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
Linda McCulloch, Superintendent
Helena, Montana

February 2008

TABLE OF CONTENTS

INTRODUCTION

With passage of the "Education for All Handicapped Children Act" (EHA) of 1975 (PL 94-142), the EHA Amendments of 1986 (PL 99-457), and the "Individuals with Disabilities Education Act" (IDEA) Amendments of 1991 (PL 102-119), and the subsequent reauthorizations, many students are presently receiving occupational therapy (OT) and/or physical therapy (PT) in the public school setting.

Physical and occupational therapists have historically provided services to students with special education needs in public schools. Therapists have the skills to evaluate a variety of sensory and motor disabilities, develop interventions, and implement programs that will help students benefit from special education. School-based therapists are prepared to participate at many levels of the special education process, including screening, evaluation, eligibility determination, and development of a student's Individualized Education Program (IEP). In addition, therapists may be called upon to contribute unique administrative, consultative, management, and teaching skills in the school environment.

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 as closely to maximize positive results to 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, eating, and mobility.

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 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)

Child Study Team (CST): See Evaluation and Eligibility Determination Team

Collaborative: Collaborative care or *Collaboration* is when two or more professionals work together on behalf of a child.

Consultation: Consultation is generally when a specialist provides advice or service recommendations.

Direct Services: Direct Services is hands-on treatment of a child by a physical or occupational therapist or their licensed assistants.

Disabilities: 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
- Preschool Child With a Developmental Delay

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: A CST 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 CST team 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 CST shall prepare a written report of the results of the evaluation and make recommendations, if any, to the IEP team.

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.

Functional Performance: Functional refers to skills or activities that are not considered academic, but support a child's academic achievement. "Functional is often used in the context of routine activities of daily living" (Federal Register/Vol. 71, No. 156, 8/14/06, page 46661).

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

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

Individualized Education Program (IEP): The term "individualized education program" means a written statement for a child with a disability that is developed and implemented in accordance with 34 CFR 300.341-300.350. Each school district shall have an individualized education program for each child with disabilities who is receiving special education and related services from that school district. The data gathered from the educational evaluation conducted by the evaluation team shall be utilized in the development of the IEP. The IEP team determines the special education and related services necessary to accomplish the goals and determines the student's placement. Each school district shall initiate and conduct meetings for the purpose of developing, periodically reviewing and, if appropriate, revising each student's individualized education program. An individualized education program shall be developed before special education and related services are provided to a child and be implemented as soon as possible following an IEP meeting.

Individuals with Disability Education Act Amendment (IDEA) (Public Law 108-446): In 1990, PL 94-142 was amended and retitled the Individuals with Disabilities Education Act (IDEA).

Integration: Integration usually pertains to a treatment plan established either via consultation, collaboration, or direct services. It is the act of coordinating or incorporating the treatment program into the classroom and academic schedules.

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: 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 Codes Annotated (MCA): The MCA is the definitive version of legislation passed by the 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. This is done without consent of the parent.

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 (37-24-103(5), MCA).

Occupational Therapist (OTR/L, MOTR/L): Occupational Therapist means a person licensed to practice occupational therapy under Montana State Law. 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 (37-24-103(4), MCA).

Occupational Therapy Aide: Occupational Therapy Aide means a person who assists in the practice of occupational therapy under the direct supervision of an occupational therapist or occupational therapy assistant and whose activities require an understanding of occupational therapy, but do not require professional or advanced training in the basic anatomical, biological, psychological and social sciences involved in the practice of occupational therapy (37-24-103(6), MCA).

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 (37-11-101(7), MCA).

Physical Therapist (RPT, LPT, PT, MPT, DPT): Physical Therapist means a person who practices physical therapy. 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 (37.11-101(4), MCA).

Physical Therapy Assistant (PTA): Physical Therapy 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 (37-11-101(5), MCA).

Physical Therapy Aide (PT Aide): Physical Therapy Aide means a person who aids in the practice of physical therapy, whose activities require on-the-job training, and who is supervised by a licensed physical therapist or a licensed physical therapist assistant (37-11-101(8), MCA).

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 300.16).

Screening: Procedures for gathering data from a specified group of students, such as all first and third grade 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 means 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 provides protection against discrimination based solely on disability for individuals with disabilities, including students with disabilities under the Individuals With Disabilities Education Act (IDEA), who are otherwise qualified to participate in and benefit from the program. With respect to public preschool, elementary and secondary schools, a qualified individual is an individual with disabilities of a school age during which persons without disabilities are provided educational services. The IDEA students are not eligible for services under Section 504, but only for protection against discrimination.

A qualified individual is a person who, as a result of a physical or mental impairment, experiences a substantial limitation in a major life activity such as seeing, hearing, walking, thinking, learning, etc. The impairment must affect learning in general. Such students will receive appropriate accommodations to assure equal access to the general education program and extracurricular activities. To receive services under 504, a student must have a current impairment that has a substantial limitation on a major life activity.

Special Education: As used in this part, the term "special education" means specially designed instruction, at no cost to the parent, to meet the unique needs of a child with a disability, including instruction conducted in the classroom, in the home, in hospitals and institutions, and in other settings. The term includes instruction in physical education, speech pathology, and

vocational education if it consists of specially designed instruction, at no cost to the parents, to meet the unique needs of a child with a disability.

Supplementary Aids and Services: The IEP team must determine which supplementary aids and services (modifications) to the child's general education program must be described in the child's IEP (for example: adaptive equipment, special seating arrangements or the provision of assignments in writing). This applies to any general education program in which the student may participate, including physical education, art, music, and vocational education.

PHYSICAL AND OCCUPATIONAL THERAPY IN THE PUBLIC SCHOOL

Physical and occupational therapy services in the public school setting assist students with disabilities to benefit from their special education program. Federal regulations 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." 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.

School-based therapy identifies the student's needs 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 and other team members determine that a student's disability interferes with performance in school before the student receives services. The IEP team determines which related services a student needs. 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 anytime. Recommendations and decision-making to determine a student's Individualized Education Program (IEP) are based on the input of all team members. Goals and objectives in the educational plan are ***child specific*** and must be approved by the IEP team. The goal of school-based therapy is to advance individual student ability to enable the student to succeed in the

educational environment. Non-school-based therapists (private practitioners) who are providing medically necessary services outside of the school 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 medical condition. 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 than providing services by professional personnel employed by or under contract with the school for the purpose of 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 that consider:

- Use of equipment,
- Liability,
- Use of space,
- Safety,
- Whether educational recommendations by private service providers will be followed by school staff,
- The time of day the student can be removed from the classroom to be seen by private service providers,
- The forum the private service provider should use if it is felt there should be changes in the student's educational programming,
- 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.

Coordination of services is the continuity, communication and coordination of educationally relevant service across the disciplines that are involved with the IEP (private and school based) can avoid duplication of services and inconsistent programming. Coordination activities might include team meetings, educational meetings, planning strategies, updating documentation, and consultations with educational personnel.

ROLE DELINEATION FOR SCHOOL OCCUPATIONAL AND PHYSICAL THERAPISTS

The role and responsibility of the occupational or physical therapist, as a related service provider and as a member of the IEP team, is to assist students with disabilities to benefit from their specially designed educational programs. The school-based occupational or physical therapist supports the student's ability to gain access to the general education curriculum in accordance with their IEP and to function across all educational settings. The goals address the student's present level of academic achievement and functional performance and are supported in collaboration with educational staff.

Occupational therapy versus physical therapy roles are often defined by the domains or activities of daily living skills (ADL) and/or in areas of functional performance, in which they professionally intervene. Occupational therapy and physical therapy role delineation are addressed with regards to each area within the school setting. Role delineation may vary significantly from this description, depending upon the training, experience and/or expertise of the therapist. It is apparent that there are significant areas of overlap between occupational therapy and physical therapy roles and responsibilities in the school setting.

Functional Performance Problem Areas

The following is a list of frequently encountered problem areas experienced by children with disabilities during their public school day program.

1. School Related Self-Care and Life Skills

A. Dressing
B. Grooming and hygiene
C. Domestic living and transitioning
D. Eating/drinking
E. Using adaptive equipment and/or compensatory strategies
F. Other

Role Delineation for addressing problems with self-care and/or life skills: Occupational therapists are most often the providers of treatment to promote independence in school-related activities of daily living, domestic skills and transitional need to attain appropriate level skills by the student and/or the caregiver, which are part of the educational program.

2. Processing Skills

A. Organizational skills and/or compensatory strategies
B. Attention/arousal
C. Perception (vision, hearing, touch, body awareness)
D. Socialization
E. Sensory
F. Other

Role Delineation for addressing processing difficulties: Both occupational and physical therapists provide interventions for disorders of internal processing and regulation which affect learning.

3. Manipulation Skills

A. Management of educational materials
B. Meeting or adapting to the speed and accuracy demands of the educational environment
C. Utilization of appropriate assistive devices/technology and/or compensatory strategies
D. Prevocational and vocational-related tasks
E. Other

Role Delineation for addressing difficulties with manipulation skills: Both occupational and physical therapists provide interventions to enhance the student's ability to perform manual activities and manipulate materials needed in the educational environment.

4. Positioning

A. Independent sitting and standing
B. Assisted or alternative positioning in school (sitting, standing, feeding, toileting, etc.)
C. Transportation/safety
D. Adaptive equipment
E. Other

Role Delineation for addressing difficulties with positioning: Physical and occupational therapists assist students and caregivers in achieving the best positioning options to promote the student's learning in the educational environment.

5. Mobility

A. Functional movement and mobility skills across educational settings
B. Management of architectural requirements
C. Utilization of appropriate mobility assistive devices and/or compensatory strategies
D. Transfer skills
E. Transportation
F. Other

Role Delineation for addressing difficulties with mobility: Primarily, physical therapists assist students in achieving functional and safe means of mobility across educational settings. This may include, but is not limited to: classrooms, hallways, bathrooms, cafeteria, playground, transportation/field trips in the community and, as appropriate, prevocational/vocational settings.

Consultation to educational staff to promote competency and safety in body mechanics, handling techniques, motor techniques and classroom adaptations/compensation strategies may be provided in any one or all of the above-listed problem areas.

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. 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 the Administrative Rules of Montana (ARM).

Educational Evaluation. An occupational therapy or physical therapy assessment in the school setting may be one component of the educational evaluation if the student's suspected disability falls within one or more of the domains. 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, sensory processing and regulation, and life skills. Often inventories, checklists, caregiver and/or teacher interviews and non-standardized tests are appropriate assessment methods to obtain an accurate picture of the student's sensory motor status and functional performance level in school.

Physical therapy and occupational therapy evaluations provide neuromotor and developmental information of the student's functional capabilities for the multidisciplinary team to consider. These evaluations also assist the team in determining the foundations and causes for the functional deficits that affects the student's ability to learn. The therapists' written report should describe the educational implications of the functional impairment and list what interventions are needed (seating, mobility aids, adapted physical education, etc.)

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 disability 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 needs. These needs have been identified during the child study team meeting as a result of an evaluation. Physical therapists and occupational therapists assist the IEP team in writing a single set of discipline-free goals. 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 and environmental and materials adaptation.

Need for Occupational and/or Physical Therapy. The criteria assists in the determination of 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, sensory processing, manipulation skills, positioning, mobility).

A student needs OT and/or PT when:

1. the student is having difficulty in functional performance areas;

2. previous interventions or strategies have been unsuccessful;

3. there is potential for improvement with occupational therapy and/or physical therapy intervention methods;

4. occupational therapy and/or physical therapy is necessary as a related service in order for the student to benefit from special education; and

5. 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.

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:

1. To determine additional accommodations needed
2. To identify new goals
3. To provide new baseline information
4. To determine effectiveness of intervention and success of outcomes
5. To identify changes in functional capabilities and limitations
6. To determine the need for changes in service delivery or need for services
7. To help in planning interventions
8. For ongoing progress monitoring
9. To determine access and progress in the general curriculum
10. To determine present level of academic achievement and functional performance

Exit Criteria. The IEP team should begin a discussion of exiting services when initial eligibility is determined. Exit criteria are tailored to student need. Exit 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 exit 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.

3. The motor and/or sensory motor difficulty is no longer relevant to the student's educational goals. 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.

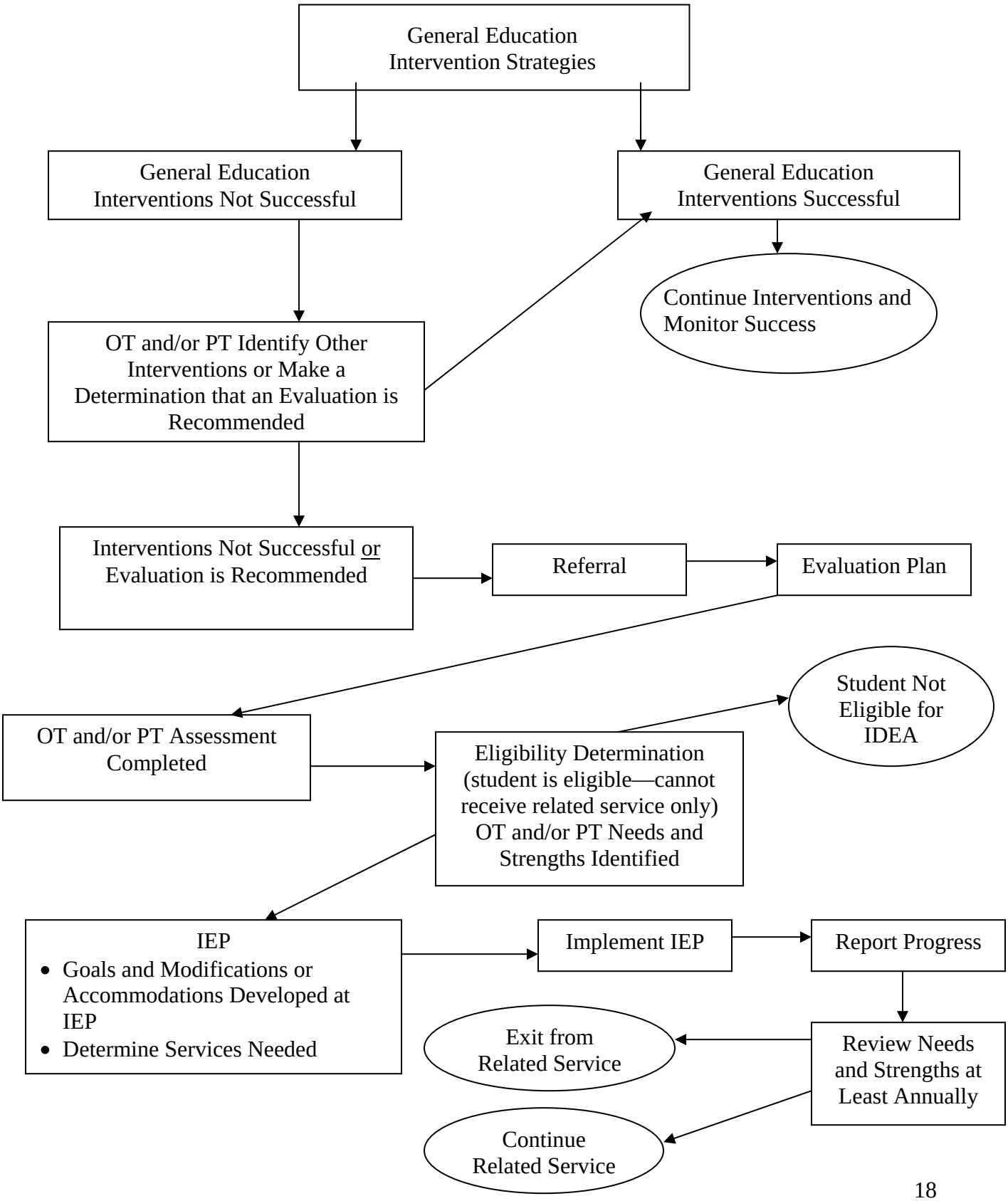
6. The student's needs are being met by others and not longer require the skilled services of a therapist.

7. The educational setting has changed and the student is functional within this setting.

8. The student has learned appropriate compensatory strategies.

To exit a student from a related service, an IEP meeting must be conducted. The parent must be informed of the proposed change in the notice of the IEP meeting.

ELIGIBILITY FOR SPECIAL EDUCATION AND RELATED 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 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.

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 ARM 10.16.3321; and

   give written consent to the proposed evaluation and assessments.

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 ARM 10.16.3321.

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. Best practice suggests that keeping daily logs of services provided is one way to assure documentation of appropriate service. In collaboration with special education staff, the student's progress must also be documented at appropriate intervals in accordance with the requirements of the student's IEP.

SCHOOL STAFF AND ADMINISTRATIVE CONSIDERATIONS

Use of Support Personnel

Paraprofessionals are responsible for carrying out activities designed to support the therapeutic interventions of the occupational therapist, the physical therapist, the certified occupational therapy assistant (COTA) and the licensed physical therapy assistant (LPTA). 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 under the supervision of the occupational therapist or physical therapist in accordance with state law.

Physical Therapy Supervision

A physical therapist may concurrently supervise two (2) full-time physical therapy assistants and two (2) full-time physical therapy aides, or four (4) physical therapy aides.

> *Supervision of the Physical Therapy Assistant.* This supervision does not require the presence of the 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.
>
> *Supervision of the Physical Therapy Aide.* A physical therapy aide shall practice under the on-site supervision of a physical therapist or a physical therapy assistant.
>
> A physical therapy assistant may supervise one (1) full-time aide or the equivalent.
>
> *On-site Visit* (supervision of physical therapy assistant): The licensed physical therapist will make a visit to the client at least once every six visits or every 2 weeks, which ever occurs first. The supervision does not require the presence of the assistants.
>
> *"Under" On-site Supervision* (supervision of physical therapy aide): The licensed physical therapist or physical therapist assistant should be readily able to supervise face to face e.g. within the same building.
>
> "*With" 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 (supervision for occupational therapy aides): Supervising licensed occupational therapist or certified occupational therapist assistant shall be physically present in the direct treatment area of the client-related activity. It requires face–to–face communication, direction, observation, and evaluation on a daily basis.

Routine Supervision (supervision of temporary practice holders): Supervision by licensed occupational therapist requires direct contact at least daily at the site of work, with interim supervision occurring by other methods, such as telephone, e-mail, or written communication.

General Supervision (for supervision of certified occupational therapist assistant): At least monthly at the site of the client-related activity and face–to–face communication, direction, observation, and evaluation by the licensed occupational therapist of the certified occupational therapist assistant with interim supervision occurring by other methods such as phone, e-mail or written communication.

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 LPTAs, 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.

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 LPTAs.

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 video 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, LPTAs, or paraprofessionals;
- supervision and training requirements for COTAs, LPTAs, or paraprofessionals;
- availability of affiliating occupational therapy or physical therapy students;
- 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;
- inservice training requirements of the therapist to develop needed skills;
- other duties required of the therapist (record keeping, attending meetings, attending diagnostic staffing, conducting research);
- supervisory time required for COTA or LPTA;
- 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?
2. What should the OT and/or PT assessment address?
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?

Related Services

4. If a child is enrolled in a private school, can he or she still receive occupational or physical therapy as a related service?

Services

5. Can a physical therapist or occupational therapist provide services to a student in the general education program who does not qualify under IDEA?
6. 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?
7. It is understood that OT and PT services need to be educationally relevant; what relationship does this have to academic performance and functional skills?
8. If a child has an IEP and is only receiving speech-language services, and the team agrees that the child also needs OT services, is it required that the OT goals address areas that support the IEP's existing goal?
9. Who may provide OT and PT services in schools?
10. How can OTs and PTs work with team members, including parents and paraprofessionals, to help support generalization of a student's functional skills?
11. What are effective service provision options for OTs and PTs?
12. When a student moves into a new school district with an existing IEP (which includes PT services) should services begin immediately, using the existing IEP?
13. If a student recently had surgery, does he/she automatically qualify for special education services?
14. Who determines the special education and related services the student receives at school?
15. Must the school implement the recommendations of a private practitioner?

Individualized Education Program

16. Must the occupational therapist or physical therapist attend the IEP meetings?
17. Is there a separate section on the IEP for occupational therapy and physical therapy goals?
18. What is the difference between an IEP and a 504 accommodation plan?
19. Are specific goals for consultation required only when an OT or PT is providing consultation, or can the consultation be to support goals already on the IEP by another service provider?
20. Who collects data on student IEP goals?

21. When providing consultation services, one time per month or one time per nine-week period, is there a best practice guideline for how to write that amount of time and frequency?
22. What is the criterion for exiting a student from OT and PT services?
23. Is extended school year (ESY) provided in the OT and/or PT areas?
24. Can a parent invite other individuals to an IEP meeting without notifying school staff?
25. What is the recommended procedure to amend the IEP without a meeting?
26. 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?

Records

27. Are PT/OT therapy records education records?
28. Must therapy records be kept a minimum of five years?

Paraeducator

29. Can a physical therapy aide or an occupational therapy aide provide service in a school building where the therapist is not physically present?
30. Are the services provided by a mobility aide or critical needs aide counted as occupational therapy or physical therapy time on the student's IEP?

Liability

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

Evidence-Based Practices

32. What are the expectations for OTs and PTs related to evidence-based practice?
33. What are some OT and PT practices that do and do not have evidence to support them?
34. What are some promising practices that would reflect evidence-based practices?

Adapted Physical Education

35. Can physical therapy replace a student's physical education program?

Procedural Safeguards

36. Is parental consent required for an occupational therapist or physical therapist to conduct a three-year reevaluation?

Handwriting

37. Does a student who demonstrates average fine and visual motor skills but consistently produces messy or illegible handwriting qualify for occupational therapy services for handwriting instruction?

EVALUATION

1. What are the evaluation requirements for a child who is orthopedically impaired?

Under ARM 10.16.1120(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. "Substantially limits" requires specific examples of the adverse impact of the orthopedic impairment on the student's educational performance and written documentation of (a) the effect of the orthopedic impairment on the student's ability to participate in educational programs, including vocational and physical education programs; (b) the effect of medications, treatments, or other medical interventions on the student's educational performance; (c) the results of a physical therapy and/or occupational therapy evaluation that describes the need for therapy as related to educational performance; and (d) accommodations or interventions tried in regular education, including, if appropriate, modifications to program requirements, schedules, or facilities.

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

Students are evaluated for multiple reasons. Professionals first consider functional assessments that serve a variety of purposes. Professionals should consider assessments that provide the baseline data for evaluations, and define the present levels of academic achievement and functional performance, and the same measure can be used for ongoing progress monitoring. The IDEA requires special education evaluations to include functional, relevant data about access and progress in the general curriculum, including information from parents. The IDEA 2004 further clarifies that the evaluation should deal with academic and functional issues. Specifically, OT and PT assessments should address areas in which the student shows deficits that indicate a potential need for special education and related services. The assessments should also address whether the student needs either OT or PT in order to benefit from special education services.

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.

RELATED SERVICES

4. If a child is enrolled in a private school, 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 private school students, (2) it is determined necessary in order for the student to benefit from 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.

SERVICES

5. 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. For more information regarding Section 504, please refer to the Montana Section 504 Guidelines, *Accessibility for All.*

6. 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.

7. It is understood that 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 benefit from his or her educational setting; 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 needs it to benefit from special education.

8. If a child has an IEP and is only receiving speech-language services, and the team agrees that the child also needs OT services, is it required that the OT goals address areas that support the IEP's existing goal?

Yes.

9. Who may provide OT and PT services in schools?

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 therapy assistant (PTA). Evaluation, reevaluation, and intervention planning are the sole responsibility of the OT or PT. Routine service delivery may be provided by any of the above-listed therapy practitioners in their area of licensure or certification. Ultimately, the responsibility for services provided lies with the OT or PT professional.

Paraprofessionals or aides 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.

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

The OTs and PTs should be prepared to help other team members, including aides and 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 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.

11. What are effective service provision options for OTs and PTs?

Models *of service provision* is defined as the way therapists use their time in the intervention process. The continuum includes *direct* and *consultation* services:

- ***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. Consultative services to the teacher, parent, and other staff should be used in conjunction with direct services.
- ***Consultation or indirect services*** include a collaborative effort between the 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. Even though a therapist is providing

indirect services, there will be instances where the OT or PT will work directly with the student. Direct knowledge of the student is critical in being able to provide effective consultation.

References

Guidelines for Supervision, Roles and Responsibilities (AOTA paper), OCTH 715 notes.

http://www.k12albemarle.org/specialeducation/procedures/Medicaid.htm

Dunn, W. (2000). Best Practice in Occupational Therapy in Community Service with Children and Families (p. 15-16). Thorofare, NJ: Slack, Inc.

12. When a student moves into a new school district with an existing IEP (which includes PT services) should services begin immediately, using the existing IEP?

The IDEA 2004 makes it very clear that students transferring between and within states continue to receive services comparable to the current IEP until an evaluation and eligibility determination can be completed. If the parent, or previous school, provides the IEP, there would be no reason services could not begin immediately. For students transferring from out-of-state, the physical therapist would participate in the evaluation process while providing services.

References

www.tea.state.tx.us/interagency/sharsfaq.html#QM

www.spart7.k12.sc.us/mtz/related%20services.htm

www.saratogaschools.org/SPECIALED/specialedservices.htm

13. 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.

14. 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 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.

15. Must the school implement the recommendations of a private practitioner, or physician?

No.

INDIVIDUALIZED EDUCATION PROGRAM

16. Must the occupational therapist or physical therapist attend the IEP meetings?

It is not required that they attend. However, 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 physical therapy or occupational therapy, the school district must ensure 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.

17. 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.

18. What is the difference between an IEP and a 504 accommodation plan?

These laws protect the educational rights of students with disabilities. Under IDEA 2004, the Individualized Education Program (IEP) is implemented for those students who have been determined eligible and receive special education and related services. Section 504 provides accommodations, services, and protections for students who meet the criteria for substantially limiting a major life function but who do not need specially designed instruction (i.e., special education under IDEA).

The IEP is a written educational plan for each exceptional student under IDEA that specifies the special education and related services the student will receive. The IEP reflects the decisions made by an interdisciplinary team (including parents, school professionals, the student when appropriate, and personnel from other agencies as appropriate). The IEP is developed, reviewed, and revised no less than annually.

The 504 accommodation plan is a written document outlining the unique accommodations and services needed by an eligible student under Section 504. Section 504 is a general education management responsibility. The team writing the 504 plan usually includes the school principal, classroom teacher(s), and others working with the student. The parent and the student should be involved whenever possible. The evaluation and use of a 504 plan should be documented and reviewed periodically. Section 504 prohibits discrimination of students that have certain health-related issues that hinder their public education.

19. Are specific goals for consultation required only when an OT or PT is providing consultation, or can the consultation be to support goals already on the IEP by another service provider?

The OT or PT is not required to have a specific OT or PT goal whether providing consultation and/or direct services. Regardless of how services are provided, the professional should be supporting discipline-free IEP goals of the student. There may be instances in which an OT or PT is providing a related service, such as monitoring equipment for fit or for working condition, range of motion (ROM) activities, etc. These activities would be listed as IEP services with frequency, location, and duration.

20. Who collects data on student IEP goals?

Any staff member that works with the student can collect data. The 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 for data collection procedures. Once the best match has been found, it is important to be consistent. It is also important to consult with other service providers to educate them on how to use the data collection procedure.

21. When providing consultation services, one time per month or one time per nine-week period, is there a best practice guideline for how to write that amount of time and frequency?

The written narrative should clearly state what services a student is receiving, in what environment, and how often. If the student is being seen one time a month, this should be clearly noted on the IEP so that parents and colleagues easily understand this section.

22. What is the criterion for exiting a student from OT and PT services?

The IEP teams are encouraged to begin the discussion of exiting services when initial eligibility is determined. Discussing exit criteria early in the special education process helps parents reduce uncertainty about *giving up* services. Exit criteria must be individually determined and must comply with IDEA requirements. As IEP teams customize exit criteria according to student need, these decisions should be informed by what is known about the student and research on the efficacy of interventions and services. The IEP teams should prioritize student needs when designing exit criteria and seriously consider the effective use of learning time.

23. Is extended school year (ESY) provided in the OT and/or PT areas?

It may be. This is a determination of the IEP team. Every child with an IEP has the right to have ESY explored as part of their IEP meeting. Extended school year services are provided for those students who demonstrate a regression in skill level over breaks (summer break, winter break, spring break). Skills that have been mastered are lost during

the course of a break, and recouping these skills takes a greater span of time than the span of the break. Documentation of skill levels pre- and post-break are required.

24. Can a parent invite other individuals to an IEP meeting without notifying school staff?

It is permissible for a parent to bring other individuals to the IEP meeting. It is not required for the parent to notify the school district, but it would be a best practice for the parents to let the school know who will be attending.

25. What is the recommended procedure to amend the IEP without a meeting?

It is recommended that you use the OPI Amendment Form. The parent would need to be notified and agree in writing of the change. The IEP team needs to agree to the changes by signing the amendment form.

26. 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 IEP team may add a related service to an IEP, either by way of an amendment or at an IEP meeting. The related service provider should 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.

RECORDS

27. Are OT and/or PT therapy 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.

28. Must therapy records be kept a minimum of five years?

Yes. Current Administrative Rules of Montana require special education records to be maintained by the school district a minimum of five years after the cessation of the student's participation in the special education program. Therefore, if a student with disabilities no longer requires the related service (i.e., physical therapy), the physical therapist could destroy the education record of the student five years after exiting the student from the therapy, provided that the method of destruction follows school district procedures.

PARAEDUCATOR

29. Can a physical therapy aide or an occupational therapy aide provide service in a school building where the therapist is not physically present?

In accordance with state licensure law and administrative rules, physical therapy aides and occupational therapy aides require on-site supervision at all times.

30. Are the services provided by a mobility aide or critical needs aide counted as occupational therapy or physical therapy time on the student's IEP?

No. Services provided by the mobility aide, personal care attendant, or the critical needs aide are not considered as occupational therapy or physical therapy. Only service provided by an occupational therapy aide or physical therapy aide under the supervision of an occupational therapist or physical therapist are counted as part of the related service time on the IEP.

LIABILITY

31. What should a school do if they receive an order from a medical doctor for 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 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.

EVIDENCE-BASED PRACTICES

32. What are the expectations for OTs and PTs related to evidence-based practice?

Evidence-based practice (EBP) is the use of current and best evidence when making decisions about the care *of individuals. Evidence-based practice means combining your own clinical expertise with the best available clinical evidence which can be found through systematic research* [Sackett, et al. (1996). *Evidence based medicine: What it is and what it isn't*. British Medical Journal, 312(7023), 71-72.]

Evidence is only one part of the clinical reasoning process. Professionals consider evidence in relation to every area of practice, but there are still a number of other factors to consider (e.g., theoretical models, the individual's context, prior experience, ethical practice, expectations of the student and other practitioners or educators). Practices are based on outcomes that are specific, measurable, attainable, and time limited.

References

The following list of Web Sites and resources can help one better understand evidence-based practice (EBP):

- *Definitions of Evidence-Based Practice*
  - *www.shef.ac.uk/~scharr/ir/def.html*
  - A number of definitions for EBP are provided at this site, as well as links to other resources for learning about EBP.

- *Evidence-Based Medicine Learning Resources*
  - *www.herts.ac.uk/lis/subjects/health/ebm.htm*
  - A large section of definitions of evidence-based practice and a list of links to centers that work with EBP are provided.

- *Hooked on Evidence*, National Physical Therapy Association (membership only).

- Law, M. (Ed.). (2002). *Evidence-Based Rehabilitation; A Guide to Practice*. New Jersey: Slack.

- *National Early Childhood Technical Assistance Center*
  - *www.nectac.org*
  - This site provides a link to publications related to early intervention.

- *Research and Training Center on Early Childhood Development*
  - *www.researchtopractice.info/index.php*
  - This site is for therapists, early childhood educators, early intervention therapists, and parents to provide an opportunity to identify effective research-based practices. This site also provides links to the *Bridges and Bottomlines* Web Site which gives short, one-page summaries on selected research articles.

33. What are some OT and PT practices that do and do not have evidence to support them?

To find out what is supported by evidence, one must conduct research. Evidence can either support or refute a selected intervention method for the identified area of need. Evidence may come from a variety of sources, but the most common and easiest to find is published evidence. Evidence can be either qualitative or quantitative, depending on the type of study. There are strengths related to each kind of evidence.

The *American Journal of Occupational Therapy* (www.ajot.org) provides an online link searching past issues to locate research articles related to practice. The *Journal of the American Physical Therapy Association* (www.ptjournal.org) provides similar information and links to current, as well as past, research. *The National Center for Biomedical Information* (www.ncbi.nlm.nih.gov) provides a large amount of research on a number of topics for every area of the medical field. This site provides links to *PubMed*; however, many of these articles can only be accessed from centers that pay to provide access to these articles.

For professionals in practice, it is sometimes challenging to locate appropriate professional literature and then interpret the findings of the studies to decide if the results are applicable in practice situations. One user-friendly resource is the following Web Site: *www.researchtopractice.info/sitemap.php*. Look for the *Bottomlines* and *Bridges* documents, which cover a range of topics and provide guidance about best practices:

- *Bottomlines* provides a one-page summary-review of the literature on topics specifically related to serving children and families. These are helpful for both professionals and parents.
- *Bridges* provides full-reviews of the literature for those desiring to read the details.

References

McWilliam (1999) provides guidance about how to evaluate emerging and controversial practices. Reading this article will be useful:

- McWilliam, R. A. (1999). Controversial Practices: the need for a reacculturation of early intervention fields. *Topics in Early Childhood Special Education,*19:3, p. 177-188.

34. What are some promising practices that would reflect evidence-based practices?

As required in IDEA 2004, special education service providers (including OTs and PTs) are required to use peer-reviewed, research-based practices, which are a component of evidence-based practices. The following information is provided only as a starting point and should not be considered exhaustive of topics or resources:

Evidence suggests that consultation is an effective intervention method. Below are some examples:

Dunn, W. (1990). A comparison of service provision models in school-based occupational therapy services: A pilot study. *Occupational Therapy Journal of Research, 10*(5), 300-320.

Kemmis, B. L., & Dunn, W. (1996). Collaborative consultation: The efficacy of remedial and compensatory interventions in school contexts. *American Journal of Occupational Therapy, 50*(9), 709-717.

McWilliam, R. A. (1995). Integration of therapy and consultative special education: A continuum in early intervention. *Infants and* Young *Children, 7* (4), 29-38.

Evidence suggests that designing and implementing interventions in children's natural environments is an effective approach, particularly for generalization:

Delprato, D. (2001). Comparisons of discrete trial and normalized behavioral language intervention for young children with autism. *Journal of Autism and Developmental Disorders, 31*(3), 315-325.

Dunst, C. J., Bruder, M. B., Trivette, C. M., Hamby, D., Raab, M., & McLean, M. (2001). Characteristics and consequences of everyday natural learning opportunities. *Topics in Early Childhood Special Education, 21*(2), 68-92.

Dunst, C. J., Hamby, D., Trivette, C. M., Raab, M., & Bruder, M. B. (2002). Young children's participation in everyday family and community activity. *Psychological Reports, 91*(3,Pt1), 875-889.

Koegel, R., Koegel, L., & Surratt, A. (1992). Language intervention and disruptive behavior in preschool children with autism. Journal *of Autism and Developmental Disorders, 22*(2), 141-153.

Evidence suggests that applying conceptual knowledge within children's classroom environments is an effective approach.

Fertel Daly, D., Bedell, G., & Hinojosa, J. (2001). Effects of a weighted vest on attention to task and self -stimulatory behaviors in preschoolers with pervasive developmental disorders. *American Journal of Occupational Therapy, 55*(6), 629-640.

Schilling, D., Washington, K., Billingsley, F., & Deitz, J. (2003). Classroom seating for children with attention deficit hyperactivity disorder: Therapy balls versus chairs. *American Journal of Occupational Therapy, 57*(5), 534-541.

VandenBerg, N. (2001). The use of a weighted vest to increase on-task behavior in children with attention difficulties. *American Journal of Occupational Therapy, 55*(6), 621-628.

ADAPTED PHYSICAL EDUCATION

35. Can physical therapy replace a student's physical education program?

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

PROCEDURAL SAFEGUARDS

36. Is parental consent required for an occupational therapist or physical therapist to conduct a three-year reevaluation?

Yes. Consistent with requirements of IDEA, parental consent is required for three-year reevaluations. Written notice that meets the requirements of ARM 10.16.2707 and 34 CFR 300.504 must also be given to the parent a reasonable time prior to the reevaluation.

A parent may revoke consent at any time. If a parent revokes consent and a three-year reevaluation is required, the school district must follow procedures under ARM 10.16.2708(3).

HANDWRITING

37. Does a student who demonstrates average fine and visual motor skills but consistently produces messy or illegible handwriting qualify for occupational therapy services for handwriting instruction?

An Occupational Therapy evaluation 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 average range, there can not be an identified disability. Handwriting curriculum is a standard 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.

APPENDIX A

Occupational and/or Physical Therapy Eligibility and Exit Form
(Adapted from "Iowa Guidelines for Educational Physical and Occupational Therapy")

Directions: This is a systematic decision-making tool designed for use by a CST and IEP team to assist in the determination of the appropriateness of entrance or exit from physical or occupational therapy. Mark corresponding boxes with criteria.

	Eligibility Criteria					**Exit Criteria**			
Student's Name_____ Birthdate_____ Therapist_____ OT Entrance (IEP) date_____ PT Entrance (IEP) date_____ Review date(s) _____ OT Exit (IEP) date_____ PT Exit (IEP) date_____	Problem interferes with student's ability to benefit from his/her educational program.	Problem appears to be primarily motor or sensory motor based.	Documented previous attempts to alleviate problems have not been successful.	There is potential for improvement with OT and/or PT intervention methods, otherwise a negative change is predicted.	Service Delivery Recommended "OT" and/or "PT"	Goals and objectives requiring PT and/or OT have been met and the student does not have additional goals requiring the skills of an OT and/or PT	Potential for further change as a result of PT and/or OT intervention appears unlikely.	Problem ceases to be educationally relevant.	Due to a change in medical or physical status, OT and/or PT is contraindicated.
PROBLEM AREAS									
1. Self-Care and Life Skills A. Dressing									
B. Grooming and Hygiene									
C. Domestic Living and Transitions									
D. Eating/Drinking									
E. Adaptive Equipment									
F. Other									
2. Sensory Processing Skills A. Organization									
B. Attention/Arousal									
C. Perception									
D. Socialization									

E. Other									
3. Manipulation Skills A. Utilization of Educational Materials									
B. Meeting Speed and Accuracy Demands of Education									
C. Utilization of Assistive Education									
D. Prevocational and Vocational-Related Tasks									
E. Other									
4. Positioning A. Independent Sitting and Standing									
B. Assisted or Alternative Positioning									
C. Transportation/Safety									
D. Adaptive Equipment									
E. Other									
5. Mobility A. Functional Movement/Mobility Skills									
B. Management of Architectural Requirements									
C. Utilization of Assistive Devices									
D. Transfer Skills									
E. Other									

APPENDIX B

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

ACKNOWLEDGEMENTS

TASK FORCE MEMBERS

Susan Bailey-Anderson
Unit Manager Professional Development
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

Linda Barge, PT
Belgrade Public Schools
101 Arnold St.
Bozeman, MT 59715

Mary Cater, OTR
Gallatin/Madison Coop
1212 South Pinecrest
Bozeman, MT 59715

John Copenhaver, Director
MPRRC
Utah State University
1780 N. Research Parkway, #112
Logan, UT 84341

Janet Lindh, MEd, OTR/L
Butte Public Schools
Webster Garfield Complex
1050 S. Montana Street
Butte, MT 59701

Joe Darrah, MS, OTR/L
Prickly Pear Coop
807 Broadway St.
Townsend, MT 59644

Don Findon, MS, PT
1932 Colton Blvd.
Billings, MT 59102

Tim Harris
Division Administrator
Special Education Division
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

Cheri Larson, OT
2970 Spokane Cr. Rd.
E. Helena, MT 59635

Susan Michels, PT
Great Falls Public Schools
3516 8th Ave. So.
Great Falls, MT 59405

Marilyn Pearson
Interim Part B Manager
Division of Special Education
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

Cathryn Rase, MS, PT
Missoula Public Schools
4842 Scott Allen Dr.
Missoula, MT 59803

Jennifer Wilshire, PT
President, Montana School OT/PT Organization
6594 Bear Claw Lane
Bozeman, MT 59715