

CHAPTER 6

Supervision, Evaluation and Mentorship of Therapists Employed by Educational Agencies

Given the nature of school-based services, and the medically-oriented OT and PT educational programs, the school setting can be a challenging place for therapists to work. Therapists who are new graduates may not be sufficiently prepared to work in this setting and should have formal supervision. Therapists with more experience will often find that, while they are more than capable of managing the therapeutic issues, they are unfamiliar with the terminology, practice issues, IDEA directives and legal requirements of the setting.

Regardless of the therapist's professional background, those who are new to school-based service should have opportunities for mentorship. In the best of circumstances these opportunities will be provided by the district or Education Service District (ESD) that employs the therapist. If not, mentorship should be actively sought out by the incoming therapists. Therapists who work for ESDs will often have opportunities to interact with other therapists who have years of experience and who are available for questions and discussion of issues related to school practice. Since practice does vary between states and even within ESDs or districts, therapists should check with their immediate supervisors and/or district special education directors for clarification of their roles and responsibilities within each setting.

Mentorship by an experienced member of the same discipline (PT or OT) is a valuable adjunct to traditional supervision and allows mentors and mentees to identify the strengths and abilities they bring to the school-based setting and develop new skills and strategies to work in these educational environment settings. A mentor can also help a new employee become familiar with best practice strategies, update knowledge in evidence-based school practice, and become familiar with the milieu of the ESD or districts they serve.

Opportunities for mentorship exist within professional organizations. The American Physical Therapy Association (APTA) and American Occupational Therapy Association (AOTA) both have a school-based special interest group (SIG), or special interest section (SIS), where therapists with years of experience can be contacted for assistance. The APTA school-based SIG is hosted within the section on pediatrics and requires membership to the national organizations. AOTA and OTAOSIS groups also require membership.

In Oregon there is also a variety of information and opportunity for mentorship through the Regional and Statewide Services for Children with Orthopedic Impairments (RSOI). The RSOI coordinator and staff can provide invaluable assistance and can direct therapists to discipline-specific mentors within the state. The RSOI website offers publications and a

library of books, DVD's and other resources to assist Oregon therapists who are new to school-based services (www.rsoi.org).

Publications and a lending library of books, DVD's and other resources are available from Regional and Statewide Services for Students with Orthopedic Impairments (RSOI) at www.rsoi.org.

Evaluation of Occupational and Physical Therapists in Oregon

Senate Bill 880 (SB 880), approved by the 1997 Oregon Legislature, governs the minimum elements for evaluation of licensed educational staff. Districts are free to develop their own forms and format for evaluation. The provisions of SB 880 require that every teacher receives a performance evaluation based on a job description and written performance standards established by the school district. Many school districts apply this requirement to the evaluation of licensed therapy staff in addition to teachers. Districts have begun to develop performance standards specifically for evaluation of school therapists. Suggested performance standards for educational-based occupational and physical therapists in Oregon may be found in Appendix A7 and A8 and online at www.rsoi.org.

Supervisors in educational programs who evaluate and supervise the work of physical therapists and occupational therapists typically are not therapists themselves. Educational agency therapist supervisors may need more information about the roles and responsibilities of OTs and PTs. Therefore, professional practice may be best assessed by a therapist in the same discipline. Generic work performance skills such as timeliness, efficiency, and/or team responsiveness can be assessed by non-therapist supervisors. If at all possible, districts may consider coordinating with a therapist from their local regional program to establish peer evaluation. If not, someone from a neighboring district may be recruited.

A supervision and evaluation process that is well conceived and well executed can open a mutually-beneficial exchange between the occupational or physical therapist practitioner and the supervisor. A therapist can learn how better to tailor her or his activities to enhance the school program. They can ask specific questions about the performance standards used to evaluate their work, and they may learn about areas in which they may need to develop additional expertise. The supervisor can increase their understanding of therapy as a discipline and the many ways it can serve students with disabilities. They can learn more specifically what the therapist does with a student, and the purposes and benefits of the activities of the therapist. The purpose of the supervision and evaluation process is to benefit both supervisor and employee.

Although evaluation practices vary from district to district, the process mandated by Senate Bill 880 must include the following:

1. An interview before the evaluation to develop performance goals;
2. An evaluation based on written criteria related to the performance goals; and,
3. An interview following the evaluation in which the results of the evaluation are discussed with the employee.

Therapists should receive a written copy of the program's process for employee evaluation. The therapist meets with their supervisor to discuss and agree on performance goals. Performance goals can relate to any of the items in the therapist's job description, performance standards or other goals set by the supervisor. Goals must be reasonable and clearly apply to the job. Examples of goals developed by therapists are shown below.

1. Learn to use two new functional tests to assess students' need for therapy;
2. Develop or organize a set of handouts to help school staff implement motor programs;
3. Develop a data collection system for motor programs which is implemented throughout the school day as part of functional skill sequences;
4. Develop and present an inservice presentation to help school staff understand the role of the physical and occupational therapist in the school; and,
5. Investigate and make recommendations for the use of licensed physical therapist assistants (LPTAs) in school by reading articles or manuals and visiting one or more programs where LPTAs are employed.

Preparing to be Evaluated

Evaluation of a therapist's performance in the educational setting is an interactive exchange in which two professionals play complementary roles. The following tips, used in the private sector and adapted for use in the school setting, may be useful in preparing to be evaluated.

- ♦ Learn what performance standards will be used to evaluate your performance. Get them in writing, preferably in a copy of the same form that will be used during your evaluation;
- ♦ Identify for yourself ways in which you have met the performance standards. Write down examples of your behavior that support your own assessment, or at least say them to yourself so they will be readily available to you during your assessment;
- ♦ During an observation, remember that this is an exchange between two professionals and conduct yourself accordingly. Welcome the supervisor to your working environment. You might suggest a spot where she or he will be comfortable and able to see your work without interfering with it;
- ♦ Before the observation, ask if there is anything in particular your supervisor wants to see or talk about and tell them about any items on your own agenda;
- ♦ Explain what you are doing during the observation, if you can, without interfering with your work. Emphasize how your services contribute to promoting the student's participation in the educational program;
- ♦ Develop performance goals annually with the supervisor to improve your performance. If you need some support to accomplish them, such as additional training, resources, or administrative cooperation, ask the supervisor for assistance in getting it. If necessary, make an appointment for an update on your progress; and,

- ♦ Thank the supervisor for taking the time and interest to give you feedback. Point out what was especially helpful to you. Summarize your newly developed goals and mention any way the supervisor has agreed to help you reach them.

(Reed, et al, 1988)

Peer Review

Typically, school therapists, except those in very large districts, are supervised by school administrators or special education supervisors who are not therapists. One way to ensure that occupational and physical therapists in school programs receive adequate evaluation is to have administrators assess the areas that fall within their realm of expertise, and to invite a therapist consultant to assess the areas that require the expertise of a licensed therapist. Oregon law regarding evaluation of licensed school staff states that “nothing in this subsection is intended to prohibit a district from consulting with any other individuals.” (ORS 342.850(2)(c)) School districts can arrange for therapists from their own or other agencies to serve as consultants as part of the evaluation of educationally-based therapists.

Although supervisors can be expected to be skillful in some of the essential functions of a therapist’s job description, they are unlikely to have the same technical skills for which they hired the therapist. Consequently, the non-therapist supervisor is well qualified to evaluate in areas such as organization, communication, parent and community contact and the maintenance of useful data on student performance. A non-therapist supervisor may wish to utilize collegial observation or the consultation of a therapist from outside the agency for evaluation of specific skills related to the provision of therapy. When this is done, the performance evaluation will be more likely to adequately evaluate the therapist and to provide the therapist with appropriate feedback. A therapist should also feel comfortable in requesting a peer review or collegial observation for evaluation of specific skills related to OT or PT.

Monitoring of Contracted Therapy

Some therapists contract with a district to provide therapy and are not employed directly by the district. As a contractor, a therapist is not required to develop performance goals or to participate in a mandatory evaluation process. However, it is desirable that the contracts include arrangements for a district administrator to provide regular monitoring of the services provided. The district should be furnished with: a) proof that the therapist holds a current Oregon occupational or physical therapy license, and b) assurance of malpractice and/or liability insurance. The contract may be written for a specific number of hours or for specific tasks. For example, a contract that identifies the services to be provided may contain items such as:

“Complete evaluations on all students who have been referred including written reports, by November 25, 2011.”

or

“Instruct classroom staff to carry out physical management recommendations for positioning and handling.”

The details of contracts will vary. If a district is contracting for a very limited amount of time, it must prioritize the services it wants to purchase and the students it wants served. If the district is contracting for full service from a therapist, the therapist should have the flexibility to prioritize and schedule her or his own time but not to set priorities for services provided. That is the role of the IEP team.

When a therapist works for a district under a contract, the district may not provide liability coverage for the therapist. The therapist should insure that they are covered with appropriate liability and malpractice insurance. If the therapist works for a clinic or hospital, they may be covered by its group policy. If in private practice, they will need to obtain their own insurance. A district which contracts with a therapist for services should require proof of liability and malpractice insurance as a condition of the contract.

Supervision of Licensed Therapy Assistants

Licensed occupational therapy assistants (OTAs) must be supervised by an occupational therapist; licensed physical therapist assistants (LPTAs) must be supervised by a physical therapist. Both OTAs and LPTAs provide therapy

Under Oregon law all therapy assistants must have an identified supervising therapist who is legally responsible for intervention done under their direction. Licensed therapy assistants are also legally responsible for the treatment they provide.
OAR 339-010-0035 (OTA) and OAR 848-015-0020 (LPTA)

under the direction of the supervising therapist according to state practice acts. OTAs and PTAs are individuals who have been educated in an accredited program and have a license from the State of Oregon. Therapy assistants, by nature of their education, are expected to be knowledgeable about health-related disabilities and the application of recommended treatment techniques. They are expected to understand the principles that govern normal development and learning. All activities of OTAs and LPTAs must be monitored by a licensed therapist. Therapy services provided by a licensed assistant are counted as therapy hours for both IEP/IFSP and Medicaid billing purposes.

If licensed assistants (LPTAs or OTAs) are employed by the school district, all therapy provided by OTAs and LPTAs must be supervised by the respective supervising therapist. In the case of occupational therapy assistants, Oregon Administrative Rules (OARs) require that before an occupational therapy assistant assists in the practice of occupational therapy, he/she must file with the Occupational Therapy Licensing Board a “current statement of supervision of the licensed occupational therapist who will supervise the occupational therapy assistant.” (OAR 339-010-0035 (2)). While the supervision of LPTAs does not require a formal report to the Physical Therapy Licensing

Board, the licensed assistant must be able to identify, at all times, the supervising physical therapist to whom they are reporting.

While the supervising OT or PT need not observe all of the assistant's activities, they must regularly monitor these activities and be available in person or by phone to the assistant at all times in case of an emergency.

Both the OT and PT OARs indicate that licensed therapists should only assign responsibilities to a therapy assistant that they judge as appropriate and safe for the child and within the ability of the assistant to perform.

By Oregon state law, therapy assistants can provide all aspects of therapy except evaluation and development of a plan of care. The therapist and licensed assistant must develop a plan to follow in the event that the student's status changes rapidly or in an unexpected manner, and the therapist must be available to the licensed assistant to answer questions and to help with problem solving. **Reevaluations must be conducted by the licensed therapist and not by the licensed therapy assistant.** (OAR 339-010-0050)

For the full text of the state of Oregon regulations regarding licensure of occupational and physical therapists, OTAs and PTAs, see the Occupational Therapy Association of Oregon website at www.otao.com or the Oregon Physical Therapy Association website at www.opta.org.

Evaluation of OTAs and PTAs

The supervision of a licensed therapist assistant in the educational setting is a responsibility shared by the department supervisor and the supervising therapist. The specific monitoring activities required of supervising therapists are defined in the OARs for licensing occupational therapists and physical therapists. It is the responsibility of both the educational supervisor and the supervising therapist to know and understand these rules. (OTA: OAR 339-010-0035, LPTA: OAR 848-015-0020)

Since the responsibility for supervision of OTAs and PTAs is jointly held, the department supervisor and the licensed therapist work together during evaluation of OTAs and PTAs. The department supervisor must implement the district's evaluation plan as it applies to the educational aspects of the assistant's performance. They should meet with the therapy assistant to establish performance goals, set up and complete the required observation, evaluate their performance and give them feedback about that performance. Within that process, the therapist who is providing the clinical supervision should be asked to give a written statement about the individual's skills in implementing therapy programs, or any other information a non-therapist administrator could not be expected to judge. This written statement can then be attached to and incorporated into the formal evaluation document.

Assigning Responsibilities to Classroom Assistants

Classroom teachers and classroom assistants lack the medical education to make decisions regarding the provision of therapy services. A teacher, classroom assistant or parent can be instructed by the therapist to perform only specified activities with specified children, such as daily physical management, transfers, positioning, or feeding. These motor activities may not be counted as therapy hours.

A comparison of the performance responsibilities for therapists, therapy assistants, and classroom assistants is shown in Table 5.

Table 5: Comparison of Responsibilities of Therapists, Licensed Therapist Assistants, and Classroom Assistants

Therapist	Licensed Therapist Assistants	Classroom Assistants
Assess student's level of functioning and need for therapy.	Assist in the assessment of student's level of functioning and need for therapy under direction of the therapist.	Provide information to the therapist about the student's function based on observation and classroom performance.
Develop IEP/IFSP goals for a student in the area of physical or occupational therapy and participate in IEP/IFSP meetings with parents.	Assist in the development of an IEP/IFSP for a student in the area of physical or occupational therapy and participate in IEP/IFSP meetings with parents at the direction of the therapist.	Contribute information about educational performance and needs.
Develop and implement therapy programs to support IEP/IFSP goals.	Implement therapy programs to support IEP/IFSP goals and give feedback to therapist on implementation of program.	Implement specific motor programs or activities that are recommended by therapist or therapy assistant.
Design motor programs and teach parents, teachers, classroom, assistants, and other appropriate personnel to implement them.	Teach parents, teachers, classroom assistants, and other appropriate personnel to implement motor programs as prescribed by the therapist.	Implement motor programs and provide performance data to therapist or therapy assistant.
Collect, design, record, and interpret data on results of therapy programs.	Collect, design, record, and interpret data on results of therapy programs.	Collect, record, and report data on motor programs.
Monitor and evaluate therapy programs using observation, data and/or pre-post testing.	Monitor therapy programs using observation, data and/or pre-post testing.	Report student's performance to therapist or therapy assistant.
Manage student behavior during intervention.	Manage student behavior during intervention.	Manage student behavior during intervention.

Therapist	Licensed Therapist Assistants	Classroom Assistants
Work cooperatively and communicate appropriately with teaching and support staff.	Work cooperatively and communicate appropriately with teaching and support staff.	Work cooperatively and communicate appropriately with teaching and support staff.
Develop and adhere to a daily schedule.	Develop and adhere to a daily schedule.	Develop and follow daily schedule as directed by teacher.
Order appropriate materials and equipment; use and maintain them.	Order appropriate materials and equipment; use and maintain them.	Use and maintain selected equipment as directed.
Monitor and report student performance and progress.	Monitor and report student performance and progress.	Monitor and report student performance and progress.
Attend staff meetings and serve on committees.	Attend staff meetings and serve on committees.	Attend staff meetings and serve on committees as directed by teacher.
Complete required reports, IEP/IFSP and other forms promptly and in an acceptable manner.	Complete required reports, IEP/IFSP and other forms promptly and in an acceptable manner.	Complete required reports, IEP/IFSP and other forms promptly and in an acceptable manner.

Determining Work Assignments for Therapists and Therapist Assistants

In determining reasonable work assignments for the itinerant therapist, questions to consider include,

- ♦ Student service needs: *Which of the goals and related service needs of the child has the IEP/IFSP team determined will involve the therapist?*
- ♦ Inservice training, consultation and teaming with school staff: *How do the services to be offered impact the therapist's time in terms of research, materials preparation, implementation time, and follow-up?*
- ♦ Number of school sites and geographic areas: *What is the distance between schools and how much of the therapist's time must be spent in travel between locations on a daily basis? Is there ample time for the therapist to have a duty-free lunch break in addition to travel time between sites? Has time been built into the schedule for building-related activities such as check-in, e-mail and communication with school staff?*
- ♦ Student assessment: *How much time is spent in assessment or evaluation of children not already on the therapist's caseload (i.e., eligibility determination)?*
- ♦ Report writing and meeting times: *How much time should be set aside for regularly scheduled meetings, other meetings, documentation, and paperwork? Are meetings scheduled for times when the therapist will be at the meeting site?*

- ♦ Contact with medical providers: *Given the therapist’s specific caseload, how much time will be spent in communication with medical and other community resources?*
- ♦ Equipment needs and problems: *Is the therapist the designated “troubleshooter” who is responsible when problems with equipment such as wheelchairs and splints must be attended to quickly?*
- ♦ Supervision of therapist assistant: *Is the therapist the designated supervisor for a licensed therapist assistant? How much direct supervision does the assistant require? Has time been allotted for supervision activities for both the therapist and the licensed assistant? and,*
- ♦ Mentoring: *Does the role of the therapist include induction and training activities of new therapy staff who are unfamiliar with IDEA 2004-based service environment and practice? Has the therapist been assigned by supervisors to participate on special committees and/or projects? How much time will be needed?*

The supervisor’s best resources for information concerning delivery of therapy in educational settings are the therapists who work in their programs. State licensing boards and associations are an additional resource. For more information supervisors may contact the RSOI office. Contact information for RSOI, state licensing boards, professional associations and other resources is included in Appendix C5.

Billing Oregon Medicaid for Therapy Services

EI/ECSE programs may bill Medicaid for eligible services. Many school districts in the state of Oregon bill Medicaid for reimbursement for health-related services under the School-Based Health Service Program. Physical therapy and occupational therapy, along with some nursing, speech, transportation, and care assistant services qualify as health-related services which are provided in the educational setting. In those districts that bill Medicaid, therapists are required to document their services to eligible students and report those services to the school district offices for submission for reimbursement. Criteria for documentation are dictated by Medicaid, but methods for reporting are determined on a district-by-district basis. Billing Medicaid for educational therapy services in Oregon does not affect coverage of the child’s therapy treatment in non-educational environments. (OAR 581-015-2885)

Medicaid may reimburse costs for necessary and appropriate health services, on a fee for service basis, provided to Oregon’s Medicaid-eligible children who have disabilities, in accordance with the Individuals with Disabilities Education Act (IDEA 2004). Oregon has actively supported this relationship since 1992.

(Oregon School Based Health Services, acquired from website on September 8, 2008)

Specific information about the Oregon School-Based Health Services program, its limits, and operations can be found at www.oregon.gov/DHS/healthplan/school-based-hs/main.shtml.

While PT and OT services provided in the educational setting are primarily funded by education dollars, the educational program may be partially reimbursed through the Medicaid system for services provided to Medicaid-eligible children.

Billing Oregon Medicaid for needed educational services should never affect which services are provided to a child in an educational setting. IFSP/IEP teams determine what services a child needs to benefit from the educational program. If these services are covered by Medicaid, a school district may request reimbursement for them.