4 Point Rating Scale

	Speech Language	Occupational Therapy	Physio-Therapy	Resource

4	♦ Non-Verbal
	♦ AAC Users
	♦ ASD spectrum
	♦ Neurological Related Issues –
	  ♦ Brain Injured
	  ♦ Strokes
	♦ Deaf/Hard of Hearing
		♦ Physical Disability
		♦ Neurological related disorders (ABI, Stroke, Spinal Cord Injuries)
		♦ Developmental Disorder (PDD-NOS, ASD, Asperger's, Developmental Delay)
		♦ Conditions that interfere with performance during activities of daily living and/or school. Including but not limited to: Down Syndrome, Spina Bifida, Cerebral Palsy etc.
		
		These students require increased occupational therapy involvement due to set up of programming, and/or intervention because of change in client abilities. Increased consultation is needed to assist family and/or school team with specific occupational therapy programming.
		♦ Examples may include: providing sensory processing based programming initial setup (eg. "Sensory Diet"), providing recommendations with regard to equipment use (wheelchairs, commodes, seating adaptations etc.).
			♦ Multiple physical deformity/disability (Arthrogryposis, Spina Bifida, Cerebral Encephalopathy)
			♦ Neurologically based gross motor concerns (CP, Stroke, Down's syndrome, various other syndromes – Dandy Walkers, Turners, mitochondrial disorders)
			♦ Children with equipment needs – standing frames, walkers etc. new to the caseload
			♦ Torticollis not previously seen
			♦ Referrals for infant/children under 18 months with motor delays (not walking, not crawling, low tone)
			♦ Below 5th percentile for gross motor skills and below age 10 ***
				♦ Level III Funded students
				♦ I-designated programs
				♦ Life Skills Program.
				♦ Severe Medical Needs
				♦

3	♦ Language disordered (Language processing, EAL, language based deficit) ♦ Apraxic ♦ Fluency ♦ Severe Phonological Disorders (don't hear or manipulate sounds) ♦ Tongue Tied/Cleft Pallet ♦ Language Development and sever articulation (combination of) ♦ Quality of Voice (hoarse/high/low pitch, nasal)	♦ Fine Motor Delays ♦ Behavior (difficulty attending, poor transition skills) ♦ Students with ASD or other disabilities (e.g., physical), programming that has just been established ♦ Visual Perceptual Delays (difficulty with letter formation, line use, copying from the board etc.) *These students may have programming in place and still receive consultation to provide changes in programming. Students seen with only fine motor concerns require more initial set up time to put fine motor programming in place, once the program has been established they would move to the "2 points" category.*	♦ ASD, ADHD, FAS with no previous programming ♦ Students with equipment needs already established but requiring modifications/monitoring ♦ Referrals for 18month to 5 year olds with gross motor delays (picked up in wellness fairs, screening days) ♦ Visual impairment affecting balance/coordination ♦ Physical conditions requiring stretches /strengthening ♦ Gross motor skills between the 5th and 10th percentile and below the age of 10 ***	♦ Level II Funded students ♦ Students with IEP in multiple areas (BIP, ITP, Academic etc) ♦ . ♦
2	♦ Mild to moderate	♦ Students with ASD or other	♦ Students on programming who	♦ Non funded

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	articulation cases ♦ Mild to moderate language cases	disabilities (e.g., physical), programming that has been established ♦ Fine motor concerns with programming in place ♦ Students who require assistance with activities of daily living ♦ These students have programming in place and receive consultation to provide additions or changes to programming. Evaluation of the programming is one of the main priorities within this category.	require only minimal review and modification ♦ ASD with established programs ♦ Gross motor skills over the 10th percentile and/or students over the age of 10 *** ♦ Orthopedic conditions such as in toeing, W sitting, toe walking	students (LI)requiring significant support (Downs Syndrom, FAS, FAE etc) ♦ URIS ♦ .
1	♦ Minimal Articulation Errors ♦ Simple Home Programs ♦ Flagged but not on caseload	♦ Pencil Grip ♦ Scissor Skills ♦ Monitoring students of programming and/or reassessment ♦ These students have only one specific concern, otherwise are typically developing. These are students that can be seen once, be provided with suggestions and discharged from the occupational therapy caseload. These are students that spending a few minutes with their teacher or parent may be helpful rather then the full referral process. Students who are monitored will be reassessed to determine if OT programming is needed.	♦ Students requiring home suggestions only ♦ Monitoring progress of suggestions *** once standardized assessment is done	♦ General classroom support ♦ Students on SLP, OT, PT, Psych, SW caseload ♦ General Screening ♦ . ♦ .