

Parent / Guardian Introduction Letter

School: Please give this letter to each parent / guardian

Dear Parent(s)/Guardian;

SHOS is a team of consultants consisting of Occupational Therapists, Physical Therapists, a Psychologist, a Nurse, and an Intake Resource Coordinator. Your child may see one or more members of the team depending on his or her needs.

The purpose of SHOS is to address health issues of children and maximize their ability to function in school. SHOS provides in-school assessments, recommendations, and strategies to implement at school and at home. It is important to remember that SHOS team members are consultants only. They do not provide direct treatment or ongoing therapy for your child. They provide ideas, areas of focus, and strategies to be implemented at school and home to address current school concerns.

School aged children are referred to SHOS through their schools. Your school may consider a referral if your child has difficulty with some of the following:

- ❖ **Occupational Therapy:** grasping/controlling his/her pencil, forming printed letters and numbers, letter and/or number reversals, copying work from a book or board, self-help skills such as dressing, toileting or eating, being overwhelmed by visual information, organizing his/her work or desk, sensory processing.
- ❖ **Physical Therapy:** balance, coordination, throwing and/or catching a ball, participating in gym class/running games, keeping tall posture when sitting or standing, recognizing left from right, playing on playground equipment, safety concerns such as not getting hands out when falling, awkward style of walking.
- ❖ **Psychology:** uneven development of academic skills, unexplained difficulty with one or more basic skill areas such as reading, written expression, or mathematics, questions about basic learning style, appropriateness of grade-level curriculum expectations, other unexplained regression or limited progress in school.
- ❖ **Nursing:** self-help skills (such as eating, toileting), requires special medical devices or treatments to assist with breathing, requires wound care, medication monitoring, has chronic pain and requires treatments/medications related to pain relief (i.e. Cancer), had surgery, has a heart condition/blood pressure problems, has Diabetes.

SHOS Involvement Process

Assessment



Written Report sent to home and school
(1 copy to teacher, 1 copy to student file)



Case Conference may be requested with
SHOS team member(s), school, and
parents



Monitoring Period

(Short-term monitoring may occur)



Discharge of child from program once
programming strategies to address
identified school concerns are provided to
school and parents

The SHOS team welcomes and encourages the active involvement of the family in supporting your child's school program. We appreciate your participation in trying recommendations at home and in providing feedback to the therapist(s) of what works and what does not work.

To help us better understand the needs of your child your school will also have provided you with **Parent Input and Consent** forms. Please include as much information as possible to give us a clear picture of your child. The details will be used to determine which services may be needed. Please remember to include your child's Alberta Personal Health Number, as this information is required in order to provide services.

The last page of your forms is titled **Allied Health Services for Children Consent to Release / Obtain Information**. Completing and signing this form gives us permission to communicate with other professionals involved with your child, including your child's school. *Please read the consent carefully and fill in all necessary information, including the name of the school division or school your child attends.* Requesting and exchanging information with other professionals may be required for the purpose of better understanding your child, planning practical strategies, and to ensure duplication of services does not occur. Our goal is to work as a team with other professionals already involved with your child, in order to provide coordinated and efficient services.

Once complete, please return your **Parent Input and Consent** forms to your child's school. Your child's school will be completing a **School Referral Form** and, once completed, will forward both sets of forms to the SHOS office. The SHOS therapist assigned to your child's school will contact the teacher to arrange an initial visit / assessment date as required.

The therapist(s) will contact you with the initial visit / assessment date once scheduled. They will conduct a brief interview, explain what services they plan to provide, and ask for your verbal consent to provide those services. All information collected by SHOS becomes part of your child's health record with Alberta Health Services. You may revoke your consent at any time by contacting us.

If you have any questions about the SHOS program, filling out the referral forms, or the consent form itself, please feel free to contact Tom Hope, Intake Resource Coordinator, at (403) 314-5274.

We look forward to working with you and your child!

The SHOS Team