Preschool Speech and Language Program Data Tracking Manual

2018-19

Table of Contents

1 CLIENT TRACKING CODES SUMMARY

LOCATION TYPE
CMH- Children's Mental Health or Developmental Facility
CTC- Children's Treatment Centre
CH- Client Home
C- Community
CHC- Community Health Centre
OEYC- EarlyON centre
H- Hospital or Other Clinical Location
LCC- Licensed Child Care
POS- Private Office Space
PHU- Public Health Unit
UCC- Unlicensed Child Care
TV- Telephone Visit/ Email

NOT SEEN
C- Cancellation by Clinician
A- Cancellation by Agency
F- Cancellation by Family
N- No Show

ASSESSMENT TYPE
IA- Initial Assessment
RA- Reassessment

INTERVENTION TYPE
PT- Parent Training
Parents are the primary recipients of care
PT(F)- Fluency
PT(L)- Language
PT(OP)- Parent Orientation Program
PT(PCP)- Parent Child Program (<30 months)
PT(PCP2)- Parent Child Program (<30 months)
PT(SC)- Social Communication
PT(SP)- Speech Production
PT(RR)- Ready for Reading
PT(FS)- First Steps

HPP- Hanen Parent Programs
HPP(ITT)- It Takes Two To Talk
HPP(MTW)- More Than Words
HPP(TW)- Target Word

INTERVENTION TYPES (CONT'D)
M- Monitoring

CC- Caregiver Consultation

CCR- Case Coordination & Referral

CS- Clinical Support

IT- Individual Treatment SLP
IT(F)- Fluency
IT(L)- Language
IT(SP)- Speech Production
IT(SC)- Social Communication
IT(VR)- Voice/Resonance
IM- Individual Treatment Mediator
IM(L)- Language
IM(SP)- Speech Production
IM(SC)- Social Communication

GT- Group Treatment SLP
GT(F)- Fluency
GT(L)- Language
GT(SP)- Speech Production
GT(SC)- Social Communication

GM- Group Treatment Mediator
GM(L)- Language
GM(SP)- Speech Production
GM(SC)- Social Communication

HP- Home Programming

DISCHARGE REASONS
WNL- Within Normal Limits
AAO- Achieved Appropriate Outcomes
AJK- Attending/Eligible for Junior Kindergarten
ESK- Eligible for or Attending Senior Kindergarten
M- Moved or Transferred
DA- Declined Assessment
DT- Declined Treatment
D- Deceased
NAC- Not Able to Contact

2 ASSESSMENT

2.1 Initial Assessment (IA)

- An IA is completed by a PSL Speech-Language Pathologist (SLP) in a face-to-face session(s) with a referred child and their family.
- An IA includes obtaining a relevant case history and assessing any applicable areas of communication development (i.e. expressive and receptive language, social communication, articulation, voice, fluency, etc.). The intent of the IA is to determine if a child's communication skills are developing as expected.
- An IA may take one or more visits to complete. It is recommended an IA requiring multiple visits be completed within 2 months' time.
- Based on the IA, an appropriate intervention type is recommended if the child is demonstrating a speech and/or language delay.
- As part of the IA, parents/caregivers are given information, suggestions and strategies that they can use at home with their child. When appropriate, strategies are demonstrated and the SLP may coach the parent/caregiver to ensure that they understand what is being suggested.

2.2 Re-Assessment (RA)

- Whenever possible, an RA is completed be a PSL Speech-Language Pathologist in a face-to-face session with a child and family.
- An RA is recommended following a consolidation period and before a new service intervention type or additional period of service intervention is recommended.
- An RA is typically associated with the mandatory completion of outcome tools.
- The purpose of the RA is to determine a child's current level of communication skills and includes the re-evaluation of applicable areas of communication development.
- It is recommended that an RA is completed at a minimum of every 6 months to monitor progress and inform clinical practice, even if the intervention type will not be changing.

3 INTERVENTION

3.1 Monitoring (M)

- This intervention is used for children a) whose skills are close to age-appropriate or b) who require other medical/professional services (e.g. referral to an otolaryngologist, referral for behavioural support) before another kind of PSL intervention can be provided.
- During the Monitoring period, it is expected that the SLP will be available to the family either in person or by phone, as necessary throughout this intervention period. Families are provided with information about what communicative changes are expected to occur between visits and advised to contact the SLP should those changes not be realized or if unanticipated changes occur.
- A child should not remain on monitoring intervention for longer than 6 months.
- It is recommended that follow-up with the family and/or a Re-Assessment (RA) with the child occurs at a minimum every 6 months.
- As Monitoring is an intervention type, it should have a date attached and an end date when the child switches to another intervention type.

3.1.1 Monitoring Example 1

At the time of initial assessment, a referral to an ENT for examination of the vocal mechanism was recommended before voice therapy could be considered. An arrangement was made for the parent to contact the SLP within 6 months to provide an

3.1.2 Monitoring Example 2

At the time of the initial assessment, it is noted that the child's skills are borderline. General suggestions are given to the parent for facilitating speech and language and parents are advised that over the next few months the child's vocabulary and use of two-word combinations is expected to increase. An arrangement is made for the child to return for a re-assessment in 6 months. During the 6 months, the child is receiving a monitoring intervention.

3.1.3 Monitoring Example 3

After three blocks of therapy, a child is diagnosed with cancer. Due to the child's illness, as well as his or her fragile immune system due to chemotherapy, speech and language therapy is suspended until such a time as the child is physically able to participate. A home program is not provided due to the stress levels of the family and the priorities which they have identified at this time. An arrangement is made for the parent to contact the SLP in 6 months to provide an update on the child's condition. During the 6 months, the child is receiving a monitoring intervention. If after the 6 months, the child is not in a position to resume treatment, the child should be discharged and then reactivated at a later date if necessary.

3.2 Parent Training (PT)

- A formal, curriculum-based, instructional program, with parents/family members of two or more referred children, that relies on a pre-set program agenda. Specific individualized parent and child goals are identified. Parents are given information about specific strategies and are also provided with the opportunity to ask questions and discuss and practice those strategies.
- The parent is the primary recipient of care in parent training.
- There may be individual sessions where the child is present so that parent coaching can occur.
- Parents are helped to reflect on the strategies and information provided to them and how the information applies directly to their child.
- Parents/Caregivers are provided with information about what communicative changes are expected to occur between visits and advised to let the SLP know should those changes not be realized, unanticipated changes occur or if all the set goals are achieved.
- Typically, a consolidation period will follow completion of the PT program. During this time the child is no longer in active treatment. The child and parent are given time to integrate and generalize the information on the same goals on which they were coached during active treatment.
- When PT is in support of another intervention type, like Group Treatment (GT), and the goals of both intervention types are the same, then PT is not coded as a separate intervention and is considered part of the larger intervention (GT).
- The PT code can be used by either SLPs or supportive personnel.

3.2.1 Parent Training Example 1

A 32-month-old child has been seen for an initial assessment and the family is referred to a language facilitation group program. The parents/caregivers learn about and learn to use strategies specific to helping children increase the variety of words in their vocabulary and to make 2-word combinations. The program has a pre-set agenda and curriculum. Specific individualized support is also part of the program.

3.2.2 Parent Training Example 2

A 30 month old does not need a full Parent Child Playgroup (PCP) but gets 1-2 coaching sessions instead. These sessions would be considered parent training (PT)

3.3 Hanen Parent Program (HPP)

- An HPP is provided by a PSL SLP after receiving formal training to deliver any of the following suite of Hanen parent intervention programs listed below:
    - Target Word
    - It Takes Two To Talk
    - More Than Words
    - TalkAbility
- Adapted parent programs may be recorded as HPP only if they have been approved by The Hanen Centre.
- Typically, a consolidation period will follow completion of the HPP program. During this time the child is no longer in active treatment. The child and parent are given time to integrate and generalize the information on the same goals on which they were coached during active treatment.
- The HPP code can only be used by SLPs.

3.3.1 Hanen Parent Program Example 1

A child is seen for an initial assessment and the family is referred to a Target Word Program. The program is run according to the guidelines from the Hanen Centre.

3.4 Home Programming (HP)

- The parent or person providing regular care in the child's home is expected to implement a specific, individualized program over a specified period of time.
- The parent or person providing regular care in the child's home is coached by the speech-language pathologist or supportive personnel on the specific, individualized program.
- The program must have at least one pre-set goal that has been developed by the SLP in collaboration with the family. The goal(s) must be achievable, measurable, specific and realistic.
- Families must be able to demonstrate that they comprehend the goal and can implement strategies necessary to facilitate goal achievement.
- It is expected that the SLP will be available to the family either in person or by phone, as necessary throughout this intervention period. Families are provided with information about what communicative changes are expected to occur between visits and advised to contact the SLP should those changes not be realized, if unanticipated changes occur (e.g. a regression of the onset of dysfluency), or all of the home program goals are achieved.
- Visits with the SLP may occur to assist the family with implementing the HP or in order to modify or set new goals. These visits occur no more than once every 6 weeks.
- It is recommended that follow-up with the family and/or a Re-Assessment (RA) with the child occurs at a minimum of every 6 months.
- The HP code can be used by either SLPs or supportive personnel.

- Accessing of Home Program immediately following the Initial Assessment, only occurs when in the SLPs clinical judgement, both the child and parent and/or person providing regular care in the child's home demonstrate both readiness and capacity to work on a specific goal and to make progress towards that goal.
- If a Home Program is recommended at the Initial Assessment appointment, there must be sufficient time during the assessment appointment to ensure that the definition of HP as defined above can be met. In many cases, a separate appointment with the SLP or support personnel will be necessary in order to access HP.
- If a family cannot commit to regular appointments and instead is given a program with specific goals this would be considered Home Programming.
- **Home Programming is different from the consolidation period components of Individual Treatment SLP (IT), Individual Treatment Mediator (IM), Group Treatment SLP (GT), Group Treatment Mediator (GM), Parent Training (PT) and Hanen Parent Program (HPP) as HP targets new goals not previously covered in active treatment.**

3.4.1 Home Programming Example 1

A child is seen for an initial assessment and stuttering behaviour is observed. The child presents with only one risk factor that may predict the persistence of stuttering behaviour. A week after the IA, the child's parents return and are provided with a home program that outlines helpful interaction suggestions that promote fluency specific to their child. The parents are also asked to track the child's dysfluencies using a Severity Rating Chart. A follow-up appointment for a re-assessment is booked for 6 months after the IA. The parents are clearly informed about what communicative changes to expect over the home program period and are encouraged to contact the SLP if stuttering severity appears to increase or any unanticipated changes occur.

3.5 Caregiver Consultation (CC)

- A caregiver is considered the person providing regular care outside of the child's home or anyone coming into the child's home to provide a specific service (e.g. Infant Development, Health Babies Healthy Children, special services at home). Other professionals may be considered caregivers as would people working in licensed and unlicensed child care centres, parenting and family literacy centres and parks and recreation programs.
- The caregiver is expected to implement a specific, individualized program with the child over a specified period of time. The program must have at least one pre-set goal that has been developed by the SLP in collaboration with the caregiver. This goal must be achievable, measurable, specific and realistic.
- Caregivers must be able to demonstrate that they comprehend the goal and can implement the strategies necessary to facilitate goal achievement. This may take more than one session with the SLP to achieve.
- It is expected that the SLP will be available to the caregiver either in person or by phone, as necessary throughout this intervention period. Caregivers are provided with information about what communicative changes are expected to occur between visits and advised to contact the SLP should those changes not be realized, unanticipated changes occur or if all the set goals are achieved.
- Caregiver consultation can be provided over the telephone when the clinician spends 10 or more minutes discussing the client.
- It is recommended that follow-up with the Caregiver and/or a re-assessment of the child occurs at a minimum of every 6 months.
- Accessing of Caregiver Consultation immediately following the Initial Assessment, only occurs when in the SLPs clinical judgement, both the child and Caregiver demonstrate both readiness and capacity to work on a specific goal and to make

progress towards that goal.

- When the consultation with the caregiver is in support of another intervention type (i.e. the goals of both intervention types are the same) then the caregiver consultation is not coded as a separate intervention and is considered part of the larger intervention.
- The CC code could be used by either SLPs or supportive personnel.
- If **parent** consultation is provided, clinicians may use the CC code to reflect this service in the absence of a formal Parent Consultation code.

3.5.1 Caregiver Consultation Example 1

A 36-month-old child presented with social communication difficulties at initial assessment. The SLP and family agree upon goals that will support communication development for the child, however they recognize that the goals may be more appropriately worked on at the child's child care centre in the context of peer interaction. With parent permission, the SLP goes to the child care centre to share, demonstrate, and refine the goals with the child care staff. The child care staff agree with the goals and demonstrate the ability to use the strategies recommended by the SLP. Arrangements for follow-up visits are made. The SLP visits the child care in 3-month intervals to observe the child and consult with the staff, until all goals have been targeted and the child care staff is not in need of continued support.

3.5.2 Caregiver Consultation Example 2

A 12 month old child is being seen by the Infant Development Program (IDP) and has been recently assessed by the SLP. The SLP, IDP worker and family jointly determine several communication goals. The SLP provides specific suggestions on how these goals can be implemented and what the expected outcomes over time will be. The IDP worker will support the parent in carrying out these goals and demonstrates an ability to implement the strategies suggested. A plan is established for communication frequency and mode (i.e. joint visits, phone calls) between the IDP worker and the SLP.

3.6 Group Treatment-SLP (GT)

- The SLP implements a specific, individualized program with two or more referred children.
- Sessions occur on a regular basis and must occur a minimum of two times a month.
- The program must have at least one pre-set goal for each child that is achievable, measurable, specific and realistic. Coaching of the parents to facilitate their comprehension of the child's goals and their ability to implement strategies are considered and integral part of this intervention.
- Parent training is an essential part of this intervention. It is expected that parents/caregivers are involved in all aspects of intervention from setting of goals to implementing strategies.
- In this intervention, there may be separate goals for the parent/caregiver and child.
- As part of this intervention, the SLP/Mediator demonstrates and coaches the parent/caregiver to ensure that they are able to support their child's goals at home
- Parents are provided with information about what communicative changes are expected to occur between visits and advised to let the SLP know should those changes not be realized, unanticipated changes occur or if all the set goals are achieved.
- If two clinicians are running the group together, they can split the names for tracking purposes.
- If an SLP and supportive personnel run a group jointly, the SLP should intervention type should use the Group Treatment-SLP (GT) code whereas the supportive personnel should use the Group Treatment-Mediator (GM) code.
- Typically, a consolidation period will follow completion of the group program. During

this time the child is no longer in active treatment. The child and parent are given time to integrate and generalize the information on the same goals on which they were coached during active treatment.

- The GT code can only be used by SLPs.

3.6.1 Group Treatment-SLP Example 1

An SLP provided an initial assessment for each of three children who all attend the same child care centre. All three children would benefit from working on their expressive language skills, specifically to increase their MLU by using more 2-word combinations. The SLP sees the three children as a group at the child care centre during free-play. An ECE from the children's classroom participates. At the end of the group sessions, each parent/caregiver and their child meet for follow-up with the SLP individually to discuss home activities to be completed over a 2-month consolidation period. Parents/Caregivers are clearly informed about what communicative changes to expect over the consolidation block and are encouraged to contact the SLP if progress is very slow, goals are met or any unanticipated changes occur.

3.7 Group Treatment-Mediator (GM)

- This intervention is the same as GT except it is implemented by a mediator (i.e. a non-SLP/ supportive personnel within the PSL Program who is trained, supported and supervised by the SLP).
- Parent training is an essential part of this intervention. It is expected that parents/caregivers are involved in all aspects of intervention from setting of goals to implementing strategies.
- In this intervention, there may be separate goals for the parent/caregiver and child.
- As part of this intervention, the SLP/Mediator demonstrates and coaches the parent/caregiver to ensure that they are able to support their child's goals at home
- It is recommended that a Re-Assessment (RA) with the SLP and child occur at a minimum of every 6 months.
- The GM code can be used by supportive personnel only.

3.7.1 Group Treatment- Mediator Example 1

Two different children are each seen for an initial assessment by an SLP and intervention is recommended to help target phonological processes. The SLP sets goals and passes them along to a Communicative Disorders Assistant (CDA) who provides weekly sessions to both children as a small group. Parent/Caregivers attend and participate in the 1-hour long weekly sessions, with the last 15 minutes dedicated to home activities. After 10 sessions, parents/caregivers are provided with home activities to be completed over a 3-month consolidation period. Parents/Caregivers are clearly informed about what communicative changes to expect over the consolidation period and are encouraged to contact the SLP if progress is very slow, goals are met, or any unanticipated changes occur.

3.8 Individual Treatment-SLP (IT)

- The SLP implements a specific, individualized program with one referred child.
- Sessions occur on a regular basis and must occur a minimum of two times per month.
- The program must have at least one pre-set goal that is achievable, measurable, specific and realistic. Coaching of the parent/ family members to facilitate their comprehension of the child's goals and their ability to implement strategies are considered an integral part of this intervention.
- Parent training is an essential part of this intervention. It is expected that parents/caregivers are involved in all aspects of intervention from setting of goals to implementing strategies.

- In this intervention, there may be separate goals for the parent/caregiver and child.
- As part of this intervention, the SLP demonstrates and coaches the parent/caregiver to ensure that they are able to support their child's goals at home
- Parents/Caregivers are provided with information about what communicative changes are expected to occur between visits and advised to let the SLP know should those changes not be realized, unanticipated changes occur or if all the set goals are achieved.
- Typically, a consolidation period will follow completion of the individual treatment. During this time the child is no longer in active treatment. The child and parent are given time to integrate and generalize the information on the same goals on which they were coached during active treatment.
- The IT code can be used by SLPs only.

3.8.1 Individual Treatment-SLP Example 1

A child aged 3 years 8 months is seen for an initial assessment and a motor-speech disorder is suspected. Risk factors suggest that the child would benefit from twice weekly therapy. The SLP provides 20 weeks of therapy after which a reassessment takes place.

3.9 Individual Treatment-Mediator (IM)

- This intervention is the same as IT except that the program has been developed by an SLP and is implemented by a mediator (i.e. a non-SLP/ support personnel within the PSL Program who is trained, supported and supervised by the SLP).
- Parent training is an essential part of this intervention. It is expected that parents/caregivers are involved in all aspects of intervention from setting of goals to implementing strategies.
- In this intervention, there may be separate goals for the parent/caregiver and child.
- As part of this intervention, the SLP/Mediator demonstrates and coaches the parent/caregiver to ensure that they are able to support their child's goals at home
- It is recommended that a Re-Assessment (RA) with the SLP and child occur at a minimum every 6 months.
- The IM code can only be used by supportive personnel.

3.9.1 Individual Treatment-Mediator Example 1

A child recently diagnosed with Autism Spectrum Disorder is seen by an SLP for an initial assessment. The SLP sets goals for the child to make specific requests and take turns in play. These goals are passed along to a PSL CDA who will provide 1-hour long weekly sessions with the child and her mother. The child's mother works collaboratively with the CDA to facilitate communication with her child and ways to carry over the therapy activities to home are discussed throughout the session. After 6-sessions, the mother is encouraged to continue with therapy strategies during every day, routine activities and a follow-up appointment is booked with the SLP for 3-months in the future.

3.10 Clinical Support (CS)

- Clinical support includes supervision of supportive personnel, supervision of student clinicians, mentoring of new staff, consultations within GSAs, city-wide providers and hospitals, and staff to staff consultations
- Clinical support is coded when ideas/plans/goals are discussed about a specific child
- Clinical support is coded when a minimum 10 minutes are spent on client or case discussion
- The individual providing the clinical support is the one who tracks Clinical Support in their monthly stats.
- If two clinicians are consulting with one another on a client, only one clinician should

track Clinical Support

- In the event where staff discuss general planning for a group or general feedback about a session this is NOT considered Clinical Support

3.10.1 Clinical Support Example 1

In the case where a CDA has a question for their supervising SLP about a speech and language goal the SLP tracks Clinical Support and the CDA does not.

3.10.2 Clinical Support Example 2

In the case where an SLP has a question for a support staff on behavioural strategies that might be helpful in their individual therapy sessions the support staff tracks Clinical Support and the SLP does not.

3.11 Case Coordination & Referral (CCR)

- Case coordination and referral includes speaking with school board SLPs and teachers, CAS, sharing information for a developmental assessment, speaking with physicians, making referrals to other agencies, transfers to other PSL programs
- Case coordination and referral is coded when a minimum 10 minutes are spent on case coordination and referral activities
- Case coordination and referral does NOT include providing specific programming ideas or recommendations. It also does NOT include scheduling appointments.
- Case coordination and referral can be used concurrently with other ongoing intervention types.

4 LOCATION

4.1 Name

- Report the name(s) of all locations where the client received service in the reporting period. Report a location for each visit.
- The location for Monitoring, Parent Consultation or Home Program is the facility that the SLP works for, unless a visit outside of the facility is made during this intervention.
- There is no need to indicate "Location Name" if:
    - The location is a client's home. Enter the code for Client Home (CH) to indicate location type only
    - The intervention was conducted over the phone. Enter the code for Telephone Visit (TV) to indicate location type only
    - You are discharging a client only

4.2 Type

This refers to the type of location where service was provided to the child/family. Report the location type with the name of the location.

4.3 Community

Locations in the community – e.g. library, recreation centre, church, YMCA, shopping mall, school, restaurant

4.4 OEYC

An EarlyON Centre

4.5 Best Start Hub/Family Centre Licensed

Child Care

A licensed centre or home-based child care location. Does not include the home of the

child.

4.6 Children' Mental Health or Developmental Facility

Ministry of Children and Youth Services (MCYS) funded agencies (e.g. Adventure Place, The Hanen Centre, The George Hull Centre, Aisling Discoveries Child and Family Centre, Macaulay Child Development Centre, Mothercraft,)

4.7 Public Health Unit

4.8 Hospital or Other Clinical Location

(e.g. Holland Bloorview Kids Rehabilitation Hospital, Speech and Stuttering Institute)

4.9 Community Health Centre

Ministry of Health and Long Term Care (MOHLTC) funded primary health care centre.

4.10 Client Home

If service is delivered in a client's home, only the location code column needs to be completed.

4.11 Private Office Space

A location, in a residence or an office building, made available for the provision of service. E.g. doctor's office.

4.12 Telephone Visit

A parent or caregiver may receive intervention services from a PSL provider by telephone or email (with adherence to PHIPA and where agency policy permits) in lieu of a face-to-face visit. To be recorded as a telephone visit the interaction must be part of a PSL intervention, must be documented and must be longer than 10 minutes. This is not intended to be used for operational issues such as booking appointments. The visit should be documented in the child's chart and should include issues reported by the parent or caregiver, goals and recommendations discussed and a plan for follow up.

5 NOT SEEN

5.1 Cancellation by Clinician

The client(s) are not seen because the session is cancelled by the SLP or supportive personnel (e.g. clinician sick, clinician emergency, etc.)

5.2 Cancellation by Agency

The client(s) are not seen because the session is cancelled by the agency (e.g. building facility not available due to flooding

5.3 Cancellation by Family

The client(s) are not seen because the session is cancelled by the family (e.g. child sick, family emergency, etc.)

5.4 No Show

The client(s) are not seen because the family does not show up to the appointment and does not provide advanced notice

6 DISCHARGE

NOTE: Children are discharged when they leave a specific PSL region. Children are not

considered discharged when they transfer from one service provider to another within the same PSL region.

6.1 Date

Report the date that the child/family is discharged from the preschool speech and language services. The Outcome Tools must be completed prior to discharge whenever possible.

6.2 Reason

Report the reason as to why the child/family was discharged. The following are reasons for discharge:

6.3 Within Normal Limits

Child's communication development is determined to be age appropriate at the time of the initial assessment and no follow-up is recommended. This reason is only used for children who have never had any type of intervention.

This reason for discharge may also be used for children who are discharged if their concerns are considered "mild" in nature.

6.4 Achieved Appropriate Outcomes

The child received intervention and no longer requires follow-up.

6.5 Attending Junior Kindergarten

The child is attending or eligible to attend Junior Kindergarten and continues to have concerns related to speech and language.

6.6 Eligible for or Attending Senior Kindergarten

The child is attending or eligible to attend Senior Kindergarten and continues to have concerns related to speech and language.

6.7 Moved/Transferred

Child moved out of service delivery area or may be transferred to another PSL System.

6.8 Declined Assessment

The parent and/or caregiver verbally and or in writing advised the PSL that they are not interested in completing an Initial Assessment.

6.9 Declined Treatment

The parent and/or caregiver verbally and or in writing advised the PSL that they are no longer interested in services including re-assessments and intervention

6.10 Deceased

6.11 Not Able to Contact

The PSL program is not able to contact the family to schedule an appointment and/or the family does not attend appointments and does not contact the PSL to cancel.

7 TRANSITION PLAN COMPLETED (YES OR NO)

- A transition plan includes any combination of strategies/activities that helps families be prepared for and ensures the smooth transition of the child from the PSL System to school.
- The Transition Plan must be completed, whether or not the school board employs a SLP.
- The plan should reflect the needs of the child.
- Whenever possible, the following activities must be completed by the PSL SLP for a Transition to School Plan to be considered completed:

✓ Review agency transition to school policy with parents/guardians
✓ Discuss the transition process to school entry and provide the family/guardians with any supporting documentation
✓ Discuss registration for JK/SK with the parent/guardian
✓ Provide parents/guardians with the name/department and contact information for SLP services at the child's school/school board and encourage the parent to contact them.

In addition, the PSL SLP may:
✓ Attend or provide input to transition to school meetings (if they occur) with consent
✓ Generate a report that is shared with the parent and the school
✓ Meet with the school SLP either in person or by telephone

- **Transition Plan Completed Y/N** is only used when the reason for discharge is attending JK/SK/Grade 1.

8 DATA TRACKING Q and A

Client Contacts

Q1: What tracking codes are currently included in the count for client contacts?
A1: All tracking codes are currently included in the count for client contacts with the exception Case Coordination & Referral (CCR). In 2018, CCR will be included in the count for client contacts.

Assessments, Interventions and Other Activities

Q2: If two or more interventions are provided for the same client on the same day, can we code this? For example, you see a child for an assessment (Initial Assessment) and then you talk to the Special Needs Resource Teacher at the daycare (Caregiver Consultation) and coordinate a developmental assessment referral (Case Coordination) for the same child.
A2: In Danic, there are no restrictions on tracking two or more interventions provided for the same client on the same day.

Q3: What is the difference between Parent Training (PT) and Group Treatment Language (GT-L)?
A3: PT is intervention provided where parents are the primary recipients of care. Often this is the first intervention families receive. GT is intervention provided where children are the primary recipients of care. While parents are taught and supported in GT

sessions, the primary focus is on child goals. Often, subsequent interventions following the first intervention are considered GT.

Q4: If a child requires more than one visit to complete an Initial Assessment (IA) how should the subsequent visit(s) be tracked?

A4: The database allows us to track multiple visits that may occur. For subsequent IA visits, track as an IA and provide the date. In the "Notes" column of the PSL Client Tracking Form, indicate that this is a subsequent IA visit.

Q5: If a child is found to have mild communication delay at Initial Assessment (IA) but you do not feel comfortable discharging right away and want to re-assess, could the child be tracked as receiving an Initial Assessment (IA) and Monitoring (M) intervention on the same day?

A5: For accuracy, Initial Assessment (IA) and Monitoring (M) ought to be tracked separately. Please date the Monitoring (M) intervention for one day after the date of the Initial Assessment (IA).

Q6: If a parent stays behind briefly after a group session and the clinician spends some additional time with them- for example, counselling, provides additional ideas to support communication- should the extra time be tracked somehow?

A6: Any time spent following a group session to provide additional support to a parent is considered an inherent part of providing the Group Treatment (GT). Code the session and the additional time spent as a single Group Treatment (GT) only.

Q7: If a parent phones and a child has been discharged- for advice, to talk about issues at school and get suggestions- should this interaction be tracked?

A7: While the interaction should be documented in the client's personal file at your agency, it does not need to be tracked on the Client Tracking Form.

Q8: Is there a code for parent counselling to capture parents asking ideas on different ideas such as feeding issues?

A8: While the interaction should be documented in the client's personal file at your agency, it does not need to be tracked on the Client Tracking Form.

Client Attendance

Q9: If a family shows up for an appointment with the child quite sick or they are very late and the session needs to be cancelled, how should each of these scenarios be tracked?

A9: For each scenario above, the family is considered as "Not Seen" and should be tracked as Cancellation by Family (F). Additional details such as the child was sick, the family was very late, etc. can be documented in the client's personal file at your agency.

Q10: If a family shows up to an appointment on the wrong day or for the wrong time and they are not able to be seen, should we track this in our stats?

A10: No. This information should be documented in the client's personal file at your agency.

Q11: If a family withdraws from a block of intervention before, during or after it has begun, how should this be tracked?

A11: In general, the clinician should try to fill the spot with another client if possible. It is recommended that all 'planned' sessions be indicated in the "Intervention" column of the PSL Client Tracking Form. The clinician can continue to track the 'planned' child

for the remainder of the block. Track the reason why the client is not seen accordingly (cancellation or no show) and indicate in the Notes section of the Client Tracking Form that the child was a planned contact. This helps track planned versus attended contacts.

Transfers

Q12: If we are transferring a child from one GSA to another how should this be indicated on the Client Tracking Form?

A12: Indicate in the "TR" column of the Client Tracking Form the date of the transfer and the GSA you are transferring the child to. Do NOT discharge the client as the child will continue to receive service in the Toronto PSL program.

9 PRACTICE CASE SCENARIOS

How would you client track the following scenarios?

a) A 3 year old is seen for an Initial Assessment and is found to have mild articulation concerns. A packaged home program is provided to the family on the same day and you notify them that they will be discharged. They are encouraged to call you back if things do not improve and they continue to have concerns.
   - Code IA, HP and discharge with WNL- all dated on the same day

b) A parent of a 2 year old is unable to attend a full It Takes Two to Talk program due to scheduling conflicts. The SLP completes 1:1 sessions with the parent using the ITTT workbook.
   - Code PT, not HPP because it is not a full, formal instructional program being provided

c) A child has just completed a block of group therapy with an SLP. His family is going back to their home country for 9 months but want to resume services when they return.
   - Code final day of GT and close the child's case

d) First Step and PCP programs and sessions
   - Code as PT as the parent is the primary recipient of care for these programs

e) A CDA schedules a set time to meet with and seek support from their supervising SLP about 3 clients they are currently seeing and find challenging.
   - The SLP codes CS for each client discussed

f) A family has been sent an invitation for a Re-Assessment but do not respond.
   - Discharge the family and code Declined Tx

g) A child has aged out of the PSL program but parents have decided to opt-out of JK. What is the most appropriate discharge code?
   - Child is eligible for JK but parents have made decision to opt out. Code Attending JK as discharge reason.

h) A family no shows for an initial assessment and you aren't able to contact them to reschedule.
   - Discharge family and code Not Able to Contact or Declined Assessment

10 EA CLIENT TRACKING FORM

PSL Fax: 416-338-8511

IHP Fax: 416-696-4205

CLIENT TRACKING FORM
(PSL/IHP Communication Development)

STAFF AVAILABILITY TO ACCEPT NEW REFERRALS

Upcoming Month:_____

# of Available spots:_____

Staff Name:_____

Month:_____

Agency:_____

			IA	Re Ax	OM	Intervention	TR	Discharge			Notes
Last Name, First name & DOB (month/date/year)	Location Name &Type	Not Seen	Contact Date(s)	Contact Date(s)	Completed (Yes)	Intervention Type(s) & Contact Date(s)	Transfer Date & Agency Name	Date month/date/year	Reason	Tran. Plan Com.	Include additional details as needed

Updated January 2019