# EQUIPMENT PRESCRIPTION Template

## To be completed by Occupational Therapists when prescribing deep pressure therapy items for student use at school

It is recommended, but not mandatory, that all Occupational Therapists use the following Department Equipment Prescription Template.

Using the Department’s Equipment Prescription Template supports state-wide consistency across schools and ensures the student’s needs and the therapeutic purpose of the prescribed item are documented.

Prescriptions from Occupational Therapists must be in writing and describe the purpose, or goal, of using the prescribed item.

NOTE: Except where prescribed by an Occupational Therapist, the Department does not support use of deep pressure therapy as its application can pose a risk to the health and safety of students. Before prescribing deep pressure therapy equipment please consider alternative interventions that can address the function of a student’s behaviour.

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| Name of Occupational Therapist (OT): |  |
| Registration #: |  |
| Contact details of OT: |  |
| Student details: |  |
| School name: |  |
| Consent information: |  |
| (As per any student intervention) |  |
| Document the prescribed equipment: |  |
| (Include as much detail as possible, including: Origin of equipment, Manufactures details, Weight of equipment Size (S, M, L) and Colour) Note: OTs must determine whether the student’s health presents any contraindications to the use of Equipment. |  |
| Date of OT recommendation: |  |
| Date for prescribed equipment review: |  |
| Document the purpose, or goal, of using the prescribed equipment: |  |
| What occupational need is being addressed? |  |
| What is the therapeutic purpose of the equipment? |  |
| What is the intended outcome of the use of the equipment? |  |
| Include how and when outcomes will be evaluated? |  |
| (Learning goals and success criteria must be linked to the student’s Individual Education Plan (IEP). Consider using the SMART acronym as a guide S – Specific M – Measurable A – Agreed Upon R – Relevant T – Time Related) |  |
| Detail when to use/ not use the prescribed equipment: |  |
| Provide safe use instructions: |  |
| (Locate instructions with the students’ support planning records) |  |
| Supervision support: |  |
| Detail any specific support or actions school staff may need to provide when the student is using the prescribed equipment. |  |
| Communication: |  |
| Detail how the prescribed equipment will be introduced to the student and the student’s family/carer. |  |

## Contact

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