☐ SCCDSB ☐ Viamonde ☐ LKDSB ☐ Providence

***Please ensure a copy of this package is shared with classroom team**

PATHWAYS HEALTH CENTRE FOR CHILDREN
TRANSITION TO SCHOOL SUMMARY

File # ______________________ Date Completed: ______________

Name of School: ______________________ School Year: 2018-2019

Parent(s)/Guardian(s): ______________________ Grade: ______________

Name of Student: ______________________ Child Care: ______________

Address: ______________________

Phone (home): ______________________ Phone (work/cell): ______________

Date of Birth: ______________________ Diagnosis(es): ______________

Date of Diagnosis(es): ______________________ Diagnosing Physician: ______________

Summary of Needs

☐ **HIGH NEEDS (CENTRAL BOARD MEETING and SCHOOL TEAM MEETING)**: Children who may require **extensive support**, special equipment, **constant** supervision/redirection, support with transitions (e.g. behavioural, mental health, physical needs)

☐ **MODERATE NEEDS**: Children who require staff awareness, **frequent** supervision/redirection, a **moderate** amount of support and who may require on-going intervention and/or specialized equipment (no Board meeting is required).

- ☐ **MODERATE NEEDS WITH SCHOOL TEAM MEETING**: A request for a school-based team meeting can take place for children with moderate needs, if the family or clinician team thinks it would be beneficial (needs do not necessitate a Board meeting)

☐ **LOW NEEDS**: Children who are involved in at least one clinical service that may be receiving a limited amount of intervention and consultation (no Board meeting is required).

- ☐ **LOW NEEDS WITH SCHOOL TEAM MEETING**: A request for a school-based team meeting can take place for children with low needs, if the family or clinician team thinks it would be beneficial (needs do not necessitate a Board meeting)

Current Services

Service	Frequency /Status	Contact	Ext	Report
				☐ Not required. Summary contains relevant info ☐ Yes, attached. Date of report: _________ ☐ Yes, to be forwarded to school at a later date
				☐ Not required. Summary contains relevant info ☐ Yes, attached. Date of report: _________ ☐ Yes, to be forwarded to school at a later date
				☐ Not required. Summary contains relevant info ☐ Yes, attached. Date of report: _________ ☐ Yes, to be forwarded to school at a later date
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Child's Strengths:

Medical Concerns including Diagnosis(es):

(e.g. Medications, allergies, medical response information, seizures, G-Tube, feeding concerns, etc.)

Transition Summary **Name:**

Date: **D.O.B:**

Vision/Hearing

Are there any vision issues?

☐ Yes	☐ No	☐ Unknown	Details:

Are there any hearing issues?

☐ Yes	☐ No	☐ Unknown	Details:

Behaviour Concerns

☐	Verbal outbursts	☐	Safety of self	☐	Attention and concentration difficulties
☐	Physical outbursts	☐	Safety of others	☐	Impulsive
☐	Poor social skills	☐	Difficulty following routines	☐	Overly passive
☐	Wanders	☐	Attempts to run away	☐	
☐	Requires constant supervision and redirection through most program activities				
☐	Other:				

Behaviour: Triggers

☐	Undetermined	☐	Transitions	☐	Frustration
☐	Other:				

Behaviour: Supportive Strategies

Toileting
☐ Independent
☐ Bowel Incontinence
☐ Bladder Incontinence
☐ Training Program
☐ Equipment Needed

Dressing				
	Coat	Pants	Footwear	Fasteners
Independent	☐	☐	☐	☐
Total Assistance	☐	☐	☐	☐
Supervision	☐	☐	☐	☐
Verbal Assistance	☐	☐	☐	☐
Partial Assistance	☐	☐	☐	☐

Transportation

Will special transportation to school be required?

☐ Yes	☐ No	☐ Possibly	Details:

Summary of Specialized Equipment Needs (i.e. hearing aids, walker, wheelchair, visual strategies, etc.)

Device/Equipment	Purchase Details		Prescriptive letter available		Prescribing Therapist	Instructions for use/ who will provide instructions	Equipment will travel to school	
	Owns	Requires Purchase	Yes	No			Yes	No

Summary of Concerns / Additional Information

(Please include any accommodations that are made for this child and include any helpful strategies, e.g. activities of Daily Living, Sensory, Play skills, General Knowledge and Understanding, Routines and Transitions, Communication Skills, ***Mobility****, etc.)*

Content of this summary has been shared with parent(s)/caregiver ☐ Yes ____________

Parent(s)/caregiver consent to share this summary and reports indicated with the school board selected by the family ☐ Yes ____________

Parent(s)/caregiver consents to school board personnel observing the child in the child care setting ☐ Yes ☐ No ☐ N/A

cc: Family

Transition Summary

Name:

Date:

D.O.B: