



Occupational and Physical Therapy SERVICE NEEDS CHECKLIST

A Guide to Service Delivery for Ages 3 - 21

Student: _____
 Date Completed: _____
 Complete by: OT PT OT & PT

 Name(s)

EXPLANATION OF THE TOOL

Decisions regarding the level of occupational or physical therapy services provided to a child by a school program are made by the IEP/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 *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 ages 3 to 21 in school programs. (A separate rating scale is available for students in Early Intervention Programs.) 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 *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 IEP review. While the checklist has been tested with a variety of students, it must be emphasized that it is **not** a standardized instrument. The individual needs of each child must be considered when making decisions regarding levels of therapy services in all aspects of the school program, both academic and extracurricular.

INSTRUCTIONS

The *Service Needs Checklist* is to be completed by a licensed OT or PT, either individually or together. Read through each item and select the one that best describes the student. 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 use 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 Educational Program		
1. Impact of Qualifying Disability on School Performance	Point Value	Points #1
a. Student's school performance is not impacted by disability:	0	<div style="border: 1px solid black; width: 60px; height: 60px; margin: auto;"></div>
b. Disability interferes with the student's performance of skills necessary for participation in classroom and educationally related activities. Student can complete the task with modification. Intervention by a therapist is of lesser priority than other educational program needs.	5	
c. Disability limits the student's performance of skills necessary for participation in classroom and related activities. Student cannot independently complete the task with modification. Physical management needs are as great as other educational program needs.	10	
d. Disability prevents the student's performance of skills necessary for participation in classroom and related activities. Concern for progressive deformity, loss of function. Physical management is a significant portion of the child's education program.	15	

I. THERAPY SERVICE NEEDS

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

2. Expected Response to Intervention	Point Value	Points #2
a. Student is maintaining level of function with little or no intervention, OR Student has not made expected gains based on past therapy for one IEP year or more OR Student's behavior consistently prevents therapy from being beneficial.	0	<input type="text"/>
b. Student is at risk for loss of function or deformity, OR Potential for change/gains is unclear.	5	
c. Student appears to have the potential for gains through intervention.	10	
d. Continues to make significant progress; OR Student has experienced recent and significant loss of function.	15	
3. Therapy Need in Relation to Total School Program	Point Value	Points #3
a. Intervention is not relevant to student's educational needs at this time.	0	<input type="text"/>
b. Previous intervention/instruction has addressed the basic function of the student; staff require some instruction but generally are able to handle/manage the student's needs to allow her/him to function in the learning environment.	5	
c. Intervention is needed to promote active understanding and involvement of staff to enhance function and development of student; minimal direct intervention needed. Consultation.	10	
d. Intervention is needed for direct instruction and/or program implementation, intervention, equipment fabrication/modification, etc..	15	
4. Possibility of Student's Needs Being Met by Others	Point Value	Points #4
a. Needs can be adequately met by P.E. teacher, teacher, parent, community resource, student.	0	<input type="text"/>
b. Teachers, parent, and/or student could meet most needs without much input from therapy staff, e.g. periodic consultation.	5	
c. Teachers, parents, and/or other trained personnel and/or student could meet needs, but require regular input and support from therapy staff.	10	
d. Therapy staff intervention is required in order for student to work toward meeting IFSP/IEP goals.	15	
5. Staff Concerns	Point Value	Points #5
a. Staff has no current concerns.	0	<input type="text"/>
b. Staff acknowledges an impact/influence of disability upon school performance but has minimal concern.	5	
c. Staff has questions/concerns, requesting support.	10	
6. Transition	Point Value	Points #6
a. Student is familiar with environment or very functional in environment(s).	0	<input type="text"/>
b. Student is somewhat familiar with environment or relatively functional, but could use some intervention to increase function.	5	
c. Student is preparing to enter a new environment or there are new demands in the current environment. Student needs therapeutic intervention to become functional.	10	
d. Student 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 Educational Program

1. Neuromuscular Status	Point Value	Points #1
No NEEDS - Neuromuscular status/deformity does not put student at risk. Normal	0	
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 clearly interferes with function	10	
2. Equipment Needs/Classroom Needs	Point Value	Points #2
No NEEDS - None needed.	0	
Low NEEDS - Function or school related activity is not dependent upon or is minimally dependent on specialized classroom equipment.	5	
HIGH NEEDS - Function and quality of function is significantly influenced by the personalized equipment. On-going monitoring, fabrication, modification is required.	10	
3. Functional Skills Relating to School Performance (Scoring Criteria a. through i)		
<p>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 Student'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.</p> <p>5 POINTS - Low NEEDS - Potential for Gains Unclear - Potential for change or gain in skill area is unclear.</p> <p>10 POINTS - High NEEDS - Clear potential for gains through intervention. Student demonstrates potential for acquiring more independence with the skill as a result of therapeutic intervention. Student may use adaptive equipment or compensated approach toward success in her/his independence.</p>		
Score Each Item According to the Above Scale	Points 0 or 5 or 10	Points for Functional Skills Section #3
a. GROSS MOTOR/PLAY/P.E. - ability to move body in space to participate in gross motor/play activities.		
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 educational performance.		
d. DRESSING/GROOMING - ability to care for self and possessions.		
e. FEEDING/ORAL MOTOR - ability to eat or be safely fed in the school environment.		
f. WORK HABITS - organizational skills; attention to tasks, completion of tasks; problem solving.		
g. FINE MOTOR/OBJECT MANIPULATION - ability to use hands to participate in educational activities i.e. tool usage, cutting, puzzles, ruler and pencil.		
h. WRITTEN PERFORMANCE - ability to do age appropriate written work. (including handwriting and keyboarding).		
i. SENSORY PROCESSING - ability to manage tactile, auditory, kinesthetic, visual and vestibular input in the educational setting.		
TOTAL POINTS THERAPY SERVICE NEEDS SECTION (A & B)		

II. THERAPY SUPPORT SERVICES CONSIDERATIONS

Many services must be provided by a physical or occupational therapist to create an environment which supports a student's progress in all aspects of his/her educational program. These include program planning, parent contact, staff contact, equipment/materials coordination, community coordination, structured observation, etc. Identified on the IEP as "Supplementary Aids/Services; Modifications & Accommodations", or "Supports for School Personnel"; or 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 IEP/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 student, discuss equipment, discuss student's response to therapy, discuss school program, 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 desks and chairs, customized writing surfaces and devices, customized feeding supplies, customized bathrooming equipment).	
3. Community Coordination - by telephone, attendance or consultation with physicians, medical facilities, transition meetings, community swim programs, etc.: consult with bus transportation personnel, vocational, higher education or independent living environments.	
4. Program Planning - write assessment reports, develop educationally relevant therapy program, coordinate intervention service schedule with student's classroom schedule, attend meetings. Complete third party billing paperwork, progress reports and notes.	
5. Staff Contact - for ongoing program development, training, and review. Train education team/school staff in use of equipment, transfer training, intervention strategies, etc.	

TOTAL POINTS THERAPY SUPPORT SERVICES CONSIDERATIONS

SCORING THE 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 Related Services	# Hours
120 or more	3 - HIGH	More than three 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

40-50 points	-	2.0 hours per month in addition to therapy time	
21-39 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 IEP/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 IEP/IFSP should include an explanation of how and when the hours of service will be provided.