

Physical and Occupational Therapists provide services to eligible students, age birth to 21. As a related service, we support students, families and school personnel in the learning environment to enhance learning and participation while fostering independence. Nebraska's Department of Education regulations and Standards defines related services as transportation and such developmental, corrective and other supportive services that are required to assist a child with a disability to benefit from special education. Service provision in the educational setting may be through direct treatment but is most effective within the classroom or home in collaboration with parents and teachers.



Examples are working on writing in the classroom when the rest of the class is working on writing, working on motor skills in physical education, or working on mobility when all the children are moving from one location to another. The therapist's role may be primarily consultative. This may include teaching classroom staff about sensory strategies, transfers, body mechanics, positioning, or use of adaptive equipment to maximize a student's success.



School physical therapy focuses on a child's ability to move as independently as possible in the school environment. The school physical therapist evaluates the child's ability to move throughout the school and to participate in classroom activities.

Occupational therapists use purposeful activity to facilitate a child's active participation in self-maintenance; academic and vocational pursuits; and play or leisure activities that occur in school environments.



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PROVIDING INNOVATION, LEADERSHIP,
AND SERVICE



**PHYSICAL
AND
OCCUPATIONAL
THERAPY**

Component	Educational	Medical
Who receives services:	Student with special needs: therapists, parents; caregivers; teachers, aides, and other school personnel may be providing the services	Individual of any age with disability, injury, developmental delay, or chronic illnesses.
Service Site	Public and private schools; community preschools; vocational training sites; homes.	Hospitals, public and private clinics; home health agencies; skilled nursing homes.
Location of services	<p>Is determined at a student's IEP/IFSP and is written in the plan. Services may occur in the classroom, or elsewhere (e.g., the gym, special education classroom).</p> <p>School based OT/PT are often provided via consultation or in the classroom addressing what will most efficiently facilitate functional performance within the school environment.</p>	Clinic, hospital, rehabilitation facility, and/or home.
Focus of Assessment/ Intervention	<p>Intervention addresses adaptation and performance in the educational setting. Despite the presence of a disability, the focus of intervention is not on repairing but on enabling a student to make effective school progress in the least restrictive environment.</p> <p>The role of therapists in the public schools is defined by a special education law (Individuals with Disabilities Education Act, IDEA). Therapists are in the public schools in order to enable a Free and Appropriate Public Education (FAPE). The mandated purpose is to support school participation (engagement in occupation) in the Least Restrictive Environment (LRE). This means providing the just-right amount of therapy to meet the child's goals. Providing more therapy services than needed is considered restrictive and even unethical.</p>	Treatment is to alleviate or cure specific underlying medical problems. It refers to treatment that a child needs for medical reasons. It takes a global approach considering whole-life, restorative, developmental issues and the ability to functional in any aspect of daily life.
Outcomes of Intervention	<p>Improved student learning, behavior, and progress in the general curriculum and school environment; adaptation for transition to work, community, and/or post secondary education.</p> <p>School based OT and PT services may not meet a child's total therapy needs.</p>	Ability to care for self independently or with adapted devices to engage in home, school and work occupations.
Payment for OT/PT services	Therapies that are included as related services under IDEA 04 are provided by public schools at no cost to the parent.	Medicare, Medicaid, private insurance, individual pay.
Who determines the need & amount of Therapy?	The IEP/IFSP team, which includes the parents and school staff, utilize evaluation data from the therapists' evaluations.	The child's physician, with the therapist's input. The child's insurance company may also be a deciding factor.
Who provides the therapy?	OT/PT services may be provided as direct services by a licensed therapist or as integrated services by teachers or paraprofessionals acting in accordance with instructions of the qualified personnel.	A licensed therapist of a clinic, hospital, rehabilitation facility, or self-employed
Legal Requirements	OT/PT are considered related services in the Individuals with Disabilities Education Act Of 2004 (IDEA 04). Related services are provided to the children in special education, and are primarily to ensure that the child is able to participate in the learning tasks (e.g., help with handwriting, safety issues related to walking and getting to class).	State and federal licensure requirements and public and private funding requirements