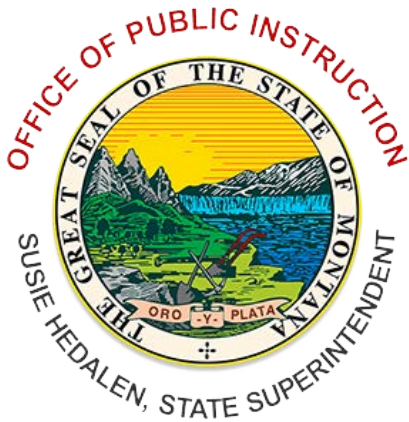


MONTANA PUBLIC SCHOOLS

**GUIDELINES FOR
THE PROVISION OF
OCCUPATIONAL THERAPY
AND
PHYSICAL THERAPY SERVICES**

**UNDER THE INDIVIDUALS WITH DISABILITIES
EDUCATION ACT (IDEA)**



**Montana Office of Public Instruction
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Helena, Montana**

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TABLE OF CONTENTS

Introduction.....	3
Definitions.....	4
Physical and Occupational Therapy in the Public School	10
- Physical Therapy and Occupational Therapy as a Related Service	10
- The Distinction Between School-Based Therapy and Non-School-Based Therapy Services	10
- Private Practices of Individuals Not Employed or under Contract with the District...11	
Role Delineation for School Occupational and Physical Therapists	12
Service Delivery.....	13
- Referral.....	13
- Educational Evaluation	13
- Collaboration in IEP Meetings.....	14
- Need for Occupational and/or Physical Therapy	14
- Transfer Students	15
- Progress Monitoring.....	15
- Reevaluation.....	15
- Discontinuation of Service Considerations	16
- Service Delivery Flow Chart.....	17
Documentation.....	18
School Staff and Administrative Considerations.....	19
- Use of Educational Support Personnel.....	19
- Physical Therapy Supervision.....	19
- Occupational Therapy Supervision	19
- Reimbursement	20
- Qualifications for School-Based Therapist Including Mentoring.....	20
- Staffing Consideration	20
Commonly Asked Questions and Answers.....	22
Appendix A – Resources	30
Acknowledgements.....	32

INTRODUCTION

This document provides guidelines for parents, education staff, administrators, occupational therapists, and physical therapists who deliver services in Montana public schools. The primary purpose of this publication is to encourage a cooperative effort between those involved in the delivery of physical and occupational therapy as related services and education providers across the state.

These guidelines were developed through a collaborative effort between the Montana School OT/PT Organization and Montana's Office of Public Instruction. Throughout the process, guidelines were reviewed from multiple other states and information pertinent to Montana was included. It is recommended that school districts follow them closely to maximize positive results for children with disabilities and establish a consistent approach for services throughout Montana public schools.

DEFINITIONS

Due to a variety of professionals, paraprofessionals, parents, and caregivers that will utilize this document statewide and due to the multiple interpretations of terminology used in the school system, the following definitions have been provided:

Activities of Daily Living (ADLs): The ADLs are any life skill required to move through the day. It can include, but is not limited to: dressing, bathing, toileting, feeding, and mobility as they impact a student's ability to participate in the school environment. IADLs: see Instrumental Activities of Daily Living

Adapted Physical Education (ADPE, APE): Adapted physical education is special education. It is a diversified program of developmental or remedial activities designed to enhance the gross motor abilities of students who have substantial medical, orthopedic, and/or neurological conditions that preclude the student from participating in the regular health enhancement/physical education program. Activities are generally adapted to meet the specific needs of the student and to allow him/her to participate as much as possible in the curriculum based on the student's IEP. The APE is to be implemented by a Physical Education Teacher, or a Special Education Teacher, but not by the physical or occupational therapist.

Administrative Rules of Montana (ARM): The ARM are the rules that state agencies make to implement those laws. There are also cross-reference tables from Montana Code Annotated citations to ARM at the end of each title.

Assessment: The formal or informal gathering of data as part of an evaluation for eligibility for special education and related services. It may also include data collection to determine progress on IEP goals.

Certified Occupational Therapy Assistant (COTA): A COTA means a person licensed to assist in the practice of occupational therapy, who works under the general supervision of an occupational therapist in accordance with the provisions of the Essentials for an Approved Educational Program for the Occupational Therapy Assistant (37-24-103(2), MCA).

Evaluation Report Team (ERT): See Evaluation and Eligibility Determination Team

Collaboration: The process of two or more team members/individuals working together toward a common purpose or goal.

Collaborative Model: The school-based collaborative model includes a partnership of inter disciplinary members, (including related services), each of whom assumes responsibility for participation in developing and implementing shared goals that are relevant to a student's academic/functional performance. The Occupational and/or Physical Therapist utilize their knowledge and skills to focus on the student's underlying foundational abilities that contribute to the achievement of the collaborative goal. The collaborative model may include consultation,

skilled observations, direct service, staff education and training, equipment recommendations, research, and program development.

Consultation: Consultation is when a school-based physical or occupational therapist provides advice or service recommendations.

Direct Services: Direct services involve the treatment of a child individually or in a small group setting. This can happen throughout the educational environment and focuses on educationally relevant activities implemented by a school-based physical or occupational therapist or their licensed assistants.

Disabilities: A substantially limiting physical or mental impairment that affects basic life activities such as hearing, seeing, speaking, walking, caring for oneself, learning, or working. Under 20-7-401 MCA, child with disabilities means a child evaluated in accordance with the regulations of the Individuals With Disabilities Education Act as having one or more of the impairments listed below and, who, because of those impairments needs special education and related services. A child who is five years of age or younger may be identified as a child with disabilities without the specific disabilities being specified. The impairments included under IDEA in Montana are as follows:

- Deaf
- Deaf-Blind
- Hearing Impairment
- Cognitive Delay
- Vision Impairment
- Orthopedic Impairment
- Learning Disability
- Emotional Disturbance
- Other Health Impairment
- Speech/Language Impairment
- Traumatic Brain Injury
- Autism
- Child With a Developmental Delay (up to age 6)

Evaluation: Procedures used to determine whether a child has a disability and the nature and extent of the special education and related services the child needs.

Evaluation and Eligibility Determination Team: An ERT shall be used to identify children with disabilities and to determine whether the child needs special education. To assure correct identification of disabilities and proper educational placement, a comprehensive educational evaluation precedes the determination of eligibility for special education. The ERT shall determine whether the evaluation is adequate and whether the student has a disability, which adversely affects the student's educational performance and because of that disability needs special education and related services. The ERT shall prepare a written report of the results of the evaluation and make recommendations, if any, to the IEP team.

Evidence-Based Practice: American Physical Therapy Association (APTA) definition of Evidence-based practice (EBP): *“Includes the integration of best available research, clinical expertise, and patient/client values and circumstances related to patient/client management, **practice** management, and health care policy decision making.”*

American Occupational Therapy Association (AOTA) *definition of Evidence-based practice (EBP):* *“is based on the integration of critically appraised research results with the clinical expertise, and the client’s preferences, beliefs and values. Based on systematic reviews from experts in the field, the following topic specific children and youth resources provide a comprehensive review of evidence-based findings to support practice. “*

Free Appropriate Public Education: A free appropriate public education (FAPE) means special education and related services that (a) are provided at public expense under public supervision and direction and without charge; (b) meet the accreditation standards of the board of public education, the special education requirements of the superintendent of public instruction, and the requirements of the Individuals With Disabilities Education Act; (c) include preschool, elementary school, and high school education in Montana; and (d) are provided in conformity with an individualized education program that meets the requirements of the Individuals With Disabilities Education Act (MCA § 20-7-401).

Functional Performance: Functional performance refers to skills or activities that are not considered academic, but support a child's academic achievement and participation in social skills. "Functional is often used in the context of routine activities of daily living" *U.S. Dept. of Educ. Discussion of the Federal Regulations*, 71 Fed. Reg. 46661 (August 14, 2006).

General Education: The education program of a school district encompassing all the educational offerings,. General education consists of the educational curriculum of a district except for special education.

Instrumental Activities of Daily Living (IADLs): A focus on care and interacting within the academic setting, including: school-related meal preparation, clean up, and shopping as it relates to those activities, community mobility, financial management, safety awareness, health management and maintenance.

Indirect Services: Indirect Services usually occur in the form of meetings, collaboration, or consultation. This would include, but is not limited to, IEP or ERT meetings and all meetings and correspondence with parents, teaching staff and other professional disciplines.

Individualized Education Program (IEP) 34 CFR § 300.22: The term “individualized education program” means a written statement for a child with a disability that is developed, reviewed, and revised in accordance with 34 CFR §§ 300.320-300.341.

Individuals with Disability Education Act (IDEA): “... is a law that makes available a free appropriate public education to eligible children with disabilities throughout the nation and ensures special education and related services to those children. The IDEA governs how states and public agencies provide early intervention, special education, and related services to more than 6.5

million eligible infants, toddlers, children, and youth with disabilities” (<https://sites.ed.gov/idea/about-idea/>).

Integration: Integration usually pertains to a plan established either via consultation, collaboration, or direct services. It is the act of incorporating and coordinating generalization of skills across educational settings.

Intervention Model: Educational service delivery includes elements of direct, indirect, consultation, and collaboration. The balance of services is dependent upon the current individual needs of a student and the team decisions during IEP.

Least Restrictive Environment 34 CFR § 300.114: Each local education agency shall ensure that (a) to the maximum extent appropriate, students with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled; and (b) that special classes, separate schooling or other removal of students with disabilities from the regular educational environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

Montana Code Annotated (MCA): The MCA is a collection of the statutes passed by the Montana State Legislature.

Observation: 1) As part of an evaluation to determine the existence of a specific learning disability, to watch attentively a child's academic performance in a regular education classroom after the child has been referred for an evaluation and parent consent has been obtained.

2) As part of an evaluation or reevaluation for special education eligibility, reviewing existing data on a child which includes "classroom-based assessments and observations" of the child. The observation consists of teachers and related service providers sharing their concerns/successes noticed during the times the child spent in the classroom or with the related service provider.

Occupational Therapy (OT): Occupational therapy means the use of purposeful activity and interventions to achieve functional outcomes to maximize the independence and the maintenance of health of an individual who is limited by physical injury or illness, psychosocial dysfunction, mental illness, developmental or learning disability, the aging process, cognitive impairment or an adverse environmental condition. The practice encompasses assessment, treatment and consultation. Occupational therapy services may be provided individually, in groups or through social systems (MCA § 37-24-103(5)).

Occupational Therapist (OT) Occupational Therapist means a person licensed to practice occupational therapy under Montana State Law (MCA § 37-24-103(4)). An occupational therapist in the school setting provides a related service for the assessment, consultation, and treatment of children whose disability, dysfunction or developmental delay interferes with their ability to learn in the areas of fine motor function, sensory processing or activities of daily living.

On-site Supervision: Refer to licensure law. See also Supervision section of this manual.

Physical Therapy (PT): Physical Therapy means the evaluation, treatment, and instruction of human beings to detect, assess, prevent, correct, alleviate, and limit physical disability, bodily malfunction and pain, injury, and any bodily or mental conditions by the use of therapeutic exercise, prescribed topical medications, and rehabilitative procedures for the purpose of preventing, correcting, or alleviating a physical or mental disability (MCA § 37-11-101(7), 34 CFR 300.34(c)(9)).

Physical Therapist (PT): Physical Therapist means a person who practices physical therapy (MCA § 37.11-101(4)). A physical therapist in the school setting provides a related service for the assessment, consultation and treatment of children whose physical disability, motor deficit or developmental delay interferes with the student’s learning

Physical Therapist Assistant (PTA): Physical Therapist Assistant means a person who is a graduate of an accredited physical therapist assistant curriculum, who assists a physical therapist in the practice of physical therapy, but who may not make evaluations or design treatment plans, and who is supervised by a licensed physical therapist (MCA § 37-11-101(5)).

Private Practitioners: Any professional or therapist not employed or under contract with the school district or special education cooperative.

Related Services: The term “related services” means transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education, and includes speech pathology and audiology, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, early identification and assessment of disabilities of children, counseling services, including rehabilitation counseling, and medical services for diagnostic or evaluation purposes. The term also includes school health services, social work services in schools, and parent counseling and training (34 CFR 300.34, 20-7-401 (3), MCA).

School-based scope of Practice: Describes the procedures, actions, and processes that school-based occupational and physical therapists are permitted to undertake in keeping with the terms of their professional license and consistent with IDEA and FAPE.

School-based Therapist: School-based occupational and physical therapy services refer to services provided by a licensed occupational or physical therapist that is employed by, or under contract with, a school district.

Screening: Procedures for gathering data from a specified group of students to determine whether additional evaluation which requires informed parental consent regarding a suspected disability should be pursued by the school district for eligibility for special education and related services. Parents are publicly informed by the district of its screening procedures. Individual parental consent is not required for screening.

- It also refers to a procedure for school professionals to determine appropriate instructional strategies for curriculum implementation and does not require parent consent.

Section 504, 1973 Rehabilitation Act: “Section 504 is a federal law designed to protect the rights of individuals with disabilities in programs and activities that receive Federal financial assistance from the U.S. Department of Education (ED). Section 504 provides: ‘No otherwise qualified individual with a disability in the United States . . . shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance’ OCR enforces Section 504 in programs and activities that receive Federal financial assistance from ED. Recipients of this Federal financial assistance include public school districts, institutions of higher education, and other state and local education agencies. The regulations implementing Section 504 in the context of educational institutions appear at 34 C.F.R. Part 104” (<https://www2.ed.gov/about/offices/list/ocr/504faq.html>).

Skilled Services: Trained therapists will have the knowledge and skills to deliver services for school-based populations ages 3-21.

Special Education: Specially designed instruction, provided at no cost to the parents or guardians, to meet the unique needs of a child with a disability, including but not limited to instruction conducted in the classroom, home, hospital, institution, or other settings and instruction in physical education (34 CFR § 300.39(a); MCA § 20-7-401(4)).

Supplementary Aids and Services: Supplementary aids and services means aids, services, and other supports that are provided in regular education classes, other education-related settings, and in extracurricular and nonacademic settings, to enable children with disabilities to be educated with nondisabled children to the maximum extent appropriate in accordance with 34 CFR §§300.114 through 300.116 (34 CFR § 300.42). Examples include, but are not limited to: adaptive equipment, special seating arrangements, or provision of assignments in writing.

PHYSICAL AND OCCUPATIONAL THERAPY IN THE PUBLIC SCHOOL

Federal regulations under IDEA describe occupational therapy (OT) and physical therapy (PT) as “related services” which may be required to assist a “child with disabilities” to benefit from “special education” (34 CFR § 300.34). In order to integrate physical therapy and occupational therapy services effectively within the school setting, the therapist must understand the basic principles of special education and the particular practices of therapy in a school program.

Physical Therapy and Occupational Therapy as a Related Service.

Under IDEA, the school district is responsible for providing related services and not medical services. A related service is one which is needed to assist the child with a disability to benefit from his or her special education. Physical therapy or occupational therapy services will be provided by the school district as a related service only when the child’s special education program requires it.

The presence of medical conditions, injuries and disabilities does not automatically dictate the need for physical therapy or occupational therapy services in the school system. Some students with disabilities may be in regular education programs without the need for any special modifications to the regular education curriculum and are not considered in need of special education services. Likewise, many students who receive special education services may not need occupational therapy or physical therapy as a related service in order to benefit from their educational program.

The Distinction Between School-Based Therapy and Non-School-Based Therapy Services.

School-based therapy has a different orientation than non-school-based therapy in identifying needs and services. Non-school therapy and the medical team identifies needs and services based on a medical condition, while school-based therapy services address the student’s educational needs and functional skills necessary to participate in the educational environment. A student’s medical condition does not automatically indicate a need for a student to receive OT and/or PT-related services in a student’s IEP.

School-based therapy identifies the student’s strengths and potential educational concerns through the IEP team process, and a student must meet the criteria in IDEA as being a student with a disability. The school-based therapist, along with the other IEP team members, must determine if a student’s disability interferes with educational performance in school before the student receives services. If the IEP team determines related services are required, recommendations and decisions are made to determine a student’s IEP. School-based therapy services are to be provided in the schools during the school day while non-school-based services are provided outside of the school environment at any time. Goals and objectives in the IEP are *child specific* and must be approved by the IEP team. The goal of school-based therapy is to support the student’s ability to gain access to the general education curriculum in connection with their IEP and to function across all educational settings.

Non-school-based therapists (private practitioners) and the student's medical team identify needs and services based on a medical condition. Non-school-based therapists, who are providing services outside of the school setting, develop goals and objectives that are discipline specific and create a therapy treatment plan.

School-based therapists provide strategies on how to best capitalize on a student's abilities and minimize the impact of the student's disabilities in the school environment, while non-school therapists treat a specific condition or disorder. School-based therapy services are educationally relevant and address student-specific needs.

Private Practices of Individuals not Employed or under Contract with the District.

A public school district should adopt a policy regarding the delivery of services by private practitioners in school buildings.

Providing clinical or medical services during school hours on school premises by private practitioners who are retained and compensated by the parent of the student is distinctly different from providing services by professional personnel employed by, or under contract with, the school for implementing the IEP.

- If a school allows the use of its facilities for the private practice of professionals not employed or under contract with the district, the district should adopt policies and establish written agreements or memorandums of understanding with private practitioners. Educational recommendations by non-school based service providers will be reviewed by IEP team, and considered based on relevance to school program and with consultation with school-based therapist,
- The forum the private service provider should use if the practitioner's recommendations are in conflict with the IEP or student/staff safety,
- A forum for the educators to address concerns, if they arise, that are presented to them from the private service provider due to the difference in philosophy, and
- Standards of conduct for the private service provider to adhere to.

ROLE DELINEATION FOR SCHOOL OCCUPATIONAL AND PHYSICAL THERAPISTS

Occupational Therapy and Physical Therapy are separate and distinct services and are not interchangeable. The unique practice domain, skills, and expertise of each discipline differs and allows for an array of services that may be required to assist a child to benefit from special education. The practices of occupational therapy and physical therapy are regulated (AOTA: Early Intervention and School Special Interest Section FAQs).

Occupational Therapy

Occupational therapy practitioners are occupational therapists (OTs) and occupational therapy assistants (OTAs) who use meaningful activities (occupations) to help children and youth participate in what they need and/or want to do in order to promote physical and mental health and well-being. Occupational therapy addresses physical, cognitive, social/emotional, sensory, and other aspects of performance. In schools, occupational therapy practitioners focus on academics, play and leisure, social participation, self-care skills, and transition/work skills. Occupational therapy's expertise includes activity and environmental analysis and modification with a goal of reducing the barriers to participation. Occupational therapy practitioners are related service professionals (specialized instructional support personnel) who provide a continuum of services and support under the Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act of 1973 (AOTA: Early Intervention and School Special Interest Section FAQs).

Occupational therapy services take place in school settings during the natural routines of the school day. The OT services support academics, behavior, and functional performance. The OT practitioner collaborates with parents and school staff to create solutions, taking into account the child, the activity, and the setting.

Physical Therapy

Physical therapy takes place in school settings during the natural routines of the school day. The PT services support academics, behavior, and functional performance. The school-based physical therapist collaborates with parents and school staff to create solutions, taking into account the child, the activity, and the setting. Physical Therapists work collaboratively with a student's IEP team and participate in screening, evaluation, program planning, and intervention. As a member of the IEP team, physical therapists design and implement physical therapy interventions – including teaching and training of family and education personnel, and measurement and documentation of progress – to help the student achieve his/her IEP goal. Physical therapists assist students in accessing school environments and benefitting from their educational program (APTA Fact Sheet Section on Pediatrics 2004).

A physical therapy practitioner may provide services in various areas of school function related to a student's ability to access the educational environment, including, but not limited to, school mobility (a student's ability to access various areas of the school via walking, wheelchair or other

means of mobility); classroom activities (functions related to participating physically and maneuvering within the classroom environment, accessing the lunchroom, playground, bathroom, transportation, etc.); and posture/positioning (maintaining or changing posture and/or positioning as it relates to school-based activities) (APTA: Physical Therapy in School Settings and the New York City Department of Education School-Based Occupation Therapy and Physical Therapy Practice Guide, Fall 2011).

SERVICE DELIVERY

In order to integrate physical therapy and occupational therapy services effectively within the school setting, the therapist must understand the special education process and educational model of service delivery.

Referral (Request for Initial Evaluation). Occupational and physical therapy referrals shall be consistent with the policies and procedures of public school districts or special education cooperatives. A referral for evaluation shall include documentation from a school-based support team (pre-referral) process and/or screening procedures.

Screening: Procedures for gathering data from a specified group of students, such as all first and third-grade students, to determine whether additional evaluation information regarding a suspected disability should be pursued by the school district through informed parental consent for an evaluation for eligibility for special education and related services. Parents are informed by the district of its screening procedures. Individual parental consent is not required for screening or observation. There is no individual contact at this time. It also means a procedure for school professionals to determine appropriate instructional strategies for curriculum implementation.

If screening procedures indicate that a referral to special education for evaluation is necessary, a written referral shall be made and parent consent for the initial evaluation obtained. A referral for evaluation shall include written notice, which meets the requirements of ARM 10.16.3320.

Educational Evaluation.

As a related service, an OT or PT assessment in the school setting may be one component of a special education team evaluation. If the student's suspected delay or discrepancy in performance lies within one of the domains, OT and/or PT will be part of that evaluation team. Each member of the evaluation team should be appropriately notified according to school district procedures.

The therapist's judgment will determine the nature and extent of the evaluation based on the student's suspected disability and how this disability impacts the student's functional school performance, movement and mobility skills, self-regulation, and life skills.

Often inventories, checklists, caregiver and/or teacher interviews and non-standardized tests are appropriate assessment methods to assist in obtaining an accurate picture of the student's sensory motor status and functional performance level in school. In addition, the therapist must meet with the student physically for observations and evaluation.

Physical therapy and occupational therapy evaluations occur individually with direct contact, and provide neuromotor and developmental information of the student's functional capabilities for the special education evaluation team to consider. These evaluations assist the team in understanding the functional deficits that impact learning and access to education.

The assessment process must be documented in a written report, including identifying procedures and instruments used to gain the data, results obtained, a statement of recommendations, a determination of the need for therapy in school, and implications for the student's education program. The report may also include a statement of the reason for referral, relevant background information and behavioral observations. The report must be completed in a timely manner. The occupational therapy and physical therapy assessment report should:

1. summarize the student's current functional sensory-motor performance status and identify whether a delay or discrepancy in performance exists;
2. describe the impact of the student's current functional motor performance on functional skills needed in the school setting;
3. identify the student's needs relative to his or her participation in special education; and
4. recommend the services necessary to meet the identified needs.

Collaboration in IEP Meetings. The IEP team develops measurable annual goals and objectives based on the student's educational and functional needs. These needs have been identified during the evaluation team meeting as a result of an evaluation. Physical therapists and occupational therapists assist the IEP team in writing collaborative goals for interdisciplinary service areas. These ARE NOT separate OT and/or PT goals, but student goals agreed upon by the IEP team with input from OT and/or PT members. After the IEP goals and objectives are developed, the IEP team determines the student's need for related services. The type and level of OT and/or PT services required to meet the goals are based on the need for related service in the areas of sensory-motor function, environmental access and safety, material adaptation, and need for ongoing training and support.

Need for Occupational and/or Physical Therapy. The evaluation results and therapist recommendations assist the team in determining the need for physical therapy or occupational therapy as a related service. The need for occupational and/or physical therapy described below should demonstrate that the student's present level of functional performance adversely affects at least one targeted area (i.e., self-care, self-regulation, fine/visual motor skills, positioning, mobility).

A student may require OT and/or PT to support his/her individualized school program when:

1. the student has a delay or discrepancy in performance that significantly impacts school function, and/or has a need for skilled assistance in functional performance areas;
2. previous documented classroom interventions or strategies have been tried and were unsuccessful;
3. occupational therapy and/or physical therapy is necessary as a related service in order for the student to participate in their special education programming (i.e. improved functional classroom performance or access to educational programs with accommodations/modifications); and
4. the expertise and service of an OT and/or PT is required to meet the student's identified needs or to assist the team in providing or developing the special educational program.

Therapists use a combination of standardized assessments, functional assessments and classroom observations to determine needs. However, *determination of eligibility for entrance into occupational therapy and/or physical therapy service should be primarily based upon a student's functional needs required to benefit from their special education program.* The "Eligibility Criteria Form" (Appendix A) may be a useful tool for the IEP team to justify a student's need for occupational therapy and/or physical therapy as a related service. Whether a student needs occupational therapy or physical therapy as a related service is an IEP team decision. Occupational therapy or physical therapy services must be justified based on IEP goals.

Transfer Students. If a student comes from another district with OT and/or PT on his IEP, the therapist needs to be notified and involved immediately in serving the child and assessing his current needs.

Progress Monitoring. Progress monitoring is an assessment practice that is used to assess student's academic or functional performance to evaluate the effectiveness of intervention strategies. To implement progress monitoring, the student's current levels of functional performance are determined and goals are identified for learning that will take place over time. The student's performance is measured on a regular basis. Progress toward meeting the student's goals is measured by comparing expected and actual rates of achievement. Based on these measurements, interventions are adjusted as needed.

Reevaluation. Reevaluations can occur for various reasons and must be conducted consistent with the requirements under IDEA.

Purposes for a reevaluation:

The reevaluation determines whether the child continues to need special education and related services; and whether any additions or modifications to the special education and related services are needed to enable the child to meet the measurable annual goals set out

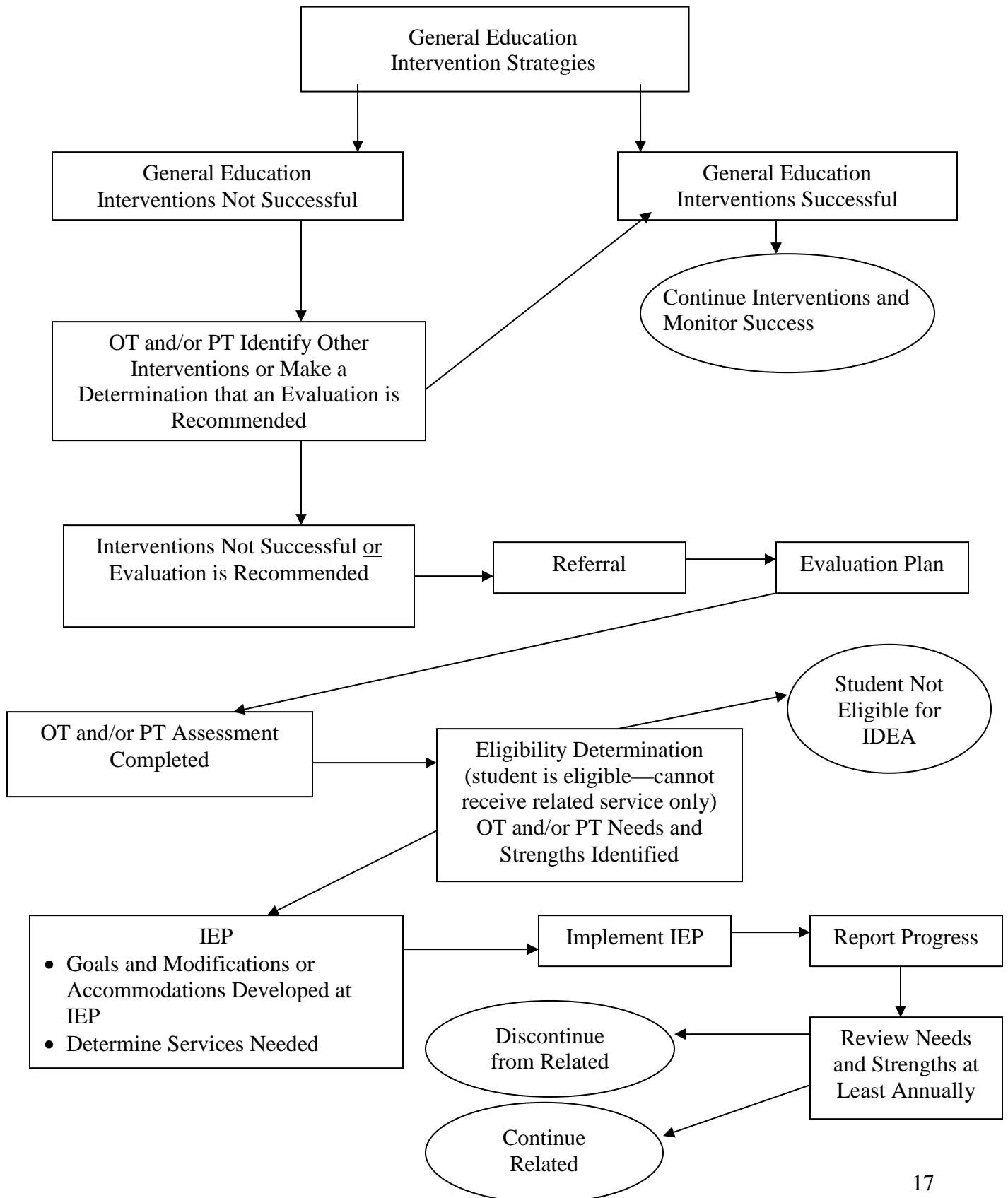
in the IEP of the child and to participate, as appropriate, in the general education curriculum (34 CFR § 300.305).

Discontinuation of Service Considerations. The IEP team should begin a discussion of discontinuing services when initial eligibility is determined. Discontinuation criteria are tailored to student need. Discontinuation criteria assist IEP team members in making decisions regarding the termination of occupational therapy or physical therapy services. One or more of the following criteria should be met before discussion to discontinue the student from related services.

1. The goals related to occupational therapy and/or physical therapy have been met and the IEP team decides the student does not need additional goals requiring the skills of an occupational therapist or physical therapist to benefit from his/her special education.
2. The potential for further functional change in motor and/or sensory motor functions as a result of occupational therapy and/or physical therapy intervention appears unlikely. This is based on previous intervention attempts, which resulted in little or no functional skill acquisition/generalization.
3. The student's skills have improved so that his sensorimotor concerns are no longer negatively impacting his educational performance.
4. Due to a change in physical, behavioral or psychological status, occupational therapy and/or physical therapy service is determined, by the IEP team, to no longer be needed.
5. Environmental and curricular adaptations have been established to allow for achievement of educational goals.
6. The student's needs are being met by others and no longer require the skilled services of a therapist.
7. The educational setting has changed and the student is functional within this setting.
8. The student has learned appropriate compensatory strategies.

An IEP amendment can discontinue a student from a related service (34 CFR § 300.324(a)(4) and (6)). The amendment must be signed by the parent and the district to be implemented. Although the IDEA does not place a limit on how much of an IEP may be changed by amending the IEP without a meeting, a substantive change, such as the discontinuing of OT or PT services, would likely benefit from meaningful participation of the whole IEP team through an IEP meeting.

STUDENT NEED FOR SPECIAL EDUCATION AND SUPPORT OF SCHOOL BASED OT/PT SERVICES



DOCUMENTATION

The occupational therapist and physical therapist shall prepare all documentation appropriate to the practice of occupational therapy and physical therapy in the school setting. The therapist and paraprofessional working in the school setting shall comply with confidentiality standards required by their profession, school district policy, Montana law, the IDEA and the Family Educational Rights and Privacy Act (FERPA).

For each student, the therapist shall ensure that the following information is recorded.

1. Referral (Request for Initial Evaluation). The initial referral for occupational therapy or physical therapy shall be in writing and in a format consistent with school district policies and procedures. The referral must state the reason for referral, a description of any options the school district considered, including documentation of regular education interventions, and the reasons why those options were rejected, and the signature of the person making the referral. When the request for initial evaluation is made by a parent, the request must include a statement of the reasons for the request and the signature of the parent making the request. Additionally, all requests shall document the suspicion the student may have a disability which adversely affects the student's educational performance to the degree that the student needs special education and related services (ARM 10.16.3320).
2. Written Permission for Evaluation. Prior to an initial evaluation and the initiation of any occupational therapy or physical therapy assessment procedures, the student's parent or guardian must:
 - have received written notice which meets the requirements of 34 CFR § 300.503; and
 - give written consent to the proposed evaluation and assessments (ARM 10.16.3320(2)(d), 34 CFR § 300.300(a)).
3. Consent for Evaluation. Prior to a reevaluation, the student's parent must have received a Consent for Evaluation form, which meets the requirements of CFR § 300.503.
4. Test Protocol Data and Summary Report. The therapist may maintain copies of written documentation of screenings, evaluation, reassessments, IEPs, annual (periodic) reviews and exit results in an appropriate and professional manner. Original documentation is maintained in accordance with the district's record maintenance policies.
5. Services Provided. The therapists shall ensure that the therapy services are provided in accordance with the IEP. In collaboration with special education staff, the student's progress must be documented at appropriate intervals in accordance with the requirements of the student's IEP.

SCHOOL STAFF AND ADMINISTRATIVE CONSIDERATIONS

Use of Educational Support Personnel

Paraprofessionals may be directed to implement school-based functional activities designated to support the specially designed programs and accommodations of the IEP. While these activities do not require the expertise and skill set of the therapist, they are designed to provide additional practice opportunities throughout the school day as they naturally occur to facilitate skill generalization. A paraprofessional does not carry out any activity which is specifically described as the practice of occupational therapy or physical therapy. A paraprofessional may carry out activities which are necessary to ensure progress on the student's educational goal. This occurs through the training of the collaborative IEP team members, which may include the school-based occupational therapist and/or physical therapist, and under the supervision of the case manager or special education teacher.

Physical Therapy Supervision

A physical therapist may concurrently supervise two (2) full-time physical therapist assistants or the equivalent (MCA §37-11-105).

Supervision of the Physical Therapist Assistant: This supervision requires the physical therapist to make an on-site visit to the student at least once for every six visits made by the assistant or once every two weeks, whichever occurs first. This supervision does not require the presence of the assistant.

On-site Visit (supervision of physical therapist assistant). The licensed physical therapist will make a visit to the client at least once every six visits or every two weeks, whichever occurs first. The supervision does not require the presence of the assistant.

On-site Supervision (supervision of physical therapy student or physical therapist assistant student) shall be face to face.

Occupational Therapy Supervision

The supervisor shall determine the degree of supervision to administer to the supervisee based on the supervisor's estimation of the supervisee's clinical experience, responsibilities, and competence at a minimum.

Direct Supervision: shall require the supervisor to be physically present in the direct treatment area of the client-related activity being performed by the supervisee. Direct supervision requires face-to-face communication, direction, observation and evaluation on a daily basis (ARM 24.165.502).

Routine Supervision (supervision of temporary practice holders): requires direct contact at least daily at the site of work, with interim supervision occurring by other methods, such as telephonic, electronic or written communication (ARM 24.165.502).

General Supervision requires face-to-face communication, direction, observation and evaluation by the supervisor of the supervisee's delivery of client services at least monthly at the site of client-related activity, with interim supervision occurring by other methods, such as telephonic, electronic or written communication (ARM 24.165.502).

Reimbursement

School districts can bill public insurance (Medicaid) for OT and/or PT services that special education students receive. Billable services must meet Medicaid and Montana OT or PT licensure requirements. Services implemented by COTAs, and/or PTAs, can be billed if those services meet the supervision requirements as stated in the OT or PT licensure laws.

Federal education law requires that parent/guardian written permission be given before billing can occur. This is an annual requirement (34 CFR § 300.154(d)).

Qualifications for School-Based Therapist Including Mentoring

1. The minimum qualification required for therapist to work in the public schools is current Montana state licensure for physical therapists, occupational therapist, COTAs and PTAs.
2. Two years of pediatric experience is preferred with continuing education in the area of therapy intervention in the school setting.

If the experience described above is unavailable, the new therapist is strongly encouraged to participate in the mentoring program (available through the Montana School OT/PT Organization) for at least one year. The local school administration is encouraged to support the new therapist in this mentoring program. This may include professional leave, on-site visits, interactive telecommunication opportunities, e-mail or phone contacts and materials, and attendance at the Montana School OT/PT Organization training over MEA/MFT Educational Conference days in October.

Staffing Considerations

The following should be considered when determining staffing needs:

- availability of COTAs, PTAs, or paraprofessionals;
- supervision and training requirements for COTAs, PTAs, or paraprofessionals;

- availability of affiliating occupational therapy or physical therapy students and required supervisory time;
- extent of geographic area to be covered by the itinerant therapist;
- time requirements for essential programmatic supportive roles as parent consultant and/or trainer, and liaison with medical and other community agencies;
- in-service training requirements of the therapist to develop needed skills;
- other duties required of the therapist (record keeping, attending meetings, attending medically related appointments, conducting research);
- supervisory time required for COTA or PTA;
- availability and training of clerical personnel;
- type of space and equipment available; and
- amount of travel time required.

COMMONLY ASKED QUESTIONS AND ANSWERS

Sections and questions within each section:

EVALUATION

1. ***What are the evaluation requirements for a child who is orthopedically impaired and/or OHI?***

Under ARM 10.16.3017(1), the student has an orthopedic impairment as diagnosed or confirmed by a qualified medical practitioner that substantially limits normal function of muscles and joints due to congenital anomaly, disease, or permanent injury and adversely affects the student's ability to learn or participate in education programs.

The results of a school-based physical and or occupational therapy assessment will describe the need for therapy as related to the student's educational performance.

2. ***What should the OT and/or PT assessment address?***

Students are assessed by school-based therapists for multiple reasons. Professionals first consider functional assessments that serve a variety of purposes. The IDEA requires special education assessments to include functional, relevant data about access and progress in the general curriculum, including information from parents. The IDEA further clarifies that the assessments should deal with academic and functional issues. Specifically, school-based OT and PT assessments should address areas in which the student shows deficits that indicate a need for special education and the support of school-based-related services. The assessments should also address whether the student requires either OT or PT in order to support access to their educational programming.

3. ***Can a school district use the following criterion: if the child's gross or fine motor level is commensurate with cognitive ability, then there is no need for therapy?***

The fact that the child's delay in skill development is commensurate with the child's developmental levels in other areas is not an appropriate standard by which to determine a child's need for occupational therapy or physical therapy.

Ultimately, the decision falls to the IEP team, based on student performance and individual needs for support within the educational environment.

Alternative Academic Settings

4. ***If a child is parentally placed in a private school or is home-schooled, can he or she still receive occupational or physical therapy as a related service?***

Yes, if (1) district has identified occupational and/or physical therapy service(s) as one of the services it will provide to IDEA-eligible students in a private or home-school setting, (2) it is determined necessary in order for the student to access his or her special education and (3) it is identified as a service to be provided to the student in the student's Services Plan. The decision as to where the services will be provided is determined by the district.

5. ***If a child is placed in a home-bound setting, residential care, or other alternative academic settings, can he or she still receive occupational or physical therapy as a related service?***

Yes, if (1) district has identified occupational and/or physical therapy service(s) as one of the services it will provide to IDEA-eligible students in a private or home-school setting, (2) it is determined necessary in order for the student to access his or her special education and (3) it is identified as a service to be provided to the student in the student's IEP.

SERVICES

6. ***Can a physical therapist or occupational therapist provide services to a student in the general education program who does not qualify under IDEA?***

Physical therapy or occupational therapy may be provided as a related service to a qualified student under Section 504 of the 1973 Rehabilitation Act. The IDEA funds may not be used to provide such services to qualified Section 504 students unless the student also is eligible for services under IDEA. It is at the discretion of the school administration to determine how students on 504 plans will be served.

7. ***Can an IDEA-qualified student receive services exclusively from an occupational therapist or physical therapist with no other special education service identified? Can OT and/or PT services stand alone as specialized instruction?***

No. School-based physical and occupational therapy services are provided to support a student's special education program.

8. ***It is understood that school-based OT and PT services need to be educationally relevant; what relationship does this have to academic performance and functional skills?***

Although OT and PT interventions used with the student at school may be the same as interventions used outside the school, priorities may be different. Outside the school system, therapy often focuses on optimizing the child's functional performance in relation to medical considerations and needs in home and community settings. The term *educationally relevant* means that the service must be needed to enable the child to assist a child with a disability to benefit from special education (34 CFR 300.34) ; the focus is educational relevance, not medical treatment. The goals and interventions address the child's present level of academic achievement and functional performance. This includes observing a child within the educational environment and assessing the demands of the educational program and setting. As with all other related services, school-based OT and PT are provided *only* if a student requires it to assist a child with a disability to benefit from special education.

9. ***If a child has an IEP and is only receiving speech-language services, and the team agrees that the child also needs school based OT and/or PT services, is it required that the OT/PT services address areas that support the IEP's existing goal?***

Yes.

10. ***Who may provide School-Based OT and PT services in schools?***

School-based occupational and physical therapy services refer to services provided by a licensed occupational or physical therapist that is employed by, or under contract with, a school district.

Occupational therapy may only be provided by an occupational therapist or certified occupational therapy assistant (COTA). Physical therapy services may only be provided by a physical therapist or physical therapist assistant (PTA). Assessment and intervention planning are the sole responsibility of the school-based OT or PT. Routine service delivery may be provided by any of the above-listed school-based therapy practitioners in their area of licensure or certification. Ultimately, the responsibility for services provided lies with the OT or PT professional.

Paraprofessionals are able to provide activities that may be gross motor or fine motor in nature, but this is not OT or PT, and should not be represented to parents as such.

11. ***How can school-based OTs and PTs work with team members, including parents and paraprofessionals, to help support generalization of a student's functional skills?***

The school-based OTs and PTs should be prepared to help other team members, including paraprofessionals to provide supportive and routine services. For instance, other team members may carry over activities and provide practice opportunities during the week using techniques learned from the school-based OT and/or PT to support generalization of skills and use of environmental supports recommended by the therapist. **These activities are supportive and routine but are not providing occupational therapy or physical therapy.**

12. ***What are effective service provision options for School-Based OTs and PTs?***

Models of *service provision* is defined as the way therapists use their time in the intervention process. Services include *collaborative, consultative, and direct* services:

- **Collaborative Model:** The school-based collaborative model includes a partnership of interdisciplinary members, (including related services), each of whom assumes responsibility for participation in developing and implementing shared goals that are relevant to a student's academic/functional performance. The Occupational and/or Physical Therapist utilize their knowledge and skills to focus on the student's underlying

foundational abilities that contribute to the achievement of the collaborative goal. The amount of service delivery and/or practice in the collaborative model can be greater than in the direct service delivery model because the entire team is participating in supporting the activities. The service delivery occurs within the learning environment or other natural settings with each team member contributing in their area of expertise. The collaborative model may include consultation, skilled observations, direct service, staff education and training, equipment recommendations, research, and program development.

- **Consultation** includes an interdisciplinary communication between the school-based therapist and the consultee (teacher, paraprofessional, parents, etc.). All professionals share the responsibility for identifying the problem, as well as creating and altering possible solutions. The expertise lies within the therapist, but the program and techniques are carried out by the entire team. Direct knowledge of the student is critical in being able to provide effective consultation.
- **Direct services** consist of individualized interventions that are designed and carried-out with the child individually or in a small group. Direct services are used when a child needs support from very specialized therapeutic techniques that cannot easily, or safely, be carried out by others. Wherever appropriate, interventions should be provided in the child's natural setting. The child can be removed from the regular classroom for short periods of time.

13. *When a student moves into a new school district with an existing IEP (which includes School-based OT and/or PT services) should services begin immediately, using the existing IEP?*

The IDEA states that a student transferring between and within states continues to receive services comparable to the current IEP. If the parent, or previous school, provides the IEP, there would be no reason services could not begin immediately.

If a student needs to be evaluated, the school based occupational and/or physical therapist would participate in the evaluation process while providing services. See page 90-91 of the *Special Education in Montana* guide for further detail.

14. *If a student recently had surgery, does he/she automatically qualify for special education services?*

No. The student must qualify for special education by meeting the criteria set forth in the state rules. Students already qualified for special education, the IEP team will determine the need for additional services.

15. *Who determines the special education and related services the student receives at school?*

It is up to the IEP team to identify the student's educational needs and write and implement the educationally and functionally based goals. It is, however, the parents' right to request that the school staff consider additional assessment information and to invite whomever they choose to the IEP meeting.

16. *Must the school implement the recommendations of non-school based providers or physicians?*

No.

INDIVIDUALIZED EDUCATION PROGRAM

17. *Must the School-Based occupational therapist or physical therapist attend the IEP meetings?*

Under the IDEA at the discretion of the parent or school, other individuals who have knowledge or special expertise regarding the child, including related services personnel as appropriate may be included as part of the IEP team (34 CFR § 300.321(a)(6)). Therefore, if a child with a disability has an identified need for related services, it would be appropriate for the related services personnel to attend the meeting or otherwise be involved in developing the IEP. For example, when the child's evaluation indicates the need for school based physical therapy or occupational therapy, the school district may require that a qualified provider of that service either (1) attends the IEP meetings or (2) provides a written recommendation concerning the nature, frequency, and amount of services to be provided to the child. Please check with legal to ensure accuracy.

18. *Is there a separate section on the IEP for occupational therapy and physical therapy goals?*

No. The IEP team should develop a discipline-free set of goals, easily understood language. The student-specific (not discipline-specific) goals are a result of a shared decision-making team process and professional collaboration. All therapeutic services must support one or more of the student's identified goals.

19. *Who collects data on student IEP goals?*

Any educational staff member involved in the student's academic program can collect data. The school-based OTs and PTs should be aware of data collection strategies that can be used as a part of the school routine; then, select or create the best strategy to implement and/utilize.

20. *What are the considerations in determining discontinuation of related services?*

The IEP teams are encouraged to begin the discussion of discontinuing services when initial eligibility is determined, as well as during annual reviews. The IEP teams use an individualized process based on student need. A student may be discontinued from related services for a variety of reasons. Please see page 16 under "Discontinuation of Services Considerations" for more information.

21. *Do related service providers participate in extended school year (ESY)?*

This is a determination of the IEP team. Please reference the Special Education in Montana Guide for further information.

22. *Can an IEP be changed without a meeting?*

Yes. It is the responsibility of the case manager to facilitate an amendment to an IEP. The parent would need to be notified and agree in writing of the change. The required IEP team members need to agree to the changes by signing the amendment document. Please refer to the Special Education in Montana Guide.

23. *Can the IEP Team add a related service (like OT or PT) to IEP services without the related service staff being present at the meeting?*

The related service provider must be involved with the amendment process or attend the IEP meeting. It is a recommended practice to involve the service provider for professional input as to the need for the service. The IEP team may add a related service to an IEP, either by way of an amendment or at an IEP meeting.

RECORDS

24. *Are Related Service records education records?*

Yes. Education records are those records that are directly related to a student, contain personally identifiable information, and are maintained by the school district or by a party acting for the school district.

25. *Must educational records be kept a minimum of five years (i.e., IEP, evaluation reports, test protocols, progress reports, etc.)?*

Yes. The Montana Local Government Records Committee establishes a School District Records Schedule No. 7 which sets out the requirements for special education records. Special education records are to be maintained by the school district five years from the end of the student's special education services, or per parent request when no longer needed by the school (34 CFR § 300.624; MCA § 20-1-212).

https://sos.mt.gov/Portals/142/Records/forms/Local_Schedule7.pdf?dt=1493747960407&dt=1494024670323&dt=1494025005874&dt=1500324050072

Note: the IEP must be retained for 7 years if the school received Medicaid reimbursement for services identified in IEP.

26. *How long must school-based Medicaid documentation and billing records be kept?*

These records must be retained for a period of at least six years and three months from the date on which the service was rendered or until any dispute or litigation concerning the services is resolved, whichever is later (ARM 37.85.414).

OTHER IEP TEAM CONSIDERATIONS

27. *What should a school do if they receive an order from a medical doctor for school-based occupational therapy (OT) or physical therapy (PT)?*

When directed to a school, a doctor's prescription should be treated as a recommendation to be considered by the student's IEP team if the student has an IEP. The physician may be invited by the parent to participate in the team planning process. The IEP team (if the student is receiving special education services) reviews the order or request and any relevant data to determine the educational need that may or may not be associated with the request and determines if an evaluation will be completed.

If the parent also requests an evaluation, the special education legal requirements should be followed. The school provides the parent notice of intent to conduct an evaluation or refusal to evaluate. Written parental consent is needed prior to conducting the evaluation. Although a need for related services and/or an evaluation is determined by the educational team and not the doctor, information from the doctor will be considered by the evaluation and/or IEP team. If parental permission has been given, OTs, PTs, or other professionals may communicate with the doctor about the decisions of the evaluation and/or the IEP team.

SPECIALLY DESIGNED PHYSICAL EDUCATION

28. *Can school-based physical/occupational therapy replace a student's specially designed physical education program?*

No. School-based physical/occupational therapy may be needed to support one or more of the goals in the student's physical education program. Physical/Occupational therapy is not a substitute for the health enhancement education program.

PROCEDURAL SAFEGUARDS

29. *If the IEP team determines that a comprehensive re-evaluation is necessary, is parental consent required for the school-based OT/PT to participate in the re-evaluation?*

Yes. Consistent with requirements of IDEA, parental consent through the Evaluation Plan is required for reevaluations. Written notice that meets the requirements of 34 CFR § 300.503 must also be given to the parent a reasonable time prior to the reevaluation.

A parent may revoke consent for services at any time. The revocation of consent must be provided to the district in writing. Upon receipt of the parent's written revocation of consent, the district must follow procedures under ARM 10.16.3505A.

30. *Once a student has qualified to receive special education services and has an active IEP, what process does a therapist go through to obtain permission to initially observe, evaluate, and report findings and recommendations to the IEP team?*

Once a student is receiving special education services, the IEP team determines if any additional information is needed. Therefore, this decision can be made at an IEP meeting and documented in the notes. However, another option is for the therapist and/or case manager to contact the parent, discuss the concerns and together make a determination if a meeting needs to be held prior to gathering the related service evaluation information. The school district should document the conversation. Once the observation/evaluation is concluded the team may determine to reconvene to discuss results and make any needed changes to the IEP. This can be done through an amendment or by rewriting the IEP.

HANDWRITING

31. *Does a student who demonstrates functional fine and visual motor skills but consistently produces messy or illegible handwriting require the support of school-based occupational therapy services for handwriting instruction?*

Handwriting curriculum is typically part of the educational process which is taught by teachers. Occupational therapy as a related service is not required to teach students handwriting or correct poor writing habits. An occupational therapy assessment will summarize the student's current functional sensory-motor performance status and identify whether a disability exists which impacts their ability to complete written work. If the student has skills in the functional range, there will not be a need for the support of school-based occupational therapy

APPENDIX A

Resources for Occupational and Physical Therapists

Montana Information

Montana Office of Public Instruction

<http://www.opi.mt.gov>

Montana School OT/PT Organization

<http://www.mtschoolotpt.org>

General Information

NICHCY News Digest “Related Services,” 2001, at

<http://www.nichcy.org/pubs/newsdig/nd16.pdf>

Council for Exceptional Children’s “Occupational Therapists Making a Difference in the Lives of Students with Special Needs,” 2000, at

<http://www.cec.sped.org/Content/NavigationMenu/ProfessionalDevelopment/CareerCenter/occupational.pdf>

Council for Exceptional Children’s “Physical Therapists Making a Difference in the Lives of Students with Special Needs,” 2000, at

<http://www.cec.sped.org/Content/NavigationMenu/ProfessionalDevelopment/CareerCenter/physicaltherap.pdf>

“Occupational Therapy in Educational Settings Under The Individuals With Disabilities Education Act,” 2003, AOTA, <http://www.aota.org/featured/area6/docs/ssfact.pdf>

National Organizations

American Occupational Therapy Association (AOTA)

4720 Montgomery Lane

P.O. Box 31220

Bethesda, Maryland 20824-1220

www.aota.org

American Physical Therapy Association

1111 North Fairfax Street

Alexandria, Virginia 22314-1488

www.apta.org

Federation of State Boards of Physical Therapy

509 Wythe Street

Alexandria, VA 22314

www.fsbpt.org

Resources

Wisconsin Department of Public Instruction – School-Based Occupational Therapy

http://dpi.wi.gov/sped/occ_ther.html

Kansas State Department of Education – Occupational Therapy and Physical Therapy Services in Schools: Frequently Asked Questions (January 2006)

<http://www.kansped.org/ksde/resources/otptfaq06.pdf>

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