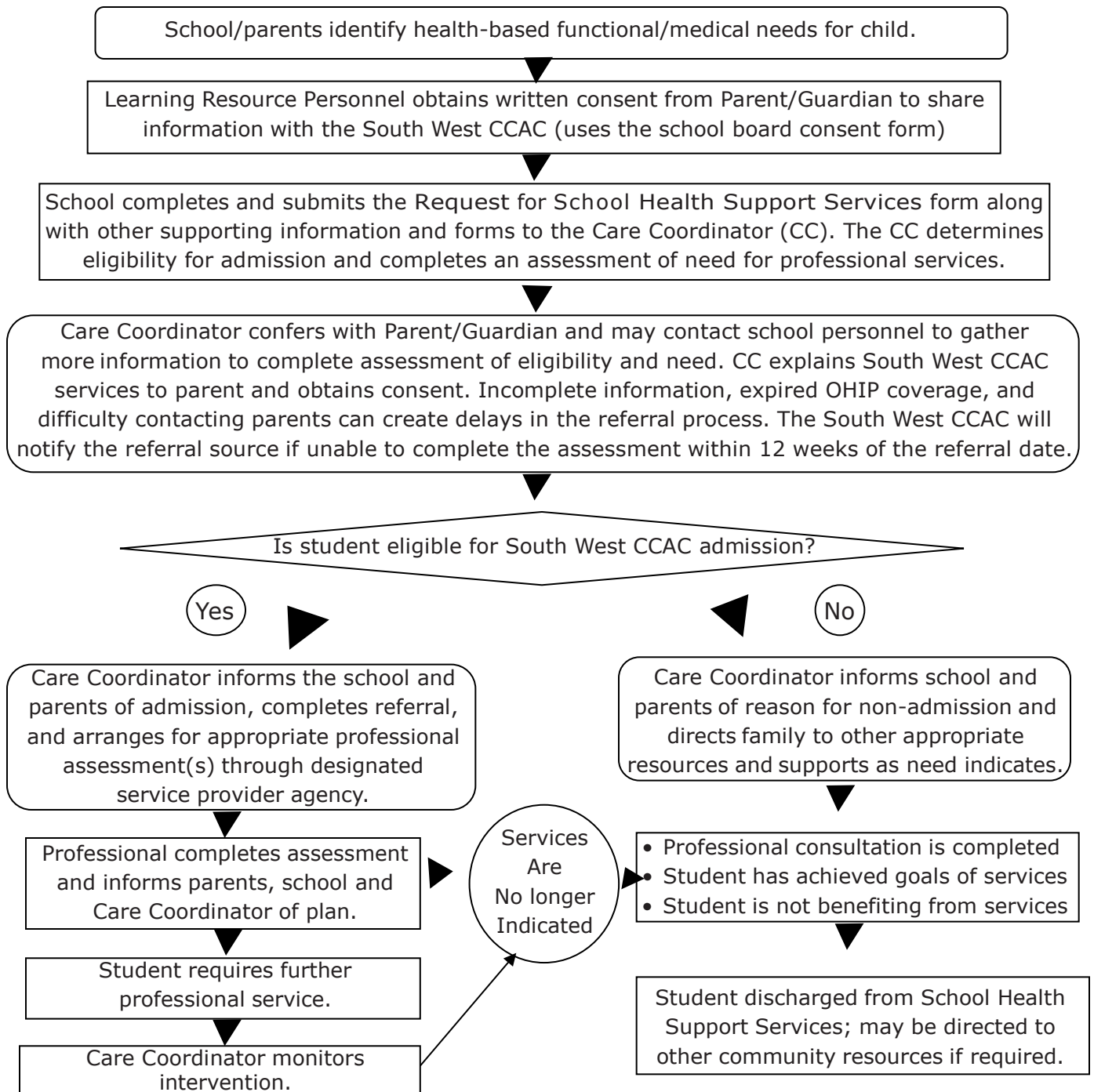


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# SHSS PROCESS DIAGRAM



\*\* PLEASE NOTE: students transitioning from preschool treatment programs when they reach school age may not follow the above referral process by pre-organized transition agreements.

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# A Nurse in the Classroom: What to Expect

## PUBLIC AND SEPARATE SCHOOLS

The nurse provided through the South West CCAC is at the school to meet the health care needs of the child. It is **NOT expected that the nurse provide academic /educational support for the child and it is imperative that the nurse NOT be expected to cover school staff lunch/breaks or be left in attendance with other classroom children.** The nurse will make every effort to provide health care in a sensitive and discreet manner that coordinates with academic support provided by school personnel and enables the child's full participation in school life.

### What does the nurse do?

The nurse contracted by the South West CCAC assumes responsibility for an individual care plan specifically for the child while the child is at school.

Often in the school setting this care is provided within a team of nurses providing care to other children requiring nursing care. Components of care plans at school may include the following:

- Feeding via tubes:  
G-tubes, J-tubes, naso-gastric tubes
- Medication administration via any of these tubes
- Some injected medications
- Care of a tracheostomy
- Deep respiratory suctioning (device suctioning not past the carina for a trachea and for oral suction it is not past the uvula as per the college of nurses)
- Management of a mechanical ventilator
- Sterile catheterization

- Manual expression of bladder or stoma
- Training of school personnel in routine care procedures that don't require a nurse under PPM 81

Care may be provided in the classroom, on the playground and on school outings. Care may also be provided in transit to and from school if the Care Coordinator assessment identifies an ongoing need.

### How are the components of the care plan determined?

The Care Coordinator consults with the child's family, health care and education teams when arranging nursing services for school. Some care components



that might normally be part of a nursing care plan at home normally are designated to other persons in the school setting as outlined in PPM 81.

### **What about other tasks?**

Your child may have needs beyond the mandate of the South West CCAC contracted nurses. Some of the following care components may be provided by educational personnel:

- Administration of oral medications
- Shallow/oral suctioning (per 1989/90 addendum to PPM 81)
- Non-sterile/intermittent catheterization (per 1989/90 addendum to PPM 81)
- Lifting and positioning
- Assistance with mobility
- Feeding (oral)
- Toileting/incontinence care
- General maintenance exercises prescribed by therapists including chest therapy

### **London (Head Office)**

356 Oxford St. West  
London ON N6H 1T3

Owen Sound  
255 18<sup>th</sup> St. West  
Owen Sound ON N4K 6Y1

Seaforth  
PO Box 580, 32 Centennial Dr.  
Seaforth ON N0K 1W0

Stratford  
65 Lorne Ave. East  
Stratford ON N5A 6S4

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Unit 70 – 1063 Talbot St.  
St. Thomas ON N5P 1G4

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RR 2, 15 Ontario Rd.  
Walkerton ON N0G 2V0

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1147 Dundas St.  
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# Physiotherapy (PT) in Schools

## Public and Separate Schools

Physiotherapists use a student-centered, consultative approach in the school setting, tailored to the needs of the student whose physical performance may be affected by physical or developmental difficulties. The goal of physiotherapy is to develop skills, restore function, prevent dysfunction and maintain ability. The physiotherapist working with students is concerned with the individual's ability to perform in the student role. Therapists use activities, techniques and modifications to facilitate and maximize a student's performance and participation at school. Consultation with the school staff, parents and other members of the team is

essential in addressing the total needs of the student. Students are seen at school. Prior to the visit, the therapist will notify parents and the school of the planned visit date and time. Home visit consultations may occur under specific circumstances.

Different sources i.e. parents, school personnel, and other team members can initiate referrals for PT. The principal or their designate will contact the South West CCAC with the referral information. The Care Coordinator will obtain information from a variety of sources, i.e. – school records, medical records, parent and teacher interviews to determine the eligibility of PT involvement. If the Care Coordinator feels that the



referral is appropriate, the Care Coordinator will forward the referral to the Physiotherapist. The PT will administer functional tests to assess the student's gross motor skills, and functional ability.

## Physiotherapy intervention may include:

### Liaison between Home, School and the community:

- Providing recommendations to the school, parents and community service providers to assist the student to achieve maximum function at school

*Continued...*





- Interpreting medical information and its implications for the student in school
- Assisting in the coordination of community, school and home resources
- Referring to appropriate community and medical services, such as seating clinic

#### **Program Planning:**

- Promoting range of motion, mobility, coordination and balance
- Promoting effective use of leisure time and inclusion in physical activities

#### **Strategies to Create an Accessible School Environment:**

- Assessing the environment to prevent, modify or alleviate architectural barriers, i.e. ramps, evacuation suggestions
- Recommending work simplification and energy conservation strategies

#### **Recommending/ Adapting Equipment:**

- Specialized equipment to promote mobility, function and range of motion

- Adjusting equipment to promote safety and efficiency of use

#### **Educating School Staff, caregivers and Students:**

- Providing information and training to individuals and groups, e.g. proper techniques for lifting and transferring
- Referring to other community resources for information

Through reassessment of each client, the Care Coordinator will determine the need for further SHSS PT services. Information from several sources is considered. Goals are revised if further PT is required. Results of the treatment plan are documented and communicated to parents and the school. A conference may be suggested to review progress, address barriers to progress, and develop plans. Students who no longer require PT service at school are discharged and follow-up recommendations are made.

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356 Oxford St. West  
London ON N6H 1T3

Owen Sound  
255 18<sup>th</sup> St. West  
Owen Sound ON N4K 6Y1

Seaforth  
PO Box 580, 32 Centennial Dr.  
Seaforth ON N0K 1W0

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Stratford ON N5A 6S4

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St. Thomas ON N5P 1G4

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Walkerton ON N0G 2V0

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# Occupational Therapy (OT) Consultation: What to expect

Your child has been identified as having a fine motor delay and/or sensory difficulties that are impacting on his or her ability to do many daily activities at school and at home. The school has been working with your child on these concerns but has now identified that your child has a functional issue that would benefit from help from a health professional. The school has requested a referral to the CCAC for an Occupational Therapy (OT) assessment.

## Care Coordinator Assessment:

- A Care Coordinator from the CCAC will be contacting you to do an interview as well as reviewing information from the school and any other agencies/health professionals that your child has seen. This will assist in determining the extent of the functional difficulties and make sure that a referral for an Occupational Therapy (OT) assessment is

the best approach for your child to meet his or her needs.

- If your child has learning difficulties, attention deficits and/or behavioural issues, the Care Coordinator will discuss with you and the school how your child is being assisted with these concerns. The Care Coordinator may assist you in acquiring a full medical/ developmental assessment from an appropriate health specialist if not previously done. This may be recommended to be completed prior to seeing the therapist, so that the OT assessment and strategies for fine motor delays and/or sensory difficulties can be implemented most effectively.
- Once the Care Coordinator completes the assessment and determines that your child has fine motor difficulties and/or sensory difficulties that are impacting many aspects of daily activity and

affecting full participation in school routines and activities, she or he will make a referral for your child to an Occupational Therapist (OT).

## Occupational Therapy Assessment and Consultation:

- Your child will be assessed by an OT to determine the specific factors that are contributing to these functional problems. This will be done by gathering information from you and the school, reviewing other professionals' information, watching your child perform tasks at school and using standardized tests that will compare your child's performance to the performance of his or her age group.
- Once the assessment is completed, the OT will be making recommendations for your child indicated by the results of the assessment, for you and the school to follow.

[Continued...](#)



- You can expect your child to be seen by the OT between 3-8 times within 4–6 months. The number of times and length of time will vary according to the severity and number of difficulties identified for your child.
- You can also expect to meet with the school and the therapist to review the assessment findings and to go over and learn strategies and recommendations which you and the school can use with your child to help him or her in daily activity. The maximum benefit will be achieved when your child, you and the teacher follow a consistent, day to day use of these strategies and recommendations.
- You and the school will be provided a written copy of the report and recommendations for your ongoing use with your child. Please keep a copy of this report so that you can discuss these strategies with the teacher at the beginning of each school year as long as these strategies or recommendations are relevant.
- The type of strategies and recommendations from the therapist may include:
  - Specific activities/exercises that you can encourage your child to do to improve his ability to do school and home activities that require motor skills.
  - Suggestions of special items/supplies for use by your child to improve his ability to do tasks at school and at home.
  - Strategies and techniques that your child, you and the school may use to accommodate or compensate for specific difficulties.
- If your child has new functional difficulties at a later time, he or she may be eligible for another referral to the South West CCAC and an OT assessment and consultation.
- If the OT has identified that your child has multiple functional difficulties, the therapist in consultation with the Care Coordinator may see your child for additional visits as is determined by your child’s needs.

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Walkerton ON N0G 2V0

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# Occupational Therapy (OT) in Schools

## **Public and Separate Schools**

Occupational Therapists use a student-centered, consultative approach in the school setting, tailored to the needs of the student whose performance may be affected by physical, developmental, sensory motor, perceptual difficulties. The goal of OT is to consult with the school, develop skills, restore function, maintain ability and prevent dysfunction. The OT working with students is concerned with the individual's ability to perform in the student role. Therapists use activities, techniques and modifications to facilitate and maximize a student's performance and participation at school. Consultation with the school staff, parents and other members of the team is essential in addressing the total needs of the student.

Students are seen at school. Prior to the visit, the therapist will notify parents and the school of the planned visit date and time. Home visit consultation may occur under specific circumstances.

Different sources, i.e. parents, school personnel, and other team members can initiate referrals for OT. The principal or their designate will contact the South West CCAC with the referral information. The Care Coordinator will obtain information from a variety of sources, i.e. school records, medical records, parent and teacher interviews to determine the appropriateness of OT involvement. If the referral is appropriate the Care Coordinator will forward the referral to the Occupational Therapist. The OT will administer tests to assess the student's fine and gross motor skills, visual

perceptual skills, sensory motor skills, life skills, social/emotional development and functional ability.

## **Occupational Therapy Intervention May Include: Liaison between Home, School and the community:**

- Providing recommendations to the school, parents and community service providers to assist the student to achieve maximum function at school
- Interpreting medical information and its implications for the student in school
- Assisting in the coordination of community, school and home resources
- Referring to appropriate community and medical services, such as seating clinic, augmentative communication clinic, and orthopedic clinics.

*Continued...*





### **Program Planning:**

- Promoting independence in self-care activities, including dressing, feeding and toileting
- Promoting effective use of leisure time

### **Strategies to Create an Accessible School Environment:**

- Assessing the environment to prevent, modify or alleviate architectural barriers, i.e. ramps.
- Recommending work simplification and energy conservation strategies

### **Recommending/Adapting Equipment:**

- Modifying desk or chair to enhance posture and balance, promoting optimal hand function and visual motor output
- Accessible desks and tables to enhance written communication; dycem, pencil grip, hand and wrist splints, and modified keyboards for typewriters or computers may be suggested
- Specialized equipment to promote independence in

feeding, dressing, toileting and classroom performance may be recommended

### **Educating School Staff, Caregivers and Students:**

- Providing information and training to individuals and groups, e.g. proper techniques for lifting and transferring disabled students
- Referring to other community resources for information

Through reassessment of each client, the Care Coordinator will determine the need for further SHSS OT services. Information from several sources is considered. Goals are revised if further OT is required. Results of the treatment plan are documented and communicated to parents and the school. A conference may be suggested to review progress, address barriers to progress, and develop plans. Students who no longer require OT service at school are discharged and follow-up recommendations are made.

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# Speech Therapy for School-Aged Children

Speech Therapists use a student-centered approach in the school setting, tailored to the needs of the student whose speech ability and performance may be affected by physical or developmental or motor abilities. The goal of speech therapy is to develop and maintain improved speech skills and prevent speech dysfunction. Therapists use activities, techniques to facilitate and maximize a student's participation and function at school.

Collaboration with the school staff, parents and other caregivers is essential in addressing the total needs of the student. Students are seen at school. Prior to the visit, the therapist will notify parents and the school of the planned visit date and time.

Different sources i.e. – parents, school personnel, and other team members can initiate referrals for speech therapy. Children who attend public/separate school will be assessed by the Speech Pathologist at their school and refer to the South West CCAC if appropriate. The Care Coordinator will obtain information from a variety of sources, i.e. – school records, medical records, and parent interviews to determine the eligibility of speech involvement. If the Care Coordinator feels that the referral is appropriate, the Care Coordinator will forward the referral to the Speech Therapist. The Speech Therapist will administer tests to assess the student's speech skills and abilities.

All students found eligible for speech services will be assessed on a priority basis. In this way, students with severe problems can be seen before children with less severe problems.

## Types of problems that the South West CCAC has responsibility for:

- **Fluency Disorders** (dysfluency or Stuttering)  
e.g. student repeats sounds, syllables, words, or gets stuck on a sound
- **Resonance Disorders** (hypernasal or hyponasal)  
e.g. student sounds like they are congested or stuffed up when they talk

[Continued...](#)



or it sounds like they are talking through their nose

- **Voice Disorders** (abnormal pitch, loudness or quality) e.g. student's voice is weak, too high, hoarse or harsh
- **Phonological Disorders or Articulation Disorders** (how the words are pronounced) e.g. sounds are omitted, substituted or distorted (moderate to severe)
- **Non-Speech Communication** (inability or reduced ability to communicate through speech) e.g. student communicates with gestures, signing, communication aids as an alternative or to supplement speech

Based on information from the therapist, parents and school, the Care Coordinator will determine the need for further SHSS speech services. Information from several sources is considered. Goals are reviewed and revised as necessary. Results of therapy are documented and communicated to parents and the school. Barriers to therapy and progress are addressed. A conference may be suggested to review the student's progress. Students who no longer require speech therapy are discharged and follow-up recommendations are made.

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Owen Sound ON N4K 6Y1

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# Making Your Child's Therapy Work – Information for Parents

## **Your help is extremely important**

The dietitians, occupational therapists, physiotherapists and speech-language pathologists at the South West Community Care Access Centre provide assessment, therapy and consultation for hundreds of children each year.

If your child is receiving help, it is important for you to know who is involved and what everyone's responsibilities are.

Generally speaking, therapy is provided on a consultative basis. The therapist assesses the student, formulates a plan and recommendations, identifies who will carry out

the recommendations and updates the plan as needed. Therapy without the help of parents, teachers, educational assistants and others is often not enough to ensure success.

## **How can parents make a difference?**

Imagine you want to teach your child to print their name. Would you work on it only at regularly scheduled sessions and forget about it the rest of the time?

Of course not. Your child would forget everything from one session to the next. You would work on it for a minute or two, several times a day, as the opportunity presented itself. That's how learning is reinforced.

Without your help, the therapists, visiting at most a few times a month, would be unsuccessful in teaching a child a new task! Therapy is like that. Therapists need to work together to set goals for your child and achieve them. They need your help to make sure your child works on his/her goals daily – not just when the therapist comes – and gets the most from this program.

Success is almost always assured when the student, family, school and therapist are working together on a common goal.

**Everyone has responsibilities The child** needs to participate willingly in therapy and

*Continued...*





practice at home and at school.

**The parent** needs to help the child with a home program, attend meetings as needed, keep in touch with the therapist and provide copies of reports that may be of use to the therapist.

**\*\* Please let the therapist know if your child is not going to be at school for a scheduled visit.\*\*** You can leave a message for your child's Care Coordinator or therapist at any time. **Please ask them for their contact information.**

The school needs to provide a space for the child and therapist to work, tell the therapist about school events that may interfere with scheduled visits, and provide a contact person as well as someone to help with practice.

The therapist needs to visit as planned, keep in touch with parents and school and provide practice activities for the school and home.

The Care Coordinator needs to

monitor the child's progress, reassess the Plan of Care with the parents, ensure services are provided as planned and help decide what services need to continue.

**When does therapy Stop?** Therapy will not continue indefinitely. Ideally, it should end when goals are met or when the student, family and teachers are able to carry on the program independently.

Therapy may be terminated before goals are met for the following reasons:

- if you decide that you don't want your child to have any more therapy
- if the school or family are unwilling or unable to participate in the therapy program
- if your child is not available to come to therapy
- if the student is unmotivated or unwilling to participate
- if the school is unable to provide a space for therapy
- if the student is not making progress toward his/her goals.

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date of issue: July 19, 1984  
effective: Until revoked or modified  
Subject: Provision of Health Support Services in School Settings  
application: Directors of education  
Superintendents of Schools  
Principals of Schools

# Ministry of education Policy and Program Memorandum 81

## School Health Support Services

School boards, parents and local agencies have raised a concern regarding the provision of health support services to school-age children. This concern involves services that extend beyond educational services and are not included in the normal preventive health programs already provided by boards of health to school children.

As a result of a study of this matter, the Ontario Government has decided that the responsibility for ensuring the provision of such health support services will be shared among the Ministries of education, Health, and Community and Social Services. Responsibility for the direct provision of

these services at the local level will be shared by the school boards, the Home Care Program of the Ministry of Health, and agencies operating under the Ministry of Community and Social Services.

The attached chart, developed jointly by staff of the three ministries, summarizes the respective responsibilities.

The Home Care Program of the Ministry of Health, at the request of a school board, will be responsible for assessing pupil needs, and for providing such services as injection of medication, catheterization, manual expression of the bladder, stoma care, postural drainage, suctioning and tube feeding. The Ministry of Health will also be responsible for

intensive physio, occupational and speech therapy, and for assisting school boards in the training and direction of school board staff performing certain other support services.

The Ministry of Community and Social Services will continue to be responsible for ensuring the provision of health support services in children's residential care and treatment facilities.

The school boards will be responsible for the administration of oral medication where such medication has been prescribed for use during school hours. For physically disabled pupils, the school boards will provide such services as lifting and positioning, assistance

[Continued...](#)



with mobility, feeding and toileting, and general maintenance exercises. Boards will also continue to be responsible for necessary speech remediation, correction and habilitation programs.

School boards should establish or update their policies for the provision of these support services. Such policies should define administrative procedures, personnel roles, and routine safeguards. The local boards of health, local Home Care Program administrators, and local medical societies can provide valuable assistance in the development of such policies. The procedures for the administering of oral medication, in particular, should provide:

1. That such procedures be applied only to those services, requested by the parent and prescribed by a physician or other health care professional, which must be provided during school hours.
2. That a request for the service and the authorization to provide such service be made in writing by the parent and the physician, specifying the medication, the dosage, the frequency and method of administration, the dates for which the authorization applies, and the possible side effects, if any.
3. That the storage and safekeeping requirements for any labelled medication be stated.
4. That a record of administration be maintained which includes the pupil's name, date, time of provision, dosage given, name of person administering, etc.
5. That the telephone numbers of the parent and physician be readily accessible in the school.
6. That the medication be administered in a manner which allows for sensitivity and privacy and which encourages the pupil to take an appropriate level of responsibility for his or her medication.
7. Chart (see page 29)

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# Ministry of Education Policy & Program Memorandum 81 (plus Catheterization Addendum)

August 17, 1989

MEMORANDUM TO: Directors of Education

M.F. Cyze

Catheterization and Suctioning:  
Clarification of Policy/Program  
Memorandum No. 81, Model for  
Provision of School Health Support  
Services, Group III

Since the implementation of Policy/Program Memorandum 81, July 19, 1984, school board and Home Care program personnel have been requesting clarification regarding the administration of catheterization and suctioning procedures.

The original memorandum referred to catheterization and suctioning without reference to differentiating the basic types of procedures, e.g., those that may be performed by the pupil, the parent, or other trained personnel as compared with those procedures requiring the services of a qualified health care professional.

Clean catheterization and shallow surface suctioning are recognized as part of a child's normal toileting and oral hygiene needs. The attached chart describes the types of procedures and identifies the responsibility of administration, service delivery, training and consultation for each procedure.

## Catheterization and Suctioning: clarification of Policy/Program memorandum no. 81, model for Provision of School Health Support Services, Group **iii**

### Catheterization

type	administered by	Provided by	training and direction	consultation
i. Clean intermittent	Child Aide or Other Personnel	School Board	<ul style="list-style-type: none"> <li>• Parent</li> <li>• Ministry of Health</li> </ul>	Ministry of Health
ii. Sterile intermittent	Health Care Professional	Ministry of Health	Ministry of Health	Ministry of Health

Indwelling Care of an indwelling catheter is usually performed by the parent and not required in the school setting. School board personnel should make arrangements with respect to emergency needs.

### Suctioning

type	administered by	Provided by	training and direction	consultation
i. Shallow surface (e.g. oral or nasal suction)	Aide or Other Personnel	School Board	<ul style="list-style-type: none"> <li>• Parent</li> <li>• Ministry of Health</li> </ul>	Ministry of Health
ii. Deep (e.g. throat and/or chest) suction or drainage	Health Care Professional	Ministry of Health	Ministry of Health	Ministry of Health

Where a child is admitted of a treatment program operated and/or funded by the Ministry of Health or the Ministry of Community and Social Services and attends an educational program offered by a school board in the treatment facility, it is expected that the present policies under Policy/Program No. 81 will continue.

August 1, 1989

# Model For Provision of School Health Support Services

Policy/  
Program No 81

Support Service	Administered by	Provided by	training and direction	consultation
<b>i. oral medication</b>	Pupil as authorized or	Pupil	Attending Physician	Local Board of Health
	Parent as authorized or	Parent	Attending Physician	Local Board of Health
	Aide or other personnel	School Board	School Board/Physician	Local Board of Health
<b>ii. injection of medication</b>	Pupil as authorized	Pupil	Attending Physician	Local Board of Health
	Parent as authorized	Parent	Attending Physician	Local Board of Health
	Health Professional	Ministry of Health	Ministry of Health	School Board
<b>iii. catheterization</b> • Manual expression of bladder/stomach • Postural drainage/suctioning • Tube feeding	Health Professional	Ministry of Health	Ministry of Health	School Board
<b>iv. Lifting and Positioning</b> • Assistance with mobility • Feeding • Toileting	Aide or other personnel	School Board	School Board and Ministry of Health	Ministry of Health
<b>v. therapies:</b> a. Physio/Occupational: Intensive clinical (treatment) General maintenance exercises b. Speech: Speech pathology (treatment) Speech correction and remediation	Qualified Therapist	Ministry of Health	Ministry of Health	Ministry of Health
	Aide	School Board	Ministry of Health	Ministry of Health
	Speech Therapists/Pathologists	Ministry of Health	Ministry of Health	Ministry of Health
	Speech and Language Teachers	School Board	School Board	Ministry of Health
<b>vi. all Services in children's Residential care/treatment Facilities</b>	Aides/Health Professionals	Ministry of Community and Social Services		Ministry of Health

## A P P E N D I X B: C O P I E S O F S H S S F O R M S

Compliment or Complaint?

Request for School Health Support Services

Occupational Therapy/Physiotherapy Referrals  
(Children's Health Services – SHSS)

South West CCAC School Health Support Services Program Screening Form for  
School Board Speech-Language Pathologists

Confirmation of Admission to School Health Support Services: Therapy Services



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## REQUEST FOR SCHOOL HEALTH SUPPORT SERVICES

Student Surname: \_\_\_\_\_

Given Name: \_\_\_\_\_

Sex:  M  F Date of Birth: \_\_\_\_\_ (DD/MM/YY)

Health Card: \_\_\_\_\_ VC: \_\_\_\_\_

### FAMILY INFORMATION

Parent/Guardian Name(s): \_\_\_\_\_

Cell/Business Tel.: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Permission to contact Mother at work:  Y  N

Permission to contact Father at work:  Y  N

Parents informed consent received:  Y  N

Date: \_\_\_\_\_ (DD/MM/YY)

Mailing Address (911/Box#): \_\_\_\_\_

City: \_\_\_\_\_ Code: \_\_\_\_\_ Tel.: \_\_\_\_\_

CAS/Homeshare/Other Contact: \_\_\_\_\_

Referral Initiated by: \_\_\_\_\_ Relationship: \_\_\_\_\_

Tel.: \_\_\_\_\_ Date: \_\_\_\_\_ (DD/MM/YY)

Family Physician: \_\_\_\_\_ Specialist: \_\_\_\_\_

Known Diagnosis: \_\_\_\_\_

### SCHOOL INFORMATION

School: \_\_\_\_\_ Tel.: \_\_\_\_\_

Attendance: AM  PM  Full Day  Alternate Days  Grade: \_\_\_\_\_

Principal: \_\_\_\_\_ Teacher: \_\_\_\_\_

Resource Person: \_\_\_\_\_

Which school personnel will be responsible for follow-up of recommendations provided by the therapist?:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Best time to call: \_\_\_\_\_

### REFERRAL INFORMATION

Assessment requested:  OT\*  PT\*  Speech\*  Nursing  Nutrition

*\*all referrals must be accompanied by an appropriate screening tool*

List or attach any specialized testing (e.g. Psychology, Psychometry, Speech, Agency/Treatment Centre, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What interventions have been implemented to accommodate this student's strengths and needs?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Preschool Speech Agency: \_\_\_\_\_ Date Preschool SLP Spoke with Board SLP: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

PRESCHOOL SLP/BOARD SLP OR SCHOOL PRINCIPAL/DESIGNATE



# Occupational Therapy/ Physiotherapy Referrals (Children's Health Services-SHSS)

Client's Name:

Date of Birth (d/m/y):

School:

City/Town:

Please check off any areas of concern. If an item has been identified, please explain and give examples on next page. Please include samples of work that are problematic.

- Difficulty opening containers
- Difficulty managing outdoor clothing
- Trouble changing clothes, difficulty with fastenings
- Difficulty with swallowing, chewing, or drooling
- Needs assistance with self-feeding
- Unable to manage toileting
- Has difficulty with doorknobs and faucets
- Little attention to appearance
  
- Physical difficulties in accessing a computer
- Difficulty using scissors
- Difficulty handling small items
- Difficulty copying shapes, number, or letters
- Difficulty imitating body movements; doesn't cross midline
- Holds pencil awkwardly; presses too hard or too lightly
- Has difficulty with puzzles, small blocks and shapes
- When writing, doesn't stabilize the paper
- By age 9, confuses right and left on self or another person
- When using one hand, tenses or moves the other
- Is unable to draw a circle, cross, diagonal line
- Has trouble pasting one piece of paper on another
- Loses place when reading; moves head when reading
- Has not established hand dominance
- Unable to demonstrate understanding of directional commands
- Has difficulty copying chalkboard work

- Is upset by unexpected touch; doesn't like others nearby
- Tires easily with routine tasks
- Trouble keeping balance; readjusts posture frequently
- Is awkward, and large movements are clumsy
- Has extreme tightness which limits joint movement
- Appears to have poor overall body strength; is "floppy"
- Difficulty bouncing, throwing, or catching a large ball
- Makes no attempt to catch himself when falling
- Poorly developed sense of rhythm; can't play clapping games
- Too much movement in joints; seems double jointed
- Stumbles, falls more frequently than others the same age
- Cannot heel-toe walk, hop on one foot, jump in place
- Lacks reciprocal arm and leg movements when walking
- Difficulty with stairs
- Habitually walks on toes

### Academic/Social Behavioural Issues:

(Please note: CCAC does not address behavioural issues)

- Easily distracted; has short attention span
- Is hyperactive, very restless
- Is easily frustrated or discouraged
- Unaware of others' feelings/needs
- Has difficulty with group participation; is uncooperative
- Difficulty taking turns or following rules
- Does not recognize when needs to change behaviour

Academic performance (Note: this information is required to effectively work with the child):\_\_

How have these issues been addressed by school personnel?

Has the child had the opportunity to develop above tasks at home?  Yes  No Explain:

- Difficulty accessing stairs, bus, doors, playground
- Has a splint/brace that interferes with class work
- Slumps to one side, slides forward in chair/wheelchair
- Has trouble holding head up when sitting
- Needs help with use of wheelchair
- Totally dependent for all transfers



# Occupational Therapy/ Physiotherapy Referrals (Children's Health Services- SHSS)

Client's Name:

Date of Birth (d/m/y):

School:

---

## Primary Areas of Concern

(Please provide examples and samples)

## Safety Issues

## Special Devices Utilized

(Please list any special devices presently used, e.g. walker, transfer aids etc.)

## Classroom/School Supports Available

Does the student have an Individual Education Plan (IEP)?

Yes  No



**SWCCAC School Health Support Services Program  
Screening Form for School Board Speech-Language  
Pathologists**

*\*Screening Form must accompany a completed "Request for School Health Support Services Assessment"*

(✓) Fax to SW CCAC Office: 519-657-4578 or 1-844-800-4578

**Speech-Language Pathologist Information**

SLP Name \_\_\_\_\_ School Board \_\_\_\_\_ Phone \_\_\_\_\_ Ext \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (d/m/y)  
 Involvement  Current  Past  Reports Attached \_\_\_\_\_

**Student Information to be Completed by School Board Speech-Language Pathologist Only**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB \_\_\_\_\_  
 (d/m/y)  
 School \_\_\_\_\_ Class/Grade \_\_\_\_\_  
 Presenting Issue(s)  Articulation/Phonology  Motor Speech/Dyspraxia  Voice/Resonance  
 Fluency  Swallowing and Feeding  Non Speech  
 Background Information \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Clinical Observations/Assessment (motivation, attention, behaviour, memory, hearing, language, additional comments)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Complete the appropriate section(s) for 1 through 5 based on presenting issue(s). Complete the Summaries or attach Report.**

**1.  Articulation/Phonology**

Level of Severity in Connected Speech  
 Mild  Moderate  Severe

Summary of identified issues  See attached report

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Speech production more unintelligible than would be expected based on results of single word articulation tests

**Motor Speech/Dyspraxia/Dysarthria**

Summary of identified issues  See attached report

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**2.  Voice/Resonance**

Parents directed to contact physician for  ENT assessment  cleft palate team Date \_\_\_\_\_ (d/m/y)

Level of Severity  Mild  Moderate  Severe

Summary of identified issues  See attached report

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**3.  Fluency**

Level of Severity  Mild  Moderate  Severe

Summary of identified issues  See attached report

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**4.  Swallowing and Feeding**

Past Assessment \_\_\_\_\_  Unknown

Past Treatment \_\_\_\_\_  Unknown

Comments \_\_\_\_\_

See attached report

**5.  Non Speech**

Uses Augmentative Communication  Referral with ACS Initiated  Involved with ACS

Type of System Used \_\_\_\_\_

Describe \_\_\_\_\_

See attached report

cc:  School Principal/OSR

**CONFIRMATION OF ADMISSION TO SCHOOL HEALTH SUPPORT SERVICES**

**Child's Name:**

**DOB:**

**BRN:**

**Referred by:**

**School:**

Based on the Care Coordinator assessment completed with the school and the child's family, the following target areas have been identified for assessment(s):

<p><b>Occupational Therapy</b></p> <p>Self-care: Productivity: Accessibility: Sensory: Other:</p> <p>Service within: 5 calendar days      14 calendar days      60 calendar days      90 calendar days      placed on a waitlist</p>	<p><b>Service Agency:</b></p>	<p><b>Phone:</b></p>
<p><b>Physiotherapy</b></p> <p>Mobility: Therapeutic Exercise: Other:</p> <p>Service within: 5 calendar days      14 calendar days      60 calendar days      90 calendar days      placed on a waitlist</p>	<p><b>Service Agency:</b></p>	<p><b>Phone:</b></p>
<p><b>Speech Therapy</b></p> <p>Fluency: Articulation: Voice/Resonance: Augmentative Communication: Other:</p> <p>Service within: 5 calendar days      30 calendar days      60 calendar days      90 calendar days      placed on a waitlist</p>	<p><b>Service Agency:</b></p>	<p><b>Phone:</b></p>
<p><b>Nursing</b></p> <p>Shift:</p>  <p>Visiting:</p>	<p><b>Service Agency:</b></p>	<p><b>Phone:</b></p>
<p><b>Registered Dietician:</b></p> <p>Service within: 5 calendar days      14 calendar days      60 calendar days      90 calendar days      placed on a waitlist</p>	<p><b>Service Agency:</b></p>	<p><b>Phone:</b></p>

***\*\*If the child is to be away from school at any time while receiving CCAC services, it is the responsibility of the family to notify each service agency regarding the child's absence.***

***Please retain this information for your records.***

**Care Coordinator:**

**Phone:**

**Date:**

**Client Services Assistant (CSA):**





## **For more information contact the South West CCAC**

**Phone number** for the SW CCAC Children's Health Program:  
**519-474-5667 or 1-877-900-5667**

**Fax number** for the SW CCAC Children's Health Program:  
**519-657-4578 or 1-844-800-4578**

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For information about health and social services across  
the South West visit [www.thehealthline.ca](http://www.thehealthline.ca)

**thehealthline.ca**