



Occupational and Physical Therapy SERVICE NEEDS CHECKLIST

A Guide to Service Delivery for Early Intervention, Ages Birth-2 years

Student: _____
Date Completed: _____
Complete by: <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> OT & PT
Name(s) _____

EXPLANATION OF THE TOOL

Decisions regarding the level of occupational or physical therapy services provided to a child by an Early Intervention program are made by the IFSP team which considers recommendations from the OT and PT. Recommendations made by OTs and PTs as to level of service needed are a matter of professional judgment and are made after a therapist has considered a variety of factors. Only an OT, PT or a medical doctor is qualified to recommend the type and amount of therapy that a given individual needs.

The *Early Intervention Occupational and Physical Therapy Service Needs Checklist* describes many of the factors which therapists consider when determining the level of therapy service needed by a child. It was developed by the Oregon Regional Program's Orthopedically Impaired Working Group and field tested by therapists throughout the state. The checklist is specifically designed to be used with children from birth to three in Early Intervention Programs. (A separate rating scale is available for students aged three to twenty-one.) It is intended as a guide in helping therapists to explain their recommendations to other professionals and to families by listing the objective criteria on which the recommendations are based.

The *Early Intervention Occupational and Physical Therapy Service Needs Checklist* might be administered at any time when there is a question about the need for therapy or at the time of the annual IFSP review. While the checklist has been tested with a variety of children, it must be emphasized that this is **not** a standardized instrument. The individual needs of each child must be considered. In some cases there are unique circumstances which should be considered when making decisions regarding levels of therapy.

INSTRUCTIONS

The Service Needs Checklist is to be completed by a licensed OT or PT, either individually or together. Read through each item and determine the description that best fits the child. Write the point value for each item in the corresponding box for that item. Total the scores and record the total at the end of each section on pages 3 and 4. Then using the Scoring guide at the bottom of page 4 to estimate the total hours per month of therapy services needed.

I. THERAPY SERVICE NEEDS		
A. Needs in Relation to Developmental Program		
1. Impact of Qualifying Disability on Developmental Skills	Point Value	Points #1
a. Child's performance is not impacted by disability.	0	<div style="border: 1px solid black; width: 80px; height: 80px; margin: auto;"></div>
b. Disability interferes with the child's performance of skills necessary for development/maturation. Child can complete the task with modification. Intervention by a therapist is of lesser priority than other needs.	5	
c. Disability limits the child's performance of skills necessary for participation in developmental program. Child cannot independently complete the task with modification. Physical management needs are as great as other needs.	10	
d. Disability prevents the child's performance of skills necessary for developmental program. Concern for progressive deformity, loss of function. Physical management is a significant portion of the child's developmental program.	15	

I. THERAPY SERVICE NEEDS

A. Needs in Relation to Developmental Program *(continued)*

2. Expected Response to Intervention	Point Value	Points #2
a. Child is maintaining level of function with little or no intervention, OR Child is progressing at expected developmental level.	0	<input type="text"/>
b. Child is at risk for loss of function or deformity, OR Potential for change/gains is unclear.	5	
c. Child continues to make significant progress, OR Child appears to have the potential for gains through intervention.	10	
3. Therapy Need in Relation to Total Developmental Program	Point Value	Points #3
a. Intervention is not relevant to child's development in other domains at this time.	0	<input type="text"/>
b. Previous intervention/instruction has addressed the basic function of the child; staff/family requires some instruction but generally are able to handle/manage the child's needs to allow her/him to function in customary environments.	5	
c. Intervention is needed to promote active understanding and involvement of staff/family to enhance function and development of child; minimal direct intervention needed. Consultation.	10	
d. Intervention is needed for direct program implementation, equipment fabrication/modification, etc..	15	
4. Possibility of Child's Needs Being Met by Others	Point Value	Points #4
a. Needs can be adequately met by EI teacher, parent, community resource.	0	<input type="text"/>
b. Family/caregiver and community resources could meet most needs without much input from therapy staff, e.g. periodic consultation.	5	
c. Parents/caregivers and/or other trained personnel could meet needs, but require regular input and support from therapy staff.	10	
d. Therapy staff contact is required for necessary intervention plans in order for child to work toward meeting IFSP goals.	15	
5. Team Concerns	Point Value	Points #5
a. Team has no current concerns.	0	<input type="text"/>
b. Team acknowledges impact/influence of disability upon performance but has minimal concern.	5	
c. Team has questions/concerns and is requesting support.	10	
6. Transition/Change of Environment	Point Value	Points #6
a. Child is familiar with environment and is very functional in the environment(s).	0	<input type="text"/>
b. Child is somewhat familiar with environment and relatively functional, but could use some intervention to increase function.	5	
c. Child is preparing to enter a new environment or there are new demands in the current environment. Child needs therapeutic intervention to become functional.	10	
d. Child is new to environment and needs evaluation and/or intensive intervention to become functional.	15	

I. THERAPY SERVICE NEEDS

B. Motor Issues in Relation to Developmental Program

1. Neuromuscular Status	Point Value	Points #1
No NEEDS -Neuromuscular status/deformity does not put child at risk. Normal	0	<input type="text"/>
LOW NEEDS - Abnormal posture/abnormal movement patterns/tremor are not consistently observed or does not greatly influence function	5	
HIGH NEEDS - Progressive deformity, disease, or pre-existing condition may result in limitations. Ability to maintain degree of voluntary control is in question or prevented. Neuromuscular status or immaturity related to the disability clearly interferes with function	10	
2. Equipment Needs/Environmental Needs	Point Value	Points #2
No NEEDS - No equipment or environmental adaptations needed	0	<input type="text"/>
LOW NEEDS - Functional activity is not dependent upon or is minimally dependent on specialized equipment	5	
HIGH NEEDS - Function and quality of function is significantly influenced by the use of adapted equipment. On-going monitoring, fabrication, modification is required	10	

3. Functional Skills Relating to School Performance (Scoring Criteria a. through i)

0 POINTS - No NEEDS - Skills developmentally appropriate; OR No physical Assistance Required. No specialized planning or therapeutic intervention is necessary for function; Skills are age or developmentally appropriate; OR Child's potential for acquiring independence with this skill is minimal or no progress has been made after significant intervention; Therapeutic intervention will not reduce the amount of assistance required.

5 POINTS - LOW NEEDS - Potential for change or gain in skill area is unclear.

10 POINTS - HIGH NEEDS - There is a clear potential for gains through intervention. Child demonstrates potential for acquiring more independence with the skill as a result of therapeutic intervention. Child may use adaptive equipment or compensated approach toward success in her/his independence.

Score Each Item According to the Scale Above.

	Points 0 or 5 or 10	Points for Functional Skills Section #3
a. GROSS MOTOR/PLAY - ability to move body in space to participate in gross motor/play activities.		<input type="text"/>
b. MOBILITY/TRANSFERS - ability to manage physical environment independently or with a mobility aid or structural supports.		
c. POSTURE/POSITIONING - ability to assume and sustain functional positions needed for developmentally appropriate performance.		
d. DRESSING/GROOMING - ability to care for self and possessions at expected developmental level.		
e. FEEDING/ORAL MOTOR - ability to eat or be safely fed.		
f. PLAY HABITS/ORGANIZATIONAL SKILLS - attention to tasks, completion of tasks; problem solving.		
g. FINE MOTOR/OBJECT MANIPULATION - ability to use hands to participate in developmentally appropriate activities, i.e., tool usage, play with toys.		
h. SENSORY PROCESSING - ability to manage tactile, auditory, kinesthetic, visual and vestibular input in the customary setting/natural environment.		

TOTAL POINTS THERAPY SERVICE NEEDS SECTION (A & B)

II. EARLY INTERVENTION OT/PT THERAPY SUPPORT SERVICES CONSIDERATIONS

Many services must be provided by a physical or occupational therapist to support development in the natural environment. These include activities such as program planning, parent contact, staff contact, equipment/materials coordination, community coordination, structured observation, etc. Identified on the IFSP as “Supplementary Services; Adaptations; Accommodations”, or “Modifications or Support for Program Personnel”, they may be referred to as Therapy Support Services. If such Therapy Support Services are needed, those additional hours of service should be included on the IFSP. When using this tool, each child’s need for Therapy Support Services should be rated as follows:

0 POINTS (NO NEEDS), 5 POINTS (LOW NEEDS) OR 10 POINTS (HIGH NEEDS)

Points
0 or 5 or 10

1.	Family/Care giver Contact - report changes in physical status of child, discuss equipment, discuss child’s response to therapy, discuss developmental program, instruct family in care and physical management plan for subsequent therapy programs in school or community.	
2.	Equipment/Materials Coordination - contact vendors, meet with vendors to draft bids for specialized equipment such as wheelchairs, attend wheelchair clinics, write letters of justification, provide on-site equipment, minor repair or assess problems with adaptive equipment (i.e., customized, seating, customized play materials and devices, customized feeding supplies, customized bathing equipment).	
3.	Community Coordination - by telephone, attendance or consultation with physicians, medical facilities, transition meetings, community programs, etc. Consult with transportation personnel.	
4.	Program Planning - write assessment reports, develop developmentally relevant therapy program, coordinate intervention service schedule with child’s schedule, attend meetings. Complete third party billing paperwork, progress reports and notes.	
5.	Staff Contact - for ongoing program development, training, and review. Instruct team in use of equipment, transfer training, intervention strategies, etc..	
6.	Structured Observations - such as in integrated preschools and other community sites, home or group-home settings.	

TOTAL POINTS THERAPY SUPPORT SERVICES CONSIDERATIONS

SCORING THE EI OCCUPATIONAL AND PHYSICAL THERAPY SERVICE NEEDS CHECKLIST

Number scales are not prescriptive, but should be interpreted only as general indicators for estimating approximate levels of service.

I. Therapy Service Needs

Total Point Score	Level of Therapy Service	Hours/Month Direct	# Hours
120 or more	3 - HIGH	3 or more hours	
75 - 119 points	2 - INTERMEDIATE	1 - 3 hours	
30 - 74 points	1 - LOW	Less than 1 hour	
ESTIMATED HOURS PER MONTH OF THERAPY SERVICES NEEDED			

II. Therapy Support Services Considerations

50-60 points	-	2.0 hours per month in addition to therapy time	
21-49 points	-	1.0 hour per month in addition to therapy time	
<20 points	-	.5 hours per month or less in addition to therapy time	
ESTIMATED HOURS PER MONTH OF THERAPY SUPPORT SERVICES NEEDED			

TOTAL ESTIMATED HOURS PER MONTH OF THERAPY SERVICES NEEDED

NOTE: The Office of Special Education Programs of the Oregon Department of Education recommends that the listing of hours per year of therapy service on the IFSP cover sheet should be avoided whenever possible. Such listing is unclear and difficult for members of the team to understand. Whenever possible therapy services should be listed as hours per week or hours per month. Where this is not possible, the IFSP should include an explanation of how and when the hours of service will be provided.