

**Floydada ISD Special Education
Guidelines for Delivery of School Based Occupational Therapy and
Physical Therapy Services**

ELIGIIBILITY:

OT and PT are available as “related services” (IDEA Part B) in a child’s IEP when the service is “required for a child with a disability to benefit from his or her special education program.” Educationally necessary OT and PT means that a child with a disability has a need for improvement in his or her functional skills related to his or her performance in the educational environment. A child may have an educational need as well as a medical need; however, some motor difficulties may not directly impact educational progress and may not constitute educational need.

Under the Individual with Disabilities Education Act (IDEA) IEP team is not allowed to base OT or PT service options and frequencies on the following factors alone:

- ❖ Test Scores
- ❖ Descriptions or quantifiers of either functional performance or deficits
- ❖ Discrepancies between developmental levels and chronological age
- ❖ Specific OT, PT, or teacher roles and responsibilities
- ❖ Special Education classification categories

Education law mandates that emphasis must be placed on the context of the child’s learning and activity. The IEP team cannot consider a child’s need for OT or PT in isolation from an educational program. Therefore, the IEP team should no longer ask, “Does the student need OT or PT in school?” The team should ask, “ Does an OT or PT’s knowledge and expertise provide a needed component of the student’s program that will achieve identified educational outcomes?”

INDICATORS FOR REFERRAL

Occupational Therapy	Physical Therapy
Students who demonstrate:	Students who demonstrate:
<ul style="list-style-type: none"> • Difficulty in learning new motor tasks 	<ul style="list-style-type: none"> • Delayed gross motor skills
<ul style="list-style-type: none"> • Poor organization and sequencing of tasks 	<ul style="list-style-type: none"> • Difficulty in learning new motor tasks
<ul style="list-style-type: none"> • Poor hand use (writing and tool use) 	<ul style="list-style-type: none"> • Unusual walking or movement patterns
<ul style="list-style-type: none"> • Difficulty in accomplishing tasks without the use of adaptive equipment, environmental modifications, or assistive technology 	<ul style="list-style-type: none"> • Difficulty in moving or moving unsafely in the school environment • Difficulty in maintaining an appropriate sitting posture
<ul style="list-style-type: none"> • Unusual or limited play patterns 	<ul style="list-style-type: none"> • Poor balance or falling frequently

<ul style="list-style-type: none"> • Deficits in adaptive self-help or feeding skills in the educational setting 	<ul style="list-style-type: none"> • Difficulty in accomplishing tasks without the use of adaptive equipment, environmental modifications, or assistive technology
<ul style="list-style-type: none"> • Poor attention to task 	<ul style="list-style-type: none"> • Postural, orthopedic abnormalities
<ul style="list-style-type: none"> • Notable overreaction or under reaction to textures, touch or movement 	<ul style="list-style-type: none"> • Reduced endurance or fatigue

REFERRAL PROCESS

A student may be referred for OT or PT services based upon the IEP team's decision that such services may be required for the child to be successful in his or her educational program. The IEP team should review the child's educational goals to ensure therapy related concerns correlate to those goals

OT and PT services should be requested by use of the OT and/or PT Checklist Form
If modifications are needed or further OT/PT assessment is recommended, an Assessment Plan would be sent to the parent for signatures. The OT/PT would perform an assessment within 50 days of receipt of the signed AP, and present findings to the IEP team meeting

GOALS

Once The IEP team is confident that the ultimate eligibility criteria have been satisfied, and the related service provides a unique and necessary contribution to the student's program so that he or she can reasonably achieve educationally targeted goals and accomplish relevant functional performance, the OT or PT will formulate appropriate goals and short term benchmarks to the IEP . The therapist will determine the model of service delivery and the frequency, duration and location of the sessions in collaboration with the IEP team.

SERVICE DELIVERY MODELS

All attempts will be made to provide service to children within the structure of the classroom before taking them to a separate environment. Direct service by professional therapy staff will be provided until such time as other personnel can demonstrate knowledge of carryover techniques in the school setting.

1. Groups: Treatment of 2 or more students at one time in the classroom or clinic setting
 - a. Sensory Stimulation and Body Awareness
 - b. Sensory Motor
 - c. Fine Motor
 - d. Gross Motor
2. Individual Service
 - a. Classroom
 - b. Clinic

DISCHARGE CRITERIA

- Student is functional within educational environment; therapy is no longer required
- Other educational personnel able to assist student safely in areas previously addressed by OT/PT
- Student performance remains unchanged, or decreased due to underlying medical condition
- Student continues to make gains despite a decrease in therapy services
- Therapy is contraindicated due to a change in medical or physical status