

SUGGESTED QUESTIONS FOR ALLIED HEALTH THERAPISTS

Regarding student's movement and sensory profile

QUESTIONS FOR THE PHYSIOTHERAPIST

1. What is the student's movement differences associated with their primary disability?
2. What appropriate strategies are needed to accommodate for these movement differences when accessing the curriculum and for communication?
3. What specialised equipment is needed for the student to maintain a good position when seated at the class table or on the mat?

Chair – Can the student sit in a regular class chair or does he/she require a specialised chair? What is suitable to ensure:

- Feet flat on the floor
- Bottom back in the chair
- Back straight
- Arms forward with easy access to the table
- Head upright and in the middle

Mat – Can the student sit unattended or does he/she require specialised supports such as a corner chair, wedge, weighted blanket, therabrush.

4. When both seated at the table or mat, what is the least fatiguing position?
 - Can the student maintain their position without a lot of /physical effort or cognitive effort? This is important as you may decide during literacy or specific learning activities that the student be seated in the best position to allow for learning and participation.
5. How long can a student attend before requiring a break or a change in position? The teacher may need to consider this when modifying the curriculum.

QUESTIONS FOR THE OCCUPATIONAL THERAPIST

1. Does the student have identified sensory processing challenges? If so, does the teacher have access to an updated Occupational Therapist report detailing the information?
2. What modified equipment does the student have to access activities, technology, art (i.e. modified textas, paintbrushes, slantboard, modified keyboard, adjustable cut out table)?
3. Does the student require time to process information and plan their movements to communicate? If so, what is the specified time?
4. Does the student rely on regular opportunities to move to assist with their attention and participation?
5. Does the student have auditory processing challenges? If so, does the student have access to a robust language system to augment spoken language?
6. How does a student indicate 'yes' no' 'I don't know' – **please note that** answering yes/no to random questions is much harder than using a yes/no for accepting and rejecting items.
 - What further information has been provided by the student's Speech Pathologist regarding how the student moves to communicate?

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QUESTIONS FOR THE SPEECH PATHOLOGIST

1. What modality does the student use to understand spoken language (speech, sign, pictographs)?
2. Does the student have a means to communicate for various reasons?
3. Does the student rely on Augmentative and Alternative Communication to communicate?
4. If so, is it their primary means or used as a back up to their speech?
5. If a student has an AAC system – how long has the student had opportunities to learn the language within that system to communicate?
6. How does the student access their AAC system?
7. Who will be providing training to build skills and knowledge to be a communication partner?
8. Every student has a potential for learning, what key learning requirements are required for the student to be able to access the literacy curriculum, interact with peers and adults?
Has the Speech Pathologist prepared a summary report detailing this to enable the teacher to plan accordingly?