

CHAPTER 2

Delivery of Therapy Services under IDEA 2004 in Early Intervention and Early Childhood Special Education

This chapter will address the requirements of Part C (birth-age 3) and Part B (ages 3 to 5) in a chronological progression of IDEA 2004 mandated service programs. The process for the school-age population (ages 5 to 21) will be discussed in more depth in Chapter 3.

In Oregon, EI (birth to age 3) and ECSE (ages 3 to 5) programs are managed as one program. In many other states, EI programs for children birth to- age 3 are managed separately from ECSE preschool-based programs for children ages 3-5. Since the programs fall under two parts of IDEA, it can be confusing for therapists who come from other states where the programs are managed by different agencies as separate programs.

Delivery and mode of therapy services for a given child and family are based upon individual needs. Decisions regarding therapy services are made by a team which includes the child's parent(s), teachers, therapists, and others, and are based upon the recommendations of the therapist. For children in EI programs the team develops the Individual Family Service Plan, or IFSP, reflecting the emphasis on service to the child in the context of the family.

For children in early intervention programs, therapists teach and support families and other professionals to encourage the child's success in gaining developmental milestones.

Therapy in EI/ECSE is designed to help children benefit from their specialized program of instruction by focusing on the child's function, level of independence, ability to generalize skills from setting to setting, and transition needs. Activity- and participation-centered therapy strives to provide young children with skills and adaptations which allow them to become as independent as possible in a variety of environments: the home and community, and the preschool and community for older children. An activity- and/or participation-centered basis for therapy provide continuity for children and their families during the anticipated and expected transitions from one educational setting to another.

Occupational and Physical Therapy Services in Early Intervention (EI) Programs (0-3)

Part C of IDEA 2004 defines the responsibilities of early intervention (EI) programs for children from birth to three. Part C requires that OT and PT services be related to the child's development. More intensive OT and PT service may be needed by children from

birth to three than is needed for children age three and older. The rationale is that provision of a higher level of therapy services at a young age could reduce the level of functional limitation and disability the child experiences as he matures. Decisions about early intervention services are made by a team, called the Individualized Family Services Plan (IFSP) team.

For children birth to age 3, services are provided to address the child and family’s needs as documented by goals and objectives on the IFSP. These goals and objectives address all of the child’s areas of delay and the family’s concerns to enhance the child’s development. There are no related services under Part C of IDEA – all services, including OT and PT are considered the same and are designed to help the child meet his/her goals and objectives.

Early intervention programs provide OT and PT services deemed necessary by the IFSP team and are listed on the IFSP. EI programs are required to provide OT and PT services to meet IFSP goals, but are not required to provide the entire spectrum of therapy options. If

An activity- or participation-centered basis for therapy provides continuity for children and their families during the anticipated and expected transitions from one educational setting to another.

additional therapy services are requested beyond those identified by the IFSP team to meet the child’s developmental needs, a referral may be made to the child’s doctor to determine the need for clinic-based services. When this happens, the clinic-based and EI therapists should work collaboratively with the child and family.

Occupational and physical therapists in EI programs address areas such as gross and fine motor development, sensory processing, mobility, or feeding issues that affect function or have the potential to affect function as the child grows. Many children develop motor skills which allow them to function effectively but still show some difference in motor functioning from typically-developing children. When the child’s motor skills are functional and do not pose a future risk of deformity or loss of function, occupational and physical therapy services might not be provided by the EI program.

In the state of Oregon, children with disabilities from birth to three years of age are entitled to receive services designed to meet their developmental needs. These services are provided at no cost to the child’s family. The service coordination role in early intervention programs helps families connect with outside community services which may include additional physical and/or occupational therapy accessed by the family.

Determining Eligibility for Early Intervention

In the state of Oregon, eligibility criteria are established by the Oregon Administrative Rules (OARs) under Section 581, Division 15. For OARs regarding evaluation and minimum criteria for early intervention, early childhood special education, and special education eligibility for all

disabilities, contact the coordinator of your local program or see http://arcweb.sos.state.or.us/rules/OARS_500/OAR_581/581_015.html.

An EI evaluation or reevaluation must:

- (a) *Be conducted by a team representing two or more disciplines or professions, including persons who are knowledgeable about the child;*
- (b) *Assess the child's level of functioning in all the following areas: cognitive development, physical development including vision and hearing, communication development, social or emotional development, and adaptive development;*
- (c) *Be based on informed clinical opinion;*
- (d) *Be completed in time to conduct the initial IFSP meeting within 45 calendar days from the date of referral; and...*

OAR 581-015-2775(6)

In Oregon a child may qualify for services in early intervention by meeting **any** of the following eligibility criteria:

1. **Categorical:** The child meets the minimum criteria for one of the following disability categories: Autism Spectrum Disorder, Deaf Blindness, Hearing Impairment, Orthopedic Impairment, Traumatic Brain Injury or Vision Impairment.
2. **Medical:** The child has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay, as documented by a physician licensed by the State Board of Medical Examiners.
3. **Developmental Delay:** Child demonstrates a significant delay of 2 standard deviations below the mean in one area of development or 1.5 standard deviations below the mean in 2 or more areas of development and as a result needs EI services. The evaluation for Developmental Delay must include:
 - a. At least one norm-referenced, standardized test addressing the child's level of functioning in each of the following developmental areas: cognitive; physical (including vision and hearing); communication; social or emotional; and adaptive;
 - b. At least one additional procedure to confirm the child's level of functioning in each area of suspected delay listed in number one above;
 - c. At least one 20-minute observation of the child;
 - d. A review of previous testing, medical data and parent reports; and
 - e. Other evaluative information as necessary to determine eligibility.

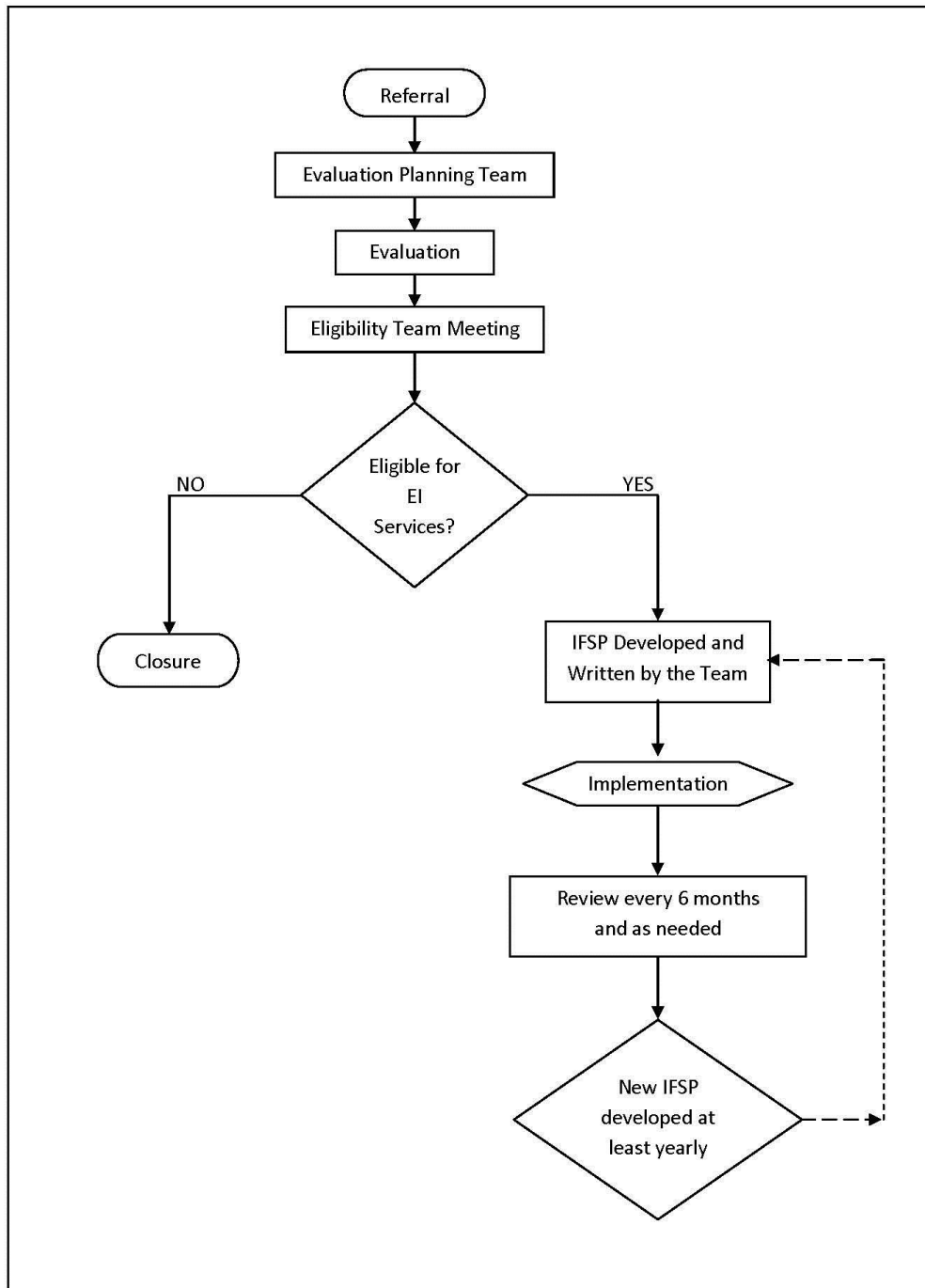
In general the evaluation team must:

- ♦ Use a variety of assessment tools and strategies to gather relevant functional and developmental information about the child, including information provided by the parent that may assist in determining if the child has developmental delay;
- ♦ Not use any single measure or assessment as the sole criterion for determining whether a child is a child with a disability and for determining an appropriate developmental program for the child;

- ♦ Use technically sound and culturally sensitive instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors;
- ♦ Following the evaluation, a written statement of eligibility is completed outlining the tools and strategies used to determine eligibility, the type of eligibility; and agreement or disagreement of parents and team members by signature.

Figure 2, on the following page, represents the eligibility process for the state of Oregon’s early intervention program.

Figure 2: Oregon Early Intervention Process



Role of the OT or PT in Determining Eligibility for EI Programs

In early intervention, the OT and/or PT will most likely be involved in the initial evaluation process to assist in determining a child’s eligibility for EI services. A child being considered for early intervention services will be evaluated in all areas of development. As members of the evaluation team, PTs and OTs may be responsible for evaluation in any developmental area, but are most likely to be involved in the evaluation of adaptive, fine and gross motor areas of development.

When a child age birth to age 3 is suspected of having a developmental disability the child may be referred for an EI program evaluation. If the referral questions or concerns relate to specific sensory-motor skills, or if the team identifies a need for sensory-motor assessment, the evaluation should include assessment by a physical or occupational therapist. The evaluation findings will be used to help decide eligibility for EI services. Once eligibility is determined, the therapist makes recommendations for the type and level of therapy services needed by the child and family.

Formal testing is not required for a child to qualify for EI services under the medical category, however, current assessment information is required for developing the IFSP. Both the PT and OT are required through their state practice regulations to perform a discipline-specific initial evaluation in order to begin services for a child who is brought into the program via a physician’s statement. (For Oregon State OT and PT practice regulations, see the websites of the respective licensing boards listed in Appendix C5.)

IFSP Team Membership in EI Programs

If a determination is made that a child has a developmental disability and needs early intervention, the team develops an Individualized Family Service Plan or IFSP. The plan addresses the identified needs of the child and family. Depending on the individual needs of the child, the specific expertise of a variety of professionals, as members of the IFSP team, may be necessary.

Participants for IFSP Team Meetings and Reviews

- (1) *Each initial and annual IFSP meeting must include the following participants:*
- (a) *The child's parents;*
 - (b) *The child's EI or ECSE specialist and, as appropriate, persons who will be providing services to the child or family;*
 - (c) *A representative of the contractor or subcontractor who may be another member of the team and who is:*
 - (A) *Qualified to provide or supervise the provision of EI or ECSE services to meet the unique needs of children with disabilities;*
 - (B) *Knowledgeable of typical child development and appropriate activities for infants and young children; and*
 - (C) *Knowledgeable about the availability of resources.*

(d) For a child eligible for EI services, the service coordinator who is responsible for implementation of the IFSP and may be the child's EI specialist;

.....

(f) Family members and/or advocates as requested by the parents;

(g) Other individuals, including related services personnel as appropriate, invited by the parent, primary contractor, or subcontractor who have knowledge or special expertise regarding the child;

(h) An individual, who may be another member of the team who:

(A) Was involved in conducting the evaluation of the child;

(B) Is knowledgeable about the child's disability; and

(C) Can interpret the developmental or instructional implications of the evaluation; and

.....

.....

(4) Each review must include the participants in subsections (1)(a), (b), (d) and, if feasible to do so (f) of this rule. When the review indicates any changes in the IFSP, then the individualized meeting must follow all IFSP procedural requirements.

(5) For the purposes of subsection (1)(h), if such an individual is unable to attend the meeting, arrangements must be made for the person's involvement through other means, including:

(a) Participating in a telephone conference call;

(b) Having a knowledgeable authorized representative attend the meeting; or

(c) Making pertinent records available at the meeting.

OAR 581-015-2825

OTs and PTs fall under (1)(g) and (1)(h) 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 IFSP Team in Early Intervention

The IFSP team process is a means to systematically address the diverse developmental needs of children with disabilities. The primary role of the IFSP team in the EI program is to identify the instruction and services that will help the child to improve his/her skills in all domains of early childhood development, including: adaptive, cognitive, social/emotional, communication, physical/motor (including vision and hearing, and sensory processing). (ORS 343.521) For instance, a child who has an orthopedic impairment, developmental delay, and a speech disorder clearly has multiple needs that require the expertise of people from several disciplines. However, unless these experts work as a team and regularly exchange information, each may see the concerns of their discipline as paramount and de-emphasize concerns in other areas, perhaps to the detriment of the child's progress.

A licensed OT or PT serving the child may be assigned the leadership role as service coordinator on the IFSP team. This arrangement generally identifies the therapist or developmental specialist who has the background to address the child and family issues

and problems as identified by the team in accordance with OARs 581-015-2840 and 581-015-2900(4).

The primary focus of the IFSP team is to ensure that appropriate services are provided and that the child has a reasonable opportunity to benefit from the program. In order to successfully maintain this focus, each team member must be committed to the following principles:

- ♦ Focusing team efforts on addressing the needs of young children by integrating assessment information and developing IFSP goals based on input from all pertinent disciplines;
- ♦ Meeting periodically to exchange information and keep one another informed of changes in the child’s progress;
- ♦ Demonstrating a high level of competence in one’s own discipline so that contributions are valuable;
- ♦ Actively seeking opportunities to advance knowledge in all developmental domains, to provide a well-rounded and holistic approach to the child and to address the families’ priorities;
- ♦ Actively seeking ways to incorporate assessment data and recommendations from all team members into the IFSP;
- ♦ Consciously and continually working to educate one another in addressing the child’s needs by welcoming questions, explaining terms and concepts in everyday language and avoiding discipline-specific jargon.

In Oregon, some early intervention programs choose to use licensed therapists as service coordinators, others do not.

For children birth to age 3, progress toward goals must be reviewed at least every 6 months with the parents (OAR 581-015-2810 (3)). At the 6-month review, the team determines if there is a need to revise the goals or services. At the annual review (every 365 days), the team convenes to review the IFSP and develop new goals and objectives in accordance with OAR 581-015-2810(2). Parents or any member of the IFSP team can request a meeting at any time.

Therapist’s Role on the IFSP Team in Early Intervention Programs

IDEA 2004 mandates that service to children birth to age 3 should be provided in the child’s natural environments. These can be a variety of settings including the child’s home, extended family’s home, community or home based child care, or any other community setting. Clinical and hospital based services are not acceptable locations in which to provide ongoing EI services to children under IDEA 2004.

The therapist’s role in early intervention programs will vary from program to program but may include service coordination, hands-on service, team and/or system supports.

If a child’s primary delay is in the area of motor development, a PT or OT may be assigned as service coordinator, in accordance with OAR 581-015-2900(4). The service coordinator must:

- (a) *Coordinate all services across agency lines by serving as a single point of contact in helping parents obtain the services and assistance they need;*
- (b) *Assist parents of eligible children in gaining access to EI services and other services identified in the IFSP;*
- (c) *Facilitate the timely delivery of available services;*
- (d) *Continuously seek the appropriate services in situations necessary to benefit the development of each child being served for the duration of the child's eligibility;*
- (e) *Coordinate the performance of evaluation and assessments;*
- (f) *Facilitate and participate in the development, review, and evaluation of IFSPs;*
- (g) *Assist families in identifying available service providers;*
- (h) *Coordinate and monitor the delivery of available services;*
- (i) *Inform families of the availability of advocacy services;*
- (j) *Coordinate with medical and health providers; and*
- (k) *Facilitate the development of a transition plan to ECSE services or other early childhood service, if appropriate.*

OAR 581-015-2840(3)

Service delivery may take many forms depending on the program and parent priorities. There are several models of service delivery that are supported by current research. The following three examples often are used together to provide services to a family:

Routines-based intervention employs a strategy where the family’s routines are identified and interventions are designed to fit within those routines. The expectation is that the interventions will be employed at a higher frequency because they are part of the daily routines of the family. These interventions are generally designed to improve the child’s participation in routine activity and to provide opportunities for the child to practice new skills throughout the day.

A “coaching model” for service delivery is used by many therapists. This model focuses on teaching the parent(s) to provide instruction and support to the child as needed. With this strategy parents are taught to identify problems and, in collaboration with the therapist, a variety of solutions may be identified. Solutions are designed to facilitate the child’s ability to actively participate in those daily activities. This model is a very interactive model for therapist, parent, and child, working together to identify problems and solutions for optimal participation of the child.

Some programs in the state of Oregon work under a collaborative team model. In this model, one team member is identified as the primary provider and oversees all areas of development with guidance and assistance from team members as needed. This puts the OT and PT in a very different role, and requires that therapists update skills and knowledge in all developmental domains, while being certain to stay within their scope of practice. Team members should always be available for assistance with this model. Therapists, especially new graduates, should rely on their team members’ expertise to

supplement their knowledge and skills in areas of development not usually addressed in entry level programs.

For a comprehensive list of competencies for physical therapists in early intervention see Chiarello & Effgen, 2006, on the recommended reading list in Appendix C6.

Role of the Occupational and Physical Therapist in Transition to ECSE

Occupational and physical therapists providing services to children in EI should be active participants in the transition process from EI to ECSE. Service levels and priorities may change during the transition and therapists should adjust goals and objectives to mirror these changes.

For EI students transitioning to ECSE, OAR 581-015-2805(1)(a) states, “Before a child reaches the age of eligibility for ECSE, the school district must **obtain parental consent for initial evaluation under 581-015-2735, and conduct an initial evaluation...**”

ECSE Eligibility:

- (1) *Upon completing the administration of tests and other evaluation materials, the designated referral and evaluation agency must determine, through a team, whether a child is eligible for ECSE services by following the procedures in this rule.*
- (2) *The team must include the parents, in accordance with OAR 581-015-2750, and two or more professionals, at least one of whom is knowledgeable and experienced in the evaluation and education of children with the suspected disability. The team may be the child's IFSP team.*
- (3) *In determining eligibility for a child suspected of having a specific learning disability, the team must also include:*
 - (a) *The child's preschool teacher or, if the child does not have a preschool teacher, a preschool teacher qualified to teach a child of his or her age; and*
 - (b) *A person qualified to conduct individual diagnostic examinations of children, such as a psychologist, speech-language pathologist, or other qualified personnel.*
- (4) *To be eligible for ECSE services, the child must meet the following minimum criteria:*
 - (a) *Categorical. The child meets the minimum criteria for one of the disability categories in OAR 581-015-2130 through 581-015-2180; or*
 - (b) *Developmental delay.*
 - (A) *The child has a developmental delay of 1.5 standard deviations or more below the mean in two or more of the developmental areas listed under OAR 581-015-2780(3)(c);*
 - (B) *The child's disability has an adverse impact on the child's developmental progress; and*
 - (C) *The child needs ECSE services.*
- (5) *The team must prepare an evaluation report and a written statement of eligibility.*
 - (a) *The evaluation report(s) must describe and explain the results of the evaluation*

conducted.

- (b) The written statement of eligibility must include:

 - (A) A list of the evaluation data considered in determining the child's eligibility;*
 - (B) A determination of whether the child meets the minimum criteria for ECSE as described in (4) of this part;**
- (c) A determination of whether the primary basis for the suspected disability is:

 - (A) Lack of instruction in reading or math; or*
 - (B) Limited English proficiency.**
- (d) A determination of whether the child's disability has an adverse impact on the child's developmental progress;*
- (e) A determination of whether, as a result of the disability the child needs ECSE services; and*
- (f) The signature of each member of the team indicating agreement or disagreement with the eligibility determination.*
- (6) When determining eligibility for a child suspected of having a specific learning disability, the team must prepare a written report following the procedures in OAR 581-015-2170.*
- (7) The team may not determine that a child is eligible for ECSE services if:

 - (a) The determinant factor for that eligibility determination is:

 - (A) Lack of appropriate instruction in reading (including the essential components of reading) or math; or*
 - (B) Limited English proficiency; and**
 - (b) The child does not otherwise meet the eligibility criteria under this rule.**
- (8) For a child who may have disabilities in more than one category, the team need only qualify the child for ECSE services under one disability category, however;

 - (a) The child shall be evaluated in all areas of suspected disability; and*
 - (b) The child's IFSP shall address all of the child's special education needs.**
- (9) The team must give the parents a copy of the eligibility statement and evaluation report.*
- (10) The contractor or subcontractor must notify the child's resident school district upon determination of eligibility for ECSE services.*

OAR 581-015-2795

With the approval of the child's family and in accordance with OAR 581-015-2810, a transition meeting to establish a transition plan must be held at least 90 calendar days, and at the discretion of the parties, up to nine months, before the child's third birthday and must include:

1. Discussions with and training of parents regarding future services, placements and other matters related to the child's transition;
2. Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to and function in a new setting or, if appropriate, steps to exit from the program;
3. A review of the child's program options for the period from the child's third birthday through the remainder of the school year.

In addition, for children eligible for ECSE services, the team must initiate and conduct an IFSP meeting on or before the child's third birthday to:

1. Develop an IFSP,
2. Determine placement, and
3. Obtain parent consent for initial placement in special education.

This is the initial consent for placement in special education for school-age students.

Occupational and Physical Therapy Services in Early Childhood Special Education (ECSE) Programs

For children ages 3 to 5, under Part B of IDEA, services are provided to address the child's IFSP goals and objectives. These goals and objectives address all of the child's areas of delay. Related services such as OT and PT are provided to assist the child in meeting their goals and objectives and to access the general curriculum or typical age-appropriate activities.

Determining Eligibility in Early Childhood Special Education

For children who have not received EI services, a parent or public agency may request an initial evaluation to determine if a child qualifies for ECSE services. In accordance with OAR 581-015-2790(6), and OAR 581-015-2795, a child may qualify for services in ECSE by meeting the minimum criteria for one or more of the following disability categories: Autism Spectrum Disorder, Communication Disorder, Deaf Blindness, Emotional Disturbance, Hearing Impairment, Intellectual Disability, Orthopedic Impairment, Other Health Impairment, Specific Learning Disability, Traumatic Brain Injury, Vision Impairment, or Developmental Delay.

In general the evaluation team must:

- ♦ Use a variety of assessment tools and strategies to gather relevant functional and developmental information about the child, including information provided by the parent that may assist in determining if the child has developmental delay;
- ♦ Not use any single measure or assessment as the sole criterion for determining whether a child is a child with a disability and for determining an appropriate developmental program for the child;
- ♦ Use technically sound and culturally sensitive instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors;
- ♦ Following the evaluation, a written statement of eligibility is completed outlining the tools and strategies used to determine eligibility, the type of eligibility; and agreement or disagreement of parents and team members by signature.

OAR 581-015-2795

Role of the OT or PT in Determining Eligibility for ECSE Programs

Therapists may be a part of the evaluation team for ECSE when there is a concern in the areas of gross, fine or adaptive motor development or if there are concerns in sensory motor processing. In EI, the team must evaluate the child in all areas, **regardless of concerns**, while for ECSE the team is required to evaluate the developmental areas in which there is **an identified concern**. In all cases, the evaluation must be sufficiently comprehensive to identify all of the child’s EI/ECSE and related services needs, even those needs which are not commonly linked to the disability category. (OAR 581-015-2790(9)(e))

IFSP Team Membership in ECSE

If a determination is made that a child has a disability and needs special education and related services, the team must develop an IFSP. The plan should address the identified needs of the child for specially designed instruction, related services, supplemental aids and services and support for school personnel. (Refer to pages 27 and 28 for definitions.) Depending on the individual needs of the student, the specific expertise of a variety of professionals, as members of the IFSP team, may be necessary. The following regulation specifies those who, at a minimum, comprise the IFSP team:

Participants for IFSP Team Meetings and Reviews

- (1) *Each initial and annual IFSP meeting must include the following participants:*
- (a) *The child's parents;*
 - (b) *The child's EI or ECSE specialist and, as appropriate, persons who will be providing services to the child or family;*
 - (c) *A representative of the contractor or subcontractor who may be another member of the team and who is:*
 - (A) *Qualified to provide or supervise the provision of EI or ECSE services to meet the unique needs of children with disabilities;*
 - (B) *Knowledgeable of typical child development and appropriate activities for infants and young children; and*
 - (C) *Knowledgeable about the availability of resources.*
 -
 - (e) *For a child who is eligible for ECSE services, the child's preschool teacher if the child is or may be participating in a regular preschool;*
 - (f) *Family members and/or advocates as requested by the parents;*
 - (g) *Other individuals, including related services personnel as appropriate, invited by the parent, primary contractor, or subcontractor who have knowledge or special expertise regarding the child;*
 - (h) *An individual, who may be another member of the team who:*
 - (A) *Was involved in conducting the evaluation of the child;*
 - (B) *Is knowledgeable about the child's disability; and*

- (C) *Can interpret the developmental or instructional implications of the evaluation; and*
- (i) *A representative of the school district in which the child resides during the year before the child enters school.*
- (2) *The regular preschool teacher must participate, to the extent appropriate, in the development, review and revision of the child's IFSP, including assisting in the determination of:*
 - (a) *Necessary modifications to appropriate preschool activities in the classroom and participation in the preschool environment;*
 - (b) *Supplementary aids and services, program modifications or supports for preschool personnel that will be provided for the child; and*
 - (c) *Appropriate positive behavioral interventions and strategies for the child.*
- (3) *IFSP team attendance for children age 3 and older:*
 - (a) *A member of the IFSP team described in subsection (1)(b) through (1)(e) is not required to attend an IFSP meeting, in whole or in part, if the parent of a child with a disability and the contractor or subcontractor 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 IFSP team described in subsection (1)(b) through (1)(e) may be excused from attending an IFSP 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 contractor or subcontractor consent in writing to the excusal; and*
 - (B) *The member submits, in writing to the parent and the IFSP team, input into the development of the IFSP before the meeting.*
- (4) *Each review must include the participants in subsections (1)(a), (b), (d) and, if feasible to do so, (f) of this rule. When the review indicates any changes in the IFSP, then the individualized meeting must follow all IFSP procedural requirements.*
- (5) *For the purposes of subsection (1)(h), if such an individual is unable to attend the meeting, arrangements must be made for the person's involvement through other means, including:*
 - (a) *Participating in a telephone conference call;*
 - (b) *Having a knowledgeable authorized representative attend the meeting; or*
 - (c) *Making pertinent records available at the meeting.*

OAR 581-015-2825

Role of the IFSP Team in ECSE Programs

Once the team has determined that a child meets the eligibility criteria for disability, team members identify the specially designed instruction and related services the child will need to meet their goals. Occupational and physical therapy services are available to *all* children who have an IFSP **and** the team determines that such therapy is needed in order for the child to meet IFSP goals.

The development of an IFSP is a means to systematically address the diverse needs of children with disabilities. The primary role of the IFSP team is to identify the instruction and services that will help the child to benefit from his/her educational program. For instance, a child who has an orthopedic impairment, developmental delay, and a speech disorder clearly has a multiplicity of needs that require the expertise of people from many disciplines. However, unless these experts work as a team and regularly exchange information, they may each see the concerns of their discipline as paramount and de-emphasize concerns in other areas, perhaps to the detriment of the child's progress.

It is common for the child's special education teacher to be assigned the leadership role as service coordinator on the IFSP team. This arrangement capitalizes on their greater familiarity with the child and the educational environment in which the child functions, and increases the possibility that IFSP objectives will be well-integrated into the child's routine. The primary focus of the IFSP team is to ensure that appropriate services are provided and that the child has a reasonable opportunity to benefit from IFSP services. In order to successfully maintain this focus, each team member must be committed to the team functions previously listed on page 16.

The OARs for EI/ECSE services allow for licensed therapists or other related service providers to assume the role of service coordinator in EI and ECSE programs (OAR 581-015-2900 and 581-015-2905). In ECSE programs, occupational and physical therapy are related services which support the child in benefitting from specially designed instruction.

No single discipline has all the answers. People from different disciplines who respect one another's judgment, learn from one another, and work together collaboratively are best able to carry out comprehensive and coherent IFSP services. Each team member, including parents, administrators, educators, and related service providers contributes to the decision-making of the team based on her or his knowledge of the child, but decisions are made by the team as a whole, not by any individual member. For example, during the development of the IFSP, the team may look to the speech-language pathologist to help the child develop functional communication needed for other learning. The speech-language pathologist, in turn, may rely on the physical and occupational therapists to determine effective positioning, to increase breath control, or to facilitate the student's handling of learning materials.

Role of the Occupational and Physical Therapist on the IFSP Team in the ECSE Program

As a member of an eligible child's IFSP team, the therapist makes the recommendation for services using data from screenings and evaluations. The IFSP team determines the services which are written into the IFSP and carried out by the assigned therapist. Services may be documented as combined team goals, specific motor or other goals, or as modifications and supports to the child's program. A reference entitled, "IEP Guidance for OTs and PTs," may be found in Appendix C3. An occupational or physical therapist may

contribute to the child’s program by delivering hands-on service, consulting with school staff, coordinating with medical professionals, training and monitoring others who conduct sensory-motor activities, and/or participating in the team process. In order to include therapy on the IFSP, the therapist and the other members of the IFSP team must agree that therapy is needed for the child to benefit from their program. Programs which employ OTs and PTs should adopt guidelines for making decisions related to therapy needs.

Role of the Occupational and Physical Therapist in Transition to Kindergarten

Before a child reaches the age of eligibility for public school, the ECSE program and the school district must hold a meeting to determine the steps to support the transition from ECSE to public or other educational settings and to develop an Individualized Education Program (IEP) that will be in effect at the beginning of the following school year.

If the child is receiving services under a categorical eligibility the district can, but is not required to, conduct a reevaluation to determine the need to continue services. A reevaluation is not required until the third year of eligibility, or if a member of the team has questions about the child’s eligibility. In Oregon, Developmental Delay is not a category for school age eligibility. If the child has been previously eligible as Developmentally Delayed, the district must consider if a disability under OAR 581-015-2130 through -2180 is suspected, and, if so, conduct a reevaluation and determine eligibility for school age special education services under a categorical disability.

If a reevaluation is required in order to establish the need for school-age services, it may be conducted by either the ECSE team or the school-based team. It is most effective to work collaboratively in order to develop the most comprehensive picture of the child and his/her needs in the transition to school-age services.

Collaboration with clinical- or hospital-based services for children in EI or ECSE programs

Communication between EI/ECSE therapists and clinic- or hospital-based therapists is important for optimal coordination of services to children. Sharing information between 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 collaboration between the district/program and the medical provider(s).

For example, it may be beneficial for the EI/ECSE therapist to communicate with the clinic-based therapist to review equipment needs, general goals and directions. The EI/ECSE therapist may consult with hospital staff prior to or during a child’s hospitalization

(typically for surgery) to coordinate the services and/or supports the student will require during and after their hospital stay. For example, the EI/ECSE therapist may need to inform hospital staff about how a child who is nonvocal uses augmentative communication strategies to communicate their needs. Other examples may include working with staff to arrange for the loan, purchase, or fabrication of special equipment for the child to use during the recovery period and to develop a plan for the child's transition from hospital to home and/or preschool.

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