

Referral Criteria – Post-Secondary Transition Service Community Program

Post-Secondary Transition Service

An Occupational Therapist offers consultative support with gathering information and developing skills to help high school students prepare for a successful transition from secondary to post-secondary education. This can involve collaboration and consultation with students, families, school staff, Holland Bloorview staff and community partners.

Who do we serve?

The Occupational Therapist can provide support to high school students in Toronto, York, Peel and Durham Regions who are currently in grade 11 or higher and are planning to attend college or university. Clients who attend high schools outside of these regions may be eligible for service delivered on-site at Holland Bloorview

What types of goals do clients work on?

- Planning for academic accommodation needs at post-secondary
- Assessing accessibility and equipment needs on a college/university campus and/or residence
- Arranging for personal care support at college/university
- Exploring funding options for post-secondary
- Determining transportation options to/from college/university

What services do we offer?

- Initial intake meeting happens onsite at Holland Bloorview to begin discussion of post-secondary goals
- Follow up meetings are scheduled as needed and may take place at client's high school, college/university campuses

For more information, and to ensure this service is a good fit for you, Please contact: 416-425-6220 ext. 6208 or call ext. 6044 to self-refer and book a Post-Secondary School Transition Service appointment.

COMMUNITY AGENCIES/PROFESSIONALS CURRENTLY INVOLVED:

Agency(s) (e.g. Child Protection, Community)

Professional (e.g. OT, Psychologist)

1. _____

2. _____

3. _____

MEDICAL INFORMATION:

Primary Diagnosis:

Other Diagnoses:

Does this client require any special infectious disease precautions? Yes No

If yes, what for: _____

Medical History/Allergies:

Taking Medication: Yes No

Risks (i.e. frequent falls)

Reason for Referral/Concern/Goals:

Specialized Services:

- Aquatic Therapy
- Augmentative & Alternative Communication (AAC)
 - Writing Aids
- Clinical Seating
- Infant Development Services
- Life Skills Services
- Music Therapy
- Nursery Schools (Holland Bloorview)
- Orthotics (including protective headwear)

- Post-Secondary Transition Service
- Prosthetics (including myoelectric & cosmetic)
- Therapeutic Recreation Services

Dental Services:

- Cleft Lip & Palate (general anesthesia available for qualifying clients)
- Special Needs Dentistry (general anesthesia available for qualifying clients)

REFERRING PROFESSIONAL/CLIENT OR FAMILY:

Name: _____

Organization: _____

Telephone: _____ Fax: _____

Email: _____

Signature: _____

Please fax your completed Referral Form to Appointment Services: (416) 422-7036