



# Hamilton Special Developmental School

## Transferring and Positioning Advice Form

for a student who requires transferring and positioning support whilst at school

This form is to be completed by the student's medical/health practitioner, such as a physiotherapist providing a description of the personal care requirements. This form will assist the school in developing a Student Health Support Plan which outlines how the school will support the student's health care needs.

Please only complete those sections in this form which are relevant to the student's health support needs.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

MedicAlert Number(if relevant): \_\_\_\_\_ Review date for this form: \_\_\_\_\_

Situation and level of assistance required	Type of transfer	Equipment
<b>CHAIR TO CHAIR</b>		
<i>(eg wheelchair to chair/commode)</i>		
<input type="checkbox"/> Independent <input type="checkbox"/> Standby assistance required (for occasional interventions to support safety) <input type="checkbox"/> Cooperative assistance - Indicate whether one, two or three adults to assist _____ <input type="checkbox"/> Dependent - Indicate whether one, two or three adults to assist _____	<input type="checkbox"/> Top and tail <input type="checkbox"/> Cradle <input type="checkbox"/> Side to side <input type="checkbox"/> Standing transfer <input type="checkbox"/> Other <input type="checkbox"/> Mechanical	<input type="checkbox"/> Hoist <input type="checkbox"/> Sling ( <i>specify below</i> ) <input type="checkbox"/> Side board <input type="checkbox"/> Transfer plate/disc <input type="checkbox"/> Other ( <i>specify below</i> )

Comment (*eg in relation to communication, safety, comfort, dignity and learning*)

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<b>CHAIR TO GROUND/FLOOR</b>		
<input type="checkbox"/> Independent <input type="checkbox"/> Standby assistance required (for occasional interventions to support safety) <input type="checkbox"/> Cooperative assistance - Indicate whether one, two or three adults to assist _____ <input type="checkbox"/> Dependent - Indicate whether one, two or three adults to assist _____	<input type="checkbox"/> Top and tail <input type="checkbox"/> Cradle <input type="checkbox"/> Side to side <input type="checkbox"/> Standing transfer <input type="checkbox"/> Other <input type="checkbox"/> Mechanical	<input type="checkbox"/> Hoist <input type="checkbox"/> Sling ( <i>specify below</i> ) <input type="checkbox"/> Side board <input type="checkbox"/> Transfer plate/disc <input type="checkbox"/> Other ( <i>specify below</i> )

Comment (*eg in relation to communication, safety, comfort, dignity and learning*)

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<b>GROUND/FLOOR TO CHAIR</b>		
<input type="checkbox"/> Independent <input type="checkbox"/> Standby assistance required (for occasional interventions to support safety) <input type="checkbox"/> Cooperative assistance Indicate whether one, two or three adults to assist _____ <input type="checkbox"/> Dependent Indicate whether one, two or three adults to assist _____	<input type="checkbox"/> Top and tail <input type="checkbox"/> Cradle <input type="checkbox"/> Side to side <input type="checkbox"/> Standing transfer <input type="checkbox"/> Other <input type="checkbox"/> Mechanical	<input type="checkbox"/> Hoist <input type="checkbox"/> Sling ( <i>specify below</i> ) <input type="checkbox"/> Side board <input type="checkbox"/> Transfer plate/disc <input type="checkbox"/> Other ( <i>specify below</i> )

Comment (*eg in relation to communication, safety, comfort, dignity and learning*)

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Situation and level of assistance required	Type of transfer	Equipment
<b>CHAIR TO CHANGE TABLE</b>  <input type="checkbox"/> Independent <input type="checkbox"/> Standby assistance required <i>(for occasional interventions to support safety)</i> <input type="checkbox"/> Cooperative assistance - Indicate whether one, two or three adults to assist _____ <input type="checkbox"/> Dependent - Indicate whether one, two or three adults to assist _____	<input type="checkbox"/> Top and tail <input type="checkbox"/> Cradle <input type="checkbox"/> Side to side <input type="checkbox"/> Standing transfer <input type="checkbox"/> Other <input type="checkbox"/> Mechanical	<input type="checkbox"/> Hoist <input type="checkbox"/> Sling <i>(specify below)</i> <input type="checkbox"/> Side board <input type="checkbox"/> Transfer plate/disc <input type="checkbox"/> Other <i>(specify below)</i>

Comment *(eg in relation to communication, safety, comfort, dignity and learning)*

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<b>TOILETING TRANSFER</b>  <input type="checkbox"/> Independent <input type="checkbox"/> Standby assistance required <i>(for occasional interventions to support safety)</i> <input type="checkbox"/> Cooperative assistance - Indicate whether one, two or three adults to assist _____ <input type="checkbox"/> Dependent - Indicate whether one, two or three adults to assist _____	<input type="checkbox"/> Top and tail <input type="checkbox"/> Cradle <input type="checkbox"/> Side to side <input type="checkbox"/> Standing transfer <input type="checkbox"/> Other <input type="checkbox"/> Mechanical	<input type="checkbox"/> Hoist <input type="checkbox"/> Sling <i>(specify below)</i> <input type="checkbox"/> Side board <input type="checkbox"/> Transfer plate/disc <input type="checkbox"/> Other <i>(specify below)</i>
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Comment *(eg in relation to communication, safety, comfort, dignity and learning)*

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<b>VEHICLE TO CHAIR</b>  <input type="checkbox"/> Independent <input type="checkbox"/> Standby assistance required <i>(for occasional interventions to support safety)</i> <input type="checkbox"/> Cooperative assistance - Indicate whether one, two or three adults to assist _____ <input type="checkbox"/> Dependent - Indicate whether one, two or three adults to assist _____	<input type="checkbox"/> Top and tail <input type="checkbox"/> Cradle <input type="checkbox"/> Side to side <input type="checkbox"/> Standing transfer <input type="checkbox"/> Other <input type="checkbox"/> Mechanical	<input type="checkbox"/> Hoist <input type="checkbox"/> Sling <i>(specify below)</i> <input type="checkbox"/> Side board <input type="checkbox"/> Transfer plate/disc <input type="checkbox"/> Other <i>(specify below)</i>
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Comment *(eg in relation to communication, safety, comfort, dignity and learning)*

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Situation	Recommended support
Please indicate education issues.	Please describe recommended care.
<b>Mobility Indoors</b>  <i>(eg use of sticks, stairs, steps, negotiation of furniture, varying floor coverings)</i>	
<b>Mobility Outdoors</b>	
<b>Special Equipment</b>  <i>(eg wedge, standing frames)</i>	
<b>Other</b>  <i>(eg information related to additional repositioning)</i>	



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Care Needs	Recommended support
<p><b>Communication</b></p> <p>School staff will routinely talk the student through the transfer or positing, seeking his or her permission to the degree possible and maximising cooperation.</p> <p><i>Communication by supporting staff</i></p> <p><input type="checkbox"/> Simplify instructions/use key words  <input type="checkbox"/> Use picture cues  <input type="checkbox"/> Other</p> <p><i>Communication by student</i></p> <p><input type="checkbox"/> Language  <input type="checkbox"/> Gesture  <input type="checkbox"/> Behaviour  <input type="checkbox"/> Other</p>	
<p><b>Potential learning targets</b></p> <p><input type="checkbox"/> Increasing independence (eg take some weight on arms, transfer without assistance)  <input type="checkbox"/> Behaviour targets (eg comply with transfer)  <input type="checkbox"/> Communication (eg indicate preferred side for lift, indicate comfort)  <input type="checkbox"/> Other (please specify)</p>	
<p><b>Documented observations</b></p> <p>Upon negotiation, the school may assist the medical/health practitioner by documenting observations in relation to transfers and positioning of the student. If this is required, please indicate what information is needed from transfers and positioning observations.</p>	
<p><b>Additional information</b></p> <p>Is there additional information required, such as further information regarding transfers/positioning of the student; general information about the student's health care needs:</p>	

### Privacy Statement

The school collects personal information so as the school can plan and support the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by another law. You are able to request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the school directly or FOI Unit on 96372670.

<b><u>Authorisation:</u></b>
<b>Name of Medical/health practitioner:</b>
Professional Role:
Signature:
Date:
Contact details:
<b>Name of Parent/Carer or adult/independent student**:</b>
Signature:
Date:

If additional advice is required, please attach it to this form

\*\*Please note: Adult student is a student who is eighteen years of age and older. Independent student is a student under the age of eighteen years and living separately and independently from parents/guardians (See Victorian Government Schools Reference Guide 4.6.14.5).