Exeter-West Greenwich Regional School District

Occupational Therapy Services

Practice Guide

September 2018
Table of Contents

Introduction Mission Statement Overview of Services

I. The Practice of Occupational Therapy
   • Definition of a School-Based Occupational Therapy
   • Training of a School-based Occupational Therapist
   • IDEA/Section 504 and Occupational Therapy
   • Roles of a School-Based Occupational Therapist
   • Areas of Expertise of School-Based Occupational Therapist

II. School-Based Occupational Therapy and Multi-Tiered Systems of Support (MTSS)
   • Multi-Tiered Systems of Support (MTSS)
   • Occupational Therapists’ Roles in Multi-Tiered Systems of Support (MTSS)
     ○ Tier 1 Interventions
     ○ Tier 2 Interventions
     ○ Tier 3 Interventions

III. School-Based Occupational Therapy Assessment and Eligibility Determination Process
   • Conducting School-Based Occupational Therapy Evaluations
   • Eligibility
   • Dismissal

IV. Providing School-Based Occupational Therapy Services
   • Determining Need for Services
   • Service Delivery Models

References and Resources
The information contained within these guidelines and policies serves as the best practices for delivery of occupational therapy (OT) services in the Exeter-West Greenwich Regional School District. This document was developed with research/information provided by the American Occupational Therapy Association and by the district’s occupational therapists (OTs). It represents our agreed upon guidelines to assist in decision making about how to provide services and meet the needs of the students we serve. The goal of this program is to enable students to acquire the knowledge and skills to perform effectively within and beyond the classroom.

The purpose of this document is to offer guidance for policies and procedures that will meet the occupational therapy needs of students in a uniform and consistent manner throughout the Exeter-West Greenwich Regional School District in compliance with federal regulations, state laws, and professional standards of practice.
I. The Practice of Occupational Therapy

The school based occupational therapist’s primary role is to support academic and non-academic outcomes, including social skills, math, reading and writing, behavior management, recess, self-help skills, provocation also participation, and more due to deficits in cognitive, fine motor, gross motor, visual motor, and sensory motor skills. Practitioners use their unique expertise in task and environmental analysis to assist students to prepare for and perform important learning and school related activities. Utilizing evidence based practices, occupational therapists facilitate student access to the curriculum with appropriate supports and methods, which may include low or high technology, environmental adaptations, and direct training/education. Services are offered through a continuum of prevention, promotion, and interventions and serve individual students, groups of students, whole classroom, and whole school initiatives. (AOTA, 2016)

School-based Occupational Therapist’s Education and Licensure:

Occupational therapists at a minimum must have a bachelor’s degree (as of 2008, entry level therapist must obtain a master’s degree) from an accredited university. Many therapists choose to further their education by obtaining doctorate degrees or specialties. Occupational therapists are certified to practice by passing a national board exam by the National Board of Certification of Occupational Therapy (NBCOT) and by fulfilling Rhode Island requirements to obtain licensure.

IDEA and Occupational Therapy

The Individuals with Disabilities Education Act (IDEA) is a law that makes available a free appropriate public education to eligible children with disabilities throughout the nation and ensures special education and related services to those children.

Under IDEA, Occupational Therapy (OT) is a related service for eligible students ages 3 through 21 who require “…such developmental, corrective, and other supportive services as are required to assist the child with a disability to benefit from special education” (34 CFR 300.16(a)). This includes:

- Improving, developing or restoring functions impaired or lost through illness, injury, or deprivation;
- Improving ability to perform tasks for independent functioning when functions are impaired or lost
- Preventing, through early intervention, initial or further impairment or loss of function (300.16(5)(i)(ii)(iii)).
Educational performance refers to the student’s ability to participate in the educational process and must include consideration of the student’s social, emotional, academic and vocational performance. (IDEA, 2004).

If the child demonstrates difficulties in the area of occupational therapy that do not adversely impact educational performance, the child should not be found eligible for occupational therapy services in the school district.

**504 Plans and Occupational Therapy**

Section 504 of the Rehabilitation Act of 1973, commonly referred to as "Section 504," is a nondiscrimination statute enacted by the United States Congress. The purpose of the Act is to prohibit discrimination on the basis of disability. For eligible school aged students, this guarantees the right for disabled students to have educational opportunities and benefits equal to those provided to non-disabled students.

An eligible student under Section 504 is a school aged student who (a) has a physical or mental impairment that substantially limits a major life activity; (b) has a record of such an impairment that substantially limits a major life activity and is discriminated against based on that record; or (c) is regarded as having a physical or mental impairment which substantially limits a major life activity and is discriminated against based on being regarded as having the impairment.

Occupational therapy services may be part of a 504 Plan for students that are eligible under Section 504 if the student demonstrates difficulties in the area of occupational therapy that are impacting educational performance.

**Roles of a School-Based Occupational Therapist**

Occupational therapy’s purpose is to help students:

- Acquire and express sensory motor information;
- Perform daily living activities required for school functioning and to move through the school environment;
- Assume student functions, which include:
  - campus/school mobility,
  - participating on a regular and timely basis,
  - mental storage of material
  - recording information
  - studying
  - using tools and supplies
  - participating in activities throughout school settings.
School personnel commonly request occupational therapy support when students have difficulty with the following functions as related to educational participation:

- Daily living activities (ADL’s);
- Graphic Communication
- Sensory processing
- Context/Environment
- Positioning

Occupational therapists also assist in providing assistive technology devices and services. An assistive technology device is any item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of individuals with disabilities. (AOTA, 2010)

**Areas of Expertise of School-Based Occupational Therapist**

Activities of Daily Living (ADL’s) is a primary performance area. Occupational therapy is focused on helping individuals of all ages learn (or re-learn) to participate in activities that “occupy” their time during the day despite physical, cognitive, or social limitations. Classroom Occupations important for a student to participate in and master are:

- **Personal Care:** includes feeding, clothing management, toileting/hygiene, personal organization and task-related mobility.
- **Student role/Interaction Skills:** includes following classroom/specials/school/bus/cafeteria routines, safety awareness, respecting the space/time/materials of others, staying seated, requesting help, social awareness and building/maintaining relationships.
- **Learning Academics:** includes following demonstrations, copying models, carrying out verbal instructions, attending to classroom tasks, using classroom tools, managing materials and completing assignments.
- **Play:** includes exploring the environment/new play ideas/opportunities, interacting with others, turn-taking, sharing materials and developing sensory motor and social interaction skills.
- **Community Integration/Life Skills/Work/Transition Plan:** includes field trips, school-related vocational training
- **Sensory Processing:** includes the neurological process of receiving information from any of the senses and organizing it for one’s self-regulation required for optimal learning and school related activities.
- **Visual Motor Integration Skills (VMI)/Visual Perceptual skills (VP):** Visual motor integration (VMI) consists of coordinating visual perceptual skills together with gross-motor movement and fine-motor movement in order to enhance academic performance.
• Graphic Communication: includes handwriting, keyboarding, drawing, coloring and art. See additional performance components below.

Occupational performance components of Graphic Communication/handwriting include:
• Postural control and other neuromusculoskeletal components in the pelvis, trunk, shoulder and neck;
• Level of arousal, attention span, sequencing and other cognitive components;
• Visual perception
• Perception of touch, body position and movement;
• Motor planning and motor control;
• Hand preference and integration of the two sides of the body;
• Visual-motor integration
• Basic function of the hand including wrist stability, arch formation and finger dexterity.
• Remedial and preventive interventions include collaborating with others to modify students’ seating; designing or procuring assistive technology/devices and training teachers, students and families to use them.
• Context/Environment: includes the influence the environment has on individuals’ ability to participate in Activities of Daily Living or activities that “occupy” their time. When assessing function in performance areas, the performance environments or contexts must be considered. These environments include: classroom, cafeteria, playground, gymnasium, art room, music room, workplace etc. Occupational therapists will help support students’ in achieving positive responses to their various environments.
• Positioning: includes assisted or alternative positioning in school (sitting, standing, feeding, toileting, etc.), use of adaptive equipment.
MTSS is a multi-step problem solving team process of providing instruction and support to students to promote the academic and behavioral success of all students. The MTSS process is a general education practice which utilizes various staff that partner with families as they assess, implement and monitor evidence based strategies as a team. Educators, school psychologists, social workers, reading specialists and others are valued for their expertise and contribute to the methodology used. MTSS system supports all areas of academics and behavior. The MTSS process is flexible and designed by school districts to meet the needs of their students.

There are essential components to the MTSS process including:

- High quality curriculum and instruction in the general education classroom
- Universal screenings that review the progress of all students
- Problem solving method designed to inform development of interventions
- Evidence based interventions to support students in the area of need
- Data based decision making and progress monitoring in order to examine how a child is doing on a specific skill, determine progress and whether an intervention is successful

At EWGRSD, school teams engage in the MTSS process to ensure all students are receiving academic and behavior supports in order to be successful.
Occupational therapists have traditionally seen their students in an individual and/or small group setting apart from the regular educational classroom. Over the years, this form of intervention has been changing to a more collaborative format. As the MTSS model developed, the occupational therapist’s services evolved to fit the needs of the students. The occupational therapist’s services can fit into this model with some flexibility. “Response to intervention is a well-integrated system that connects general, compensatory, gifted, and special education in providing high-quality standards-based instruction and intervention. This instruction and intervention is matched to student’s academic, social-emotional, and behavioral needs.” (Rudebusch, 2008)

**Occupational Therapists’ Roles in MTSS**

The MTSS method is used as an early detection and support system that identifies and assists children before they fall behind. Occupational Therapists play a major role. The key function of the occupational therapy is prevention of deficits in the area of ADL’s, Oral Motor Skills and Feeding, Play skills, Task Organization and Completion, Handwriting/Written Communication, Sensory Integration, Visual Perception and Visual Motor Integration in the School Setting, as related to academic performance. Occupational therapists can provide the necessary interventions in these areas.

The MTSS Framework provides 3 tiers of support:
Students are considered for tiered intervention on an individual basis. These students exhibit difficulties in the area of occupational therapy and may be impacted academically, medically or physically, socially or emotionally.

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Occupational therapist provides education and training to teachers, assists with universal screenings for instructional purposes, and may use population-based approach for GE students.</td>
<td>• Occupational therapist provides education and training to teachers, assists with universal screenings for instructional purposes, and may use population-based approach for GE students.</td>
<td>• Occupational therapist reviews data collected by GE, assists team in determining if this is a child suspected of having a disability, and if a referral for Full and Individualized Evaluation has been made, the occupational therapist will evaluate in accordance with their state requirements.</td>
</tr>
</tbody>
</table>
Exeter-West Greenwich Regional School District
Occupational Therapy Department
MTSS Services
What to do?

Step 1
Teacher check data:
  Check with previous teacher
  Chart review

Non-SPED: Teacher communicates concerns with parents

Step 2
Non-SPED: Teacher brings concerns to the BET team, completes referral

REMINDER: therapist should not know student's name at this point of the process

Step 3
Non-SPED: BET team meets to review student concerns and strategies already tried

Team and OT decide on Tier 2 interventions to try for a 3 week period and schedule a follow-up meeting.

Step 4
Teacher tries intervention strategies for 3

Team and OT discuss results of 3 week trial at follow-up meeting

- Continue Strategies
- Modify Strategies
- Non-SPED: start referral to special education services
Conducting School-Based Occupational Therapy Evaluations

Parent/guardian consent is required for an initial evaluation by the IEP team. The determination that an occupational therapy evaluation is warranted will depend on prior information obtained through observations, results of interventions tried through academic intervention services, and interviews with parents/guardians, teachers and/or other school professionals. An Occupational Therapy will conduct an initial evaluation/assessment in order to assess all areas of a suspected disability. Assessment is the process of gathering and interpreting information about individual students for the purpose of educational decision-making. The therapist may use screening, standardized or non-standardized tests, depending on the need and type of information sought, which in this case should be directly related to your child's ability to function and be successful in school.

Entrance Criteria

Based on the student’s function in performance areas stated below, the following criteria should be considered to determine if the student’s needs require the expertise of a therapist.

- Activities of Daily Living (ADL’s) includes: personal care, student role/interaction skills, learning academics, play, community integration/life skills/work/transition plan
- Sensory Processing
- Graphic Communication/Handwriting
- Context/Environment
- Positioning

To qualify for occupational therapy services, one of the following criteria must be met:

1. Students who present with mild-moderate through severe ratings on the district’s “Occupational Therapy Severity Rating Scale”, and whose lack of skills in the functional or performance areas of occupational therapy, negatively impact educational performance, are candidates for service.
2. Those children who receive a mild rating on the district’s “Occupational Therapy Severity Rating Scale” should be considered on an individual basis ranging from no services to direct services.

Exit Criteria

Exit criteria are tailored to student need. Please refer to Occupational Therapy Eligibility/Exit form.
EXETER-WEST GREENWICH REGIONAL SCHOOL DISTRICT
Office of Special Education
Occupational Therapy Department Eligibility/Exit Form

Name: ___________________________________                  Date:_____________

Date of Birth: ___________ Grade: _______ School: __________________

Exit criteria should be applied individually and based on current best practices in the profession. Individual student competencies and limitations will be considered. The student’s developmental age, environment, and other handicapping conditions should be considered when the IEP team makes exit decisions.

IF THE RE-EVALUATION INDICATES THAT ONE OR MORE OF THE FOLLOWING CRITERIA ARE MET, THEN THE CHILD IS NOT ELIGIBLE FOR OCCUPATIONAL THERAPY SERVICES.

1. Has the student met all targeted objectives and there is no longer a handicapping condition, which adversely affects academic performance? __ YES  __ NO
2. Is parent or student (if appropriate) requesting exit from services? __ YES  __ NO
3. The potential for further improvements in the area of Occupational Therapy appears unlikely. This is based on previous intervention attempts, which resulted in little or no functional skill acquisition? __ YES  __ NO
4. Are there extenuating circumstances such as medical, dental, social, etc. warrant discontinuation of services temporarily or permanently? __ YES  __ NO
5. Are Occupational Therapy services needed for the student to access the academic curriculum? __ YES  __ NO
6. Environmental and curricular adaptations have been established to allow for achievement of educational goals? __ YES  __ NO
7. The student has learned appropriate compensatory strategies? __ YES  __ NO
8. The student’s needs are being met by others and no longer require the skilled services of a therapist? __ YES  __ NO

Result:  ELIGIBLE ____  INELIGIBLE ____
Determining Need for Services

The therapist will utilize evaluation tools and clinical observations to determine a student’s ability to participate in school tasks. The therapist will assess how the student’s environment and the cognitive or physical demands of various school tasks affect his/her participation. The therapist will observe whether the student is able to complete tasks independently (with or without the use of assistive devices) or the student requires assistance to complete tasks. The data collected is analyzed and documented in order to identify student’s strengths and weaknesses and create a preliminary recommendation whether occupational therapy service is appropriate. The IEP team utilizes this report together with information gathered by other team members to establish and prioritize goals. The team then determines the educational supports that would best address these goals while keeping the student in the least restrictive environment.
Exeter-West Greenwich Regional School District

OCCUPATIONAL THERAPY SEVERITY RATING SCALE

Determination of Impairment in functional performance areas of Occupational Therapy

Student ______________________ School ______________________ Grade ______ Date of Rating ________

<table>
<thead>
<tr>
<th>Formal Assessment</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive, standardized measure(s) and scores</td>
<td>Standard score* of 82 and above</td>
<td>Standard score* of 81 and below</td>
<td>&gt;1.5 Standard Deviations (SD) below test mean</td>
<td>&gt;2SD below test mean</td>
<td>&gt;2.5 SD below test mean</td>
</tr>
</tbody>
</table>

*Standard scores are based on a mean of 100 and a standard deviation of 15.

<table>
<thead>
<tr>
<th>Informal Assessment</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check descriptive tools used:</td>
<td>Function/academic skills in the area of Occupational Therapy are in the expected range</td>
<td>At least one of the following areas are deficient</td>
<td>At least two of the following areas are deficient</td>
<td>At least three of the following areas are deficient</td>
<td></td>
</tr>
</tbody>
</table>

- Work Sample
- Checklist(s)
- Observations
- Other: ______________________

<table>
<thead>
<tr>
<th>Functional/Academic Skills</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Functional/academic skills in the area of Occupational Therapy are within expected range.</td>
<td>The student performs effectively most of the time with little or no assistance required</td>
<td>The student needs more cues, more explanations, and checks on progress or assistance than the typical student in class.</td>
<td>The student does not perform effectively most of the time, despite the provision of general education modifications and supports</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Instructions: 1. Circle score for the most appropriate description for each category: Formal (Standardized Assessment and the Informal Assessment)
2. Compute the total score and record below.
3. Circle the total score on the bar/scale below to determine the severity rating.

<table>
<thead>
<tr>
<th>Total Score</th>
<th>WNL</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>11</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Based on the compilation of the assessment date, this student scores in the Mild, Moderate or Severe range for a Disability in area of OT. ___Yes ___NO

There is documentation/supporting evidence of adverse effects of the Disability in the area of OT on educational performance. ___Yes ___NO (Both Statements above must be checked Yes)
**Service Delivery Models**

The evaluating therapist determines which service delivery model would be most appropriate to address identified intervention focus area(s). Below are the three types of service delivery. Typically a therapist will utilize a combination of these service methods and move along a continuum of methods as progress is made towards IEP goals and toward academic success.

<table>
<thead>
<tr>
<th>Services</th>
<th>Description</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct/ Pull-Out/Non-Integrated</td>
<td>Therapist provides “hands on” interventions that does not occur during actual school activities</td>
<td>Therapist pulls student from class to work with student in therapy room focusing on strengthening fine motor and visual perceptual skills</td>
</tr>
<tr>
<td>Integrated</td>
<td>Therapist develops and provides “hands on” interventions that occur during actual school activities.</td>
<td>Push-in service during writing tasks in class, therapist works with student utilizing adaptive paper, slant board, and pencil grip</td>
</tr>
<tr>
<td>Consultative</td>
<td>Therapist collaborates with classroom/school staff and parent/guardian to develop and monitor interventions that will be carried out by these individuals in the school and at home.</td>
<td>Therapist suggests use of a slant board or pencil grip during all writing tasks</td>
</tr>
</tbody>
</table>
References and Resources

References:
American Occupational Therapy Association (1999). *Occupational therapy services for children and youth under the individuals with disabilities act* (2nd ed.). AOTA. Bethesda, MD

American Occupational Therapy Association (2016). *Fact Sheet: Occupational therapy in school settings*. AOTA. Bethesda, MD

NYC Department of Education (2011) *School Based Occupational Therapy and Physical Therapy Practice Guide*

Resources:
American Occupational Therapy Association (AOTA): www.AOTA.org

National Board for Certification in Occupational Therapy (NBCOT): www.NBCOT.com

Rhode Island Occupational Therapy Association: www.RIOTA.net