

## CHAPTER 3

# Delivery of Therapy Services under IDEA 2004 – School-Age Special Education

## Occupational and Physical Therapy Services in School Age Programs for Children Aged 5 - 21

Therapy services provided to children at school age focus on the skills a child needs to access and participate in the educational environment. Although Part B of IDEA 2004 defines the responsibilities of school age programs for children from 3 to 21, in this section we are referring to school age children, ages 5 and older. The local school district is responsible for determining whether a child qualifies as a “child with a disability. . . [who] needs special education and related services” (IDEA 602(3)(A)(ii). Under Part B (ages 5 -21), a student with a disability might be eligible for IDEA 2004 services under any of eleven disability areas as follows:

*(4) “children with disabilities” or “students with disabilities” means children or students who require special education because of: autism; communication disorders; deaf/blindness; emotional disturbances; hearing impairments, including deafness; intellectual disability; orthopedic impairments; other health impairments; specific learning disabilities; traumatic brain injuries; or visual impairments, including blindness.*  
OAR 581-015-2000

The purpose of special education is to enable students with disabilities to access and benefit from the general education curriculum through **specially designed instruction and related services**. For children with disabilities academic, social or other skill deficits may be remediated through specially designed instruction geared to the unique instructional needs of the child. Special education is instruction which is tailored to the individual needs of a child with a disability. Special Education is defined as follows:

*(33) “Special education” means specially designed instruction that is provided at no cost to parents to meet the unique needs of a child with a disability “Special education” includes instruction that:*

- (a) May be conducted in the classroom, the home, a hospital, an institution, a special school or another setting; and*
- (b) May involve physical education services, speech language services, transition services or other related services designated by rule to be services to meet the unique needs of a child with a disability.*

OAR 581-015-2000(33)

**Supplementary Aids/Services; Modifications; Accommodations** are aids, services, and strategies which are designed to augment the child’s ability to access the general education curriculum, including activities, materials, and environment.

**Supports to personnel** include training or consultation to the child’s teachers and other school staff or members of the IEP team.

**Related services** are the services which the IEP team determines the child needs in order to access and benefit from **specially designed instruction**. Under IDEA 2004, physical and occupational therapists are listed as related services for school age students receiving special education. Related services are delivered for the purpose of supporting the specially designed instruction, or individual goals, of the student. **Related services** are:

*transportation, and such developmental, corrective, and other supportive services... and includes speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, early identification and assessment of disabilities in children, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services for diagnostic and evaluation purposes...school health services and school nurse services, social work services in schools, and parent counseling and training.*  
 IDEA 2004, 34 CFR §300.34

## Activities of Occupational and Physical Therapy Services in School Age Programs

As a rule, the activities of school OTs and PTs fall into four categories for school-age children: (see Appendix A6, Scope of School Services.)

**School therapists evaluate** the functional skills of students with disabilities. When the child has functional limitations that significantly affect educational performance, the OT or PT may be called upon to assist in determining service needs. Functional skills may also be evaluated by other educational personnel as part of the child’s educational program.

**School therapists address access** to education for students with disabilities. Both IDEA 2004 and Section 504 require that school programs provide the same level of access for students with disabilities that is provided to non-disabled students in all services provided by the school. Examples of OT and PT activities in this realm might include modification of positioning equipment, computer adaptations, modification of curricular tasks to account for physical limitations or consulting with district facilities staff about building or playground modifications.

**School therapists address safety** of students and school staff. Therapists address the safety of students and care givers in several ways. Therapists monitor a student’s

functional skills to make sure that he/she is not participating in activities which are dangerous. They consult regarding equipment used by the student such as walkers, wheelchairs, school chairs and feeding utensils to ensure its appropriateness. Therapists may also check students for the possible development of impairments such as contractures or muscle weakness associated with progressive health conditions that require additional medical attention. Therapists may act as a liaison between the school program and the child's family and medical provider.

In addition, therapists instruct school staff in proper lifting, safe feeding and physical management skills that address the safety of both the student and the school staff. Therapists provide consultation about the unique needs of identified students to risk management personnel who are responsible for developing evacuation plans and other safety procedures, and provide consultation on building accessibility and the provisions of the Americans with Disabilities Act (ADA).

**School therapists help teach functional skills** associated with success in school. The educational team may determine that some of the goals on the IEP/IFSP should address the learning of new functional skills to support school participation. Occupational and physical therapists may help plan, implement, and monitor instructional programs addressing the development or refinement of fine motor skills, gross motor skills, postural adaptations, or ability to participate in learning activities.

(Adapted from the Scope of School Services, RSOI, January, 2010)

## IEP Team Membership

If a determination is made that a child has a disability as defined in IDEA 2004 and needs special education and related services, the team must develop an Individualized Education Program (IEP). The plan should address the identified needs of the child for specially designed instruction, for related services, supplemental aids and services and support for school personnel. Depending on the diverse needs of the student, the specific expertise of a variety of professionals, as members of the IEP team, may be necessary.

### **IEP Team**

*(1) School districts must ensure that the IEP Team for each child with a disability includes the following participants:*

- (a) One or both of the child's parents, except as provided in OAR 581-015-2195;*
- (b) The child where appropriate;*
- (c) At least one regular education teacher of the child, if the child is or may be participating in the regular education environment, consistent with section (4) of this rule;*
- (d) At least one special education teacher of the child or, if appropriate, at least one special education provider of the child;*
- (e) A representative of the school district, who may also be another member of the team, who is:*

- (A) *Qualified to provide, or supervise the provision of, specially designed instruction;*
- (B) *Knowledgeable about the general education curriculum;*
- (C) *Knowledgeable about district resources; and*
- (D) *Authorized to commit district resources and ensure that services set out in the IEP will be provided.*
- (f) *An individual who can interpret the instructional implications of the evaluation results (who may also be another member of the team);*
- (g) *Other individuals, including related services personnel as appropriate, invited by:*
  - (A) *The parent, whom the parent determines to have knowledge or special expertise regarding the child; or*
  - (B) *The school district, whom the school district determines to have knowledge or special expertise regarding the child; and*
- (h) *Transition services participants, as described in section (2) of this rule.*
- (2) *If a purpose of the meeting will be consideration of the postsecondary goals for the student and the transition services needed to assist the student in reaching those goals:*
  - (a) *The school district must invite the student. If the student does not attend the meeting, the school district must take other steps to ensure that the student's preferences and interests are considered.*
  - (b) *To the extent appropriate, with consent of the parents or adult student, the school district must invite a representative of any participating agency that is likely to be responsible for providing or paying for transition services.*
- (3) *IEP team attendance:*
  - (a) *A member of the IEP team described in subsection (1)(c) through (1)(f) is not required to attend an IEP meeting, in whole or in part, if the parent of a child with a disability and the school district agree in writing that the attendance of the member is not necessary because the member's area of the curriculum or related services is not being modified or discussed at the meeting.*
  - (b) *A member of the IEP team described in subsection (1)(c) through (1)(f) may be excused from attending an IEP meeting, in whole or in part, when the meeting involves a modification to or discussion of the member's area of curriculum or related services, if:*
    - (A) *The parent and school district consent in writing to the excusal; and*
    - (B) *The member submits, in writing to the parent and the IEP team, input into the development of the IEP before the meeting.*
- (4) *The regular education teacher of the child must participate as a member of the IEP team, to the extent appropriate, in the development, review, and revision of the child's IEP, including assisting in the determination of:*
  - (a) *Supplementary aids and services, program modifications and supports for school personnel that will be provided for the child; and*
  - (b) *Appropriate positive behavioral interventions and supports, and other strategies for the child.*

OAR 581-015-2210

OTs and PTs fall under (1)(f) and (1)(g) of this rule. One team member may fulfill more than one of the roles listed above if that person meets the criteria for both roles.

## Role of the IEP Team

It is common for a special education teacher to be assigned the leadership role on the IEP team. This arrangement capitalizes on their greater familiarity with the student and the educational environment in which the child functions, and increases the possibility that IEP objectives will be well-integrated into the child's day. The primary focus of the IEP team is to ensure that appropriate educational services are provided and that the child has a reasonable opportunity to benefit from the educational program. As with the IFSP team, each team member must be committed to the elements listed on page 16 in Chapter 2.

## Role of the Occupational and Physical Therapist on the IEP Team

Once the team has determined that a child meets the minimum criteria for eligibility, team members identify the specially designed instruction and related services the child will need. Occupational and physical therapy services are available to *all* children, regardless of special education eligibility category, if they have an IEP **and** if the team determines that therapy is needed for the child to meet educational goals. For example, a PT or OT may address endurance issues of a student eligible under Orthopedic Impairment, or sensory diet needs of a student eligible under Autism.

As a member of the team, the therapist can make four primary contributions:

1. *Assessment*: Assessment includes screening, observation, evaluation, and reassessment. The multifaceted therapy assessment process evaluates the student's educationally-related needs. Findings are used to develop the IEP;
2. *Outcome*: Both the IEP and the therapy intervention plan are components of program planning. The IEP contains goals and objectives representing the overall educational needs unique to the child. The therapy intervention plan reflects the specific issues that the treatment activities are addressing;
3. *Intervention*: Intervention includes all activities performed by the therapist to support and implement the IEP goals and objectives and the intervention plan; and,
4. *Management*: The management role involves the varied responsibilities required to plan, develop, implement, and evaluate the therapy program.

(Johnson, 1996)

As a member of an eligible child's educational team, the therapist makes the recommendation for therapy services using data from screenings and evaluations. The therapy services deemed appropriate by the IEP Team are written into the IEP and carried out by the therapist or by school staff who are trained and monitored by the therapist. Services may be documented as combined team goals, specific motor or other goals, or as modifications and supports to the total educational plan. An occupational or physical therapist may contribute to the educational program by delivering direct therapy,

consulting with school staff, coordinating with medical or other community settings, training and monitoring others who conduct sensory-motor activities, and/or participating in the team process. In order to include therapy on the IEP, the therapist and the other members of the IEP team must agree that therapy is needed. Programs which employ OTs and PTs should adopt guidelines for making decisions related to therapy needs.

The ***Occupational and Physical Therapy Service Needs Checklist***, developed by Oregon’s Regional and Statewide Services for Students with Orthopedic Impairments (RSOI), is a tool for therapists to use when making recommendations about the level of therapy needed by an individual child and the amount of service the child should receive. The checklist is also useful for clarifying for parents and other professionals how recommendations have been reached. Two versions of the checklist, one for ages 3-21 and one for use in early intervention, are included in Appendix A1 and A2.

If OT or PT services are included on the IEP (or if therapy services are being considered for the student), the therapist is considered an, “other individual”, who has, “knowledge or special expertise regarding the child,” and may be invited by either the parent or the district, as appropriate.

*Other individuals, including related services personnel as appropriate, invited by:*

*(A) The parent, whom the parent determines to have knowledge or special expertise regarding the child; or*

*(B) The school district, whom the school district determines to have knowledge or special expertise regarding the child...*

*OAR 581-015-2210(1)(g)*

If the therapist has performed an assessment of the child or has knowledge of the child’s special needs, it is advisable for the therapist to attend the meeting if invited, to participate in the discussion and decision-making about the child’s goals, specially-designed instruction, related services, and placement. If the therapist performed an assessment, the therapist must either attend the meeting or submit a written report of findings and recommendations prior to the meeting (see OAR 581-015-2120(2)(a)).

## Related Services under IDEA 2004

Under Part B of IDEA 2004, physical therapists and occupational therapists are considered “related service providers.” For children aged 5 to 21 who require special education, related services support the child’s individualized school program. According to IDEA 2004, “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....”

34 CFR §300.34(a) (2010)

An IEP Team decides which related services a child needs. The IEP team must look carefully at all of the evaluation results, which show the child’s areas of strength and need, and decide upon measurable annual goals that are appropriate for the child. Part of

developing the IEP also includes specifying “the special education and related services, and supplementary aids and services to be provided to the child, or on behalf of the child, and a statement of the program modifications or supports for school personnel that will be provided” to enable the child:

- (i) *To advance appropriately toward attaining the annual goals;*
- (ii) *To be involved in, and make progress in, the general education curriculum and to participate in extracurricular and other nonacademic activities; and,*
- (iii) *To be educated and participate with other children with disabilities and nondisabled children.*

*34 CFR §300.320(a)(4)*

To the greatest extent possible, the IEP team discusses, decides upon, and specifies the related services that a child needs in order to benefit from their educational program. Making decisions about how often a related service will be provided, where and by whom, is also a function of the IEP team.

## Pre-Referral Activities

If any student is experiencing difficulties in school, it is the expectation of IDEA 2004 that the professionals responsible for the student’s education take steps to modify the educational program to minimize the difficulties and maximize learning. Attempts to remedy the child’s difficulties must take place prior to referral for special education. In some school districts an OT or a PT may be asked to sit in on meetings where a specific child is discussed in order to share their expertise and perhaps to suggest simple accommodations that may help the child. If these attempts fail to make a positive impact on the child’s progress, and if the child is suspected of having a disability that negatively impacts his/her ability to access education, the school district has a responsibility under IDEA 2004 to refer the child for evaluation to determine whether there is a need for special education services.

Response to Intervention (RTI) practices and activities vary from state to state, but all share the core feature of systematically examining children’s responses to the educational interventions they are receiving.

The concept of Response to Intervention (RTI) is a basic component of accountability in general education. RTI addresses the question, *does the instruction being provided to a student lead to increased learning and appropriate progress for this individual student?* RTI is an approach to remedial intervention. The model may also be used to generate data to inform instruction and as one component in an evaluation to identify students who may require special education and related services.

RTI is based on the following concepts:

- ♦ Meet needs of all students
- ♦ Address the needs of groups or individual students
- ♦ Involve parents in a meaningful way

- ♦ Utilize/implement progressive interventions
- ♦ Focus on improved instruction (goals)
- ♦ Focus on results/accountability (outcomes)
- ♦ Monitor student progress
- ♦ Allocate services through a problem-solving team, merging staff and resources in a collaborative process

Related service providers such as OTs, PTs and others may focus on RTI in the following examples:

- ♦ A social worker implements a class-wide social skills intervention
- ♦ An occupational therapist provides handwriting tips to teachers that can be used with all students
- ♦ A school psychologist monitors classroom academic performance
- ♦ A speech-language pathologist addresses emerging sounds in a small group
- ♦ A physical therapist suggests activities for gross motor groups

Note that RTI activities are not defined by the age of the student, type of learner needs or severity of learning disability. RTI involves using differentiated instructional strategies for all learners, providing all learners with evidence-based interventions, continuously measuring student performance, using scientific, research-based progress monitoring instruments for all learners, and making educational decisions based on a student's response to interventions.

Within the RTI model, some aspects of a related service provider's role are the same, such as participation in teams, engaging in problem solving, using evidence-based methods, collecting data, monitoring progress and using data to make decisions. However, some aspects of the therapist's role could be different. RTI will involve an increased need for flexibility, more collaborative consultation, and planning that is driven by student need. As schools and school districts adopt an RTI approach, motor teams will be challenged to redefine their roles and responsibilities within the new paradigm.

## Eligibility Process for School Age Services under IDEA 2004

In addition to defining who is eligible for special education, the law specifies procedures for establishing a special education program. The process provides a means to identify children who qualify for special education and related services, determine his/her needs, and develop a written plan for meeting those needs. Once the plan is developed there is also guidance about how it should be implemented and its effectiveness assessed. Specific steps in the process are described below. Figure 3 on page 38 offers a flow chart of the entire process.

The key steps of the special education eligibility process are:

1. Someone suggests that a child may have a need and that it may be interfering with his/her ability to benefit from the educational program provided to non-disabled children.

2. The child is referred for evaluation by a teacher, parent, or other professional.
3. District designates a team, which includes the parent, to decide if an initial evaluation will be conducted.
4. If the team decides a special education evaluation is appropriate, the district must conduct evaluation planning, and include the parent.
5. The district must describe, in writing, the evaluation procedures.
6. Written permission to complete the special education eligibility evaluation is obtained from the parent or guardian.
7. The child is evaluated by appropriate qualified professionals in all areas related to the suspected disability. The evaluation must be sufficiently comprehensive to identify all of the child's special education and related services needs, whether or not commonly linked to the disability.
8. The eligibility team, which includes the parent, reviews the evaluation data and determines whether the child is eligible for special education and related services. Eligibility determination is made by reviewing state criteria for eligibility.
9. An initial evaluation must be completed within 60 school days from written parent consent to the date of the meeting to consider eligibility.
10. If the child is eligible for special education under Oregon state criteria, a team comprised of the child's parents and the professionals who completed the assessment or are knowledgeable about it, meets to develop a written individualized education program (IEP) for meeting the child's educational needs. Afterward, this team also determines educational placement.
11. The IEP is implemented; special education and related services are provided.
12. The IEP is reviewed by the IEP team periodically, but at least once every 365 days, to determine whether the annual goals are being achieved and to revise the IEP in accordance with OAR 581-015-2225(1)(b).
13. Each child eligible for special education and related services is reevaluated at least every three years to consider continuing eligibility and/or the student's educational needs. The reevaluation must be completed within 60 school days from written parent consent (or from the date the evaluation is initiated under OAR 581-015-2095) to the date of the eligibility meeting.

If the referral questions or concerns relate to specific sensory-motor skills, or if the evaluation planning team identifies a need for sensory-motor assessment, the child should be assessed by an OT or PT, who then develops specific recommendations. The evaluation findings will be used to help decide eligibility. When eligibility is determined, the therapist makes recommendations to the IEP team for the type and level of therapy service.

As noted in an earlier chapter, eligibility criteria for students in the state of Oregon are established by the Oregon Administrative Rules (OARs). For OARs regarding evaluation and minimum criteria for special education eligibility for all disabilities, contact the coordinator of your local program or online at:

[http://arcweb.sos.state.or.us/rules/OARS\\_500/OAR\\_581/581\\_015.html](http://arcweb.sos.state.or.us/rules/OARS_500/OAR_581/581_015.html).

## Students Transferring from another District or State

If a student who has an IEP transfers from a school district within Oregon, the new school district must provide services comparable to those described in the child's IEP from the previous district until the new district either adopts the child's current IEP from the previous school district, or develops a new IEP for the child. If a student on an IEP transfers from another state, the new school district must provide services comparable to the ones described in the child's IEP until the new district conducts an initial evaluation (if determined necessary by the district), establishes Oregon eligibility and develops a new IEP (OAR 581-015-2230). Related services providers participate in evaluation of the child and implementation of the IEP as determined by the IEP team.

Services for a transferring student may continue or change, as determined by the IEP team.

Sometimes a student who transfers from another district or state may have related services on his/her IEP that, upon evaluation of the child in the new setting, do not seem appropriate in the judgment of the new IEP team. Alternatively, a member of the IEP team may suggest that a related service be added that has not previously been included on an existing IEP. **IEP team decision-making about type and level of therapy services should be based upon the recommendations of the therapist, with consideration for the educational relevance and educational necessity of the services.** According to state practice regulations, non-therapists should not make recommendations about levels of therapy services.

## Occupational and Physical Therapy Services under Section 504 of the Rehabilitation Act

Under Section 504 of the Rehabilitation Act of 1973 (reauthorized in 2009), a person may be eligible for accommodations due to limitations in one or more major life activities. These accommodations may include services provided by a physical or occupational therapist. Section 504 prohibits discrimination against persons with disabilities, including both students and staff members, by school districts receiving federal financial assistance. If a child does not meet eligibility criteria for special education, the results of the eligibility evaluation may be reviewed to determine whether accommodations to the child's program are required under Section 504. Section 504 defines a person with a disability as one who:

- 1) has any physical or mental impairment which substantially limits major life activities, 2) is treated as having such a limitation, or 3) has a history of such a limitation. Major life activities include such activities as caring for one's self, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. Major life activities also include the operation of major bodily functions,

A list of pediatric evaluations may be found in Appendix C.

including functions of the immune system, normal cell growth, and digestive, bowel, bladder, neurological, brain, musculoskeletal, respiratory, circulatory, endocrine, and reproductive functions. Some students who are not eligible for special education services under IDEA 2004 may still be considered disabled under Section 504. While those children are not in need of special education, they may still need services from a therapist such as an accessibility review or adaptive equipment that supports their participation in general education program or activities.

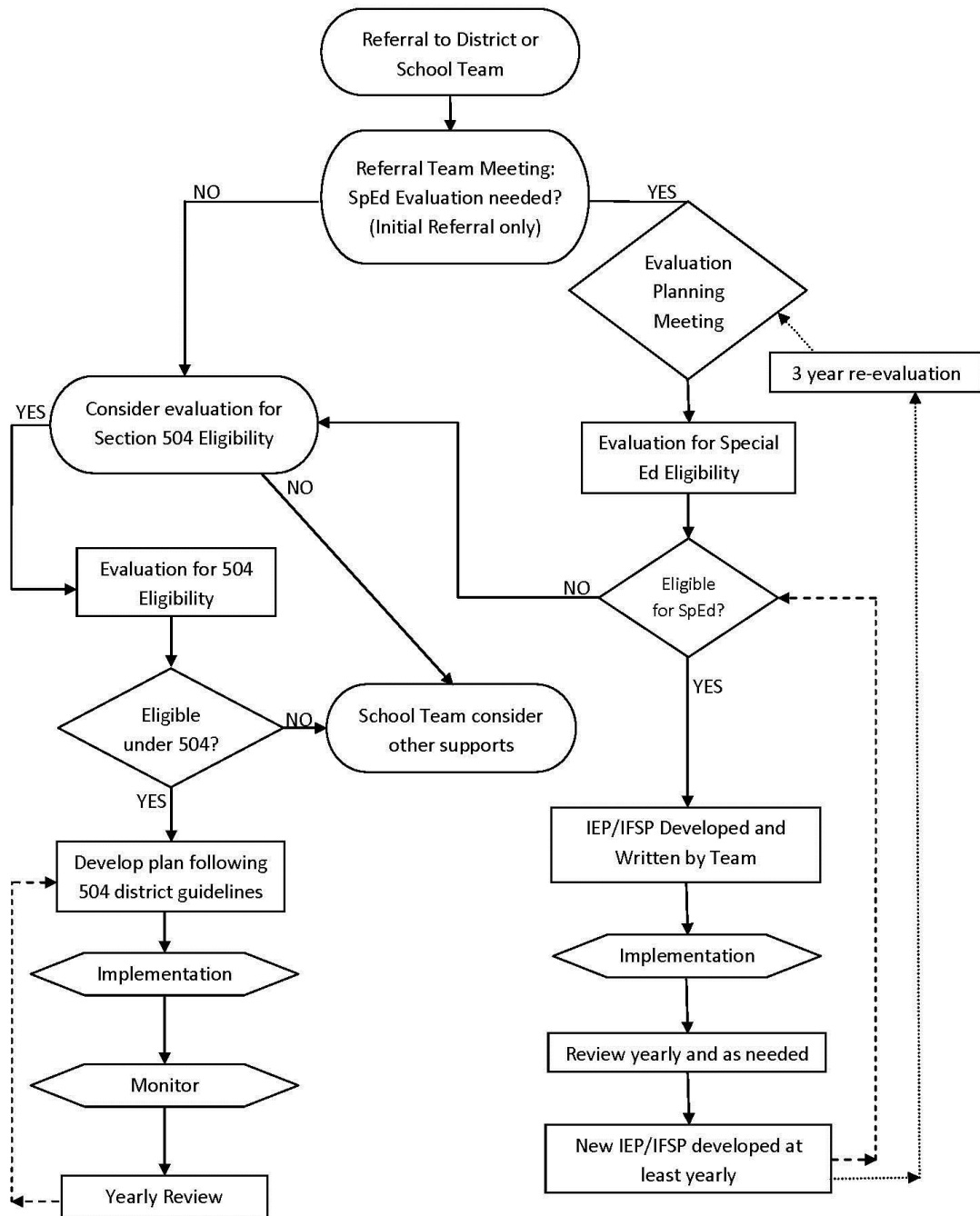
The wording of Section 504 is not as specific about procedures and timelines as is IDEA 2004, but the process for identifying and implementing a plan under Section 504 is roughly parallel to special education procedures. The school district is responsible by law for evaluation, provision of appropriate services, and procedural safeguards. The child's parent must be notified of any actions affecting the identification, evaluation, or placement of the student, and they are entitled to an impartial hearing if they disagree with a district decision. Decisions about Section 504 eligibility and services must be documented in the student's file and reviewed periodically.

If a child is found to be eligible under Section 504, a written accommodation plan must be developed to meet the child's individual educational needs. While this plan may be similar to an IEP document and there is no legally required format, one should not use an IEP form to develop a Section 504 plan. Most school districts have developed a set of forms for use in developing a Section 504 plan. An OT or PT may work with the school to evaluate the sensory-motor needs of the child who is eligible under Section 504, and to help assure safety and access.

While the above guidelines may assist in determining the nature and amount of occupational and physical therapy services provided to children and youth through educational programs, it should be emphasized that both IDEA 2004 and Section 504 require that the unique needs of each child be considered by the child's individual team when identifying the OT and PT services to be provided. Occupational and physical therapists in educational programs act as members of this educational team in determining need for OT and PT services.

**Section 504 Example:** A teenager returned to school following hospitalization for a traumatic spinal cord injury. School staff met with the student, his family and hospital rehabilitation staff to become acquainted with the student's needs. Based on psycho-educational evaluations, it was determined that the student could be expected to learn at the same rate as he had before the accident, and would not need special education. The student had, however, sustained injuries that significantly impacted his motor skills. The team developed a plan for accommodations and modifications enabling the student to participate in the school program. The team agreed to meet at mid-term to evaluate and modify the plan.

**Figure 3: Oregon ECSE/School-Age Special Education and Section 504 Evaluation/Eligibility/IEP-IFSP-Section 504 Plan Development and Implementation Processes**



## Student Goals

Therapists may help a child/student achieve an educational goal if the expertise of the therapist is needed for skill acquisition. Student goals may be supported or recommended by the therapist, or by a teacher in collaboration with the therapist.

If the IEP team includes the goal on the IEP, instruction may be provided by the therapist or by school staff taught by the therapist. Examples of student motor skills may include teaching of:

- ◆ Independent sitting
- ◆ Independent wheelchair transfers
- ◆ One-handed typing
- ◆ Use of adapted self-feeding equipment

In a *participation approach* to therapy, an adapted splint for handwriting may be used in all of the student's environments: at school, at home or in another setting. Likewise, before transition to middle school, a therapist using a participation approach might help a student to work on operating a combination lock for his locker, dressing down more quickly for gym, and mastering a laptop computer for producing written work.

Examples of student goals with objectives that reflect integration of outcomes recommended by a therapist include;

**Goal:** Student will sit upright with necessary supports in classroom for 45 minutes.

**Goal:** Student will use eye contact and eye gaze to communicate with staff.

**Goal:** Student will independently move to the bathroom and transfer to and from a wheelchair to commode 100% of opportunities.

**Goal:** Student will independently manipulate adapted clothing for successful voiding 100 % of opportunities.

**Goal:** Student will use one-handed typing strategies for in-classroom computer keyboard during 75% of written assignments.

**Goal:** Given set up by an adult or peer helper, student will use adapted self-feeding equipment, 3 to 5 days/week.

Times needed for implementation of each type of therapy service are also listed on the IEP. All times listed are considered together when totaling therapy service time for the child. (Time involving implementation of physical management or motor programs by trained classroom staff are not therapy and do not count as therapy.)

## Transition from School to Community Settings

Another area of IEP development in which OTs and PTs will be involved is planning for transition from school to the community. By federal law, secondary transition for a student in special education begins at age 16, however it may begin sooner if the team determines that it is appropriate. The IEP for a student of transition age must include:

- ♦ Appropriate measurable postsecondary goals based upon age-appropriate transition assessments related to training, education, employment, and independent living skills;
- ♦ The course of study needed to assist the child in reaching these goals;
- ♦ Agency participation, if the IEP team determines an agency is likely to be responsible for the transition service (parent consent required); and
- ♦ The anticipated date of graduation and the type of diploma or alternate document the student is anticipated to receive.

Related services may play a part in any of these aspects of a student’s transition plan. The therapist might be responsible for performing a site study of internship locations to determine if there are any accessibility issues and if modifications are necessary. An OT might consult with a student concerning self-care issues and assist in designing any necessary interventions.

## Collaboration with Non-Educational Settings

Communication between educational and non-educational therapists is important for optimal coordination of services to children. Sharing information between educational, community, and hospital environments promotes a collaborative model of services important for consistent and effective outcomes. Coordination is especially critical for children who are receiving services in multiple environments. Written parent consent is required prior to any exchange of information with medical providers.

For example, it may be beneficial for the school therapist to communicate with the clinic-based therapist to review equipment needs, general goals and directions. When equipment such as a powered wheelchair is used primarily in school, it makes sense for modifications to be made based on collaborative assessment by the therapist from the educational program, the clinic therapist, the medical equipment specialist, and parents, with input from school staff. The education-based therapist may coordinate with hospital staff prior to or during an inpatient stay (typically for surgery), to plan for the transition back to school. This coordination may involve arranging for a loan or fabrication of special equipment for the child to use at school during the recovery period.

Therapy services conducted in educational environments are different in many respects from therapy conducted in non-educational environments. Therapy services differ in terms of intent, the role of the therapist, the size of the caseload, the types of supports available to the therapist, the demands of the environment, and the activity. It is important to differentiate between the roles of therapists in different environments, since children often receive therapy services from various sources. Coordination and communication between the providers are critical for effective provision of services to children and their families. There can be confusion about the therapist’s role in making the transition between educational and non-educational practice settings. An additional set of laws and regulations need to be considered in educational settings. In an effort to

alleviate potential confusion, Table 2 below presents frequently asked questions about the roles of therapists in educational and non-educational practice settings.

Some children may need occupational and/or physical therapy in a clinical environment, but may not be eligible for those services as part of their educational program. For example, a child with a disability who is recovering from surgery, may be in need of, and receiving therapy in a medical setting, but may not be entitled to receive therapy within the context of the educational program.

Many students who receive therapy through educational programs have a lifelong health condition. Therapy services are provided in the educational environment to help the student to access, and benefit from, his or her program of instruction. Educational goals and functional skills hold a primary position in the provision of therapy in educational settings.

In the state of Oregon, the educationally-based therapist does not need a physician's prescription in order to provide services to a child in the educational program.

Education-based therapists are expected to share their knowledge and skills with others in educational environments by demonstrating and monitoring activities that are therapeutically, as well as educationally, appropriate. IDEA 2004 shapes the role of the therapist in special education. The service models may include individual therapy, therapy provided in small groups, and consultation with others in the school, the community, and the child's home. (See Chapter 4) The therapist may be asked to make suggestions and educate staff in activities that will be conducted by teachers and instructional assistants.

The education-based therapist does not have ready access to physicians and other medical professionals, but may nevertheless be perceived by others in the educational environment as a potential link to the medical community. As such, therapists may be asked for advice on questions outside their scope of practice. In such a case, the therapist may be a source of referral to appropriate medical resources.

For a table comparing frequently asked questions about the contrasting roles of therapy in education and non-educational settings, see the table on the following pages.

**Table 2: FAQ’s About Therapy Services in IDEA Environments**

EDUCATIONAL SETTING	NON-EDUCATIONAL SETTING
<b>Who is served by PT/OT?</b>	
<p>Children who qualify for special education services and who require OT/PT:</p> <ul style="list-style-type: none"> <li><b>EI</b> – 0 to 3 years</li> <li><b>ECSE</b> – 3 to 5 years</li> <li><b>School Age</b> – 5 to 21 years</li> <li><b>Transitional</b> – 18-21 years</li> </ul> <p>Students qualifying under Section 504.</p>	<p>All ages without distinction, diagnoses within scope of practice.</p>
<b>Who is not served by PT/OT?</b>	
<p>Children with or without disabilities who do not require individual, specially designed instruction , related services or Section 504 accommodations. A medical diagnosis alone is <b>not</b> a criteria for service.</p>	<p>Resource limited per insurance, private pay, or Medicaid/Medicare.</p>
<b>What is the focus of service?</b>	
<p><b>EI / ECSE</b> – enhance the development of infants and toddlers with disabilities; reduce need for special intervention; maximize independent living; and, enhance the capacity of families to meet the child’s needs.</p> <p><b>School Age</b> – access to instruction and school related activities; designed to meet special needs of students.</p> <p><b>Transition</b> – preparation for living, working and learning in post-school environments.</p>	<p><b>Physical therapy</b> is concerned with identifying and maximizing quality of life and movement potential within the spheres of promotion, prevention, treatment/intervention, habilitation and rehabilitation. This encompasses physical, psychological, emotional, and social well-being. It involves the interaction between physical therapist (PT), patients/clients, other health professionals, families, care givers, and communities in a process where movement potential is assessed and goals are agreed upon, using knowledge and skills unique to PTs.</p> <p>The practice of <b>occupational therapist</b> means the therapeutic use of everyday life activities (i.e., occupations) with individuals or groups for the purpose of facilitating participation in roles and situations in home, school, work place, community, and other settings. OT services are provided for the purpose of promoting health and wellness and are provided to those who have or who are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Occupational therapy addresses the physical, cognitive, psychosocial, sensory, and other aspects of occupational performance in a variety of contexts. (<i>Definition of occupational therapy practice for the AOTA Model Practice Act, 2004</i>).</p>
<b>Where are services provided?</b>	
<ul style="list-style-type: none"> <li><b>EI</b> – Natural environment</li> <li><b>ECSE</b> – Natural environment, preschool</li> <li><b>School Age</b> – School setting</li> <li><b>Transition</b> – School or community setting</li> </ul>	<p>Hospital, out-patient clinic, home, work, nursing facilities, community</p>

EDUCATIONAL SETTING	NON-EDUCATIONAL SETTING
<b>What is the process for entering the system?</b>	
<b>EI</b> - multiple referral options <b>ECSE</b> - multiple referral options <b>School age</b> - request of parent, referred by school staff, other referral source	Physician referral/self-referral-direct access
<b>What is the evaluation process?</b>	
Written parent consent to evaluate is required and information explained to parent. Evaluation is completed within 60 school days, results are shared with the team, and then eligibility is determined.	Every patient is evaluated using a variety of assessment tools and instruments
<b>What is the plan of care?</b>	
<b>EI</b> - IFSP <b>ECSE</b> - IFSP <b>School age</b> - IEP <b>Transition</b> – IEP with transition goals and services	OT/PT Plan of care
<b>What is the plan of care development process?</b>	
Collaboration within the IFSP/IEP team, which determines priority of goals and objectives.	Developed by the therapist in collaboration with the patient, family, and health care team and based on examination findings.
<b>How is the plan of care/service evaluated?</b>	
<b>EI/ECSE</b> - review of IFSP performance data <b>School age/Transition</b> - IEP student progress reports	Periodic reassessments as required by state practice acts
<b>How are modifications to the plan of care made?</b>	
IFSP/IEP team convenes to make changes to IFSP/IEP	In collaboration with patient, family, and health team
<b>How is the plan of care documented?</b>	
<b>EI/ECS</b> - IFSP <b>School age/Transition</b> - IEP	Progress notes in the patient record
<b>How is service documented?</b>	
Contact notes, progress notes	Progress notes in the patient record
<b>What types of services are delivered?</b>	
Hands-on Services, Direct Consultation, and, in-service training to school staff	Wide range of services may be provided
<b>Who may provide follow up implementation of plan of care?</b>	
<b>EI</b> - family, licensed professionals <b>ECSE</b> - licensed professionals, EAs <b>School age/Transition</b> - licensed professionals, EAs	PT, PTA OT, OTA
<b>What Federal and State Statutes and Rules regulate PT/OT practice?</b>	
OT: OAR 339-001-0000 through 339-020-0100 PT: OAR 848-001-0000 through 848-045-0020 ODE: OAR 581-015-2100 & 2105 IDEA 2004: 34 CFR Part 300 and 301 Section 504: 34 CFR Part 104	OT: OAR 339-001-0000 through 339-020-0100 PT: OAR 848-001-0000 through 848-045-0020 OT: ORS 675.210 through 675.340 PT: ORS 688.010 through 688.201
<b>When regulations are in conflict, which set of regulations take precedence?</b>	
Most restrictive regulation (IDEA and state regulations)	State practice acts and HIPAA apply

School therapy is limited in IDEA 2004 and Section 504 to assuring that students have access to their education and are able to learn unique skills related to their disability. Some children with disabilities are independent and able to participate in the general education environment without therapy services to provide modifications or accommodations. These students do not receive school therapy services even though they have a documented disability. Chapter 4 contains a more in-depth discussion of services provided under Section 504.