

CONTENTS

I.	INTRODUCTION TO THE GUIDELINES	5
II.	LAWS & REGULATIONS	6
	Legislation	6
	The Special Education Model	9
	The Evaluation Process	10
	The IEP Process	11
III.	DEFINITIONS OF OCCUPATIONAL THERAPY	20
	Qualifications of Occupational Therapy Personnel	20
	Definition of Occupational Therapy	21
	Definition of Occupational Therapy in Public Education	21
	Occupational Therapy Services under an Educational Model	22
	AOTA Practice Framework: Domain and Process	22
	Occupational Therapy Code of Ethics	24
	Evidence-Based Practice	25
IV.	ROLE OF OCCUPATIONAL THERAPY IN THE SCHOOL SETTING	25
	Related Services	25
	OT	26
	OTA	27
	OT/OTA as Part of the Educational Team/Team Collaboration	28
	Other Occupational Therapy Roles	28
V.	STUDENT RELATED OCCUPATIONAL THERAPY SERVICES	29
	Instructional Support/Pre-referral	29
	Evaluation	32
	Program Planning	34
	Service Provision/Intervention	34
	Documentation	38

VI. ADMINISTRATION & PROGRAM RELATED OCCUPATIONAL THERAPY SERVICES 40

Workload/Scheduling 40

Supervision 42

Space/Equipment/Supplies 43

Professional Development 44

Employment 44

Liability 45

Mandatory Reporting (Child abuse/neglect) 45

OT Student Fieldwork Programs (Benefits and Responsibilities) 46

VII. REFERENCES 47

VIII. RESOURCES/RELATED READINGS 48

IX. APPENDIX 54

Writing Measurable Goals 54

Using and Interpreting Evaluation Tools in the School Setting 57

Evaluation Tools Used in Schools 61

Evaluation Write-up: Sample Format 66

I. INTRODUCTION

It has been little more than a quarter century since Congress passed legislation that provided for an emerging disability policy supporting a free and appropriate education for all children in the United States. The Education for All Handicapped Children Act (EHA) was first enacted in 1975. Prior to 1975 many children with disabilities were excluded from public education. Revisions and amendments to EHA (1986, 1990, 1997, & 2004) have continued to refine the statute, and the most recent amendment is titled the *Individuals with Disabilities Education Improvement Act of 2004 (IDEA04)*. Other changes in federal legislation, including the *No Child Left Behind Act (NCLB)*, have also influenced the provision of special education and related services, including occupational therapy, to children (ages 3-21) with disabilities in public education settings.

The public schools are the largest employer of occupational therapy (OT) practitioners. Provision of occupational therapy services in the public schools is unique from practice in other settings in that it is guided primarily by federal and state laws and regulations that are specific to the educational setting. OT practitioners need to be adequately prepared to effectively practice in public educational settings. In the public schools, occupational therapy is a *related service* that exists to facilitate the student's ability to participate in his or her educational environment. This service must therefore be educationally relevant. In order to conduct an effective and educationally relevant assessment, occupational therapists must include specific information about the child's performance in school. Observation of the child at school, interview of relevant team members, and a thorough review of public school records are vital to the assessment process.

The purpose of this document is to provide a resource for OT service providers, administrators and other interested parties, and to describe the role of the occupational therapist and occupational therapy assistant as related service providers, consistent with the regulations governing occupational therapy and school-based practice. This document ties together and clarifies federal and state special educational law, state licensure mandates and directives from the American Occupational Therapy Association (AOTA) into one easy to use document. As laws and regulations evolve, so will these guidelines. It is hoped that these guidelines will provide a much needed information source for OT service providers, administrators and all others with an interest in the provision of occupational therapy services within the public schools.

II. LAWS AND REGULATIONS

LEGISLATION

Federal and state laws govern the provision of special education services for children with disabilities aged 3-21 within the public school setting. Federal and state laws and regulations govern school-based occupational therapy services. Federal law presents a national standard for providing services to students with disabilities while state law interprets and elaborates upon federal law. Federal law sets the floor, state law sets the ceiling. If state and federal laws differ, state law prevails if it sets a higher standard. If there is a conflict between state and federal law, however, federal law prevails.

Federal Laws and Regulations

Public Law (P.L.) 94-142, The Education for All Handicapped Children Act (EHA) of 1975 provides the original framework for special education and mandates that all children with disabilities in the United States are entitled to receive a free and appropriate public education (FAPE). This means that special education and related services in public schools are provided at public expense. Subsequent laws and amendments provide further detail as to the provision of special education services including the 1990 amendment and re-titling the law to the Individual with Disabilities Act (IDEA), Public Law 101-476. The amendments give greater attention to the accessibility and inclusion of children with disabilities in the regular school environment.

In addition to special education laws there are other federal civil rights laws that may also impact services to children in the public schools.

Individuals with Disabilities Education Improvement Act of 2004 (IDEA04)

IDEA04 is the federal law that governs the provision of special education services for children with disabilities. IDEA04 ensures a *free and appropriate public education* (FAPE) in the *least restrictive environment* (LRE) for all children with disabilities ages 3 through 21. LRE means that to the maximum extent appropriate, children with disabilities are educated with children who are not disabled. Special classes or separate schools that remove the child with disabilities from the regular educational environment only occur when the nature or the severity of the child's disability is such that education with the use of supplementary aids and services cannot be achieved satisfactorily in a regular education class. Placement in the LRE is not only a legal mandate, but also an educational philosophy that endorses the inclusion of all students, not only in the academic setting, but also in any and all school-related activities.

IDEA describes the provision of special education and related services to meet the unique needs of students with disabilities.

The term *related services* means - "...transportation and such developmental, corrective, and other supportive services (including speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, social work services, school nurse services designed to enable a child with a disability to receive a free appropriate public education as described in the individualized education program of the child, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services, except that such medical services shall be for diagnostic and evaluation purposes only) as may be required to assist a child with a disability to benefit from special education, and includes the early identification and assessment of disabling conditions in children. [SEC. 602(26)(A)]

Under IDEA04, *occupational therapy* is defined as "...services provided by a qualified occupational therapist; and includes": [300.34(c)(6)]

1. "Improving, developing, or restoring functions impaired or lost through illness, injury, or deprivation";
2. "Improving ability to perform tasks for independent functioning if functions are impaired or lost"; and
3. "Preventing, through early intervention, initial or further impairment or loss of function".

Section 504 of Title V of The Rehabilitation Act of 1973 (P.L. 93-112), as amended by the Civil Rights Restoration Act of 1987 (P.L. 100-259)

Section 504 of the Rehabilitation Act of 1973 is a civil rights law that prohibits discrimination in any program receiving federal financial assistance on the basis of disability for otherwise qualified individuals with disabilities. This applies to all public schools, including publicly funded preschools. This federal law has a broader definition of disability than does IDEA, and defines such an individual as having a physical or mental impairment which substantially limits one or more major life activities (such as self care, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working), having a record of such impairment, or being regarded as having such impairment. Such a student is an "individual with handicaps" and is entitled to accommodations under Section 504 of the Rehabilitation Act. Special education funds may not be used for Section 504 accommodations; it is the responsibility of the school district to provide such accommodations through the general education program and funds.

The role of occupational therapy under Section 504 is to ensure access to educational programs, and assist in developing the written accommodation plan. A student with a disability may not be eligible for special education services, but may still be eligible for occupational therapy services as a reasonable accommodation under Section 504 in order to enable them to benefit from their educational program.

Title II of the Americans with Disabilities Act of 1990 (ADA) (P.L. 101-336)

As in Section 504, the definition of an individual with a disability includes having a physical or mental impairment, which substantially limits one or more major life activity, has a record of that impairment, or is regarded as having such an impairment. The definition includes learning as a major life activity. Title II of the ADA prohibits discrimination against individuals with disabilities in local education agencies. In the public schools, ADA is addressed through Section 504 of the Rehabilitation Act.

Massachusetts State Laws and Regulations

Chapter 28 (603 CMR 28.00)

formerly known as Chapter 766: Special Education Regulations

Massachusetts Chapter 28 governs the provision of special education and related services to eligible students by Massachusetts public schools [603 CMR 28.01(2)]. The purpose of this regulation is to ensure that eligible students receive special education services designed to develop the student's individual educational potential in the least restrictive environment in accordance with applicable state and federal laws [603 CMR 28.01(3)].

The requirements contained in these Massachusetts Special Education Regulations (Chapter 28) are in addition to, or in some instances clarify or further elaborate, the special education rights and responsibilities set forth in state statute Massachusetts General Law chapter 71B: Children with Special Needs (M.G.L. c. 71B), federal statute the 'Individuals with Disabilities Education Improvement Act of 2004' (20 U.S.C. 1400 et seq. as amended), and federal regulations governing the implementation of IDEA04 (34 CFR 300 et seq. as amended). Massachusetts laws and regulations governing special education can be found on the Massachusetts Department of Education website <http://www.doe.mass.edu/lawsregs/>. Some of the more relevant differences between federal and state laws and regulations are described below.

Areas where state law differs from federal law:

- The definition of special education: “Special education shall mean specially designed instruction to meet the unique needs of the eligible student or related services necessary to access the general curriculum and shall include the programs and services set forth in state and federal special education law.” [CMR 28.02(20)]
- Related services use the same definitions as federal law but related services can be a single service in Massachusetts: “Within Massachusetts, related services necessary to access the general curriculum are considered special education and may be provided alone or in combination with specially designed instruction.” [Massachusetts Department of Education, June 2001 IEP Process Guide, p. 9]
- The disability categories and definitions differ. Section II.B.2.a.1. of this document lists the disability categories. Chapter 28 [CMR 28.02(7)] provides a complete listing of the Massachusetts disability categories and definitions.

THE SPECIAL EDUCATION MODEL

Occupational therapy services are included under the umbrella of special education. This section presents an overview of the special education model. This process, specific to occupational therapy, will be discussed in section V. Student Related Occupational Therapy Services.

Because IDEA emphasizes a collaborative approach, special education services in the school setting are determined through a team process. The law requires school districts to work together with parents, students, general educators, special educators, and related service providers to create special education services. In Massachusetts, special education is defined as “...specially designed instruction to meet the unique needs of the eligible student or related services necessary to access the general curriculum and shall include the programs and services set forth in state and federal special education law.” [28.02:20]. Specially designed instruction may include modifying content, methodology, delivery of instruction, or instructional format, or performance criteria. The general education program includes preschool and early childhood programs offered by the district, academic and nonacademic offerings of the district and vocational programs and activities [28. 02:17].

In order to receive special education services in Massachusetts, a student must first be found eligible by being identified as having a disability that prevents him or her from making effective progress in the general education program without specially designed instruction or from accessing the general curriculum without a related service.

THE EVALUATION PROCESS

Instructional Support/Pre-referral

Prior to referring and placing a child in special education services, every effort should be made to meet the child's needs within the general education program. The implementation of instructional support (pre-referral strategies) is an opportunity to prevent student failure and help the student to succeed in the general education program.

1. The intent of state and federal regulations is to have all students educated with their peers to the extent possible, and appropriate instructional practices and supports enable this process. When a teacher identifies a student as being at risk, an instructional support team meets to design classroom strategies to support the student. These efforts may include modifying the curriculum, teaching strategies, the environment or materials. The use of consultative or support services are also appropriate strategies. The make up of this team is at the discretion of the district.
2. A variety of strategies are tried for a designated period of time. These attempts and results are then documented and made part of the student's file.
3. If the student continues to fail to make progress with instructional supports and strategies in place, he/she may be referred for a special education evaluation.
4. The instructional support/pre-referral process does not limit the right of the parent to refer the student for an evaluation at any time.
5. Students whose special education needs have already been established do not require the instructional support/pre-referral process. This may include a student moving into the district with an existing IEP, or a student who is turning three years old and who is on an Individualized Family Service Plan (IFSP).

Referral and Evaluation

An initial evaluation must be completed in order to determine eligibility for special education. When a student is referred for a special education evaluation, the team works through a formal assessment process to determine whether or not the referred student is eligible for special education services.

1. Any parent, caregiver, or professional concerned with the student's development may refer a student for an initial evaluation to determine eligibility for special education.
2. Informed parental consent is required for all evaluations and includes presenting the parent with a copy of the Massachusetts *Parent's Rights Brochure*.

3. Evaluations must be conducted in all areas of suspected disability
4. An educational assessment must be completed, including a history of the student's educational progress assessment of attentional skills, participation behaviors, communication skills, memory, and social relations with groups, peers, and adults; and a narrative describing the student's educational and developmental potential.
5. No single procedure is used to determine eligibility. A variety of testing methods are used so that the team is able to obtain a clear understanding of the student and the suspected disabilities. The student's medical condition, the student's medical doctor, or other medical specialists, do not determine which services a student requires in the public school setting. The special education team makes these determinations.
6. Each evaluator produces a written summary that includes the procedures used, the results, and the diagnostic impression, as well as a detailed description of the student's needs, offering explicit means of meeting them [CMR 28.04(2)(c)].
7. Evaluation summary reports are written in jargon-free language and relate to the student's performance in school.
8. Evaluation summary reports must address the specific reason for the referral, and they must provide information related to the possible presence or absence of a disability and whether or not the disability affects the student's participation in the educational program.
9. Evaluation summary reports include educationally relevant recommendations, which are then considered by the team in the collaborative decision making process outlined below.

THE INDIVIDUALIZED EDUCATION PLAN (IEP) PROCESS

The IEP process is a collaborative team process. The IEP team process has three important, integrated steps: eligibility determination, IEP development, and placement.

Eligibility determination begins with the evaluation process. Upon completion of the evaluations, a team meeting is held. At the meeting, the team must first determine whether a child is eligible for special education services. If the team has found the student to be eligible for special education, they then discuss, plan and generate the written IEP document, which describes and acts as a service contract that guides the student's special education services for the next year. Once all of the elements of the IEP are in place, the team must make a placement decision.

Eligibility Determination –

1. **Does the student have a disability?** Students must have a disability to be considered eligible for special education. Based on the evaluation data, the team must determine if the student has one or more of the following types of disabilities identified by the Massachusetts State Regulations: Autism, Developmental Delay, Intellectual Impairment, Sensory Impairment (Hearing Impairment or Deaf, Vision Impairment or Blind, Deafblind), Neurological Impairment, Emotional Impairment, Communication Impairment, Physical Impairment, Health Impairment, Specific Learning Disability (CMR 28.02(7)].
2. **Is the student making effective progress in school?** If the student is determined to have a disability, the team then considers the evaluation results to determine if the child is making effective progress in school.
 - a. Has the student shown documented growth, with or without accommodation, in knowledge and skills acquisition, including social/emotional development, in the learning standards set forth in the Massachusetts Curriculum Frameworks, and the curriculum of the district?
 - b. Has the student shown growth according to the chronological age, the developmental expectations and the individual educational potential of the student?
3. **Is the lack of progress a result of the student’s disability?** If the team determines that a student is not making effective progress in the educational program, they must then determine if the lack of progress is a result of the student’s disability.
4. **Does the student require special education in order to make effective progress?** If the lack of progress is determined to be a result of the student’s disability, the team then determines whether or not the student requires special education (specially designed instruction) in order to make effective progress in school or is unable to access the general curriculum without one or more related services. “Special education is defined as specially designed instruction to meet the unique needs of the student or related services that are necessary to access the general curriculum. Specially designed instruction means that there is a need to adapt the content, methodology, delivery of instruction and/or performance criteria in order for a student to make effective progress.” [Massachusetts Department of Education, June 2001 IEP Process Guide, p. 9]

If the student is found to have a disability that prevents him/her from making effective progress and is in need of special education, then the student is eligible for special education and the team develops an IEP. The team makes a finding of no eligibility if: the student does not have a disability; the student does not show a lack of progress; the student shows a lack of progress but it is not due to a disability; or the student does not require special education (IEP Process Guide, p. 10). If the student is found to have disability that prevents him/her from making effective progress, but does not need special education, then a 504 plan may be considered for accommodations.

If the team determines that a student is eligible for special education, but more information is needed in order to fully develop the IEP, an IEP may be written and an Extended Evaluation is warranted. This allows the student to begin receiving services while more information is obtained. An extended evaluation is not used to extend the eligibility determination period. The Extended Evaluation may extend from one to eight school weeks, but no longer than eight school weeks.

If parents disagree with the evaluation results, they may request an independent evaluation. Upon completion of an independent evaluation and when presented with a written report, the team must *consider* the results of the independent evaluation.

Development of the IEP

The IEP is a written plan that is developed and implemented by the team following an initial evaluation and determination of eligibility. The IEP is written to address the unique and individualized needs of the eligible student. Development of the IEP is a collaborative team process that uses evaluation results to:

1. Identify student needs
2. Prioritize student needs
3. Determine goal areas based on prioritized needs
4. Develop measurable annual goals and benchmarks/objectives
5. Determine which team members can most effectively address the goals and benchmarks/objectives, and in what role (where, when, and with what frequency), so that the goals and benchmarks/objectives can be met.

IEP Content

Upon determining that a student is eligible for and requires special education, the team, using the evaluative data, writes an IEP and determines placement for the student. The IEP is a student driven process and involves parent/student input. The IEP must address how the student will participate and progress in the general education curriculum.

The IEP document describes the special education and related services that the student requires and includes the following elements:

1. Parent and/or Student Concerns
2. Student Strengths and Key Evaluation Results Summary
3. Student/Parent Vision Statement
4. Two areas of Present Levels of Educational Performance (PLEP).

The first is based on current evaluation data in the general curriculum defined by the Massachusetts Curriculum Frameworks for English Language Arts, History and Social Sciences, Science and Technology, and Mathematics. The second describes present levels of educational performance in other areas of educational need such as the student's social/emotional needs, assistive technology devices and services, behavior, and participation in non-academic activities. Areas of occupational performance such as eating, toileting and mobility are included here. The impact of the disability on the student's participation in the general curriculum is presented. Only areas affected by the disability are included in the IEP.

5. Accommodations are included in the IEP and are typically implemented by classroom staff to help the student fully access the general education curriculum. Accommodations provide the student equal access to learning, and equal opportunity to demonstrate his/her knowledge. Accommodations do not substantially change the content of what is being taught. Preferential seating, use of a pencil grip, and cooperative learning strategies are examples of accommodations. A definition of an accommodation is provided in section V.D.1. of this document.
6. The use of assistive technology can be considered an accommodation. IDEA requires schools to consider a student's need for assistive technology devices and services whenever an IEP is written. According to IDEA, an assistive technology device is ..." any item, piece of equipment, or product system whether acquired commercially off the shelf, modified, or customized that is

used to increase, maintain, or improve the functional capabilities of children with disabilities.” (Massachusetts Department of Education, November 2002, *Assistive Technology Guide for Massachusetts Schools*, p. 2) An assistive technology device can be as simple and low-tech as graph paper to assist a student to line up math problems, or a seat cushion to enable sustained desk posture, or high-tech such as a talking word processor program, alternative keyboards, or a digital whiteboard. Low-tech devices should be considered first. High-tech devices should be considered only after the low-tech options have failed. Assistive technology services are those that: ensure appropriate selection, maintenance, customization and repair of equipment; provide technical assistance, consumer or caregiver training, and peer counseling; and help fund equipment through loan, rental, lease, or purchase. The Assistive Technology Guide for Massachusetts Schools, (Massachusetts Department of Education, November 2002) is a useful resource for assistive technology.

7. *Specially designed instruction* includes modifications that alter the material being taught and/or the expectations of the student’s ability to master it.
 - a. Modified content, i.e., teach only key concepts, teach at a lower grade level.
 - b. Modified methodology, i.e., specially designed instruction or delivery of instruction, use of manipulatives
 - c. Modified performance criteria, i.e., oral rather than written quizzes, adaptations of performance criteria to reflect modified content.
8. Measurable goals and benchmarks or objectives based on current performance levels. Goals reflect what the student is expected to accomplish by the end of the IEP period. Benchmarks or objectives reflect the steps required for the student to reach the goal. Measurable goals are the key to identifying progress (Massachusetts Department of Education, June 2001, *IEP Process Guide* p.20).
9. Service delivery is recommended by the evaluator and determined by the team. Services should be directed toward helping the student work within the general education curriculum in the least restrictive environment. Services may be provided to address the following:
 - To reach IEP goals
 - To be involved and progress in the general curriculum
 - To participate in nonacademic activities
 - To allow the student to participate with non-disabled students while working towards the IEP goals

10. Non-participation Justification: the extent to which the student will be able to participate in general education, with rationale provided if the team determines that services outside the general education curriculum are necessary for the student.
11. Schedule Modification: describes the extent to which a student's school day or school year is modified, i.e., longer or shorter.
12. Transportation Services: describes transportation needs.
13. State or District-Wide Assessments: describes student's participation in state and district wide assessments.
 - a. Team determines how student should participate.
 - b. Testing accommodations are listed according to most recent list of accommodations allowed by state in the Massachusetts Department of Education document MCAS Accommodation Guide, Spring, 2004.

Placement is decided after the IEP is written

“The IEP is written to fit the student. The placement is chosen to fit the IEP.” (Massachusetts Department of Education, June 2001, IEP Process Guide p.12). Placement is decided only after the IEP has been fully developed. When determining placement, the team must always consider the least restrictive environment (LRE). Therefore, the first placement option considered by the team is always the general education setting that the student would be placed in if he or she was not disabled.

What happens when a parent disagrees with the proposed IEP?

If a parent (or student 18 or older) disagrees with all or part of a proposed IEP, they have the right to reject portions of, or the entire IEP document.

If the IEP is rejected in full and a previously accepted IEP exists, then services are provided as written on the most recent IEP document that the parent (or student 18 or older) has signed and accepted. If there is no previously signed/accepted IEP, then no services begin until the parents accept the IEP. The parents may request a meeting to discuss the rejected portions of the IEP. The school district must submit any rejected IEP (whether in part or in full) to the Bureau of Special Education Appeals (BSEA). This initiates *due process*, which may lead to mediation and/or a formal hearing under the auspices of the BSEA, resulting in a ruling in favor of the parents or the school district.

If the IEP is partially rejected, then the accepted portions are implemented. If there is a previously accepted IEP that includes the currently rejected areas, then the most recently accepted IEP stays in place for the rejected areas. If there is no previously signed and accepted IEP, then services related to the rejected areas are not implemented until the dispute is resolved through a meeting with the school district, or mediation or hearing through the BSEA.

Progress Reports

Progress reports are written and provided to parents at least as often as parents of non-disabled students receive reports of progress (i.e. report cards). Progress reports are written for each annual goal and must answer the following two questions for each goal:

- a. What is the student's progress toward the annual goal?
- b. Is the progress sufficient to enable the student to achieve the annual goal by the end of the IEP period?

Annual Reviews

The team meets at least annually, to review the IEP and the student's progress, and to rewrite the IEP as long as the individual student remains eligible for special education services.

Re-evaluations

At least once every three years, or more often if a parent or teacher requests or conditions warrant, the team must review existing data and identify any additional data needed to determine:

- if the student continues to have a disability and continues to need special education and related services;
- present levels of educational performance and educational needs;
- if additions or modifications are needed to the special education and related services in order to meet annual goals and to progress in the general curriculum;

Parents must give informed consent if additional information in the form of a re-evaluation is needed.

If the team finds that no additional evaluation information is needed to determine whether the student continues to be eligible for special education, the parent may waive the evaluation (or specific evaluations) if they agree, or the parent may choose to have the assessment completed regardless of the recommendation of the team.

If the district suspects that the student may no longer require special education services, then a re-evaluation must occur. No decision to remove eligibility can occur without current and complete evaluation information (no such evaluation is required before a student graduates from high school). (Massachusetts Department of Education, IEP Process Guide, June 2001)

Independent Evaluation

If a parent disagrees with an initial evaluation or re-evaluation completed by the school district, then the parent may request an independent educational evaluation. The parent may also obtain an independent evaluation at private expense at any time. An independent evaluation is conducted by a qualified professional not employed by the school system. The team considers the information from an independent evaluation as carefully as the information from an evaluation done by the school district.

Transitions

Transition planning is written into the IEP

Student transition into school system at age three.

1. Children can be evaluated by the school district at age 2.6.
2. An observation of the child's interactions in the child's natural environment or early intervention program is strongly encouraged when assessing a child to determine eligibility for services at age three.
3. For children who are receiving early intervention (EI) services, school districts are encouraged to use current and appropriate assessments from EI teams, whenever possible, to avoid duplicate testing [CMR 28.04(2)(a)(v)].
4. The IEP begins on the child's third birthday, regardless of the time of year.
5. The goal focus changes from family centered to school related. EI services are provided via an Individualized Family Service Plan (IFSP) in which the family is the primary recipient of services to support the child's development. School services are provided via an Individualized Education Plan (IEP) in which the student is the primary recipient of services. In EI, eligibility is determined by having a developmental delay. At school, the student must have an eligible disability that interferes with school participation. EI uses primarily a direct service delivery model. Services are provided in the natural environment or where non-disabled peers typically would be. School-based services use a continuum of service delivery options ranging from collaborative consultation to direct service using least

restrictive environment as a guide. Families benefit if informed and supported in understanding the differences in criteria, eligibility and models for service delivery.

Student transition out of school system at age 22. The focus of transition planning is to prepare the student to assume an adult role.

1. Transition becomes a major team focus when the student reaches age 16 and becomes an active member of the team.
2. Chapter 688 addresses services for individuals 22 years of age and older. A student is referred under Chapter 688 if the team determines that he or she is likely to require continuing services after turning 22.
 - a. The team decides which agency is appropriate for the student, i.e., Department of Mental Health, Department of Mental Retardation, Rehabilitation Commission, Commission for the Blind and Visually Impaired, Commission for the Deaf and Hard of Hearing.
 - b. Referral to the appropriate agency must occur at least 2 years prior to graduation or turning 22.
3. Graduation status is determined and parents are informed by the fall of the graduating year.
4. When a student turns 18 years of age, they are considered an adult under the law unless a legal guardian has been appointed. Part of the transition plan is to discuss the possible need for guardianship.

Timelines

School personnel are required to adhere to precise timelines for eligibility determination and development of individualized educational plans which are outlined by Massachusetts Special Education Statutes and Regulations. Occupational therapy service providers in the schools are required to know and work within these timelines:

- Within 5 school days of receipt of a referral from a parent, professional, or school personnel, the district must notify the parent and request consent to evaluate.
- The evaluation must be completed within 30 school days from the date of parental consent. The written report must be completed so as to be available to the parents two days prior to the team meeting.
- A meeting to determine eligibility must take place within 45 school days of receipt of the written parent consent to evaluate. If the student is found to be eligible for special education or related services, the IEP must be written within that same 45-day timeframe.

- The parents have 30 days from the date they receive the IEP to accept or reject, in full or in part, the IEP and placement.
- Written progress reports which report measured progress toward IEP goals are sent home to the parents at least as often as written progress reports (i.e. report cards) are sent to the parents of non-disabled students.
- The team reviews and rewrites the IEP at least annually.
- Eligibility determination is made at least every 3 years.
- Parents must give consent for re-evaluation. The date of the signed consent initiates the timeline cycle again.

Source: *A Parent's Guide to Special Education*, A joint publication of the Federation for Children with Special Needs in collaboration with The Massachusetts Department of Education (undated).

III. DEFINITIONS OF OCCUPATIONAL THERAPY

QUALIFICATIONS OF OCCUPATIONAL THERAPY PERSONNEL

Education

Occupational therapists complete an educational program that is accredited by The American Council for Occupational Therapy Education (ACOTE). Occupational therapists may have degrees at the bachelor's, master's or doctoral level. Accredited programs include coursework and a minimum of 6 months of supervised fieldwork experience.

Occupational therapy assistants complete an educational program that is accredited by the ACOTE. This program is at the associate's degree level. Accredited programs include coursework and a minimum of 16 weeks of supervised fieldwork experience.

Massachusetts Professional License

Occupational therapy personnel must be licensed by the Massachusetts Board of Registration of Allied Health Professionals in order to practice in this state. Initial licensure involves successful completion of an accredited OT or occupational therapy assistant (OTA) educational program, and of the OT or OTA certification exam administered by the National Board for Certification in Occupational Therapy (NBCOT). A current license is designated by OT/L or OTA/L; a student uses the initials OT/S or OTA/S. The status of an individual occupational therapist or occupational therapy assistant can be obtained at <http://license.reg.state.ma.us/pubLic/licque.asp?color=red&Board=AH>

Refer to the Board of Allied Health Professions Rules and Regulations for Occupational Therapists, [259 CMR 3.00: M.G.L.c.112.] www.state.ma.us/reg/boards/ah/cmr/25903.htm

National Board Certification in Occupational Therapy (NBCOT)

All licensed personnel must pass the NBCOT exam. Continued national certification is optional and requires evidence of continuing education in occupational therapy practice through professional development activities. Therapists who use the credentials registered occupational therapist (OTR) or certified occupational therapy assistant (COTA) indicate that they are certified through NBCOT [www.nbcot.org].

Additional Qualifications

The additional qualifications described below are not essential for licensure or certification.

Occupational therapists may choose to obtain specialty certification in addition to the basic requirements. Specialty certifications can be granted to qualified applicants by AOTA, such as board certification in pediatrics (BCP) and neuroscience (BCN). In addition, therapists may obtain specialty certification such as SIPT certification or NDT certification. SIPT certification is granted to those who earn qualifications to administer the Sensory Integration and Praxis Tests (SIPT). NDT certification indicates completion of advanced training in neurodevelopmental treatment techniques.

DEFINITION OF OCCUPATIONAL THERAPY

Occupational therapists and occupational therapy assistants focus on enabling people to engage in daily life activities that they find meaningful and purposeful (*American Journal of Occupational Therapy*, 56, 609-639, 2002).

DEFINITION OF OCCUPATIONAL THERAPY IN THE SCHOOL SETTING

Massachusetts uses the definition of occupational therapy as outlined under IDEA. According to IDEA, occupational therapy is a related service that is designed to assist a child with a disability to benefit from special education. It covers services provided by a qualified occupational therapist and includes:

1. Improving, developing, or restoring functions impaired or lost through illness, injury, or deprivation;
2. Improving ability to perform tasks for independent functioning if functions are impaired or lost; and
3. Preventing, through early intervention, initial or further impairment or loss of function.

OCCUPATIONAL THERAPY SERVICES UNDER AN EDUCATIONAL MODEL

Occupational therapy provided in a public school setting differs from services in other settings in two ways: eligibility for services and service provision.

1. **Eligibility:** In order for a student to be considered for occupational therapy services in the public school setting the following conditions must be met:
 - a. Presence of an eligible disability as outlined by Chapter 28 (CMR 28.02(7)).
 - b. The disability must interfere with the student's participation in school activities.
 - c. Services provided by special education personnel are not adequate to permit participation without the related service of occupational therapy.
2. **Service Provision:** Occupational therapy services are required to be provided in the least restrictive environment (LRE). This means that to the extent possible, the student must remain in the general education environment with peers who do not require special education services.

The OT service provider must consider all possible avenues that facilitate school participation and choose service options that are, to the extent possible, in the least restrictive environment.

OCCUPATIONAL THERAPY PRACTICE FRAMEWORK: DOMAIN AND PROCESS

(American Journal of Occupational Therapy, 56, 609-639, 2002.)

The Occupational Therapy Practice Framework was adopted by the American Occupational Therapy Association in May 2002. It outlines the scope of OT practice and replaces other documents that outline OT practice in terms of domain and process.

1. **Domain:** The focus of occupational therapy is on engagement in occupation to support participation in contexts. Occupational therapy facilitates participation in meaningful activities. In the public school, the context consists of all of the environments where children engage in activity. In understanding this *engagement in occupation*, the OT service provider considers the following areas:
 - a. Performance in areas of occupation including: activities of daily living (ADL), instrumental activities of daily living (IADL) (activities that involve interacting with the environment or others such as care of the student work space), education, work, play, leisure, and social participation.

- b. Context: cultural, physical, social, personal, spiritual, temporal, and virtual.
- c. Performance patterns: habits, routines, roles.
- d. Activity demands: materials and their properties, space demands, social demands, sequencing and timing, required actions, required body functions and structures.
- e. Performance skills: motor, process, and communication/interaction.
- f. Client factors: body structures and functions (e.g. musculoskeletal, sensorimotor or neuromuscular status)

2. Process: Occupational therapists engage in evaluation, intervention, and assessment of outcomes, which focus on facilitating engagement in occupation. This is a collaborative process that occurs in the school, between the student, family member, teacher, and other members of the school team.

a. Evaluations: Involve assessment of the factors that influence engagement in occupation. This includes all of the relevant areas outlined in section E.1. above; the domain of practice. The focus of the evaluation is to outline the student's meaningful participation/fulfillment of expectations in student role and school context.

b. Interventions: Include planning, implementation, and review. The focus of the occupational therapy intervention is to facilitate participation in meaningful activities in order to support success in the student role.

- 1. Planning: The OT (or the OT in conjunction with the OTA) develops goals collaboratively with the team (student, family, educational team) relevant to the students priorities and concerns regarding engagement in occupations; determines level of service delivery (i.e. frequency, duration, location within or outside of the regular education setting; offers consultation); selects outcome measures; considers discharge needs; and makes recommendations as needed.
- 2. Implementation: Although much of the planning is done collaboratively with the team, it is the responsibility of the OT service provider to choose the best approach to address the goal(s). This includes selection of frame of reference and intervention

approach (es). The OT service provider may use a variety of approaches and is responsible for monitoring the student's responses.

- a. Intervention approaches include *create/promote, establish/restore, maintain, modify, and prevent*. The approach is selected dependent on the desired outcome.
 - b. Interventions are guided by theoretical frames of reference. Types of interventions include therapeutic use of self, use of occupations and activities (includes occupation-based activity, purposeful activity, and preparatory methods), consultation, and educational processes.
3. Review: The therapist continually evaluates the intervention effectiveness and the student's progress toward agreed upon outcomes. The expected result of the intervention involves engagement in occupation to support participation.

OCCUPATIONAL THERAPY CODE OF ETHICS

Occupational therapists and occupational therapy assistants practice under the guidelines of the Occupational Therapy Code of Ethics (American Occupational Therapy Association, 2000). The Code of Ethics is a set of values and principles used to promote and maintain high standards of occupational therapy practice. The following examples highlight the ways in which the Code of Ethics applies specifically to school practice. The Code of Ethics supports the need for continual professional development in order to remain current on the application of the laws and regulations that govern school practice, as well as the policies and research that support best practice. Practitioners must update their competencies and practice within their areas of expertise. Service decisions are made in an equitable manner without regard to the recipient's background or available resources. The occupational therapist has an ethical responsibility to disclose to the family all areas of identified need, even if the area of need does not fall under the responsibility of the public school. The therapist may make suggestions for referral to adjunct services, including private occupational therapy, for the family to seek privately. These adjunct services would not be covered by the public school if they do not meet a school participation need. The reader is referred to website: www.aota.org for the most complete and up to date information on the Code of Ethics.

EVIDENCE-BASED PRACTICE

IDEA 2004 stresses *evidence-based practice*, stating that selection of assessment tools and interventions must be based on peer-reviewed research to the extent practicable.

As stated in the *No Child Left Behind Act of 2001*, “Federally funded education programs or practices must be based on evidence that validates their usefulness in achieving the stated outcome specified in the law.”

Evidence-based practice requires teams to consciously and critically use the best current evidence, or research, in making decisions. The following steps are followed in order to meet this requirement:

1. Identify the problem/question
2. Search for information or evidence in the literature
3. Critically appraise the evidence and determine whether it is useful
4. Use these findings in student intervention

Evidence-based practice relies on clinical reasoning as well as findings from research. Strong evidence or research is not always available to support occupational therapy interventions. Evidence can be built through the use of effective documentation. Writing measurable goals and objectives and collecting data on outcomes can contribute to that evidence. These data can provide an objective window by which to examine the effectiveness of goals and interventions used and take action where it is needed. Use of evidence-based practice will, ultimately, result in clearer decision making for entrance and exit criteria, and the ability to show more clearly and objectively whether or not the intervention was effective. *Chapter V of this document contains information regarding writing and collecting data on measurable goals and objectives.*

IV. ROLE OF OCCUPATIONAL THERAPY IN THE SCHOOL SETTING

AS A RELATED SERVICE

Occupational therapy in the public school is one of several related services specified under IDEA. A related service, under this provision, is one that may be required to assist children to benefit from special education. In Massachusetts, occupational therapy may be a single service when it is necessary to access the general curriculum, and is then considered *special education*. Occupational therapy may also be indicated under section 504 of the Rehabilitation Act as a service to support students with a qualifying disability to access and participate in their educational environment when not eligible under special education.

AS AN OCCUPATIONAL THERAPIST

- Assessment of factors that contribute to participation within the school environment, including the student's performance of tasks (or ability to perform tasks), the activity demands, and the environmental context
- Collaboration and communication with other members of the student's educational team including the family
- Collaborative participation in team meetings relevant to supporting the student with identified special needs within the school or community environment (IEP or 504 Plan). This includes participation in the decision making process for determination of educational need, options for service delivery, and for termination of services.
- Collaboration with the educational team, including the family, to develop educationally relevant, measurable, and observable goals and objectives
- Planning and implementing occupational therapy intervention programs that meet the specific goals and objectives as stated in the IEP
- Provision of training to members of the student's educational team for implementation and/or carryover of student programs
- Planning and implementing accommodations as outlined in the IEP or 504 Plan
- Documentation, including instructional support/pre-referral and referral activities, evaluation reports, intervention notes, progress notes, consultation notes, and summaries for IEP meetings
- Participation in the decision-making process and implementation for use of assistive technology
- Participation in the routine management of the occupational therapy program and materials
- Supervision of certified occupational therapy assistants
- Supervision of OT or OTA fieldwork students

The occupational therapist may also participate in the following:

- Information sharing through in-service training or workshops
- Meetings and activities associated with the participation of students in the general education program.
- Comprehensive system-wide screenings including pre-school or kindergarten screening.

- General education initiatives such as curricular decision-making.
- Coordination of occupational therapy or related service programs.

AS AN OCCUPATIONAL THERAPY ASSISTANT

- Planning and implementing occupational therapy intervention programs in collaboration with the supervising occupational therapist
- Planning and implementing accommodations as outlined in the IEP or 504 Plan in conjunction with supervising occupational therapist
- Provision of training to members of the student's educational team for implementation and/or carryover of student programs
- Collaboration and communication with other members of the educational team
- Participation in team meetings relevant to supporting the student with identified special needs within the school or community environment (IEP or 504 Plan)
- Participation in instructional support/pre-referral activities that do not involve screening or evaluation
- Development and use of adapted materials that enable the student's school participation
- Documentation of student intervention notes and attendance
- Documentation of progress reports and annual summaries in conjunction with supervising occupational therapist
- Contribute to the collection of evaluative data in the re-evaluation process (but not the initial evaluation) as deemed appropriate by the supervising occupational therapist
- Communication with the supervising occupational therapist about caseload and intervention programs
- Collaboration with educational staff regarding implementation of student intervention programs
- Participation in the routine management of the occupational therapy program and materials
- Supervision of OTA fieldwork students and paraprofessionals such as classroom aides in carrying out occupational therapy programs

IN THE COLLABORATIVE EDUCATIONAL TEAM PROCESS

Collaboration is an interactive process by which team members of diverse backgrounds and experience come together to generate creative solutions to mutually defined problems. In this process, all members have an equal voice and responsibility for accomplishing the mutually agreed upon solutions. (Idol, 2000) According to IDEA (300.321) and Massachusetts Chapter 28 (CMR 28.00), the team includes the parent or guardian, student aged 16, a regular education teacher (if the child is, or may be, participating in the regular education environment), a special education teacher, a representative of the school district who is knowledgeable about the availability of resources of the public agency, and related service providers such as occupational therapy. Together the team discusses evaluation results, determines eligibility, develops or modifies an IEP, or determines placement (CMR 28.02).

The responsibilities of occupational therapy in this process include:

1. Information sharing.
2. Participation in the decision-making process regarding the need for special education services, program planning, and implementation of educational plans. Decisions are made by the team rather than any individual.
3. Shared responsibility for the student's educational progress.
4. Shared responsibility for the implementation of IEPs.
5. The OT and OTA work collaboratively with other educational team members for all aspects of the decision making and program implementation process.

OTHER OT ROLES

In addition to services that are mandated by individual student need, the OT service provider has unique knowledge and skills that can contribute to the development of programs that can benefit all students. Examples may include:

- Consultation regarding curricular development, content and sequencing
- Staff and parent training
- Environmental design and access issues
- Universal design and use of technology in the classroom
- Recommendations regarding materials, equipment and furniture
- Programs contributing to the social-emotional well-being of the student population, such as violence prevention, bullying prevention, promoting positive self-esteem, health and fitness

- Contributing to the development of vocational programming, positive behavioral supports, and transition to adulthood
- Contributing to an effective District Curriculum Accommodation Plan (DCAP) to help meet the needs of diverse learners in the general education environment
- Contributing to transition planning from early childhood to adulthood

The above activities, including specific student mandated services, encompass the broad scope of OT practice as defined by the AOTA OT Practice Framework.

V. STUDENT RELATED OCCUPATIONAL THERAPY SERVICES

“The question that requires an answer is not, ‘Does Johnny need occupational therapy in school?’...” but rather,

“Does an occupational therapist’s knowledge and expertise provide a needed component of Johnny’s program that will achieve identified outcomes?” (Muhlehaupt, 1998).

INSTRUCTIONAL SUPPORT/PRE-REFERRAL

The school-based occupational therapist can play an important role in the instructional support/pre-referral process. The purpose of this process is to provide students with the supports necessary to meet their needs within the regular education setting prior to initiating the IEP/SPED process. In many cases, this level of support may be sufficient to meet the student’s needs, and a referral for assessment through special education may not be necessary. Therapists possess skills, using the AOTA Practice Framework, to analyze performance in areas of occupation, client (child) factors, activity demands, and context. This analysis enables the therapist to make recommendations for strategies to address the student’s educational needs. The occupational therapist’s ability to consider the interrelationship of all these factors on the child’s educational performance can bring a unique perspective to this process.

The chart below demonstrates how the analysis of issues in any of the domains of occupational therapy practice might lead to a specific strategy to support the student need. It is this analysis that helps to determine the strategy recommended.

Instructional Support Strategies - Example: Working Cooperatively with Peers

Occupation	Domain	Concern	Strategy
Turn taking during small group activity	Child Factor	Impulsivity and short attention span limits ability to wait turn, results in 'off task' and/or disruptive behaviors	-Have an adult provide tactile cue to shoulder as a reminder of need to attend and to wait. -Set up reward system for successful turn taking -Provide a tangible marker to indicate turn to speak. For example the student can speak when the picture is passed to his or her hands.
	Activity Demands	Task requires lengthy turn for each student	-Adapt/modify task so that turns are shorter -Give student a job to do related to the activity, such as recording the responses of others or keeping score so that he or she is engaged throughout the activity -Provide another activity or fidget object while waiting for next turn
	Context (Environment)	Distracted by other groups nearby and by books and other materials within easy reach of group activity area	-Position location of small group in least 'busy' area of classroom, away from other students and material
Sharing Materials	Child Factor	Takes materials from peers without asking and hoards materials, refuses to share with peers	-Start with allowing the student to have own materials or begin by sharing with only one other student -Teach, post and review rule of sharing individually and as a class -Set up chart/reward system for appropriate sharing -Model how to share, including use of words
	Activity Demands	Limited number of materials requires greater amount of sharing and disrupts the productivity of independent work time for student and others in class	-Provide own set of materials for certain independent work tasks -Use timer for use of materials before passing -Begin with smaller groups or pairs so that the student can practice structured turn taking -Explain clear rules for sharing at the beginning of each activity through the use of social stories
	Context (Environment)	Student is in desk cluster farthest from teacher desk making monitoring of sharing more difficult	-Reposition student in desk cluster close to teacher desk/area of instruction -Have fewer peers in the student's desk cluster so that turn taking is more manageable
Respecting Personal Space of others	Child Factor	Unaware of personal boundary guidelines, tends to get in peers' space	-Teach appropriate personal space – use strategy such as 'arms length' or practice with and then visualize hula hoops around each person -Provide each student with own space such as the use of mats during meeting time
	Activity Demands	1. Activities require movement of limbs and bodies to music resulting in unintentional and unexpected physical contact with peers 2. Classroom routine involves an open concept so that students are free to use all spaces for learning activities. It is not clear to the student where to be.	-Select movement to music activities with controlled/structured movements rather than generalized or random movements. -Determine personal space boundaries prior to each activity with tangible markers such as tape or a mat specific to that activity -Designate spaces within the room that that can be used for specific activities. For example, have separate desks available for all students who cannot work on unstructured table space.
	Context (Environment)	Students seated randomly on carpet for circle time	-Provide carpet squares or other boundaries at circle time -Perform some activities seated in chairs rather than on rug

Instructional Support Strategies - Example: Managing Clothing & Personal Belongings: Completing classroom routine

Occupation	Domain	Concern	Strategy
Completing AM routine upon arrival to classroom	Child Factor	Limited balance and fine motor skills interfere with removing outer clothing and putting personal belongings away	-Instruct classroom staff to assist in those aspects of specific tasks that the student is unable to perform (ex. hooking zipper, putting on mittens) -Place a chair in the coat area to allow the student to sit when removing outer clothing
	Activity Demands	Multiple factors interfere with completion of routine such as: insufficient time, given motor control factors, and too many students in the area to allow enough room to negotiate	-Allow student to begin first or have staff assist with the process. -Reduce number of students in coat room at one time by using a staggered schedule
	Context (Environment)	Coat room is a small area, hooks are located on two levels and student's hook is in the middle on the top level, just barely within reach	-Change location of hook to lower level at the end of the row of hooks for easier access and to allow the student to use the wall for support when putting belongings away

Instructional Support Strategies - Example: Illegible Handwriting

Occupation	Domain	Concern	Strategy
Sitting at Desk	Child Factor	Postural Control	Seat Cushion
	Activity Demands	Sitting too long at one time	Shorten writing sessions, provide breaks
	Context (Environment)	Desk/Chair Size	Appropriate size desk/chair
Letter Formation	Child Factor	Pencil Grasp Poor letter formation habits developed	Pencil Grip Practice correct letter formation at home
	Activity Demands	Materials: Pencil, Paper	Alter materials: size and type of writing implement, line size and type of paper
	Context (Environment)	Distracted by peers	Change seating location for writing
Writing Sentences	Child Factor	Spelling	Provide word list
	Activity Demands	Organizational demands of assignment	Provide template/graphic organizer
	Context (Environment)	Unable to see board	Preferential seating near board

This pre-referral process of providing instructional support may include a screening, done by the occupational therapist, to determine the next steps necessary to address the student's educational needs. A screening is a process of gathering information for the purpose of determining the need for formal evaluation. Based upon Massachusetts Board of Allied Health state licensure law, a screening may include observation in various settings (classroom, gym, cafeteria, playground, during transitions, or other locations), and interviews with teachers, parents, and/or other adults involved in the student's educational program. It also may include checklists and record review. The pre-referral process may result in recommendations for accommodations or strategies (instructional supports), or in a referral for a formal evaluation. (Jenkinson, Hyde & Ahmad, 2002).

EVALUATION

The purpose of the school-based occupational therapy evaluation is to assist the team in determining eligibility for special education services and, once eligibility is determined, to provide information to assist the team in formulating an appropriate educational plan.

Special education law applies only to problems identified that interfere with the student's ability to participate in his or her school program. The OT evaluation must address educational reason(s) for referral. The OT evaluation typically utilizes a combination of observation, standardized testing, and non-standardized testing, to assess all areas of concern related to the student's performance in school. The results of the OT evaluation are used in conjunction with information from other team members to assist the team in determining eligibility and, if eligible, in developing the IEP.

The evaluation process, using the AOTA Practice Framework, is a two-step process. The first step is to develop an occupational profile. The second step involves the analysis of occupational performance.

Development of the Occupational Profile (step 1):

1. The first step in the evaluation process is to clearly identify the reason for referral, i.e. the difficulty the student experiences in his or her educational program that has resulted in a referral for an occupational therapy evaluation. The reason for referral guides the evaluation process. The outcome of the evaluation must address the reason for referral. The evaluation addresses all areas of suspected disability related to the reason for referral.
2. The following steps in the evaluation process are used to determine appropriate assessment tools and strategies. [AOTA Practice Framework note: This information constitutes the student's occupational profile]
 - Consider instructional support/pre-referral information
 - Conduct Record Review
 - Interview teacher and other members of the school team as deemed appropriate
 - Interview parent

The Analysis of Occupational Performance (step 2):

3. Observation of the student is a critical step in the evaluation process. The observation of the student centers on the reason for referral. The observation, therefore, should take place in the setting in which the student is experiencing the difficulty that resulted in the referral. Observation of the student involves an analysis of the interaction of the student's abilities, the activity demands, and the context in which they routinely occur as they contribute to the student's participation.
4. Standardized and non-standardized testing tools/strategies are selected based on all of the above information. Evidenced based practice also informs the selection of testing tools.
5. Interpretation of test results and generation of written report: Analysis of test results and occupational profile information contribute to the understanding of the student's strengths and weaknesses as they relate to the reason for referral. This information is presented concisely in the written occupational therapy evaluation report.
6. Areas identified as interfering with school participation are addressed through the special education process. Areas noted that do not interfere with school participation are acknowledged but not addressed through the special education process. Parents have the option of addressing these issues on their own outside of the school setting.

The Evaluation Report

The evaluation report is a written summary that addresses the reason for referral and provides information to assist the team in determining the presence or absence of a disability that may interfere with school participation. The report should also contain a detailed description of the student's needs, and the accommodations or strategies needed to enable the student to participate, i.e. explicit means for meeting the identified needs. Recommendations for related services are ultimately a team decision; specific service recommendations are not typically included in the written evaluation report, but are determined at the team meeting. There is currently no mandated format for the written evaluation report. A sample format is included in the Appendix. *All information contained in the evaluation is confidential.*

Re-Evaluation

The focus of the OT re-evaluation is to gather information to help determine the student's

continued need for OT services in order to participate in school. The re-evaluation includes a review of previous evaluation data, student progress toward educational goals, and other evaluation tools/strategies selected to aide in the decision-making process. Re-evaluations are conducted every three years. Section II.B.5. of this document provides information on the re-evaluation process.

Independent Evaluations

All results from assessments or from independent evaluations are used by the team to form the basis for decisions regarding the student's participation in special education and related services, including occupational therapy. The information from the independent evaluation has no greater weight than any other team evaluation. A strong independent OT evaluation addresses the student's performance in the educational setting considering the least restrictive environment (LRE) mandate. A credible evaluation includes, at minimum, observation of the child at school, interview of relevant team members, and consideration of past and current services.

PROGRAM PLANNING – Contributing to the development of the Individualized Education Plan (IEP)

The occupational therapy service provider brings unique skills and perspectives to the team. As a member of the educational team the occupational therapy service provider collaborates on developing a plan to support the student's participation in school based on their knowledge of body structure and functions, child development, disability, and their impact on function. Decisions about occupational therapy intervention are part of this team process. The focus of the team collaboration is on the student's performance within the learning environment. The team develops and prioritizes the student's goals. The team then determines which team members can most effectively and efficiently help the student to achieve the goals in the least restrictive environment. The following question may help the team to determine the need for occupational therapy on the student's IEP: *Are the specialized services of the OT service provider essential for the student to meet his or her educational goals?*

SERVICE PROVISION/INTERVENTION

The team determines the level of service provision based upon the student's unique learning needs. The OT service provider selects the intervention approach. When considering services within the least restrictive environment (LRE) the team attempts to keep the student in the general educational environment with their non-disabled peers to the maximum extent

possible. The IEP, therefore, does not design a curriculum, rather, the IEP designs the services that the student needs to enable them to make progress in the general curriculum, and to help them participate in school. [A *Parent's Guide to Special Education*, A joint publication of the Federation for Children with Special Needs and The Massachusetts Department of Education (undated). Teams may find it necessary to identify accommodations, modifications, or services to meet specific learning needs of student's with disabilities so that they are able to access the general education curriculum.

Occupational therapy intervention is recommended as a *related service* to special education when the team determines that the student requires OT to access the curriculum, participate, and make effective progress. When an IEP contains only related services (for example, OT), that service is considered *special education* in the state of Massachusetts. In this context occupational therapy goals are freestanding, but still written to facilitate the student's ability to access and participate in the general education curriculum. Whether occupational therapy is included in the IEP as a related service or as special education, the purpose of the intervention is to support the student within the general education environment whenever possible. Services should take place within the classroom whenever appropriate. When services occur outside of the general education setting, the reason for this removal must be explained on the Non-Participation Justification section of the IEP document.

OT intervention may be provided in a variety of ways. LRE must be considered when determining the type of intervention(s) for each individual student. The following descriptions are presented in order of least to most restrictive. Services can include any combination to best meet the student's educational needs. When providing direct services, the OT service provider must also engage in ongoing communication with teachers and other team members so that effective strategies can be incorporated into activities throughout the school day and progress can be monitored within the educational environment.

- 1. Accommodation** – an accommodation is a support or service that is provided to help a student to fully access the general education curriculum or subject matter and demonstrate what he or she knows. An accommodation *does not change the content* of what is being taught (Nolet, V. & McLaughlin, M.J., 2000). Accommodations may include strategies or assistive technology. Some examples of strategies include adapting the environment (i.e. appropriate desk/chair size, preferential seating), adapting the materials (i.e. highlighting the left hand margin

of the paper, securing the writing paper to the desk), adapting the mode of instruction (ex. break down instructions and/assignments into smaller steps, provide written copies of lecture notes) or provision of a sensory diet. Assistive technology may range from low-tech such as a pencil grip to high-tech such as specialized software.

- 2. Modification** – a modification is a *change to the general education curriculum* or other material being taught. The teaching strategies are modified so the material is presented differently and/or the *expectations of what the student will master are changed*. (Nolet, V. & McLaughlin, M.J., 2000). Examples of modifications that OT may recommend include reducing the amount of written work required or having the child tear paper rather than cut with scissors.

3. Consultation (Section A of the IEP Service Delivery Page)

Consultation, as defined in the IEP process, involves the OT service provider working with other school staff to assist the student in achieving his or her educational goals. When the OT service provider is listed on the IEP service delivery grid as responsible for addressing a particular goal, then the OT service provider is accountable for attainment of that goal. The *act* of consulting involves collaboration among team members who jointly determine an agreed upon method for achieving student goals. Examples of consultation include:

- Scheduled discussion between the teacher and the OT service provider to mutually decide the best way to integrate therapeutic interventions in the classroom and modify the environment.
- The OT service provider and other team members share information about the student's specific problems and ways they can be addressed in the educational setting.
- The OT service provider and parents work together to develop a method to support the students' school participation, such as homework completion.
- The OT service provider works with the paraprofessional to model and instruct in how to work with the student.
- The OT service provider works with the teacher, paraprofessional, and other team members on how to position the student for a variety of educational activities.
- The OT service provider and teacher discuss how the curriculum could be modified to accommodate the student's special needs and they create lesson plans together.

- The OT service provider consults with outside agencies such as a physician, a developmental optometrist, an outside behavioral consultant, or another service provider.

4. Direct Services - the occupational therapist or occupational therapy assistant has direct contact with the student.

a. In-class (Section B of the IEP Service Delivery Page)

1. Services need to be provided in the least restrictive environment. Therefore, children with disabilities should receive services within their regular education classroom with their non-disabled peers to the extent possible.
2. Service delivery can take place in any regular education context, such as in the cafeteria, gym, playground, bathroom, classroom, art class, music room, or other locations.
3. Examples of in-class direct intervention include working with a student on writing/computer skills during written language class time, developing self-feeding skills during lunch or snack time, and developing or facilitating social/play skills at recess.

b. Out of Class (Section C of the IEP Service Delivery Page)

1. Services may be provided outside of the regular education setting when it is determined that this is necessary in order for the student to make effective progress in his/her educational program.
2. Depending on the severity, issues such as distractibility, low self-esteem, the need for privacy, or the need for specialized equipment, are examples of when services outside of the regular education setting may be considered. Services should not be provided outside of the regular education setting due to scheduling constraints, ease in student grouping, teacher's request, or because therapy space is available.
3. Service delivery outside of the regular education setting should be considered time limited. The need for services outside of the classroom as the least restrictive environment must be an ongoing consideration.

Once the team has determined the level of service provision, the OT service provider uses clinical reasoning to determine the appropriate theoretical approaches and methods for achieving the IEP goals. These decisions regarding methodology of OT intervention are based upon available evidence, including research, student progress towards goals, available resources, and other considerations.

DOCUMENTATION

Documentation must conform to federal, state, and local education agency requirements. Routine documentation is important and necessary to support intervention decisions, to determine effectiveness of the student's program, and to provide a method of communication for members of the educational team. Documentation provides evidence that occupational therapy services have been rendered. Record and data keeping also provide information about the effectiveness of intervention for evidence-based practice. Effective documentation is a valuable tool in workload management. Effective documentation can avoid ethical, financial, and legal consequences. OT service providers need to be aware that any documentation is a part of the student's record that a parent may request for review, or which could be reviewed as a part of litigation.

[Confidentiality – Occupational therapy service providers must have written consent before disclosing any personally identifiable information about a child or family to unauthorized personnel. Authorized school personnel include those directly working with the student or who process information about the student. The parents have the right to inspect, review, and amend all records related to the student. (NICHCY: News Digest ND21, 2nd Edition, January 2000.)]

Mandated Documentation

Federal and State Regulations Require the following documentation:

The Written Evaluation Report – Refer to detailed description in section V. B. 2.

The IEP Document –

The occupational therapy service provider contributes to the following sections of the IEP:

IEP 1: The Student Strengths and Key Evaluation Results Summary – this section includes a summary of evaluation results or, if an evaluation was not done within the last year, includes a summary of current strengths, type of disability, achievement towards goals and lack of expected progress if any..

IEP 2: Present Levels of Educational Performance A. General Curriculum and IEP 3: Present Levels of Educational Performance B. Other Educational Needs – OT service providers have a unique contribution to understanding the ways in which the student's disability interferes with school participation, and methods for addressing these needs through accommodations and/or modifications. This information should be incorporated into IEP 2 and IEP 3.

IEP 4: Goal Sheet - The OT service provider contributes to the writing of goals and objectives that reflect the student's school participation needs.

Goals should clearly address participation in academic and other school-related activities as prioritized by the team. Goals and objectives or benchmarks must be measurable and observable. [See appendix for information on how to write measurable and observable goals and objectives/benchmarks]. Goals and objectives or benchmarks should be markers for the student's performance (not what the *adult* will do) that can be accomplished within the student's IEP year. Goals should not include jargon. Goals should not reference specialized equipment unless it is essential to the student's performance, such as use of a computerized augmentative communication device for communication. Goals should not be discipline-specific. Goals should be able to be observed by anyone on the team including parent or regular education teacher. In order to measure student progress toward goals, data must be collected and data is clearest when collected in terms of a number (duration, time to complete, number performed, number of successful vs. unsuccessful attempts).

Progress Reports

1. Progress reports answer the following questions:
 - a. What is the student's progress toward the annual goal?
 - b. Is the progress sufficient to enable the student to achieve the annual goal by the end of the IEP period?
2. Progress reports should include the following:
 - Description of expected skills and goals
 - Listing of the student's achievements
 - Indications of stumbling blocks
 - Projections regarding the student's ability to reach the annual goal if progress continues at its current pace
3. If the student is making sufficient progress to meet the annual goal, work toward the goal continues. If the student is not making sufficient progress toward the annual goal, the OT service provider may either alter the methodology being used to meet the goal or amend the IEP to change the goal.

Other Documentation to Support Best Practice

Student Attendance – It is important to document each student’s attendance and reason for missed sessions. In order to protect confidentiality for other students, it may be helpful to have a separate attendance page for each student. Documentation requirements may differ by school district.

Intervention Documentation – It is best practice to document student service delivery (including direct intervention and consultation), as well as any other activity performed on behalf of the student (phone calls, meeting notes, etc.). These tasks may be documented in the form of student logs, data collection sheets and/or intervention notes.

Annual Summary – In preparation for each student’s annual IEP review meeting, it is common practice for service providers to write an annual summary describing student status, progress towards goals, and recommendations for continued services.

Discontinuation of Services Summary – When a student is no longer in need of OT services, a discontinuation of services or discharge summary is required. This report outlines the student’s status, progress toward goals, reassessment information, and reason for discontinuation of services. The OT service provider may consider discontinuing OT services when OT is no longer necessary in order for the student to access, participate, and make effective progress in their educational program. Although some school districts require a formal re-evaluation in order to discontinue OT from a continuing IEP, this requirement is not explicit in the law. In Massachusetts, because occupational therapy can be a single service provided on an IEP, a formal re-evaluation is necessary to discontinue OT, if OT is the only service on the IEP.

VI. ADMINISTRATION AND PROGRAM-RELATED OCCUPATIONAL THERAPY SERVICES

WORKLOAD/SCHEDULING

It is not possible to provide a definitive range or number of students that constitute an appropriate OT workload. Many factors contribute to determining a reasonable and

appropriate workload, and these factors vary between districts and schools. Available staff time is not a consideration when identifying an individual student's needs and recommendations for OT intervention/services. The school must provide services as outlined by the IEP. Occupational therapy personnel and school administrators must work together in order to achieve a manageable workload while ensuring that quality intervention is possible.

The following variables should be considered when determining a reasonable workload:

- Complexity of student need significantly impacts delivery of services (i.e. the ability to group students, time needed for planning, process, preparation)
- Number of schools and geographic area covered by OT (travel time, set up/clean up, collaboration with other team members, and other factors required at each school)
- Amount and type of occupational therapy services designated on the IEP/504
- Evaluation responsibilities: type and amount of new referrals, frequency of re-evaluations, and other documentation
- Role in pre-referral process and screenings
- Administrative, third party payer and professional documentation requirements
- Collaboration/consultation with other team members including family
- Time necessary for contacts with family and other community and medical agencies/personnel on behalf of the students (coordination of services, information gathering/sharing, and other tasks as needed)
- Additional duties required of the OT service provider, such as in-services to other staff members, required in-service attendance, and staff meetings that are not specifically student-focused)
- Amount of support available from aides, assistants and clerical personnel
- Meeting attendance (team, building, collaborative, department, and others)
- Supervision time (receiving and providing)
- Service coordination/case management duties
- Preparation/development of student-related materials, adaptive equipment/assistive technology
- Building responsibilities/duties (bus duty, lunch duty, recess duty)

SUPERVISION

In the supervisory relationship, the supervisor is an individual in a position of authority who has a responsibility to direct, guide, and monitor the supervisee's practice. These supervisory functions of authority, evaluation, and accountability distinguish supervision from consultation or mentorship, "In the mentorship or consultative role, the more experienced practitioner guides or coaches the apprentice, without the authority function of evaluating performance and maintaining the standards and viability of the organization." (Cohn, E., 2003)

OT/OTA Supervisory Relationship

OT/OTA partnerships can provide efficient and effective service. Mutual respect and knowledge of each member's experience and educational background are crucial to developing strong relationships. This partnership is a supervisory relationship.

There are many factors to be considered when determining appropriate levels of supervision, such as the complexity of student needs, the strengths, weaknesses and experience level of both the OT and the OTA, and the demands of the setting (Handley-More, D., 2003)

Administrative Supervision

Occupational therapy service providers in the school setting are typically accountable to an appropriately designated educational administrator such as a Director of Special Education, a Director of Pupil Services, or a School Principal. Such administrative supervision provides a means for communication between the educational system and the occupational therapy service provider and addresses adherence to the general policies and procedures of the district.

Clinical (Professional) Supervision

While many OT service providers receive administrative supervision from non-OT personnel, clinical supervision (provided by an occupational therapist) is not always available. The American Occupational Therapy Association maintains that persons not trained and qualified, as occupational therapy service providers cannot supervise occupational therapy clinical practice. (American Occupational Therapy Association (1999), p. 187).

Larger school districts may identify a lead occupational therapist to supervise occupational therapy staff and coordinate occupational therapy services for the district. The responsibilities of such a lead therapist may include, but are not limited to hiring/staffing, workload distribution/assignments, holding department meetings, planning and providing professional development, participating in the development of policies and procedures as related to the

provision of occupational therapy services within the district, acting as a liaison between the occupational therapy service providers and the school district/special education department, and program planning and program evaluation.

Occupational therapists in smaller districts, particularly those with minimal experience, may need to seek out mentoring and/or supervision on their own if experienced occupational therapy staff are not available within the district.

Supervision of (certified) occupational therapy assistants must be provided by licensed occupational therapists in accordance with the licensure laws governed by the Massachusetts Board of Allied Health Professions (259 CMR 1.00 through 5.00).

In addition to supervision, occupational therapy service providers may also seek out support via mentorship, support groups (such as MAOT School System Special Interest Group), consultation with other, more experienced therapists, and by networking with other members of their department.

AOTA has several documents related to the supervision of occupational therapy staff that may be used as resources (see Section VIII for a listing of resources)

SPACE/EQUIPMENT/SUPPLIES

Occupational therapy intervention supports the student's participation in the least restrictive setting to the extent possible. Therefore, intervention may be provided within the student's classroom or other setting within the school environment. However, some types of intervention and assessments require a separate space in order to provide quality, effective therapy, as well as privacy for the student and/or parents. The OT service provider also requires space in which to perform testing, consultation, materials preparation, documentation and record keeping. This includes access to a computer and telephone for documentation and communication with parents and outside agencies.

The OT service provider requires a budget for office supplies, sensorimotor equipment, furniture and positioning aids, and current assessment tools (including replacement materials such as student booklets and score sheets). To the extent possible, occupational therapy service providers focus on helping students to utilize materials that are part of the natural school setting in order to enhance participation in context. In addition, the OT may recommend adaptive equipment, assistive technology and supplies as required for meeting students' individual needs. These may range from inexpensive adaptive scissors or writing slant boards,

to expensive positioning devices or computerized equipment. The occupational therapy service provider communicates the need for equipment and supplies to the appropriate supervisor or administrator.

PROFESSIONAL DEVELOPMENT

Professional development opportunities are necessary in order to maintain competency, remain current in issues of best practice, and enhance and develop skills in school-based occupational therapy practice. The laws and regulations that govern school practice and the guidelines for best practice in occupational therapy are constantly evolving. While occupational therapy service providers are not currently required to participate in continuing education in order to renew their Massachusetts license, administrative personnel should not only encourage participation in continuing education and professional conferences, but should provide funding assistance and leave time to support this important professional activity.

EMPLOYMENT

Occupational therapy personnel may be hired and employed directly by the school system or may be independent contractors. They may also be contracted through community agencies such as home health agencies, hospitals, rehabilitation centers, or private practices. OT service providers who practice in the school setting need to have an understanding of the educational model, as well as pertinent federal and state educational law relevant to school practice. Administration should provide the occupational therapy employee with a job description that clearly delineates the roles and responsibilities within the school setting.

Orientation

All occupational therapy service providers should undergo a thorough orientation prior to beginning practice in a school setting. Orientation should include a review of the school district's policies and procedures, including supervision requirements, a review of all forms and documentation requirements, clarification of workload and travel parameters, and introduction to all physical sites.

Recruitment/Retention

Retaining occupational therapy service providers is important in providing quality and consistent therapy services. Therapists often leave a job because of a lack of career advancement and professional growth opportunities. Several retention strategies are listed below:

- Competitive salaries and benefits
- Adequate orientation and initial training
- Recognition as eligible for professional status
- Career advancement
- Opportunities for professional growth
- Relevant professional development opportunities
- Opportunities for networking and collaboration with other service providers
- Manageable workloads
- Provision of appropriate space, equipment, supplies and support staff
- Involvement in district-wide program development

Quality Control/Accountability

An important role for occupational therapy service providers is to assure that high quality services are provided in the school setting. In collaboration with supervisory or administrative staff, OT service providers establish peer review procedures to ensure the quality of their service provision and to assist in staff development. Peer review assists the educational agency in implementing appropriate quality assurance and evaluation measures for the occupational therapy program. Quality assurance measures assess the effectiveness of individuals, as well as the system's provision of service. A system of regular program evaluation ensures that the OT service provider will continue to provide best practice within the context of evolving special education laws.

LIABILITY

OT service providers may be covered under the school district's liability policy. Because they may also be held personally liable for their actions, they may want to obtain their own professional liability coverage.

MANDATORY REPORTING (Child abuse/neglect)

As an allied health professional, the school occupational therapy service provider is a mandated reporter of suspected child abuse or neglect of any child under age 18. Each school district has a procedure in place for addressing issues of suspected abuse and neglect. The OT service provider should be aware of and follow the policies and procedures of their district. The service provider must notify the Department of Social Services (DSS) directly, or notify the person within the school who is designated to make the report. A report must be made within

24 hours of suspected abuse and neglect, with follow-up of a written report on form 51-A within 48 hours.

Abuse is defined as the non-accidental commission of any act upon a child that results in physical or emotional injury. Neglect is defined as failure by a caretaker to adequately provide food, clothing, shelter, medical care, supervision, emotional stability or growth, or other essential care, provided that the inability is not due solely to inadequate economic resources. Further information can be obtained by calling the Massachusetts Department of Social Services Library (617) 748-2371. The child at risk hotline is (800) 792-5200. (Massachusetts Chapter 119, sections 51 A-E). <http://www.state.ma.us/dss/mandatedreporter.pdf>

OT STUDENT FIELDWORK PROGRAMS (Benefits and Responsibilities)

Fieldwork or internship programs are an important part of preparing OT personnel to work in the schools. Similar to student teacher programs, these internships prepare the OT student for the complexities of working in the school system. These programs are beneficial to both the OT student and service provider. Internship programs also foster strategic alliances between the school system and college or university, enabling access to resources and information about current practice. After an initial training period, the OT student, with supervision, gradually assumes responsibility for the provision of services, commensurate with their role and training (OT or OTA). The OT service provider with one or more years of experience (in any setting) can participate in the student internship program. An occupational therapist can supervise OT and OTA students. An occupational therapy assistant can supervise OTA students.

VII. REFERENCES

- American Occupational Therapy Association (2000). Occupational therapy code of ethics 2000. *American Journal of Occupational Therapy*, 54, 614-616.
- American Occupational Therapy Association (1999). Occupational therapy for children under the Individuals with Disabilities Act. (2nd ed.) Bethesda, MD: American Occupational Therapy Association.
- Burns, E. (2001). Developing and implementing IDEA-IEPs: An Individualized Education Program (IEP) handbook for meeting Individuals with Disabilities Education Act (IDEA) requirements, Springfield, IL: Charles C. Thomas, Publisher, LTD.
- Cohn E. (2003). Interdisciplinary communication and supervision of personnel. In E.B. Crepeau, E.S. Cohn, & B. A. B. Schell (Eds.), Willard & Spackman's occupational therapy, 10th edition, Philadelphia: Lippincott, Williams, & Wilkins.
- Federation for Children with Special Needs and the Massachusetts Department of Education (Undated). A parent's guide to special education. <http://www.fcsn.org/parentguide/pguide1.html>
- Handley-More, D., (March 2003). Supervising occupational therapy assistants in the schools. *School System Special Interest Section Quarterly*, 10, 1-4.
- Idol, L., Nevin, A., & Paolucci-Whitcomb, P. (2000). Collaborative consultation, 3rd edition. Austin, TX: Pro-ed.
- Jenkinson, J., Hyde, T., & Ahmad, S. (2002). Occupational therapy approaches for secondary special needs: Practical classroom strategies. London and Philadelphia: Whurr Publishers.
- Muhlenhaupt, M. (1998). Does Johnny need OT in school? *OT Practice*, 3(11), 26-28.
- NICHY News Digest ND21, 2nd edition, January 2000: A publication of the National Information Center for Children and Youth with Disabilities.
- Nolet, V. & McLaughlin, M.J. (2000). Accessing the general curriculum: Including students with disabilities in standards-based reform, Thousand Oaks CA: Corwin Press, Inc.
- Polgar, J.M. (2003). Critiquing assessments. In E.B. Crepeau, E.S. Cohn, & B. A. B. Schell (Eds.), Willard & Spackman's occupational therapy, 10th edition, Philadelphia.: Lippincott, Williams, & Wilkins.

VIII. RESOURCES/RELATED READINGS

Federal Laws and Regulations

Individuals with Disabilities Education Improvement Act of 2004: Law and (proposed) Regulations.

<http://www.cec.sped.org>

<http://www.ed.gov>

<http://www.ed.gov/about/offices/list/osers/osep/index.html?src=mr>

Americans with Disabilities Act

<http://www.usdoj.gov/crt/ada/adahom1.htm>

Section 504 of the Rehabilitation Act

<http://www.ed.gov/offices/OCR/disability.html>

No Child Left Behind (NCLB)

www.nclb.gov

General Laws and Regulations of Massachusetts

Chapter 71 B, Sections 1 - 15, defines the laws regarding Children With Special Needs

<http://www.mass.gov/legis/laws/mgl/gl-71b-toc.htm>

603 CMR28.00 Special Education Regulations

<http://www.doe.mass.edu/sped/regs.html>

Massachusetts Chapter 119, sections 51 A-E, Department of Social Services, Regarding responsibilities related to suspected child abuse and neglect

<http://www.mass.gov/dss>

Massachusetts Chapter 688, Transition to Adulthood

www.doe.mass.edu/sped/688

Massachusetts State Agencies

Massachusetts Commission for the Blind

www.mass.gov/mcb

Massachusetts Commission for the Deaf and Hard of Hearing

www.mass.gov/mcdhh

Massachusetts Department of Mental Health

www.mass.gov/dmh

Massachusetts Department of Mental Retardation

www.mass.gov/dmr

Massachusetts Rehabilitation Commission

www.mass.gov/mrc

Occupational Therapy Boards and Organizations

American Occupational Therapy Association

www.aota.org

Massachusetts Board of Registration of Allied Health

www.mass.gov/dpl/boards/ah

Massachusetts Occupational Therapy Association

www.maot.org

National Board for Certification in Occupational Therapy

www.nbcot.org

Special Education and Related Organizations

Federation for Children with Special Needs (FCSN)

www.fcsn.org

LEND Program/Shriver Website – Leadership Education in Neurodevelopmental & Related Disabilities, Shriver Center, UMass Medical School 200 Trapelo Road Waltham, MA 02452 (781) 642-0045

www.umassmed.edu/shriver

U.S. Department of Education

www.ed.gov

Office of Special Education Programs (OSEP) at the U.S. Department of Education

www.ed.gov/about/offices/list/osers/osep/

Office of Special Education and Rehabilitation Services

<http://www.ed.gov/about/offices/list/osers/nidrr/index.html?src=mr>

Division for Early Childhood

www.dec-sped.org

Massachusetts Department of Education

www.doe.mass.edu

The Council for Exceptional Children (CEC)

www.cec.sped.org/

<http://www.ideapractices.org>

The IDEA Partnership Project at the National Association of State Directors of Special Education (NASDSE)

www.ideainfo.org

Educational Resources Information Center (ERIC)

<http://www.eric.ed.gov/>

Special Education Documents and Resources Available Through the Massachusetts Department of Education

Is Special Education the Right Service? A Technical Assistance Guide, March 2001

www.doe.mass.edu/sped/iep

Assistive Technology Guide for Massachusetts Schools

<http://www.doe.mass.edu/edtech/toolkit/students/ATguide.pdf>

Massachusetts Comprehensive Assessment System, includes document: *Requirements for the Participation of Students with Disabilities in MCAS*

http://www.doe.mass.edu/mcas/pub_test.html

Massachusetts Department of Education IEP Process Guide

www.doe.mass.edu/sped/iep

Massachusetts Curriculum Frameworks

www.doe.mass.edu/frameworks

Occupational Therapy Documents and Resources

American Occupational Therapy Association (AOTA) documents:

www.aota.org

- *Model State Regulations for Supervision, Roles, and Responsibilities During the Delivery of Occupational Therapy Services*
- *Guidelines for Supervision, Roles, and Responsibilities During the Delivery of Occupational Therapy Practice*
- *Standards of Practice for Occupational Therapy*
- *Occupational Therapy Code of Ethics*
- *Standards for Continuing Competence*

AOTA Practice Framework:

Occupational therapy practice framework: Domain and process. (2002). *American Journal of Occupational Therapy*, 56, 609-639.

Swinth, Y. (2003). Applying the occupational therapy practice framework to the 0 to 21 population in education based settings. *School System Special Interest Quarterly*, 10 (3), 1-3.

Evidence-based Practice:

The AOTA website provides resources for evidence-based practice including the Evidence-based Literature Review Project, The Evidence-Based Practice Resource Directory and OT Search.

American Occupational Therapy Association (2003). Guidelines for documentation of occupational therapy *American Journal of Occupational Therapy*, 57, 646-649.

Grossi-Kliss, J. & Muhlenhaupt, M. (2003). Using practice-based evidence to solve a question: A student with sensory defensiveness. *School System Special Interest Quarterly*, 10 (4), 1-4.

Holm, M. B. (2001). Our mandate for the new millennium: Evidence-based practice. *OT Practice*, 7 (20), CE1-CE14.

Sarracino T. (2002). Using evidence to inform school practice. *School System Special Interest Quarterly*, 9, 1-4.

OT/OTA supervision documents:

American Occupational Therapy Association, (2001). Decision tree in determining appropriate use and supervision of an occupational therapy assistant (OTA), *OT Practice*, 6 (18), 6-7.

Handley-More, D. (2003). Supervising occupational therapy assistants in the schools. *School System Special Interest Quarterly*, 10 (1), 1-4.

The Massachusetts Board of Registration of Allied Health CMR 259 Rule and Regulations 3.00 Occupational Therapists

<http://www.mass.gov/dpl/boards/ah/cmr.htm>

The Massachusetts Board of Registration of Allied Health

Position Statement on Physical Therapist and Occupational Therapy Assistant Involvement in Patient Screens and Evaluation

<http://www.mass.gov/dpl/boards/ah/faq.htm#ot12>

Websites Related to Assistive Technology:

CAST Universal Design for Learning

<http://www.cast.org/index.html>

Closing the Gap

<http://www.closingthegap.com/>

MATP Massachusetts Assistive Technology Partnership

<http://www.matp.org/>

Massachusetts Department of Education

<http://www.doe.mass.edu/sped/links/Assistive.html>

NCIP National Center to Improve Practice in Special Education through Technology, Media and Material

<http://www2.edc.org/NCIP/Default.htm>

The TAM (Technology and Media) Division of the Council for Exceptional Children offers a variety of information about assistive technology and special education instructional technology.

<http://www.tamcec.org>

WATI Wisconsin Assistive Technology Initiative

<http://www.wati.org>

Related Readings

Anderson, W., Chitwood, S., & Hayden, D. (1997). *Negotiating the special education maze: A guide for parents and teachers*. Bethesda, MD: Woodbine House.

Case-Smith, J. (2005). *Occupational therapy for children*, 5th Ed. St. Louis, MO: Elsevier Mosby.

Dunn, W. (2000). *Best practice occupational therapy: In community service with children and families*. Thorofare, NJ: Slack.

Gould, P. & Sullivan J. (1999). *The inclusive early childhood classroom*. Beltsville, MD: Gryphon House

Hanft, B. & Place, P. A. (1996). *The consulting therapist: A guide for OTs and PTs in schools*. San Antonio, TX: Therapy Skill Builders

Jackson, L. & Arbesman, M. (Eds.) (2005). *Occupational therapy guidelines for children with behavioral and psychosocial needs*. Bethesda, MD: AOTA Press.

Jenkinson, J., Hyde, T., & Ahmad, S. (2002). *Occupational therapy approaches for secondary special needs: Practical classroom strategies*. London and Philadelphia: Whurr Publishers.

Mulligan, S. (2003). *Occupational therapy evaluation for children*. Philadelphia: Lippincott Williams & Wilkins.

IX. APPENDIX

WRITING MEASURABLE GOALS

Students with disabilities are expected to receive the same education as their non-disabled peers. The Massachusetts curriculum frameworks have been established to assure that all students in Massachusetts are receiving a quality education. Goals are written to help the student to access, participate and make progress in the general curriculum, and the life of the school. Goals are developed and prioritized as a team.

Some teams write embedded goals for occupational therapy services. Team members collaborate to determine the goal for a specific curriculum area, e.g., “written expression.” In this case, more than one service provider may address the same goal, i.e., special educator and occupational therapy staff. Each service provider contributes his or her expertise to help the student achieve the common goal. In this case, the occupational therapy service provider may address a specific skill the student needs to access that curriculum area. Other terms used for embedded goals may include integrated or collaborative goals.

Goals must be measurable in order to make an objective determination of the student's progress. This facilitates the decision making process regarding when to continue or modify an approach based upon the student's performance. It also helps to achieve team consensus about when a goal has been met, needs to continue, or be modified in relation to the student's school participation. The goal focuses on enabling the student to participate in the general curriculum to the greatest extent possible. Consideration must be given to the student's current skill level, his/her one-year goal, and the steps necessary to reach the goal based on evaluation results.

The purpose of making a goal measurable is to be able to use it to collect data in order to chart the student's progress. The data should be collected in terms of a number (duration, time to complete, number performed, number of yes vs. no). A goal consists of a target behavior, condition, and criteria, and must be observable.

- ✓ The target **behavior** - the skill or behavior in need of change.
- ✓ The **condition** - the circumstances under which the target *behavior* is to occur
- ✓ The **criteria** – acceptable level of performance of the target behavior

Mark will:

cut out a circle {target behavior}

within ¼ inch of the line with fewer than three errors {condition}

in four out of five opportunities. {criteria}

When goals are measurable and observable, data can be collected for an accurate account of the student's progress.

The first step in writing a goal is to establish the present level of educational performance (PLEP) and document this at the top of the IEP 4 goal sheet. This information is taken from the evaluation information or progress report, and is used as a baseline for establishing the goal, i.e., *“Mark can currently cut a six-inch line to within ½ inch given hand over hand assistance.”* The team then considers the goal Mark should be able to accomplish in one year, which is the duration of the educational plan, i.e., *“Mark will cut out a circle within ¼ inch of the line with fewer than three errors in four out of five opportunities.”* The team then considers the steps Mark can take toward this goal that can be measured throughout the year. This can be done using either benchmarks or objectives. Benchmarks are sequential milestones the student is expected to reach within specified timeframes. Benchmarks are designed to coincide with the marking periods and progress note schedule. For example, three benchmarks are written at the elementary level with the expectation that the final goal will be achieved by the end of the fourth marking period of the educational plan. An example of benchmarks for this goal might be:

1. By the end of the first marking period Mark will cut a six-inch line within ½ inch of the line with minimal physical assistance and fewer than 3 errors in 4 out of 5 opportunities.
2. By the end of the second marking period Mark will cut out a circle within ½ inch of the line with verbal cues and fewer than five errors in 4 out of 5 opportunities.
3. By the end of the third marking period Mark will cut out a circle within ¼ inch of the line with fewer than 5 errors in 4 out of 5 opportunities.
4. By the end of the fourth marking period Mark will have achieved his goal of cutting out a circle within ¼ inch of the line with fewer than three errors in 4 out of 5 opportunities.

Objectives are small steps toward the goal and are addressed concurrently. An example of objectives for this goal might be:

1. Mark will hold scissors with the correct “thumbs up” position with one verbal cue over 3 consecutive trials.
2. Mark will stabilize the paper with his non-dominant hand in a thumbs up position as measured over 3 consecutive trials.
3. Mark will cut out a 4 inch curved line with cuts on at least 2 inches of the line as measured over 3 consecutive trials.

The team should decide between benchmarks and objectives depending on the particular goal being addressed or student’s learning style.

Progress reports answer the following questions:

1. What is the student's progress toward the annual goal?
2. Is the progress sufficient to enable the student to achieve the annual goal by the end of the IEP period?

Sample progress note using second quarter benchmark from above

2nd Quarter:

Mark is able to cut out a circle within ½ inch of the line with verbal cues and fewer than five errors in 4 out of 5 opportunities. It is expected that Mark will achieve his goal by the end of the IEP year.

Sample second quarter progress note using objectives

2nd Quarter:

Mark is able to cut out a 6-inch line within 1 inch of the line with fewer than three errors in four out of five opportunities. He is able to hold the scissors in the thumbs up position given initial physical assistance for positioning. Mark requires frequent verbal cues to stabilize the paper with his non-dominant hand. He can make continuous snips in one direction but is not yet negotiating curved lines. Mark is making progress toward his goal, however, it is not certain that he will achieve his goal by the end of the IEP period.

USING AND INTERPRETING EVALUATION TOOLS IN THE SCHOOL SETTING

There are several types of tools that are used by occupational therapists in the school setting. These tools are used as a part of the evaluation to make decisions about service eligibility or appropriate special education services. The reason for referral guides the selection of evaluation tools. The purpose of the evaluation is to contribute information to help determine eligibility, and to assist the team in identifying the student's needs, as well as to identify outcomes and strategies to meet these needs. The evaluation should focus on understanding why the student is having difficulty with school participation. It addresses the interaction between the activity demands, the context and the student's abilities.

Tools include standardized or non-standardized tests. The type of test selected will influence the occupational therapist's ability to make decisions about services. The OT uses a combination of test results, observations, and other information in assisting the team process. There are several types of tests that are described below:

Skilled Observations

The therapist uses skilled observations to record observations of specific areas of function. There is usually a set format to guide the observations. This format is not standardized, but is useful in supplying information about the student. *The Clinical Observations* by A. J. Ayres is a type of skilled observation format.

Questionnaire Formats

The therapist obtains information from others who are familiar with the child using a structured format. Questionnaires can be standardized or non-standardized. Examples include the *Social skills Rating System* and the *Sensory Profile*.

Criterion-Referenced Tests

Criterion referenced tests can be standardized or non-standardized. These compare the student's performance to specific content or a defined list of skills, rather than to the performance of other students. The content may cover functional skills or developmental milestones. No score distribution is needed. An example of a criterion-referenced test is the *School Function Assessment*.

Norm-Referenced Tests

Norm referenced tests are standardized tests that compare the student's performance with a normative sample for which the test was developed. This type of test allows the therapist to compare the student's performance to the average performance of the children tested in the test development. Care must be taken to match the student's age and diagnosis to the characteristics of the test sample. Items are generally selected that are representative of a specific construct or behavior, and that can be reliably or consistently measured. The *Brunininks-Oseretsky Test of Motor Proficiency* is an example of a norm-referenced test.

When selecting tests, it is important to match the *purpose* of the test to its use. This information is provided in the test manual. It would be inappropriate to use a test to diagnosis a condition if the test was not constructed for that purpose. The *validity* section of the manual provides information to the user about how the test was evaluated on its ability to provide the user with the desired information. For example, the *Developmental Test of Visual Perception* provides information about how children perform on this test in relation to other tests of visual perception and visual motor skill. The *reliability* section provides a measure of the consistency of the test results. The test-retest reliability describes the level of confidence that there would be similar results if the test items were repeated. The inter-rater reliability shows the expected consistency of results if the test was given by another administrator. For confidence in the test results, the user usually looks for correlations of .80 or higher.

Reporting Test Scores

Tests may provide several types of scores including age and/or grade equivalent scores, percentile scores, or standard scores. Each type of score has its benefits and weaknesses.

Raw scores show the number of correct items on a test. It is often not helpful to report that type of score because the reader has no reference for interpretation. For example, does a score of 16 out of 20 represent an age appropriate, above average, or below average score for a student of a particular age?

Age and Grade Equivalent scores provide a general idea about the student's developmental performance. Reporting of this type of score can also be confusing and should be avoided. The age or grade equivalent is generally an average score, but does not take into account the range of an average response. For example a 7 year, 4 month old student may receive a raw score of 16 on the *Developmental Test of Visual Motor Integration (VMI)* resulting in an age

equivalent score of 6 years and 6 months. This age equivalent score might cause concern for a 10-month delay in skills. However, the standard score of 98 indicates that the student's performance was within the average range for age.

Percentile Scores provide an accurate reporting of the student's performance. A cumulative percentile score between 16 and 84 represents an average score. This score reflects the percentage of children from the normative sample that performed more poorly than the student tested. The difficulty with using percentile scores is that they are often misinterpreted. Most people associate this type of score with the percentage score they might receive on a test that reports accuracy. They assume that a score of 100% on a test, reflects the percentage of items completed correctly, rather than how the student performed in relation to the children in the normative sample.

Standard Scores present the most accurate and easily interpretable scores for reporting the student's performance. They are referenced to the normal curve that provides a mean and standard deviation. Generally a score within 1 standard deviation of the mean is considered an average score (mean +/- 1 standard deviation). The test manual will provide information on how to interpret these scores. Standardized scores can be used to compare the student's performance on several tests so it is a useful format to use in team meetings. Most tests by other team members are also reported in this format.

A list of common test scores is provided below.

Score	Mean	Standard Deviation	Average Range
Standard Score	100	15	84-115
Z score	0	1	-1.0 - +1.0
T score	50	10	40-60
Stanine Score	5	3	3-8
Cumulative Percentiles Score	50	34	16-84

Sample of Scores from selected tests

Test Score	Mean	Standard Deviation	Average Range
VMI standard score	100	15	84 - 115
Bruininks-Oseretky Motor Scales (BO) Subtest standard scores	15	3	12 - 18
Sensory Integration and Praxis Tests (SIPT) z scores	0	1	-1.0 - +1.0
Developmental Test of Visual Perception 2 (DVPT2) subtest standard scores	10	3	7 - 13

EVALUATION TOOLS USED IN SCHOOLS

[Please note that this is not an all-inclusive list, but provides information on tools commonly used by school occupational therapists.]

School Participation

Canadian Occupational Performance Measure, 3rd edition (COPM)

Canadian Association of Occupational Therapists publications

CTTC Building, Suite 3400

1125 Colonel By Drive

Ottawa, Ontario K1S 5R1

Canada

(800) 434-CAOT, ext. 242

<http://www.caot.ca>

Semi structured interview used to detect change in the older student's perception of, and satisfaction with their occupational performance.

Pediatric Evaluation of Disability Inventory (PEDI)

Therapy Skill Builders/ Psych. Corp.

555 Academic Ct.

San Antonio TX 78204-2498

1 800 228-0752

Criterion referenced test completed through report of people who know the student. Measures the student's function in the areas of self-care, mobility, and social function. Designed for students under age 7.5 years with a variety of disabling conditions.

Miller Function and Participation Scales

Therapy Skill Builders/ Psych. Corp.

555 Academic Ct.

San Antonio TX 78204-2498

1 800 228-0752

Norm referenced test to measure aspects of function and participation. Has gross motor, fine motor, and visual-motor components. Includes parent and teacher questionnaires. Designed for students aged 2.6 to 7.11.

School function Assessment (SFA)

Therapy Skill Builders/ Psych. Corp.

555 Academic Ct.

San Antonio TX 78204-2498

1 800 228-0752

Criterion referenced test completed through report of people who know the student. Measures the student's performance of functional tasks that support participation in academic and social aspects of elementary school.

Handwriting

Evaluation Tool of Children's Handwriting (ETCH)

OT KIDS, Inc.

P.O. Box 1118

Homer, Alaska 99603

(907) 235-0688

Criterion Referenced tool to evaluate and measure change in manuscript and cursive handwriting of children in grades 1 through 6.

Psychosocial

Children's Assessment of Participation and Enjoyment and Preferences for Activities of Children (CAPE/PAC)

Therapy Skill Builders/ Psych. Corp.

555 Academic Ct.

San Antonio TX 78204-2498

1 800 228-0752

Semi-structured interview to gain information regarding the student's day to day participation and preferences for activities. Areas include recreational, physical, social, skill-based, and self-improvement. Designed for students aged 6-21.

Coping Inventory

Scholastic Testing Service, Inc

Bensenville, IL 60106

800 642-6787

Criterion referenced observational test of children's coping related behavior. Assesses the behavior patterns and skills that are used by the student to meet personal needs and adapt to the demands of the environment. For use with students aged 3 to 16.

Early Coping Inventory

Scholastic Testing Service, Inc

Bensenville, IL 60106

800 642-6787

Criterion referenced observational tool of children's coping related behavior that are used in everyday interactions. For use with students who function under the 3 year old developmental level. Content areas include: sensorimotor organization; reactive behavior; and self-initiated behavior.

Social Skills Rating System

AGS Publishing

4201 Woodland Rd.

Circle Pine, MN 55014

800 328-2560

Norm-referenced scales of student social behaviors that can impact teacher-student relations, peer acceptance, and academic performance. Designed for students from pre-school through high school.

Piers Harris Children's Self Concept Scale, 2nd edition

Western Psychological Services

12031 Wilshire Blvd.

Los Angeles, CA 90025

800 648-8857

Screening tool to assess the student's self concept in students aged 7 to 18 years. It includes the following subscales: physical appearance and attributes; intellectual and school status; happiness and satisfaction; freedom from anxiety; behavioral adjustment; and popularity.

Perception and Visual Motor

Developmental Test Visual Perception, 2nd edition (DTVP2)

Pro-ed

8700 Shoal Creek Blvd

Austin, TX 78758

800 897-3202

Norm referenced test of visual perceptual and visual-motor abilities for children aged 4 to 10 years. Provides scores for visual perceptual and visual-motor abilities.

Motor Free Visual Perception Test, 3rd edition (MVPT3)

Academic Therapy Publications

20 Commercial Blvd.

Novato, CA 94949

Norm referenced test of visual perception for students aged 4 to adult. Provides a total score of overall visual perception.

Beery-Buktenica Developmental Test of Visual Motor Integration, 5th edition (VMI 5)

Psychological Assessment Resources, Inc

16204 N. Florida Ave.

Lutz, FL 33549

800 727-9329

Norm referenced test of visual-motor integration for students aged 2 to 18. Provides scores for the three subtests: visual; visual motor; and motor coordination.

Motor

Bruininks-Oseretsky Test of Motor Proficiency

AGS Publishing

4201 Woodland Rd.

Circle Pine, MN 55014

800 328-2560

Norm referenced test of gross motor and fine motor skills for students aged 4 to 14. Provides gross motor and fine motor composite scores, and scores for the subscales under each of these subtests.

Peabody Developmental Motor Scales, 2nd edition (PDMS2)

Pro-ed

8700 Shoal Creek Blvd

Austin, TX 78758

800 897-3202

Norm referenced test of fine motor and gross motor abilities for students up to age 71 months. The gross motor and fine motor subtests can be given separately.

Sensory

Adolescent/Adult Sensory Profile

Therapy Skill Builders/ Psych. Corp.

555 Academic Ct.

San Antonio TX 78204-2498

1 800 228-0752

Students aged 11 through adult evaluate themselves through the use of a self questionnaire. Examines possible contributions of sensory processing to daily performance patterns .

Sensory Profile

Therapy Skill Builders/ Psych. Corp.

555 Academic Ct.

San Antonio TX 78204-2498

1 800 228-0752

Norm referenced questionnaire completed by people who know the student, aged 3 to 10 years. Describes how the student processes sensory information in everyday situations and provides a profile of the effect of sensory systems on everyday performance.

Infant/Toddler Sensory Profile

Therapy Skill Builders/ Psych. Corp.

555 Academic Ct.

San Antonio TX 78204-2498

1 800 228-0752

Norm referenced questionnaire completed by people who know the student, up to 3 years. Describes how the student processes sensory information in everyday situations, and provides a profile of the effect of sensory systems on everyday performance.

DeGangi-Berk Test of Sensory Integration

Western Psychological Services

12031 Wilshire Blvd.

Los Angeles, CA 90025

(800) 648-8857

This is a criterion-referenced test that provides an overall measure of sensory integration for preschool children ages 3-5. This test measures the three sub-domains of postural control, bilateral motor coordination, and reflex integration as they relate to the development of sensory integrative functions in the preschool child.

Clinical Observations of Motor and Postural Skills (COMPS)

Therapro

225 Arlington Street

Framingham, MA 01702-8723

(800) 268-6624

The COMPS is a screening tool based on six of the Clinical Observations developed by A.J. Ayres. It uses standardized administration procedures and objective criteria for scoring to help identify subtle motor coordination problems in children ages 3-5.

EVALUATION WRITE-UP: SAMPLE FORMAT

This is one example of an evaluation report format and is not intended to be used as the standard. School districts may require different information or a different format altogether for the evaluation report. The evaluation report should be written in language that is clearly understandable to the parents and other team members.

Heading

Student's name, birth date, test date, chronological age, school, grade, type of evaluation (initial, additional, re-evaluation), and evaluator's name, credentials and role.

Reason for referral

Who initiated the referral? What were the concerns? What challenges to school participation triggered the request for OT? List the presenting problems/areas of occupational performance, and the context in which they occur. This may or may not be present in the evaluation referral or instructional support/pre-referral documentation. If this information is not present in the referral documents, then it must be sought out via interview with the referring person(s).

Background Information

Include student's significant and relevant medical, educational, and/or developmental history. Include the disability category and statement of the relevant student centered issues for students already receiving special education services. Include relevant strengths and weaknesses, current services and accommodations, and information about the student's engagement in the relevant activities. Describe the factors that may impact the student's participation, such as, classroom ecology, activity demands, and instructional methods and material. Describe the strategies that have been implemented to address the issues and indicate the effectiveness of these strategies. Information included in this section is based upon record review, interview, and/or pre-referral documentation.

Evaluation Procedures

List tests and other procedures used in data gathering/evaluation process such as interview, observations, questionnaires, record review, and formal and informal evaluation tools.

Summary of Contextual Observation

Describe observation of the student within the educational context(s) in which the referring problem(s) occurs. Include relevant information such as environmental conditions, materials and activity demands, student performance, and interactions with peers and adults.

Behavior During Testing

Describe the student's behavior during testing, i.e. the student's transition to and from testing, ability to relate to the examiner, attention span, activity level, willingness to participate, frustration tolerance, endurance, and other factors. Note differential behavior to different aspects of testing or whether behavior changes over time (e.g. student fatigues or warms up to examiner). Note if behavior was different during structured and unstructured tasks. Include any strategies that were used to assist the student to complete the testing. Indicate whether you feel that the test results are valid or a good representation of the student's skills.

Evaluation Results

This section presents information from all evaluation procedures utilized, including objective test data, clinical observations, information from parents and other team members, and observation. When listing test scores, use standard scores when possible. Do not use age equivalents. Also include information to help the reader understand the scores, e.g. provide the average range for scores.

Present results in a way that builds a logical argument that will support your interpretations as presented in the summary. Relate results to school participation. Describe the impact of any areas of weakness on the student's participation in school, focusing on the ways in which the student's skills are or are not functional for school-related tasks. The results, including any relevant observations, are reported under relevant subheadings, for example:

Occupational Performance: Participation in functional tasks or reports from tests such as the *School Function Assessment (SFA)*, the *Pediatric Evaluation of Disability Inventory (PEDI)*, the *Canadian Occupational Performance Measure (COPM)*; any other relevant supporting evidence observed during testing, in context, or as reported by parent/teacher.

Neuromuscular Status: Range of motion, strength, muscle tone, postural control, balance, protective responses from clinical and functional observations; any other relevant supporting evidence observed during testing, in context, or as reported by parent/teacher.

Sensory Processing: Information about the student's ability to process sensory information and its influence on school participation; results of questionnaires and evaluation tools such as the *Sensory Profile*, the *DeGangi-Berk Test of Sensory Integration (TSI)*, and/or the *Clinical Observations of Motor and Postural Skills (COMPS)*; other relevant supporting evidence observed during testing, in context, or as reported by parent/teacher.

Fine Motor Skills: Observations of pencil grasp, pencil control, bilateral hand use, hand preference, reach, grasp, release, and/or in-hand manipulation skills; objective test information such as the *Bruininks-Oseretsky Test of Motor Proficiency (B-O)*, or the *Peabody Developmental Motor Scales (PDMS)*; other relevant supporting evidence observed during testing, in context, or as reported by parent/teacher.

Visual-Perceptual Skills: Relevant visual-perceptual performance including results of tests assessing visual perception such as the *Motor-Free Visual Perception Test (MVPT)* or the *Developmental Test of Visual Perception (DTVP)*; other relevant supporting evidence observed during testing, in context, or as reported by parent/teacher.

Visual-Motor Skills: Results of tests of visual motor integration such as the *Beery-Buktenica Developmental Test of Visual-Motor Integration (VMI)* and tests of functional visual motor tasks, e.g., handwriting as tested by the *Evaluation Tool of Children's Handwriting (ETCH)*; relevant supporting evidence such as writing samples, scissor use, or drawings.

Psychosocial Skills: Relevant psychosocial information to describe the student's school participation, including results of tests such as the *Piers Harris Self Concept Scale (2nd edition)* or the *Children's Assessment of Participation and Enjoyment and Preferences for Activities of Children (CAPE/PAC)* and other supporting evidence such as self-regulation, engagement, motivation, and interaction skills.

Begin each section with a summary sentence about whether the results were age appropriate, or were an area of relative weakness or strength (*only use age appropriate if tested against age norms*). Report the results in terms of the student's abilities, and describe his/her strengths and weaknesses. Information contained in each section should be written in such a way as to support your interpretations and summary. Information that is taken from a parent or teacher report rather than your direct testing, observation or interaction with the student should be clearly indicated as such. The results of each section should present a clear picture of the student's school performance and participation in that area.

Interpretations and Summary

Summarize the results of the testing as it relates to the reason for referral (area of occupational performance that is of concern). Include a summary statement of strengths and areas of need and the ways in which these impact (or may impact) the student's occupational performance in school. This section should not present any new information not covered in the previous sections. Conclude with your interpretation of the reasons why the student may be challenged in the areas of concern that were the reason for referral. Report any other functional implications of your findings.

Because this is frequently the only section that a parent or other professionals will read, it is important that your findings be clear and concise. Try to limit this section to one to two paragraphs. Information from this section can be used on the IEP, on page 1 under *Student Strengths and Key Evaluation Results Summary* and when summarizing evaluation results at the team meeting as well.

Recommendations

This section includes whether or not occupational therapy may be indicated to support the student's participation in school. The need for specific services will then be discussed during the team meeting. The team makes the final decision. Provide a list of accommodations (including testing accommodations) and recommendations for addressing any identified student need areas as well as those appropriate for home and/or classroom activities. Recommendations for further testing and/or services may also be indicated here. Provide your signature and credentials.

