Dream • Learn • Grow
Bloorview
SCHOOL AUTHORITY

Return to: registration@bloorviewschool.ca
or
Bloorview School Authority
150 Kilgour Road Toronto ON M4G 1R8
Tel: 416-424-3831 Fax: 416-425-2981

Integrated Education and Therapy (IET) at Bloorview School
Applicant Information from Referring Source
To be completed together with the parent/guardian

REFERRING SOURCE INFORMATION	
Referral initiated by: Form completed by:	Date:

APPLICANT INFORMATION		
Child's Name: First_____ Last_____ Child's Date of Birth: M/D/Y_____	Diagnosis: *Please list all*	
Parent's Name:	Parent's Name:	
Address:		Postal Code:
Child is followed by a HBKRH physician. HBKRH Chart #:	**or** CTN #	Home Telephone:
Interpreter required: Yes ☐ No ☐ Language spoken:		Cell Phone: Email:

CRITERIA						
Please answer all the following questions. The child:						
	Requires a multidisciplinary approach for education and therapy? Yes ☐ No ☐					
	Demonstrates complex needs in **two or more** of the following areas? • Physiotherapy, Occupational Therapy, Speech and Language Therapy Yes ☐ No ☐					
	Is an active client of HBKRH or Children's Treatment Network (CTN) in York Region? Please check one - HBKRH ☐ CTN ☐					
	Is of legal school age by December 31st, 2022 Yes ☐ No ☐					
	Is currently and actively participating in, and has demonstrated growth in, two or more of the following therapies: (Please select therapies) ☐Speech and Language Therapy ☐Occupational Therapy ☐ Physical Therapy					
	Has the ability to tolerate a full day in a classroom setting? Yes ☐ No ☐					
	Can attend to a range of activities for a short period of time? Yes ☐ No ☐					
Can the child demonstrate the ability to understand the following:						
	Cause and effect	Never ☐	Rarely ☐	Sometimes ☐	Often ☐	Always ☐
	Simple questions (e.g., do you want more?)	Never ☐	Rarely ☐	Sometimes ☐	Often ☐	Always ☐
	Simple directions (e.g., look at the ball)	Never ☐	Rarely ☐	Sometimes ☐	Often ☐	Always ☐
	Simple play routines (e.g., anticipates what comes next, maintains play)	Never ☐	Rarely ☐	Sometimes ☐	Often ☐	Always ☐

COMMUNICATION/LANGUAGE	
Is the child:	Verbal ☐ Non-verbal ☐ Combination ☐
Please respond to all that apply:	First language spoken at home:
	Language best understood by the child:
	Does the child communicate: Using words ☐ Using phrases ☐ Using whole sentences ☐ Other: _____
Does the child use other methods to communicate?	"Home" signs/gestures ☐ Speech generating device ☐ Sign Language ☐ PCS ☐ Body movement ☐ Verbal words ☐ Eye gaze ☐
Does the child have a yes/no response? Yes ☐ No ☐	If yes, how does the child indicate:
How accurately does the child use the yes/no response?	Rarely ☐ Sometimes ☐ Often ☐ Always ☐
Does the child have a consistent communication of choices?	Yes ☐ No ☐
How would you rate the need for speech language therapy?	Active ☐ Monitor ☐ None ☐
How would you rate the need for augmentative communication intervention?	Active ☐ Monitor ☐ None ☐
Has demonstrated the ability to integrate skills taught in therapy into daily activities?	Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐

Date of last Speech and Language Therapy session:

Please list current speech and language goal(s):

OCCUPATIONAL THERAPY SKILLS

How would you rate the need for Occupational Therapy? Active ☐ Monitor ☐ None ☐

Child has demonstrated the ability to integrate skills taught in therapy into daily activities? Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐

Date of last Occupational Therapy session:

Please list current occupational therapy goal(s):

PHYSICAL THERAPY SKILLS

How would you rate the need for Physiotherapy? Active ☐ Monitor ☐ None ☐

Child has demonstrated the ability to integrate skills taught in therapy into daily activities? Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐

Date of last Physiotherapy session:

Please list current physical therapy goal(s):

ADDITIONAL REMARKS

Please provide any additional information to support the referral to the IET program. This could include, but is not limited to, the responsiveness of the child to therapy, specific gains in therapy, and overall school readiness.

CURRENT MEDICAL NEEDS

Nursing ☐ Oxygen ☐ g-tube ☐ Suctioning ☐ Catheterization ☐

Seizures ☐ Diabetes ☐ Allergies ☐ Asthma ☐

Other important medical circumstances that need to be factored in as criteria to consider in addition to the information provided:

Hearing

Hearing Aids: Yes☐ No ☐

Followed Regularly: Yes☐ No ☐ If yes, by whom: _____

Vision

Wears glasses: Yes☐ No ☐

Followed Regularly: Yes☐ No ☐ If yes, by whom: _____

Is the family aware of this referral: Yes ☐ No☐

Have you seen the family in the last year: Yes ☐ No☐

Referring Source Signature:

Signed application and release of information consent form must be received by January 21, 2022 email to registration@bloorviewschool.ca