The appropriateness and extent of related services such as occupational therapy (OT), physical therapy (PT) or speech-language pathology (SLP) provided by a school district or educational service cooperative should be determined by considering the educational needs of a student with disabilities and their goals, which likely differs from the student's medical needs.Therefore, it is important to understand the difference between educational and medical models and strategies for service delivery. This document is meant to serve as guidance in understanding some of the key characteristics between educational and medical/clinical models of therapy service provision.

	Educational Model	**Clinical/Medical Model**
What are the laws/ rules regarding the provision of services?	Under the Individuals with Disabilities Education Act (IDEA), OT, PT, and SLP can provide services through early intervening efforts such as a multi-tiered system of support (MTSS) under IDEA. OT, PT, and SLP are related services that "may be required to assist a child with a disability to benefit from special education, ..." 34 CFR. 300.34. Two components must be met 34 CFR. 300.8 : 1.) Child is a child with a disability 2.) Disability has an adverse educational impact and the student needs special education and related services	Therapy services are not legally mandated and it is the parent/guardian's choice to pursue or be involved in therapies. OT, PT, and SLP must also follow their state licensure laws and national regulations.
Who is eligible?	A student who is determined eligible for special education (based on a comprehensive evaluation) ***and*** whose data demonstrates the ***need*** for related services as part of their special education (educational relevance based on critical need).	Any child with a diagnosis that requires the expertise of an OT, PT, and/or SLP.
How does it start?	For a student who is being referred for an initial assessment for special education or a specialized evaluation to determine the need for a related service, the process begins with ● Clearly identified referral concern to be evaluated by the OT, PT, and/or SLP ● Review of records, including any medical and educational information ● Observations of the student in the environment of concern ● Interviews with the educational team members and review of student work ● Administration and scoring of evaluation tools, which are	Most often, a child is referred by a medical professional and their needs are determined through a comprehensive assessment as determined by the therapist. A medical referral/prescription is only required if health insurance companies require it for reimbursement. Some health insurance programs require a certain standard deviation on an approved test battery.

	determined and selected based on the referral, observation, and other data. There is ***no*** standardized test ***or*** score requirement for related service provision (OT, PT, SLP). For re-evaluations, the review of existing data drives the evaluation process based on identified needs. The OT, PT, and SLP provide the assessment data to the team to review as part of the IEP process.	
Who makes the determination?	The IEP team, which can include related services providers, determines the need, including frequency, duration for OT, PT, and/or SLP based upon the collected comprehensive data*, the student's educational strengths and needs, the IEP goals, and other factors. **A medical referral/prescription and recommendations are considered as part of the data, but cannot be the only factor used to determine services.*	The therapist, in partnership with the patient and family and physician, agree upon a plan of care that is carried out by a therapist, including the frequency and duration of therapy services.
What is the focus of the services?	Related services employ evidence-based practices to focus on the unique needs of the child that result from a disability and to benefit from special education, ensure access to the general curriculum, and so the child can meet the Arkansas academic standards and participate as a member of the school community in all curricular and extracurricular activities in the least restrictive environment. This need must require the skilled service of a licensed OT, PT, and/or SLP so the child can benefit from special education.	Using evidence-based practices, services are provided to evaluate and treat medical or developmental conditions, symptoms, and/or disabilities and may focus on interventions that are needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms.
Where are services provided (delivery model)?	The IEP team determines the setting in which services occur. IDEA states that children be educated with their typically developing peers to the maximum extent appropriate, 34 CFR. 300.114(a)(2). In the least restrictive environment in the school where the student is expected to perform the task (eg, classrooms, hallways, stairs, lunchroom, bathroom, playground, worksites, buses, community, or other instructional settings) In a separate location, only when an intervention requires privacy or the	Typical settings for the delivery of services in a medical model are a clinic, hospital, home, or the community.

	student needs intense remediation that cannot be carried out in the natural environment.	
How are the services provided?	Services directly to or on behalf of a student may be delivered in combination of service models depending on the needs of the student including, but not limited to ● Consultation and collaboration with school staff and parent/guardian ● Direct intervention in a group or individually in the student's classroom or school activities ● Direct intervention in a group or individually in a separate location or therapy room The frequency and duration of therapy services should be individualized, based on data, and can be delivered monthly, quarterly, by semester, for the duration of the IEP; not just in minutes per week.	Services are typically provided in a direct one-on-one setting with consultation provided to the patient/family as appropriate. Services are usually provided in minutes per week.
Who provides the services?	OT, PT, and SLP services are provided by a licensed therapist or therapy assistant under the supervision of a licensed therapist.	OT, PT, and SLP services are provided by a licensed therapist or therapy assistant under the supervision of a licensed therapist.
How are services documented?	Services must be documented in compliance with federal, state, and local education agency guidelines and be related to a student's progress towards their IEP goals. Direct services are recorded on the schedule of services page of the IEP. Services on behalf of a student (collaboration, consultation, etc.) should be documented under supplementary aids/services. Paperwork must be in compliance with guidelines when seeking reimbursement from medical insurance such as Medicaid.	Services are documented in compliance with insurance requirements to justify medical necessity and supported by the clinical documentation. Documentation is kept in a medical record in accordance with federal, state, and local/facility guidelines.
Who pays?	Services are provided at no cost to the family as outlined in the IDEA, and schools may bill third-party payers, such as Medicaid, with parent/guardian permission.	Services are paid through insurance, private pay, Medicaid, or other means; however, reimbursement for services may be limited by insurance coverage.
How are services discontinued?	The determination for discontinuing related services is made by the IEP or 504 team based on an existing data review. The team considers whether	The determination for discharging a patient is made by the therapist based

	the educational progress of the student in the areas of academic and functional skills indicate the need for continued support. Considerations could be: ● Evaluation data indicates a student no longer has a need for the related service ● Skilled service from the therapist is no longer a necessary component of the student's educational program in order for the student to achieve positive academic and functional outcomes of the IEP If services are discontinued, therapy supports may need to be considered at a later date as determined by new goals on the IEP and a review of data.	on mastery of goals or skills, performance plateaus, and/or test scores. Other factors for discontinuing services may play a role such as funding limitations.

Questions to consider when discussing related services:

- Is a licensed therapist's knowledge and expertise required in order for the student to achieve the identified outcomes for this IEP?
- What supports the student's performance?
- What limits the student's performance?
- What does the student need to:
    - ➔ access the classroom and campus?
    - ➔ participate in extracurricular & nonacademic activities?
    - ➔ learn and participate with nondisabled students?
    - ➔ achieve his/her IEP goals?

Occupational Therapy Examples

	Educational Model	**Clinical/ Medical Model**
Fine Motor Skills	Collaborates with teacher on adaptations to task and environment. Provides adapted writing utensils such as built-up crayons and loop scissors for the teacher to use with the student for improved function in the classroom. Provides therapy during small group craft activity in the classroom so the student can practice drawing and cutting in the classroom in the context of the skill. Adapts toys in centers with velcro and places items on low shelves so student can reach without adult help. Coaches classroom staff on adaptations.	Targets fine motor skills and hand strength by engaging in functional tasks in the clinic. Collaborates and trains family and caregivers on a home exercise program. Performs range of motion and strengthening activities to improve joint mobility and strength following an injury. Collaborates and trains family and caregivers on a home exercise program.
Feeding	Provides evidence-based interventions in the cafeteria, coaches teacher and paraprofessional on ways to promote safe self-feeding through positioning and handling techniques during school meal times. Provides a divided plate, built-up spoon, and Honey Bear cup. Monitors feeding needs and equipment. Some therapy sessions are provided in a designated therapy space to address specific skill needs.	Utilizes various handling and manual therapies to reduce tone on a mat table in a therapy space. Performs passive range of motion stretches to bilateral arms, hands, fingers, cheeks, and lips to promote better posture for feeding. Works on self-feeding by providing patient with a snack. Trains caregiver on feeding strategies.
Self-care	Trains the educational staff and the student on strategies to assist the child to put on and take off coat when entering and exiting the classroom. Practices toothbrushing and handwashing at the classroom sink. Creates a visual sequence strip to illustrate the steps of the tasks.	Through activity simulation, teaches adapted ways to perform one-handed dressing skills for function at home.

Physical Therapy Examples

	Educational Model	**Clinical/ Medical Model**
Gait Training	Using evidence-based interventions, works to improve efficiency and speed to safely move between classes. Provides therapy in hallways, outside, and other places the student frequently accesses. Monitors orthotic needs. Trains staff on safely assisting student with mobility tasks.	Using evidence-based interventions, works to improve gait pattern for community mobility. Practices skills in clinic setting and in clinic parking lot. Provides patient and caregiver with home exercise program. Monitors orthotic needs.
Transfers	Provides evidence-based interventions to improve student's ability to transfer to the toilet, bus seat, and auditorium seat. Practices transfers in settings where transfer skills occur. Provides training to staff on safe transfers. Monitors wheelchair equipment for access to school.	Provides evidence-based interventions to improve student's ability to transfer to the toilet, bus seat, and chair in clinic. Transfer skills are primarily simulated. Provides training to caregivers on safe transfers. Monitors wheelchair equipment.
Access to Environment	Collaborates with staff on adaptations and equipment to improve access and active participation during extracurricular or curricular tasks. Provides intervention in the location where skill occurs such as on the playground, in PE, etc. and provides training and some sessions in a designated therapy space to strengthen and improve endurance.	Targets strength, mobility, and endurance through exercise and play based tasks in the clinic. Provides a home program for caregivers.

Speech-Language Pathology Examples

	Educational Model	**Clinical/ Medical Model**
Expressive language	Collaborates with teachers to increase expressive language skills by retelling a story using the correct sequence of events from a story presented during English Language Arts (ELA) instruction. Provides a visual sequence strip to assist in retelling the story and trains educators in using visual supports during appropriate activities. Trains teachers on ways to modify tasks to support student's needs.	Improves expressive language skills by correctly producing an appropriate sequence when retelling a story that has just been read aloud in the speech therapy room. Provides a visual sequence strip to assist in retelling the story and trains caregivers on using visual supports in the home.
Articulation	Increase intelligibility of target sounds in words and phrases during a phonics lesson in the general education classroom and provides training to staff on appropriate techniques to elicit target sounds in other activities throughout the school day. For some sessions, provides evidence-based interventions to improve sound production in a designated therapy space.	Increases intelligibility of target sounds in words in the clinic setting and provides training to caregivers on appropriate practice strategies to incorporate in the home setting.
Receptive language	Provides evidence-based interventions to support the student in identifying appropriate vocabulary to complete a science task during a small group in the classroom. Provides a word bank of possible vocabulary. Ensures students have a reliable and replicable mode of communication.	Follows 2 step directions presented while playing a game with peers on a playground at a park. Models scaffolding strategies for caregivers to promote success for following directions in the home setting.