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**CCAC CASC**

Community  
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Centre

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aux soins  
communautaires  
du Sud-Ouest

[www.sw.ccac-ont.ca](http://www.sw.ccac-ont.ca)



# 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.

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### **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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