A Technical Assistance Document
NDE Office of Special Education
2014

Occupational Therapy Services and Physical Therapy Services in the Educational Setting

Guide for Providers, Educators and Parents
In
Nebraska Public Schools

NEBRASKA DEPARTMENT OF EDUCATION

Acknowledgements

The Nebraska Department of Education, Office of Special Education is pleased to present the third edition of the Occupational Therapy and Physical Therapy guide. The first edition, *Nebraska Guide for Occupational and Physical Therapy Services in the Educational Setting: November 1989* and the second edition, *Occupational Therapy Services and Physical Therapy Services in the Educational Setting: July 1996* are no longer in print. It is our hope that the third edition will provide even greater assistance to you in making decisions regarding the provision of occupational therapy and physical therapy services in the educational setting.

In order to create this third edition, a group of primarily occupational and physical therapists was convened in April of 2012. This group was charged with reviewing and revising the *Occupational Therapy Services and Physical Therapy Services in the Educational Setting: July 1996* and the Physical Therapy and Occupational Therapy sections of the *Special Education Related Services, Volume 2, A Guide for Educators and Parents in Nebraska Public Schools, May 2000*. The resulting draft was then edited by the same group in August 2012, creating the Third Edition of the Occupational Therapy Services and Physical Therapy Services in the Educational Setting, 2014.

The Office of Special Education extends our appreciation to the participants who gave their time during the development of this guide.

Laura Barrett	Pat Erickson	Tammy Molinelli
Sue Borcher	Theresa Ferg	Jenny Reichman
Tamara Bracciano	Linda Gabriel	Laurie Smith
Stacey Bragg	John Holling	John Street
Gayle Butterfield	Susan Hood	Wayne Stuberg
Cyndy Epling	Jamie Lewis	Michelle Weimer

Edited By

Jill Weatherly
Nebraska Department of Education
Office of Special Education

Sue Bainter, OTR/L
MA Special Education
Consultant

For further information contact:

Jill Weatherly
Office of Special Education
Nebraska Department of Education
PO Box 94987
301 Centennial Mall South
Lincoln, NE 68509-4987
Tel.:(402) 471-2471
FAX: (402) 471-5022
jill.weatherly@nebraska.gov

Table of Contents

Introduction 3

Federal and State Legislation 4

Section 504 of the Rehabilitation Act of 1973 4
Section 504 Eligibility 5

Nebraska Medicaid in Public Schools (MIPS) 5

Provision of Occupational and Physical Therapy as an Early Intervention and Related Service 6

Occupational Therapy Services 7

Federal Definitions 7
Nebraska Statute Information 7
Provision of Occupational Therapy 8

Physical Therapy Services 9

Federal Definitions 9
Nebraska Statute Information 9
Provision of Occupational Therapy 10

Supervision and Evaluation of Occupational and Physical Therapy Service and Service Providers 11

Role of Support Personnel 11

Planning and Providing Early Occupational and Physical Therapy Services 12

Roles of the OT and PT in determination of Eligibility 12
Roles of the OT and PT in the IFSP/IEP 13
Determining Outcomes/Goals and the Amount of Services for Developmental or Educational Benefit 13

Methods of Delivery for Occupational and Physical Therapy Services 14

Discontinuation of Services 15

School Age Special Education Process 16

Glossary of Terms for Related Service Activities 17

References 18

Introduction

The primary purpose of this document is to provide occupational and physical therapists, school administrators, parents, and interested others with information about the scope and application of occupational and physical therapy services provided as educationally related and early intervention services. These services are defined by the Individuals with Disabilities Act (IDEA, 2004), subsequent regulations from the Federal Register, and Nebraska special education regulations 92 NAC 51 and 52. The information is intended as a guideline to facilitate more specific policy development by individual school districts and Educational Service Units (ESU). Each provider and school district will need to further clarify specific application of this guide within their own program.

According to IDEA and Nebraska regulations, physical and occupational therapy services in the educational setting are considered either an ***early intervention service*** provided to ***infants or toddlers with disabilities***, or a ***related service*** provided to ***children with disabilities.*** These services are meant to allow the infant or toddler to benefit from early intervention, or the child to benefit from special education. It should be understood that occupational and physical therapy services, when provided in early intervention, need to be designed in collaboration with the family, and when in special education as a related service, need to be educationally relevant. This means that the service must enable the infant/toddler to benefit from everyday learning experiences in his/her home or community setting, or the child, ages 3-21, to benefit from classroom experiences in the educational setting. When occupational or physical therapists provide services within the context of an infant/toddler's IFSP, or a child's IEP, they work in conjunction with the IFSP or IEP team and draw upon their respective education and skills to help the infant, toddler, or child reach his/her goals. It is the IFSP or IEP process and educational purpose that distinguishes school based occupational or physical therapy services from clinical or non-educational therapy services.

Federal and State Legislation

In 1973, the U.S. Congress passed Section 504 of the Vocational Rehabilitation Act (P.L. 93-112) of 1973, and in 1975 when congress passed P.L. 94-142, the Education for All Handicapped Children Act (EHA). These federal laws combined to provide civil rights protection (Section 504) for children with disabilities and some financial assistance (EHA) to states for special education programs. In 1986, P.L. 99-457 was adopted to include special education services for children birth to age three. In 1990 the Education for All Handicapped Children Act was reauthorized and renamed the Individuals with Disabilities Education Act (IDEA). The latest changes were reauthorized in IDEA 2004, and can be found at: http://idea.ed.gov/.

Nebraska regulation 92 NAC 51 is the special education rule, found at:
http://www.education.ne.gov/LEGAL/webrulespdf/CLEAN51_2010.pdf
and applies to children ages Birth-21 years. Rule 51 (92 NAC 51) is based on federal regulations, i.e. the Individuals with Disabilities Education Act. The regulation that applies to infants and toddlers with disabilities is 92 NAC 52 at:
http://www.education.ne.gov/LEGAL/webrulespdf/CLEAN52_2014.pdf

Section 504 of the Rehabilitation Act of 1973

Some children or students who have physical or mental conditions that limit their ability to access and participate in their educational program are entitled to rights under Section 504 even though they may not fall into IDEA categories and may not be eligible to receive special education programs and related services under 92 NAC 51 (Rule 51). Section 504 says: "No qualified individual with disabilities, shall, solely by reason of her or his disability be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

Section 504 protects persons from discrimination based upon their disability status. **Section 504 is a civil rights act which is in contrast to the Individuals with Disabilities Education Act (IDEA), a federal entitlement program.** To qualify under the Section 504 definition a person is determined to be disabled if he or she:

1. Has a mental or physical impairment that substantially limits one or more of such person's major life activities;
2. Has a record of such impairments; or
3. Is regarded as having such impairment.

"Major life activities" include functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. When a condition does not substantially limit a major life activity, the individual does not qualify under Section 504 (retrieved January 15, 2013) from: http://www2.ed.gov/about/offices/list/ocr/504faq.html).

The responsibility for setting up and carrying out a 504 plan is a regular education function and as such, the funding for any services or accommodations is the responsibility of the local district (no federal or state funding). The documentation establishing the 504 plan may include the occupational or physical therapist and/or their records. The recommendations typically included a 504 plan should be those that can be safely implemented by the regular education staff in order to meet the civil rights of the child or student.

Section 504: Eligibility

If the child or student needs special accommodations or services in the regular educational setting in order to participate in the school program, the district must evaluate the student. If it is determined that the child or student is disabled under Section 504, the district must develop a 504 plan and deliver all appropriate services and/or accommodations (see Figure 1). Involving the parent in planning and evaluation is considered best practice.

For additional information regarding Section 504, go to:
http://www2.ed.gov/about/offices/list/ocr/504faq.html

or contact:

Region VII U.S. Department of Education, Office of Civil Rights
10220 No. Executive Hills Blvd.
Kansas City, MO 64153-1367
(phone) 816-891-8026; (fax) 816-374-6460

Nebraska Medicaid in Public Schools (MIPS)

The Nebraska Legislature passed Neb. Rev. Stat. 43-2501, the Early Intervention Act, which requires statewide implementation of MIPS billing. The law directs that the funds made available through the MIPS program are to be used to support services coordination for infants and toddlers with disabilities, and their families.

The purpose of Medicaid in Public Schools (MIPS) is to allow school districts to access federal Medicaid funds for educational physical therapy, occupational therapy, and speech therapy services delivered by public schools to Medicaid-eligible children or students from birth to age 21.

MIPS Participants: The state agencies participating in the MIPS program are the Nebraska Department of Education (NDE) and the Nebraska Department of Health and Human Services (DHHS). These state agencies coordinate MIPS activities with school districts, approved cooperatives, and educational service units (ESUs).

MIPS Providers: In the Nebraska MIPS program, a "provider" is the school district. Although the school district may not employ the individual(s) providing the service they are still referred to as the "provider" in this program. For purposes of the MIPS program, a "provider" is separate from a "direct service provider". A direct service provider is the actual occupational or physical therapist who provides services with the child or student. This person may either be employed or contracted by a school district or ESU. Because the occupational or physical therapist submits his/her identifying information used for MIPS billing, it is his/her responsibility to maintain and provide upon request, documentation of the actual occupational or physical therapy services provided on behalf of the school district.

For further information or questions, contact the DHHS Office of Medicaid and Long-Term Care, Cole Johnson, 402-471-6740, cole.johnson@nebraska.gov

Provision of Occupational and Physical Therapy as an Early Intervention or Related Service

Occupational and physical therapists (OT and PT) must meet Department of Health and Human Services (DHHS) licensing requirements. In addition, OTs and PTs providing services in home, community, and educational settings have a professional responsibility to acquire and maintain knowledge and competency in recommended topics relative to early intervention and related service provision. This is likely to include: human development, neuromotor development, intervention techniques and strategies, design and use of adaptive equipment, parent-teacher-team collaboration, rules and regulations of special education, and writing Individual Education Programs (IEPs) and Individualized Family Service Plans (IFSPs). Therapists should stay current with evidence-based practices.

The focus of early intervention and related services is to promote infant or toddler and child or student functional independence and participation, and ensure access within the natural or least restrictive environment.

Some children or students with disabilities may have a medical diagnosis, disability or sensorimotor impairment, identified by a licensed medical professional that does not interfere with developmental or educational performance. When this is the case, the school district does not provide OT or PT services. The IFSP/IEP team may provide information regarding medical therapy resources at the family's request. However, the school district is not fiscally responsible for cost incurred.

Other children or students may have a medical diagnosis that significantly affects their developmental or educational performance. In this case, the child or student may require physical or occupational therapy services to be provided by both a medically based therapist as well as a school based therapist. The school therapist's role in this situation would be to provide developmental or educational services and to communicate with medical personnel involved with the child/student to allow as much coordination of services as directed by the family's willingness to allow disclosure.

The DHHS statute does not differentiate occupational and physical therapy services by setting, population, diagnosis, etc. Occupational and physical therapists should avail themselves of more specific and detailed information related to their role when providing early intervention and related services, using both this document as well as their national associations (American Occupational Therapy Association or AOTA and American Physical Therapy Association or APTA).

Occupational Therapy Services

Federal Definitions
Occupational therapy as an IDEA Part B (ages 3-21) related service means *"services provided by a qualified occupational therapist and include:*

- *Improving, developing or restoring functions impaired or lost through illness, injury, or deprivation;*
- *Improving ability to perform tasks for independent functioning if functions are impaired or lost; and*
- *Preventing, through early intervention, initial or further impairment or loss of function (34 CFR §300.24(b)(5)]".*

Occupational therapy as an IDEA Part C (Birth-3) early intervention service means *"services to address the functional needs of an infant or toddler with a disability related to adaptive development, adaptive behavior, and play and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings, and include:*

- *identification, assessment, and intervention;*
- *adaptation of the environment, and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and*
- *prevention or minimization of the impact of the initial or future impairment, delay in development, or loss of functional ability [34 CFR 303.13(b)(8)]".*

Nebraska Statute Information
The practice of occupational therapy in the state of Nebraska is governed by Department of Health and Human Services Neb. Rev. Stat. 114-001 to 114-014 and the regulations regulating to the practice of occupational therapy (172 NAC 114). Occupational Therapy means:

"the use of purposeful activity with individuals who are limited by physical injury or illness, psychosocial dysfunction, developmental or learning disabilities, or the aging process in order to maximize independence, prevent disability, and maintain health. Occupational therapy may include teaching daily living skills, developing perceptual motor skills and sensory integrative functioning, developing prevocational capacities, designing, fabricating, or applying selected orthotic and prosthetic devices or selective adaptive equipment, using specifically designed therapeutic media and exercises to enhance functional performance, administering and interpreting tests such as manual muscle and range of motion, and adapting environments for the handicapped."

Occupational Therapy is provided by: those qualified to provide OT as a related service include registered and licensed occupational therapists and certified occupational therapy assistants.

> **Occupational Therapist (OT)** is a graduate of an accredited education program and must successfully pass a national certification examination to qualify for licensure in the state of Nebraska. The OT receives either a masters or doctorate degree upon completion of the educational program. The Department of Health, through the Board of Examiners, licenses occupational therapists in the State of Nebraska.
>
> **Occupational Therapist Assistant (OTA)** is a graduate of an accredited education program and must successfully pass a national certification examination. The Department of Health, through the Board of Examiners, certifies OTAs to work under the

supervision of an OT (172 NAC 114-012). The OTA receives an associate degree upon completion of the educational program. Under the statutes of the OT Practice Act, the OTA assists the OT, and works under the OT's supervision.

Supervision of OT Assistants: Supervision of the OTA by a full qualified OT is required on-site a minimum of four hours per month if the OTA has more than one year satisfactory work experience as an OTA, and a minimum of eight hours per month of on-site supervision is required if the OTA has less than one year satisfactory work experience as a OTA (172 NAC 114-*013.01-013*.02).

All occupational therapy practitioners should abide by the AOTA Code of Ethics.

*Physical Therapy Services*_____

Federal Definition
Physical therapy as a related service means *"services provided by a qualified physical therapist" [34 CFR* §300.24*(b)(8)]*.

Physical therapy as an early intervention service~~s~~ means *"services to address the promotion of sensorimotor function, through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation.*

These services include:

- *screening, evaluation, and assessment of children to identify movement dysfunction;*
- *obtaining, interpreting and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and*
- *providing individual and group services or treatment to prevent, alleviate, or compensate for, movement dysfunction and related functional problems. [34 CFR §303.13 (b)(9)]"*

Nebraska Statute Information
The practice of physical therapy in the state of Nebraska is governed by Department of Health and Human Services 137-001 to 137-014, and the regulations governing the practice of physical therapy (172 NAC 137). Physical therapy means:

1. *Examining, evaluation, and testing individuals with mechanical, physiological, and developmental impairments, functional limitations, and disabilities or other conditions related to health and movement, and through analysis of the evaluative process, developing a plan of therapeutic intervention and prognosis while assessing the ongoing effects of the intervention;*
2. *Alleviating impairment, functional limitation, or disabilities by designing, implementing, or modifying therapeutic interventions, which does not include the making of a medical diagnosis, but which may include any of the following:*
    a. *therapeutic exercise;*
    b. *functional training in home, community, or work integration or reintegration related to physical movement and mobility;*
    c. *therapeutic massage;*
    d. *mobilization or manual therapy;*
    e. *recommendation, application, and fabrication of assistive, adaptive, protective, and supportive devices and equipment;*
    f. *airway clearance techniques;*
    g. *integumentary protection techniques;*
    h. *non-surgical debridement and wound care;*
    i. *physical agents or modalities;*
    j. *mechanical and electrotherapeutic modalities; and*
    k. *patient-related instruction.*
3. *Purchasing, storing and administering topical and aerosol medication in compliance with applicable rules and regulations of the Board of Pharmacy regarding storage of such medication;*
4. *Reducing the risk of injury, impairment, functional limitation, or disability, including the promotion and maintenance of fitness, health and wellness; and*
5. *Engaging in administration, consultation, education and research."*

Physical Therapy is provided by: those qualified to provide PT as a related service include registered and licensed physical therapists and, physical therapy assistants under the direction of a physical therapist.

Physical Therapist (PT): The physical therapist is a graduate of an accredited education program and must successfully pass a national examination to qualify for licensure in the state of Nebraska. The Department of Health, through the Board of Physical Therapy, licenses PTs in Nebraska. Current PT graduates receive a doctoral degree.

Physical Therapy Assistant (PTA): The physical therapy assistant is a graduate of an accredited education program and must successfully pass a national certification examination. The PTA receives an associate degree upon completion of the educational program. The Department of Health, through the Board of Physical Therapy, certifies PTAs to work under the supervision of a PT (172 NAC 137-008). A physical therapist is allowed by statute to supervise two PTAs. A PTA cannot legally provide physical therapy services in the state unless they are supervised by a PT.

Supervision of PT Assistants: When a physical therapy assistant is rendering physical therapy services in a "satellite clinic" which includes school based settings (172 NAC 137-008.01), a supervisory visit by the physical therapist will be made every 30 days or at a higher frequency if warranted (172 NAC 137-008.01A). Only a licensed physical therapist can evaluate the need for physical therapy services, establish or change IFSP/IEP goals/programs, or terminate services.

Supervision and Evaluation of Occupational and Physical Therapy Services and Service Providers

Administrative supervision of OT/PT providers addresses adherence to the general policies and regulations of the school system or ESU, such as work assignments, schedules, overall job performance, etc. In most school districts, a building administrator provides this type of supervision.

Therapists should be evaluated for their job performance effectiveness by their supervisors or an OT/PT serving as a consultant to an evaluation program. The therapy program should also be evaluated to determine if the quality and quantity of therapy services are appropriate and effective for various populations of infants, toddlers, children, and students.

Evaluation is the process of gathering data which provides evidence of a therapist's performance. Competency criteria, performance objectives, and input from educational team members should be used. Observation of the therapist in a variety of settings as well as a review of child records will provide a means of rating competency criteria in the following areas: assessment, service delivery, consultation, education, communication (oral and written), professional ethics, program and child or student management, professional growth, and intervention.

Role of Support Personnel

The paraeducator is an employee of the school who assists in educational programming for children/students. School districts and ESUs may use a variety of terms to refer to someone employed to carry out activities for children who are eligible for OT/PT services (that are designed and supervised by an OT or PT). Paraeducators are typically not involved with early intervention services so this definition pertains primarily to their role in the classroom or school setting. The paraeducator is different than the OTA or the PTA (as defined in the previous section). The activities provided by an OTA or a PTA would also be different, with the OTA and PTA roles and responsibilities falling into the category of "occupational and physical therapy services."

Nebraska Statute 79-802 defines the paraeducator's role as: "teacher's aide," or a "person who does not hold a valid Nebraska teaching certificate…may not assume any teaching responsibilities…and may be assigned duties which are nonteaching in nature if the employing school has assured itself that the aide has been specifically prepared for such duties…."

The classroom paraeducator's role also includes ongoing communication with the therapist and/or classroom teacher regarding the child/student's performance; and follow through with activities developed to support the child or student's educational goals. These activities would be supervised by OT or PT or the classroom teacher.

Supervision of preservice students who are currently enrolled in OT and PT accredited university programs should follow the school district's or ESU's policies regarding allowed activities. These students are the responsibility of the supervising OT or PT and the university training program.

Planning and Providing Early Occupational and Physical Therapy Services

For general evaluation requirements and verification criteria and procedures, please reference 92 NAC 51 and the corresponding *NDE Verification Guidelines,* and 92 NAC 52. The OT and/or the PT should first establish how the information gathered is to be used. The OT and/or the PT collects and reports information and data in the following situations: (1) eligibility decisions; (2) development of the IEP/IFSP; and (3) ongoing assessment and progress toward IEP/IFSP goals. Information and data from the OT and/or PT is part of the overall MDT, IEP, or IFSP decision making process.

Roles of the OT and PT in determination of eligibility –

To receive OT or PT as a special education related service, the multidisciplinary evaluation team must **first** establish the presence of a disability according to *Nebraska Rule 51* and the unique needs which interfere with the child or student's ability to participate in his/her educational program. The OT and/or the PT provide interpretation of the educational implications according to their evaluation results. It should be noted that establishing "educational needs" as required for eligibility determination does not determine the specific services or ways in which services are provided. This occurs during the development of the IEP.

To receive OT or PT as an early intervention service, the multidisciplinary evaluation team must first establish the presence of a disability and the infant or toddler's developmental needs and how they contribute to a developmental delay. The OT and/or the PT provide interpretation of the developmental implications according to their evaluation results. It should be noted that establishing "developmental needs" as required for eligibility determination does not determine the specific services or ways in which the services are provided. This occurs during assessment and during the development of the IFSP.

Evaluation and/or assessment may encompass a variety of data collection methods according to the child or student's age and natural or least restrictive environments, such as:

1. For children aged 3-21 years:
   - A review of school records such as frequent school changes, attendance, history of grades and test scores as applicable.
   - An examination of the child/student's work: review work samples and portfolios and compare to the work of the child/student's peers;
   - Review of pre-referral procedures: documentation regarding strategies or modifications that have been attempted and the results, should be reviewed and discussed with the personnel involved.

2. For all children:
   - Interviews and ecological assessment: obtain from the parent, caregiver and teacher, and as appropriate, the child's perspectives about child strengths, needs, and causes of problems.
   - Observation: schedule child observations in the natural and least restrictive setting and at the time of day when the behavior or skills is needed or is problematic. This may include anecdotal records, event recording, checklists and rating scales.
   - Common assessment methods including: criterion-referenced, norm-referenced, ecological, curriculum-based, or learning style.

3. For children birth to age 3: medical records, Human and Health Services documents, and Child Abuse and Prevention Treatment Act (CAPTA) information.

Through the evaluation process, the OT and/or PT should help to identify the underlying needs for improving child performance in the educational or early intervention program. A critical next step is the interpretation of findings to explain any discrepancies between the child's performance, and what is needed for involvement and progress in the general curriculum for children or students ages 3-21 and in daily learning activities for infants or toddlers ages birth-3.

Roles of the OT and PT in the IFSP/IEP

Once the child is determined to be eligible for special education, the IFSP or IEP team (which may include the OT and/or the PT) reviews the evaluation data (and assessment data for infants and toddlers) and summarizes this information in the "Current Abilities" section of the IFSP, or the "Present Level of Academic and Functional Performance" section of the IEP. Using prioritized concerns, which include the implications for the infant or toddler's development as documented on the IFSP, or the child or student's involvement and progress in the general curriculum as documented on the IEP, the team develops annual outcomes or goals. Using these outcomes or goals, the IFSP or IEP team then makes decisions about what special education and related services are needed to address the goals. The following points will be helpful when the IFSP or IEP team is considering OT and/or PT services:

- The needs appear to be primarily those that could be addressed within the scope of OT and/or PT services and using the unique expertise of the OT and/or the PT.
- There is potential for positive, progressive, or functional change.
- It appears that without the specific related service, negative change would occur. Change as a result of the intervention should be in addition to change due to increasing age or maturation of the child or student.

Determining Outcomes/Goals and Amount of Services for Developmental or Educational Benefit

The IFSP must include outcomes that:

- Address the concerns, resources, and priorities of the family and are consistent with the content of the child's current abilities.
- Can be expected to be accomplished within the duration of the IFSP for the child AND for the family.
- Are written in measurable and discipline-free terms, while providing the criteria, procedures, and timelines to determine progress for child development.
- Can be accomplished within the natural environment.

The IEP must include goals that:

- Are consistent with the content of the present level of academic and functional performance.
- Can reasonably be accomplished within the duration of the IEP (generally one year).
- Are written in measurable and discipline-free terms while representing involvement in the general curriculum; as appropriate.
- Address all educational needs as identified by the IEP team.

The type of service, i.e., OT and/or PT, and the amount, frequency, intensity, location and duration of those services to be provided, must be appropriate to meet the outcomes or goals of the child or student's IFSP or IEP. Recommendations from the OT and/or the PT should be carefully considered and discussed within the context of the child's outcomes or goals. However, the ultimate determination about the amount, frequency, location, and duration of services is an IFSP or IEP team decision. Neither the AOTA or APTA organizations mandate standards that would indicate that a specific need or disability requires a specific amount or type of service. The determination of the amount of and method for service delivery depends on numerous factors including:

- Natural and least restrictive environment expectations;
- Desired outcomes and types of skills to be learned;
- Extent to which the disability interferes with the child or student's developmental or educational program;
- Anticipated potential improvement with intervention;
- Level of expertise required for strategies and methods to be used;
- Need, ability, and availability of others to carry out the child or student's program; and
- Developmental appropriateness.

Methods of Delivery for Occupational and Physical Therapy Services

The IFSP and the IEP include requirements for documentation of the specific services to be provided (including OT and/or PT as related or early intervention services) and the method of delivering those services. OTs and PTs may deliver their services using a combination of methods to meet the child's developmental or educational outcomes and goals, but this should always be based on the individual child's needs.

Once the IFSP or IEP team has specified the services needed, the OT and/or PT should determine the best way of translating their knowledge and expertise to others on behalf of the child. Delivering services in the child's natural or least restrictive environment should always be considered first. This fits best with the evidence about child learning. Service delivery should always include some communication with those adults who are with the child or student every day.

When delivering occupational and/or physical therapy services it is most desirable to use adult learning strategies which involve the parent, teachers, and other staff and caregivers. Interventions and strategies are still designed by the therapist for the individual child, but are developed in conjunction with and carried out by the adults responsible for the child's development and education.

The adult learning strategies most frequently referenced in the educational literature include *consultation, coaching,* and *collaboration* to deliver services. These methods include the OT and/or the PT translating their knowledge and expertise on behalf of the child through modeling, demonstration, training and ongoing support to the adults responsible for the child. The focus should always be moving toward child skills that can be generalized into their home, child care, classroom or other educational settings.

- *Consultation:* The therapist and the teacher, paraeducator, parents and caregivers work together to address areas of concern and common goals. The strategies, suggestions, and information are provided based on the expertise of the OT or PT. The expertise lies with the therapist, but the program and techniques are carried out by the entire team or whoever is in the best position to implement the program.

- *Collaboration:* Interaction between at least two parties voluntarily engaging in shared decision making as they work toward a common goal. Resources and strategies are shared and both parties are accountable for the outcomes (Friend & Cook, 2000; Hanft, et al, 2008)).

- *Coaching:* An adult learning strategy in which the coach promotes the teacher, parent, or caregiver's ability to reflect on his or her actions as a means of determining effectiveness of that action. Five characteristics are part of the coaching process: joint planning, observation, action/practice, reflection and feedback. The coach and the teacher, parent, caregiver develop a plan for evaluation and refinement of the action in future situations (in Rush and Shelden, 2011; Barr Simmons, and Zarrow 2003; Doggins, Stoddard, and Cutler 2003; WestEd 2000).

Another method of providing occupational and/or physical therapy services is to use individualized interventions designed and carried out by the therapist with the child, either individually or in a small group. This method is used when the child needs support using specialized techniques that cannot easily or safely be carried out by others in the educational or natural environment.

Evidence-based practice in natural and least restrictive environments supports on "integrated" model of delivering services. The OT and/or PT translate their knowledge through the methods of adult learning strategies such as consultation, coaching, and collaboration so that the child's progress is supported throughout the day and not just during "therapy time." Direct knowledge of the child is critical in providing effective services for the child at any level.

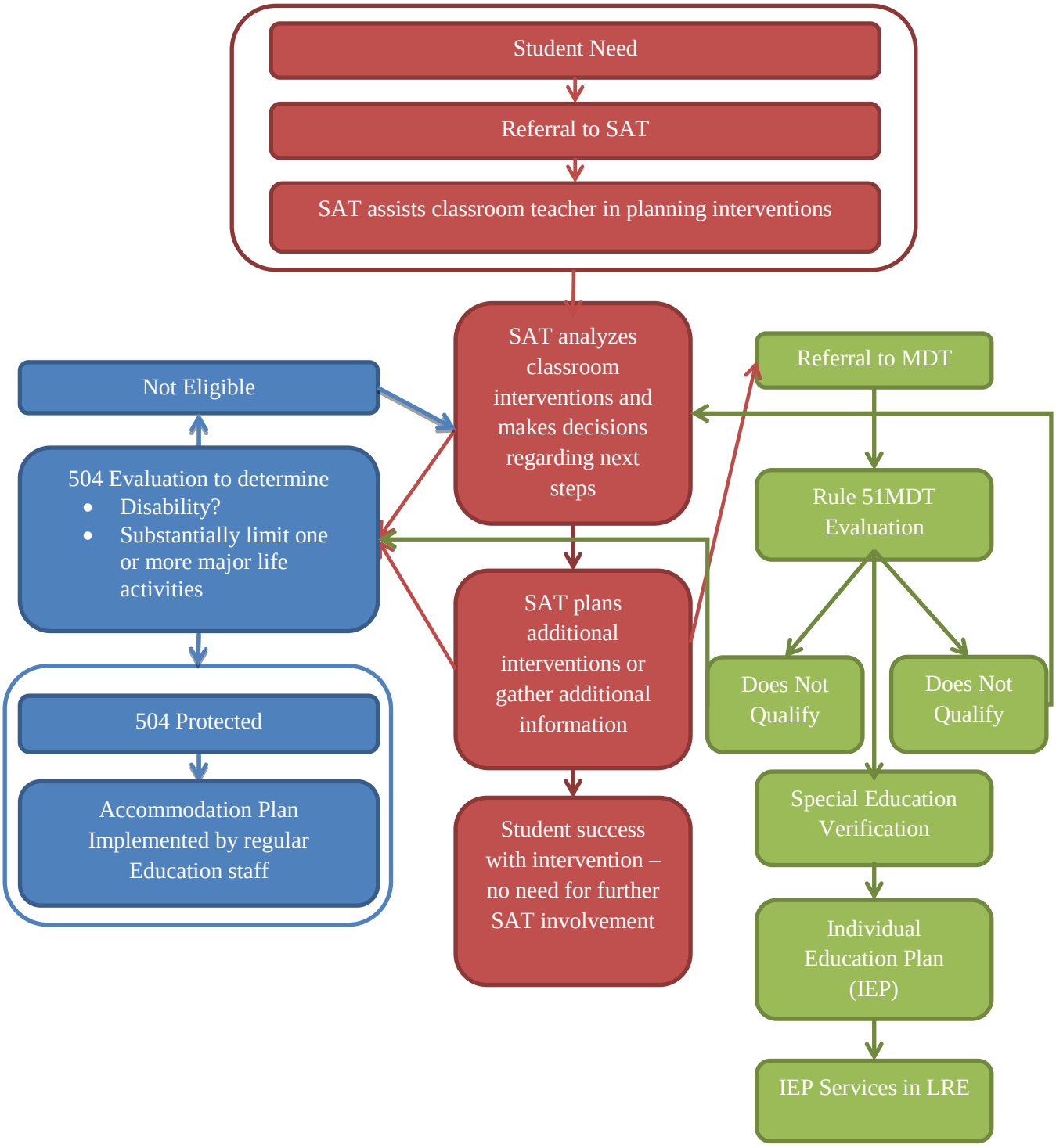
Discontinuation of Service

The IFSP or IEP team should consider discontinuing services if the particular IFSP or IEP goals that relate to OT and/or PT services have been met and/or the occupational or physical therapy service is no longer needed to achieve educational or developmental benefit. Discontinuation should also be considered when the potential for further change appears unlikely based on previously documented intervention attempts to achieve child IEP or IFSP outcomes. If future needs arise relative to occupational or physical therapy services, a request can be made by the MDT or IEP/IFSP team for a re-evaluation.

The following chart represents the **school age special education process** from assessment to implementation of the IEP. This chart includes options for Section 504 of the Rehabilitation Act. Physical and occupational therapists may be involved at any point in the process.

Check with each school district for a district-specific version of this chart.

School Age Special Education Process



Glossary of Terms for Related Service Activities

Adaptive Equipment – Specialized equipment used with children who have special needs to help them be more successful at a task. Examples include: braces, splints, positioning devices such as wheelchairs, standers, specialized chairs, specialized utensils, pencil grips, reachers, tray tables, etc.

Ecological Assessment – Assessment completed in the child's natural and least restrictive environment, e.g. school, cafeteria, playground.

Functional Motor Skills – Motor skills which serve a purpose or function. Examples include: rolling, sitting, crawling, standing, walking, running, carrying objects, opening doors, stairs, etc.

Least Restrictive Environment – To the maximum extent appropriate, children with disabilities are educated with children who are not disabled, and separate classes or other removal from the regular educational environment should occur only when the nature or severity of the disability is such that education in regular classes with supplementary aids and services cannot be achieved satisfactorily.

Mobility – The ability to move about one's environment. Examples: walk, run propel a wheelchair, roll, scoot, ride a tricycle, etc.

Muscle Tone – The ability of a muscle to demonstrate degrees of tension or resistance both at rest and in response to stretch.

Natural Environment – To the maximum extent appropriate to the needs of the infant or toddler, early intervention services must be provided in natural environments including home and community setting in which infants and toddlers without disabilities participate.

Self Regulation – The ability to maintain attention, focus or engagement in learning and other educationally related activities.

References

***National Organization Position Statements**:*

American Physical Therapy Association Fact Sheet: *Team Based Service Delivery Approaches, retrieved July 5, 2012, from* http://www.pediatricapta.org/consumer-patient-information/pdfs/Service%20Delivery.pdf

American Occupational Therapy Association:
Ovland Pilkington, K. (2006). Side by Side: Transdisciplinary early intervention in natural environments. [Electronic Version]. *OT Practice,* 11(6), 12-17.

American Occupational Therapy Association (2011). *Occupational therapy services in early childhood and school-based settings.* Retrieved September 24, 2012 from http://www.aota.org/Practitioners/Official/Statements/40881.aspx?FT=.pdf

American Occupational Therapy Association (2010). *Occupational therapy in school settings.* Retrieved September 24, 2012 from the http://www.aota.org/Practitioners-Section/Children-and-Youth/Browse/Schools/School.aspx?FT=.pdf

American Occupational Therapy Association (2006). *Transforming caseload to workload in school-based and early intervention occupational therapy services.* Retrieved September 24, 2012 from the http://www.aota.org/Practitioners-Section/Children-and-Youth/Browse/School/RTI/38519.aspx?FT=.pdf

American Occupational Therapy Association (2008). *FAQ on response to intervention for school-based occupational therapists and occupational therapy assistants.* http://www.aota.org/Practitioners-Section/Children-and-Youth/Browse/School/Copy%20of%20FAQ-Response-to-Intervention.aspx?FT=.pdf

Nebraska IFSP Web: The models of service delivery typically used in Birth-age 5 early intervention and related services can be found at: http://ifspweb.org/team_functioning.html

Friend, M. & Bursuck, W. (2006). *Including students with special needs: A practical guide for classroom teachers,* (pp. 87-92, 424-426). Boston, MA: Pearson.

Hanft, B. et al (2008). *Collaborating for student success: A guide for school-based occupational therapy.* Bethesda, MD: AOTA

McEwen, I (2009). Providing physical therapy services under part b and c of the individuals with disabilities education act. *American Physical Therapy Association Section on Pediatrics*

Rush & Sheldon (2011). *The early childhood coaching handbook*. Baltimore, MD: Brookes

Rule 51 – *Regulations and Standards for Special Education Programs* (Title 92, NE Administrative Code, Chapter 51), (2010), State of Nebraska, Department of Education, 301 Centennial Mall South, Lincoln, NE 68509

Rule 52 - *Regulations and Standards for the Provision of Early Intervention* (Title 92, NE Administrative Code, Chapter 52), (2014), State of Nebraska, Department of Education, 301 Centennial Mall South, Lincoln, NE 68509