



**Arizona Department of Education  
Diane M. Douglas, Superintendent of Public Instruction**

**Exceptional Student Services  
Arizona Technical Assistance System  
(AZ-TAS)**

**Occupational Therapy and Physical Therapy:  
Processes and Procedures for  
Best Practices in Arizona's Schools**

**Revised 12/1/18**

# Table of Contents

<b>Acknowledgments:</b> .....	<b>3</b>
<b>I. Introduction</b> .....	<b>4</b>
Background .....	4
Purpose.....	4
<b>II. Overview of School-Based Occupational and Physical Therapy</b> .....	<b>5</b>
Section 504 Rehabilitation Act of 1973 .....	5
Individuals with Disabilities Education Act.....	5
What is School-Based Therapy in the Educational Setting? .....	6
Role of Therapists in the Educational Setting.....	6
<b>III. Initiation of Special Education</b> .....	<b>11</b>
Child Find.....	11
Pre-Referral Interventions .....	11
Referral for Special Education.....	12
Evaluation and Eligibility Determination .....	12
<b>IV. Occupational and Physical Therapy Evaluation and Assessment</b> .....	<b>14</b>
Framework for School-Based Occupational and Physical Therapy Assessment ..	14
Components of Assessment .....	16
Reporting of Assessment Data.....	18
<b>V. Individualized Education Program (IEP)</b> .....	<b>20</b>
Membership of an IEP Team .....	20
Components of an IEP.....	21
<b>VI. Delivery of Occupational and Physical Therapy Services</b> .....	<b>28</b>
Direct Services .....	28
Indirect Services.....	29
Location of Services.....	30
Frequency and Duration of Services .....	30
Documentation of Service Devlivery Model in the IEP .....	30
Documentation of Therapy Services Rendered.....	31
Termination of Services.....	32
Differences Between Educational and Medical Services.....	32

<b>VII. Special Topics .....</b>	<b>34</b>
1. 504 Plans.....	34
2. Student Transitions.....	34
3. Assistive Technology (AT) .....	36
4. Alternative School Settings .....	37
5. Telepractice .....	38
6. Medicaid School Based Claiming .....	38
7. Workload vs. Caseload .....	39
8. Fieldwork .....	39
9. Employment Models .....	40
10. Evaluating Performance of School-Based Therapists.....	40
11. Education and Licensure Requirements .....	40
<b>Supporting Documentation and Links .....</b>	<b>41</b>
Commonly Used Acronyms.....	42
<b>Bibliography.....</b>	<b>44</b>
References .....	48

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# **I. Introduction**

## **Background**

The first edition of this document was developed in 2000 by a group of dedicated therapists, educators, parents, and administrators across Arizona. The second edition was published in 2008 with revisions related to updated interpretations of regulations in the 1997 reauthorization of the Individuals with Disabilities Education Act (IDEA '97). This third edition further refines practice guidelines using terminology aligned with the Individuals with Disabilities Education Improvement Act (IDEA 2004) and current research, all of which emphasize collaborative practices, participation-based assessment, and the provision of services and supports within authentic, natural environments.

## **Purpose**

This document will serve as a guide and discuss the current best practices for the provision of occupational and physical therapy services in Arizona schools. Current best practice involves a more collaborative, integrated approach. This Arizona Technical Assistance System (AZ-TAS) is designed to promote understanding of federal and state requirements for special education, state rules pertaining to licensure of therapists, and best practices put forth by the therapy professional associations.

Although each educational agency will have its own administrative procedures, all procedures should be based on the same principles. This guide should assist administrators, therapists, teachers (both in the schools and institutions of higher education), and parents in clearly defining the roles and responsibilities of therapists as related service providers in an educational setting.

This document may be used in conjunction with the following Arizona Technical Assistance System (AZ-TAS) publications:

- Evaluation Process
- Individualized Education Programs
- Specific Learning Disability- Dyslexia: A Technical Assistance Document to Support Families and Teachers
- Speech-Language Services in Arizona's School: Guidelines for Best Practice

## **II. Overview of School-Based Occupational and Physical Therapy**

### **Section 504 of the Rehabilitation Act of 1973**

Section 504 of the Rehabilitation Act of 1973, an antidiscrimination statute of civil rights law, states, “No otherwise qualified individual with a disability in the United States, as defined in section 7(20) shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.” Section 504 further requires that regular or special education and related aids and services “are designed to meet individual educational needs of handicapped persons as adequately as the needs of nonhandicapped persons” (Code of Federal Regulations [C.F.R.] Title 34, Subpart D, Section 104.33).

The Office for Civil Rights (OCR) further explains that the appropriate education for students with disabilities “could consist of education in regular classrooms, education in regular classes with supplementary services, and/or special education and related services” (U.S. Department of Education, Office for Civil Rights [OCR], Protecting Student with Disabilities [Frequently Asked Questions About Section 504 and the Education of Children with Disabilities]).

A disability is defined as “a physical or mental impairment that substantially limits a major life activity, including caring for one’s self, walking, seeing, hearing, speaking, breathing, working, performing manual tasks and learning.” A 504 plan, developed through a school team process, outlines the modifications and/or necessary accommodations needed to support a student in accessing the school educational environment. A student who is found eligible for a 504 plan would not be in need of specially designed instruction (SDI), but would be in need of specific accommodations.

### **Individuals with Disabilities Education Act**

The Individuals with Disabilities Education Act (IDEA) is a federal education law that governs how states and public education agencies (PEAs) provide early intervention, special education, and related services to children with disabilities. It mandates that all children receive a free appropriate public education (FAPE) in the least restrictive environment (LRE).

The most recent reauthorization of the law (IDEA 2004) was intended to improve outcomes for students with disabilities by encouraging higher expectations in achievement, strengthening parental participation, and reducing paperwork requirements. Provisions require the use of scientifically based instructional practices, services and supports that are provided in the least restrictive environment, and development and use of assistive technology. In addition, further emphasis is placed on preparing children for higher education, employment, and independent living. Title 15 of the Arizona Revised Statutes (A.R.S.) and Arizona State Board of Education rules provide further guidance on how the IDEA is to be implemented in Arizona.

## **What Is School-Based Therapy in the Educational Setting?**

Related services, including occupational and physical therapy, are intended to enable children with disabilities to benefit from specially designed instruction in the least restrictive environment [34 C.F.R. §300.34(a)]. Schools are mandated to provide related services to students with disabilities when needed; however, school-based therapy should differ significantly from traditional clinic or hospital-based practice. The principal focus of school-based therapy is to work with educators to identify student needs and assist in providing strategies on how to best capitalize on students' abilities and minimize the impact of the identified disabilities in the educational environment. This may or may not include direct services designed to facilitate skill acquisition.

Determining whether occupational therapy (OT) and/or physical therapy (PT) is educationally relevant and necessary can be a complex process. Several issues must be considered by the student's individualized education program (IEP) team. When compared to therapists in a medical setting, therapists working in the schools have an additional set of rules under IDEA they must consider when determining the need for therapy; most non-school-based therapists do not have these federal or state laws superimposed on their recommendations for services. Some children may, therefore, require therapy in a medical or rehabilitative setting, but if they can be adequately accommodated or demonstrate progress towards educational or functional goals without therapy, then it is not the responsibility of the public educational agency (PEA) to provide these services.

## **Role of Therapists in the Educational Setting**

Therapists working in the school setting provide services to promote student access to the general education curriculum and progress through their special education program. Therapists work collaboratively with other members of the IEP team to assess students and assist in developing a plan for integrating services. Additionally, therapists play a valuable role in assisting school administrators to address issues such as access to programs and facilities, building modifications or new construction, special transportation, curriculum development, safety and injury prevention, and technology.

School-based therapy services can be accomplished in multiple ways, including services to the child and on behalf of the child. The role of related services staff in providing effective therapy services includes the following:

- Observation and critical analysis of student response to the environment and instructional practices.
- Identification, procurement, or adaptation of special materials, equipment, and/or assistive technology to enhance a student's benefits from his or her education program.
- Training parents and school staff in activities, use of assistive technology, and/or appropriate accommodations to be implemented throughout the school day and across environments.
- Facilitating access to and participation in general education curriculum with nondisabled peers by reducing physical, instructional, or social barriers.
- Collaborating with teaching staff to identify and implement alternative instructional strategies, environmental modifications, and changes to routines or schedules.

- Maintaining documentation, including relevant data needed to recommend and monitor student response to therapeutic services, including intervention plans, session notes, and assessment summaries.

In addition to services provided to students on their caseloads, occupational and physical therapy practitioners can work within districts to serve the school community in a variety of ways. The following list of examples aligns with the best-practice paradigm shift from a medical model of *caseload* to an educational model of *workload*, which emphasizes an approach beyond direct service delivery.

- Supporting early intervening services, such as a multi-tiered system of supports (MTSS) / response to intervention (RtI), and universal design for learning (UDL), through direct and consultative services. For example, social skills groups, classroom exercise routines, functional sensory motor activities, handwriting supports, recess activities or playground design, assessing table and desk heights, recommending accessible curriculum and materials, and adapting physical environments.
- Participating on district specialty teams and committees, such as those designed to prevent failure or improve performance and instructional practices. For example, assistive technology, high school transition, positive behavioral supports, crisis management, prevention of childhood obesity, anti-bullying, early intervention, school mental health and wellness, whole-school literacy, whole-school screenings, and dropout prevention.
- Providing professional development and staff training. For example, an in-service for kindergarten teachers on developing motor centers, a transfer training for paraprofessionals, safe lifting techniques for all school staff; and coaching of specific instructional practices (such as STAR Autism Support, TEACCH, CARA’s Kit).
- Contributing to community outreach, including child find activities, attendance at job fairs, participation in district-sponsored health and wellness clinics, and schoolwide events and functions to support community relations.
- Collaboration with people and entities involved in the care of the student, such as communicating with outside medical providers to gain information, developing health maintenance programs, and providing specialized training to staff in the use of adaptive equipment and safe handling.

### **Occupational Therapist (OT)**

The profession of occupational therapy is concerned with a client’s ability to participate in desired daily life activities or “occupations.” Occupational therapists use their unique expertise to help students benefit from special education in the least restrictive environment and engage in curricular and extracurricular activities in natural settings. More specifically, an OT assesses and analyzes the combined influence of student factors, performance skills, performance patterns, educational context, and specific activity demands that may impact student performance and success. Occupational therapy practitioners may provide services in several educationally relevant areas to assist a student with these skills.



### **Behaviors, Roles, and Responsibilities**

- following routines and schedules
- organizing materials and the learning environment
- manipulating classroom tools
- engaging in learning activities
- participating in special area classes
- using alternative seating/standing options

### **Social Skills and Emotional Development**

- interacting cooperatively with peers and adults
- observing personal space
- transitioning between learning activities
- tolerating changes in routines
- engaging in play and leisure pursuits
- utilizing various kinds of school equipment safely

### **Activities of Daily Living**

- managing hygiene, toileting, and feeding
- managing personal materials and devices

### **Preparing for Transition from High School to Postsecondary Living**

- career exploration
- disability awareness
- self-advocacy
- independent living skills
- recreational pursuits
- workplace skills

### **Use of Assistive Technology**

- exploring and trialing available AT options
- utilizing AT to meet academic demands and functional needs
- demonstrating self-advocacy in obtaining and using AT

## **Occupational Therapy Assistant (OTA)**

An occupational therapy assistant is a licensed professional who provides occupational therapy services to assigned students solely under the direction and supervision of an OT. An OTA may contribute to the evaluation process by gathering data, administering structured tests, and reporting observations. While the OT takes primary responsibility for test interpretation, intervention planning, and service provision, the OTA contributes significantly to the design and delivery of therapeutic interventions and the monitoring of student progress and performance. OTAs serve an integral role in the provision of occupational therapy services, but the OT is ultimately responsible for the oversight and delivery of all occupational therapy services.

## **Physical Therapist (PT)**

The profession of physical therapy is built on the principle of preserving, developing, and promoting optimal physical function. A PT assesses and analyzes the combined influence of body functions and

structures, activity demands, and contextual factors that can impede physical access and participation in the general curriculum. The strategies and intervention approach used by a PT should relate to the educational environment and potential postsecondary settings. Physical therapy practitioners may provide services in several educationally relevant areas to assist a student with these skills:

### **Physical Access & Participation**

- learning routes between classes and procedures for emergency evacuation
- accessing facility and playground equipment
- physically navigating and participating in classroom activities/routines
- participating safely at community-based instruction sites
- identifying alternative modes or methods of participation

### **Posture and Movement Skills**

- transferring and changing positions to participate in learning activities or self-care tasks
- developing gross motor skills necessary to participate in age appropriate physical education, play with peers, and extracurricular events
- utilizing alternative seating/standing options

### **Mobility Skills**

- moving around the classroom and campus environment (with or without an assistive device)
- maneuvering environmental obstacles
- traveling in congested areas while keeping pace with peers
- transitioning between even and uneven surfaces
- adapting mobility skills to different settings and locations including community based instruction.

### **Assessment and Maintenance of Physical Health**

- implementing daily movement plans to promote homeostasis
- monitoring skin and joint integrity
- facilitating appropriate use of adaptive equipment for positioning and mobility
- collaborating with nursing staff to develop health plan of care

### **Preparing for Transition from High School to Postsecondary Living**

- career exploration
- disability awareness and self-advocacy
- recreational pursuits
- community mobility and transportation

### **Assistive Technology**

- exploring and trialing available AT options
- utilizing AT to meet environmental and functional demands
- obtaining and using AT independently

**Physical Therapist Assistant (PTA)**

A physical therapist assistant (PTA) may provide services only under the supervision and direction of a PT. The PTA may provide treatment only after evaluation and development of an intervention plan by the PT. Upon direction from the PT, the PTA may gather data related to the student's disability. The PT will determine the significance of the data as it pertains to the development of the intervention plan. The PTA must refer inquiries that require interpretation of student information to the PT and communicate any change or lack of change.

## **III. Initiation of Special Education**

### **Child Find**

The child find provisions of IDEA '04 mandate that every local education agency (PEA) must identify, locate, and evaluate all children with disabilities within the district boundaries who are in need of special education and related services. The PEA is responsible not only for those children enrolled in the district's public schools but also for those who are enrolled in private or home schools and those who are highly mobile, migrant, or homeless. Charter Schools are responsible for child find activities for their enrolled population. The responsibility for child find rests with all staff members who have contact with students. School-based occupational and physical therapists may contribute to the child find process by serving on evaluation teams, serving in districtwide outreach programs, and by initiating referrals as appropriate.

### **Pre-Referral Interventions**

PEA's provide educational interventions for students having slower than expected progress or lack of achievement in academic, social/emotional, behavioral, cognitive, language, or physical development prior to referral for special education. These interventions may include schoolwide systems such as multi-tiered system of supports (MTSS) or response to intervention (RTI) or campus-specific supports that meet the needs of the individual student.

School-based OTs and PTs may participate by providing pre-referral consultations and interventions as described by best practices. Pre-referral consultation and intervention occur in a variety of ways. Both supports may be directed toward systems, classrooms, or students and may include curricular modifications, positive behavioral supports, and/or professional development provided to educators and other school staff. Successful implementation of this approach may increase student performance, decrease the number of referrals to special education, and reduce the number of students identified as having an educational disability.

Some specific examples of possible interventions that can be provided by an OT or PT follow:

- Identifying instructionally sound materials, practices, and strategies for district curricular committees
- Developing universal screeners and training staff in their use
- Providing information about underlying factors that may impact school participation
- Sharing expertise in assistive technology and universal design for learning (UDL) strategies
- Recommending classroom or assignment modifications or adaptations
- Supporting data collection and analysis for decision making
- Engaging in collaborative consultation with teachers, families, administrators, or other school personnel to facilitate the exchange of knowledge and information to benefit all students

For additional information regarding MTSS, please refer to the ADE website.

## Referral for Special Education

A referral should be made anytime a school suspects a child may have a disability. For example, if a student fails to meet the expected learning or behavioral standards despite the targeted interventions of the pre-referral process or if the student's academic or behavior difficulties are obvious and significant, a referral for evaluation should be made. Each PEA will have its own process to initiate referrals. For greater detail regarding this topic, please refer to the AZ-TAS Evaluation Process and the AZ-TAS Process for Developing Individualized Education Programs documents.

## Evaluation and Eligibility Determination

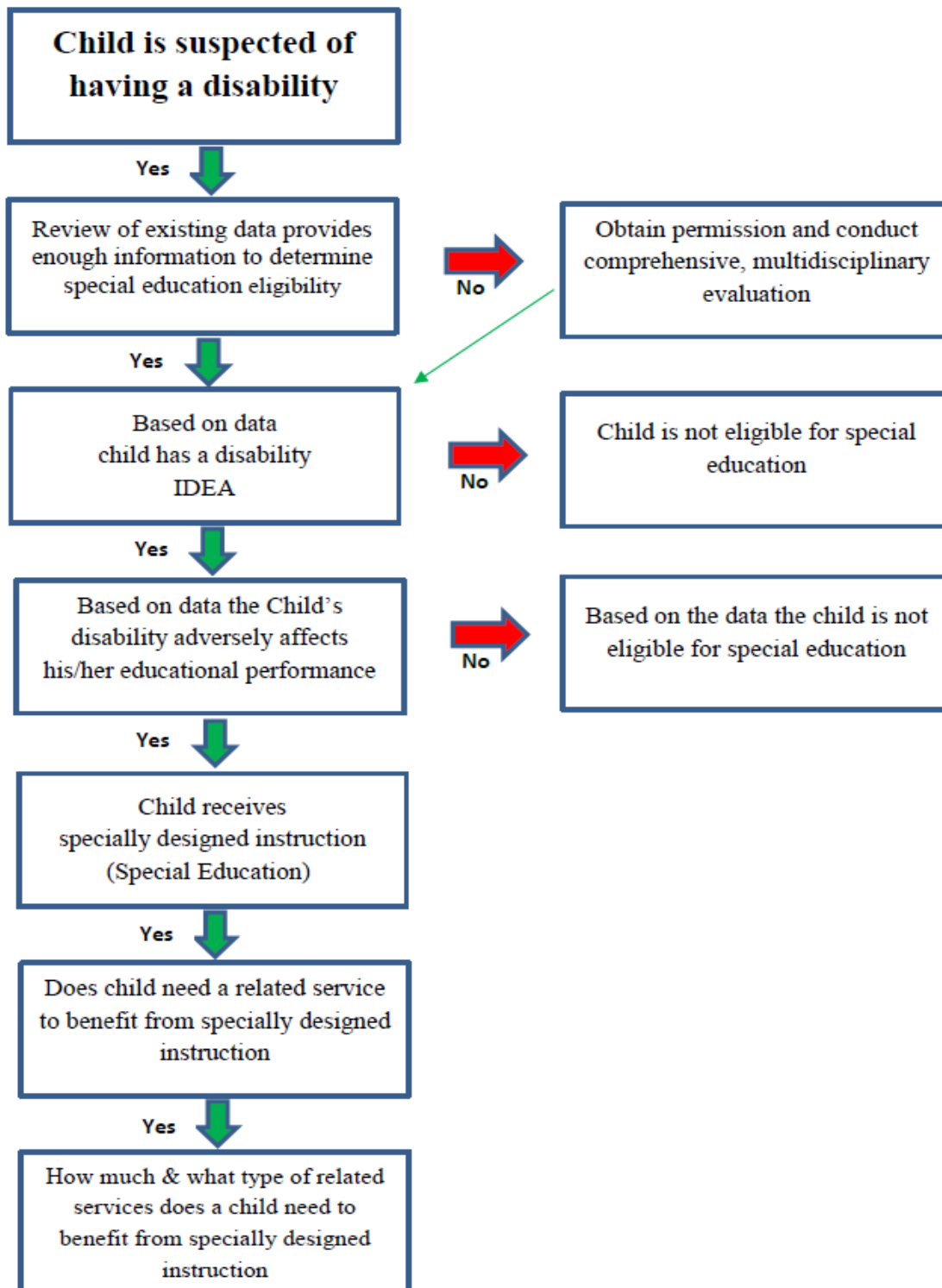
Evaluation is the process of gathering and interpreting information to determine whether a child meets the following eligibility requirements for special education:

1. The student meets the criteria for one or more disability classifications listed under IDEA and defined by the Arizona Revised Statutes Sec. 15-761, **and**
2. The student requires specially designed instruction, **and**
3. The determining factor in making the eligibility determination is not
  - a. Lack of appropriate instruction in reading or math, or
  - b. Lack of English language proficiency.

The evaluation process must be comprehensive, multidisciplinary, and include a variety of assessment methods and measures. In Arizona, the multidisciplinary team evaluation team is defined to mean individuals described as the IEP team and other qualified professionals. If there is sufficient data to determine that the eligibility requirements have been met, the team will develop an individualized education program. If there is not sufficient data, the team must get parental consent to gather additional data. Occupational and/or physical therapy assessments may be requested as an appropriate component at this time.

The team has 60 calendar days to complete all assessments, synthesize all prior and newly obtained data, and determine eligibility. If the student is found to be eligible for special education services, PEAs are required, at a minimum, to reevaluate every three years and/or prior to a student's exiting from special education due to no longer being eligible. There is no requirement that new data must be gathered if the existing data is sufficient and all components pertinent to the student's category of eligibility are addressed and documented.

Figure 3.1 Determining Eligibility for Special Education



## **IV. Occupational and Physical Therapy Evaluation and Assessment**

Teams should be mindful that occupational and physical therapists do not assess to determine qualification for therapy services; rather, data collection during OT/PT assessment is focused on identifying a child's academic, developmental, and functional skills for participation in school activities. According to IDEA, all students who are eligible for special education can receive any and all related services if necessary in order for the student to benefit from specially designed instruction.

When considering the need for an occupational and/or physical therapy assessment, the team should take into consideration the unique expertise of each discipline and the information needed relative to the student's suspected disability. Occupational therapy is often called upon when the team has concerns that a student's motor, visual motor integration, visual perceptual processing, sensory processing, and/or emotional regulation skills are impacting his or her ability to participate in adaptive, learning, social, or physical activities.

Physical therapy is most often considered when a student demonstrates movement and/or mobility limitations that impact physical access or participation in academic, social, or self-help activities and routines. Both occupational and physical therapists have specialty knowledge regarding communication, social, and cognitive development, and these performance skills are routinely appraised during the assessment process; however, in-depth analysis of these developmental (performance) areas is generally conducted by other education professionals.

In the state of Arizona, a physician's referral is not needed for occupational or physical therapy assessment. If a team receives a doctor's order for an OT or PT assessment, the PEA is under no obligation to conduct a formal assessment; however, a prior written notice (PWN) must be provided to the parents to document the school's decision. Occupational and physical therapy in the school setting is only applicable for children who demonstrate a disability that significantly impacts participation in educational activities.

### **Framework for School-Based Occupational and Physical Therapy Assessment**

Best practice guidelines for school-based OT and PT emphasize the use of a participation-based approach to assessment that places overall importance on a child's ability to access the educational environment and engage in activities relevant to the child's being a student. This approach is a method for ensuring that a student's strengths and abilities are recognized and accentuated. In the past, educational evaluations focused on identifying physical limitations related to a disability and skill deficiencies as compared to same-age peers. However, research has shown that remediation of skill deficits may not translate into improved functional ability or participation.

Both the American Occupational Therapy Association (AOTA) Practice Framework and the American Physical Therapy Association (APTA) Guide to Physical Therapist Practice promote the use of participation-based models such as the International Classification of Functioning, Disability and Health

(or ICF). ICF is a model that stresses health and function over disability and recognizes that disability is always an interaction between personal factors related to the individual and contextual features of the environment and task. Therefore, throughout the assessment process, therapists are equally concerned with gathering information about both the student and the context in which the student is expected to perform. In order to make appropriate recommendations to enhance function, ALL FACTORS that interfere with the accomplishment of the student’s role in school should be considered.

As defined by ICF, these include the following health conditions and contextual factors:

**Figure 4.1 Health Conditions and Contextual Factors**

**Body Functions and Structures:**

The physiological functions of body systems (including psychological functions) and the anatomical parts of the body, such as organs, limbs, and their components

**Activity:**

The student’s ability to execute school-based tasks or actions

**Participation:**

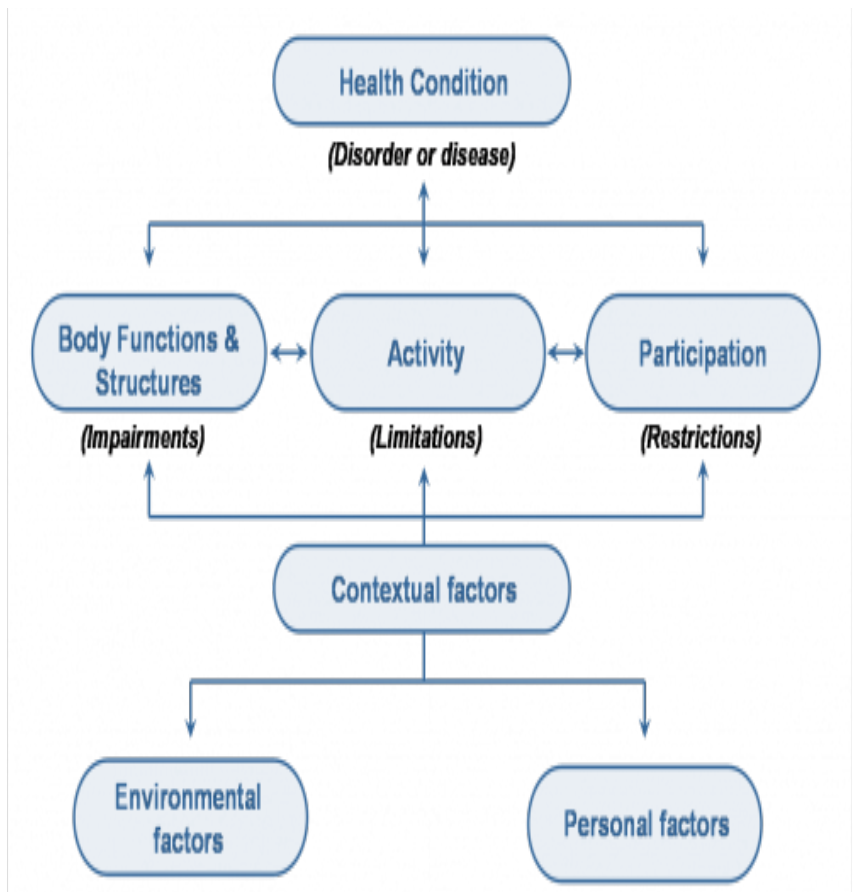
Involvement in a life situation, such as attending school, taking part in leisure and play

**Environmental factors:**

The physical barriers, social demands, cultural values, attitudes, expectations, or other contextual factors

**Personal Factors:**

The specific abilities, characteristics, or beliefs that reside within the student including gender, culture, coping styles, interests, motivations, and personal experiences



It is important to keep in mind, the emphasis of a *participation-based approach* is not that students demonstrate the same level of skill or competency as nondisabled peers in all tasks; but with supports and accommodations, students with disabilities should have opportunities to engage in the same activities and environments as their peers.



## **Components of Assessment**

The assessment process should be organized to construct a comprehensive profile of student engagement and factors that restrict student participation. This process goes beyond evaluation of performance skills and requires the use of several tools, such as interview, observation, therapeutic interactions, basic tests or measures, and/or standardized assessments. The following information outlines the essential components of assessment:

### **Relevant Student History—Review of Records**

Reviewing prior medical and educational history allows the therapist to gain a clearer picture of the student. Prior history can greatly influence the frame of reference used to guide further assessment and ultimately, the intervention recommendations. Additionally, a therapist may be the provider with the greatest experience or knowledge about certain health conditions and be able to assist the team in understanding the expected trajectory of development or long-term prognosis.

The following list outlines important questions that could be answered by reviewing the student's history:

- Are there any current or past medical/health issues (i.e., conditions/diagnoses, medications, surgeries, allergies, injuries, or related contraindications for activities) that are important to consider when discussing participation limitations or that will influence the evaluation of body structures and functions?
- If this is an initial referral for special education, is there any history of pre-referral interventions?
- If the student currently has an IEP, what special education and related services has the student been receiving? What services were received in the past? Is the student progressing towards identified goals? Is therapy being sought to address previously identified needs or does the team have additional concerns that have not been assessed?
- What medical treatment or interventions has the child received and what has been the outcome?

### **Observation and Interview**

Observation of the student during typical school routines is essential for identifying environmental and personal factors that support or inhibit the student's performance. During observations, the therapist should note strengths, expectations, and relative performance of peers. Interview allows the therapist to gather information from the perspective of the classroom personnel, the parents, and the student. Therapists may create checklists or questionnaires or use more structured interview assessment tools. Observation and interview should clarify how restrictions impact the student's ability to access and participate in school and how the student's strengths may be used to improve performance.

Some guiding questions that may identify areas needing further assessment include:

- How is the student performing academically? How has the student been instructed in the specific academic skill area of concern?
- What other classroom, social, and/or functional activity is the student having difficulty with, including performance in special area classes, at recess, in and around the campus, and planning for transition? What strategies were tried to address these issues?

- Is the deficit in this area affecting the student’s ability to access the curriculum or to plan for the future?
- How much assistance does the student require for specific tasks and/or adaptive equipment or assistive technology?
- What are the student’s strengths, interests, and motivations?
- What is the student’s perspective relative to the areas of concerns?

In addition to the above guiding questions, each OT evaluation should include an occupational profile. According to the American Occupational Therapy Association (2017), “the occupational profile is a summary of a client’s occupational history and experiences, patterns of daily living, interests, values, and needs. The information is obtained from the client’s perspective through both formal interview techniques and casual conversation and leads to an individualized, client-centered approach to intervention.

### **Performance Skills and Body Structures/Functions**

To help understand causes of participation restriction, therapists may need to assess various performance skills and specific body structures/functions. Therapists have expertise in identifying measures that yield the most meaningful and accurate data relative to participation. Standardized, norm-referenced, or criterion tests may be used as part of the assessment process; however, an appropriate test may not be available, necessary, or valid for the child’s age or disability.

No current law or standard of practice requires therapy practitioners to administer a standardized test during their assessment. Therefore, therapists may use non-standardized inventories or checklists to identify a child's actual performance in daily school routines and activities. It is not appropriate for therapists to simply administer a battery of standardized tests unrelated to the concerns of the team.

### **Data Interpretation**

After the therapy assessment process, data is analyzed to identify the student’s strengths and the educational impact of any identified weaknesses. Answers to the following questions can yield helpful information as teams contemplate the presence of a disability and/or program recommendations.

- Can the student’s environment and/or the demands of the school activity be changed?
- Are curriculum modifications needed?
- Does the student have strengths or aptitudes in other areas that can be encouraged or further developed?
- Are there accommodations such as assistive technology or adaptive equipment that could help the student?
- What staff training is needed for school personnel to support the student throughout the day?

It is appropriate to generate ideas relative to how therapy may support the special education plan. However, the assessment is not a “qualification” or “eligibility” determination for therapy. The appropriate time to discuss the need for the related service of school-based OT and/or PT is at the development of the IEP, once educational goals and specially designed instruction have been determined.

## **Reporting of Assessment Data**

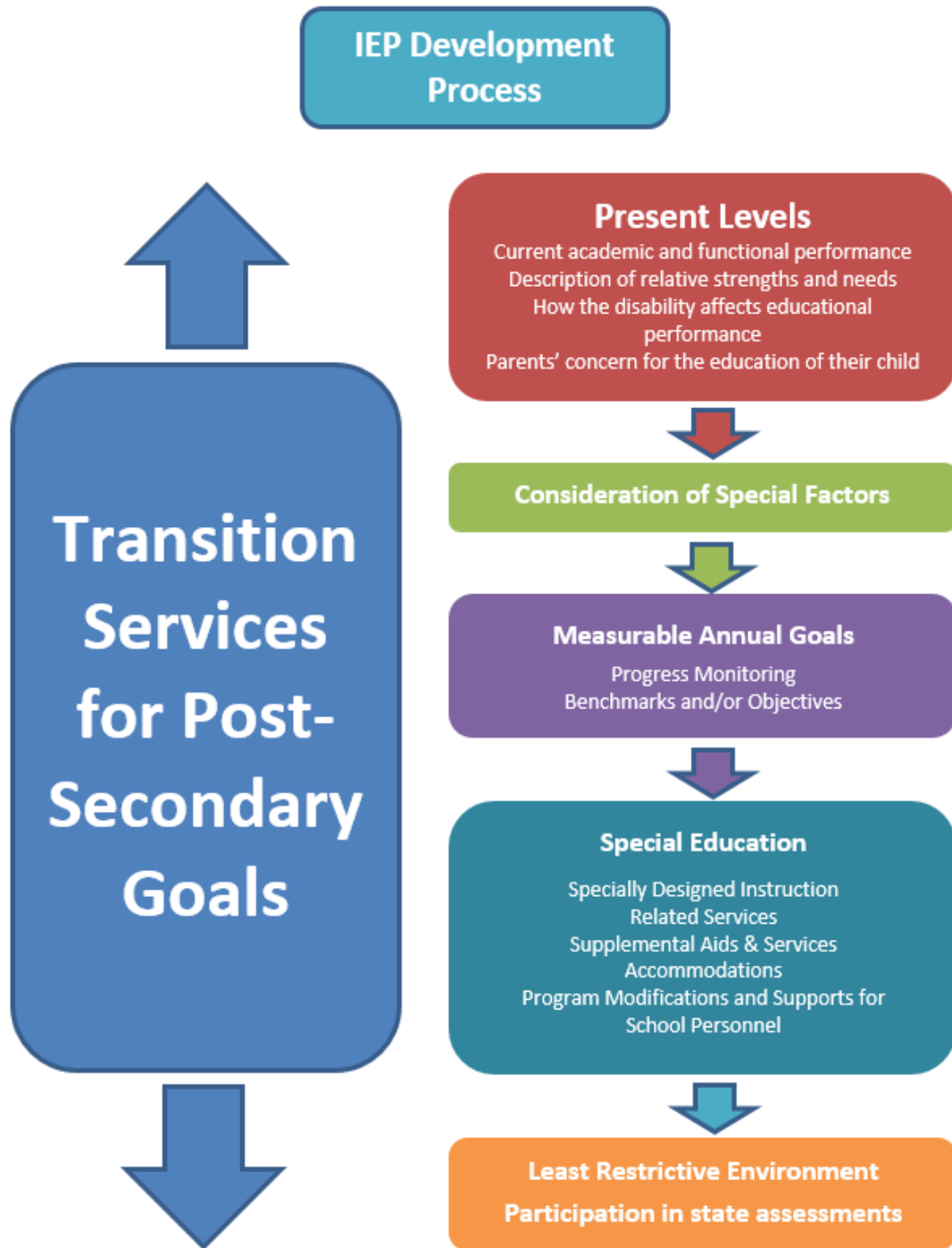
Ideally, findings are recorded as part of a comprehensive, multidisciplinary report rather than discipline specific reports. Regardless of whether therapists are contributing to a team document or writing a separate report, data from OT and/or PT assessment should be integrated and synthesized with information from other team members to establish educational priorities. If assessment is conducted as part of the MET process, the information is utilized to determine special education eligibility and to establish educational priorities.

Therapeutic analysis should include an explanation of how limitations and impairments affect the student's ability to participate in educational activities and environments; simply reporting scores on standardized measures is not sufficient. Additionally, it is appropriate for therapists to create a preliminary list of recommendations for contemplation by the team when establishing an educational plan. The consideration of the need for OT and/or PT services is a discussion for the IEP team after IEP goals and specially designed instruction have been identified.

### **Important Points to Remember:**

- In Arizona, a physician's referral is not required to conduct an occupational or physical therapy assessment.
- The purpose of an OT and/or PT assessment is to assist in determining eligibility for special education and identify educational need, not eligibility for occupational or physical therapy. The need for services are determined during the IEP process.
- If a child has one of the educational disabilities defined by IDEA but only needs related services and not special education, the child is not a child with a disability under Part B of IDEA 2004 [34 C.F.R. §300.8(a)(2)(i)].

Figure 4.2 IEP Development Process



## V. Individualized Education Program

Once a student is determined eligible for special education, the educational team develops an individualized education program (IEP). The IEP is a written statement of the student's current level of functioning, goals, and services and supports to be provided for a child with a disability. A fundamental purpose of an IEP is to prepare students for further education, employment, and independent living by ensuring access to the general education curriculum in the least restrictive environment.

When an IEP is implemented, progress towards IEP goals should be frequently monitored, reported quarterly in concurrence with the issuance of report cards, and reviewed at a team meeting at least annually (once every 365 calendar days). While the IEP is written for a year, providers should continuously reflect and make revisions through the IEP team process, sooner than an annual IEP date if needed.

### Membership of an IEP Team

To ensure a well-developed and compliant IEP, the IEP team must comprise of the following members:

- **the parents of the child**
- **a special education teacher of the child**
- **a general education teacher of the child**
- **a representative of the PEA**
- **a person who can interpret evaluation data**
- **the student if they have reached the age of majority (18).**
- **any other individuals who have knowledge or special expertise regarding the student, including related service personnel, as appropriate.**

*Note: Student participation at the IEP review meeting is highly recommended, and extending an invitation to the student is mandated if the team is discussing transition services.*

It is best practice for an OT and PT practitioner to be invited to and attend IEP meetings. Although attendance is not required, therapy providers must contribute to the development of the IEP. If the related service provider will not be attending the meeting and their services are being modified, the provider should submit input into the development of the IEP in writing before the meeting. Changes to the IEP relevant to related services should not take place without the input of the related services provider.

The creation of an IEP is a process, not an event, and IEP development is meant to be dynamic and interactive. Information should be presented collectively in easy-to-understand language. Team members should refrain from using discipline-specific jargon or presenting data in a piecemeal fashion. In conclusion, the IEP should reflect a comprehensive plan of action, which is then collectively implemented.

## Components of an IEP

The following are mandatory components of an IEP. (See the IEP AZ-TAS for more information.)

### 1. The Present Levels of Academic Achievement and Functional Performance (PLAAFP).

The PLAAFP is a comprehensive narrative that describes how a disability affects a student's participation and progress in the general education curriculum. It includes baseline measurements about performance of academic and functional skills and the student's strengths and needs resulting from the disability. For early childhood students, the narrative must indicate how the disability affects the child's participation in age-appropriate activities.

The IDEA requires that the PLAAFP be developed through a collaborative process at a meeting that would include all required participants of the IEP team rather than having each member contribute in isolation or only in certain sections. This information should provide a complete picture of the student's current academic and functional skills as this information is used to develop appropriate goals for the student.

The information provided by the occupational and physical therapist should include specific data points reflecting the student's current performance on tasks relevant to the educational environment, as well as identify how the student's areas of need impact the ability to access and/or participate in the school activities, environment, and curriculum. Global statements such as "delays in sensory processing are affecting the student in class" should be avoided as they lack specificity in the needed skill area. A more specific statement could be "delays in sensory processing are affecting the student's ability to attend to group instruction in math, as the student is able to attend for less than 5 minutes in class."

As another example, if a student has delayed gross motor skills, the therapist would capture the impact that the delayed gross motor skills have on the student's ability to participate and engage in activities at school, including functional and academic tasks (e.g., carrying a tray in the lunchroom, sitting upright in the classroom to attend to instruction). If the student is currently using strategies, accommodations, and/or assistive technology, it would also be mentioned in the PLAAFP.

### 2. Considerations of Special Factors

IDEA regulations require IEP teams to give thoughtful consideration to special factors to determine if additional supports are needed in the following areas:

- Assistive technology devices and services
- Communication needs
- Behavior strategies—including positive behavioral interventions and supports to address behavior
- English language learner—language needs
- Deaf/hearing impaired—language and communication needs
- Blind/visually impaired—provision of Braille instruction

If appropriate, the team will capture information relative to any of these special factors. Occupational and physical therapists have extensive knowledge of assistive technology devices and behavioral strategies. They should contribute to the determination of need and identification of appropriate supports and services in the areas of their expertise.

### 3. Measurable Annual Goals

Since the 2008 AZ-TAS document was published, there have been changes in best practices for developing goals. Previously goals were written to reflect specific occupational therapy and physical therapy need areas. Best practices now reflect that goals are student specific with multiple disciplines working together on a goal. The educational team develops the student's measurable annual goals in a collaborative manner. The goals describe activities and behaviors that the student will demonstrate in the classroom and other educational environments and *are not discipline specific*. Therefore, individual therapy disciplines should not have their own therapy goals.

Annual goals are linked to a child's PLAAFP and describe a reasonable expectation of what the student will achieve within a one-year time frame. Goals should relate directly to needs that manifest as a result of the disability, align with grade-level curriculum, and focus on both the present and future needs of the student. Goals may also address functional needs identified to promote participation in the general education environment. Every goal must be supported by specially designed instruction and include a description of progress monitoring, explaining the manner and time frame in which data is to be reported.

Please note that occupational and physical therapies are not specially designed instruction; rather they are related services designed to support specially designed instruction. *The OT or PT should collaborate with teachers to identify the goals that can be supported through therapy. Therapy services would be embedded into the identified goal(s)*. The IEP goals should reflect observable actions or behaviors that represent global areas of need.

For example, a student's goal may be "Mary will move through the food line in the cafeteria, gather wanted food items, and carry items to her seat without assistance on 5 consecutive observations." A special education teacher, occupational therapist, and physical therapist could all be providing services to support the student's attainment of the goal.

Occupational therapists and physical therapists can support any goal if their knowledge or expertise is necessary for the student to make progress towards the goal. For example, a student's goal to improve reading fluency may be supported by a special education teacher and occupational therapist, with the occupational therapist addressing visual perceptual motor skills.

A benchmark or short-term objective is a logical intermediate step between the PLAAFP and the annual goal. The IDEA 2004 eliminated the requirement for benchmarks for children with disabilities except for those children who take alternate assessments aligned to alternate achievement standards. Benchmarks or short-term objectives may be used with other students but are not required by statute.

#### 4. Special Education

Special education is defined in IDEA as specially designed instruction (SDI), which means adapting the content, methodology, or delivery of instruction to address the unique needs of the child with the disability and to ensure access of the child to the general education curriculum so that the child can meet the educational standards that apply to all children. (34 C.F.R. §300.39)

In the state of Arizona, OTs and PTs are not considered providers of SDI. In Arizona, SDI is provided by a certified teacher: general education and/or special education teacher, speech language pathology provider, orientation and mobility teacher, teacher of the deaf and hard of hearing, teacher of the visually impaired, adapted physical education teacher, and vocational educator.

After development of the measurable annual goals, the IEP team will determine the SDI that is required for the student to demonstrate progress towards each identified goal. Additionally, the IEP must describe the anticipated frequency, duration, and location of services and modifications. The following may also be required for the student to benefit from SDI and make progress towards annual IEP goals.

##### a. Related Services

According to IDEA, related services means transportation, and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education, and includes speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, early identification and assessment of disabilities in children, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services for diagnostic or evaluation purposes. Related services also include school health service and school nurse services, social work services in schools, and parent counseling and training. (34 C.F.R. §300.34 Related Services)

Related services may be provided as direct or indirect services to enable a student to benefit from the special education program and to facilitate access to the general education curriculum. The educational team should consider the following when determining the need for related services.

Related services are needed only when it is clear that:

- The student meets the eligibility criteria for special education; AND
- The student's education needs are greater than can be addressed by instructional personnel in his/her educational setting; AND
- The services are necessary for the student to benefit from the educational program; AND
- The absence of these supports would adversely affect educational performance to the point that appropriate learning would not occur.

When documenting OT or PT services, explicit explanation of the service is required. This may include a description of direct services, indirect services and/or consultation with or on



behalf of the student. Additionally, frequency, location, and duration must be described. The frequency of service can be documented in a variety of ways. Refer to Section VI, Delivery & Documentation of OT/PT Services, for examples.

**b. Supplementary Aids and Services (SAS)**

SAS in its simplest form is “what the student needs” in general education classes or other education-related settings to advance appropriately toward attaining the goal(s), be involved and make progress in the general education curriculum, participate in extracurricular and nonacademic activities, and be educated with nondisabled peers. Examples include, but are not limited to, interpreter assistance, assistive technology devices or services, and instructional aids.

**c. Accommodations**

Accommodations are changes in the environment, curriculum format, or equipment that allow a student to bypass the effects of the disability and to pursue the regular course of study. Accommodations do not change the content of what is being taught or how the student is graded. Expectations for learning are the same as for other students. Examples include, but are not limited to, these accommodations:

- Sign language interpreters for students who are deaf
- Computer text-to-speech computer-based systems for students with visual impairments or dyslexia
- Extended time for assignment completion
- Opportunity to retake tests or quizzes
- Use of a tutoring room
- Using an alternative means to communicate answers (typewriter, scribe, tape recorder, or speech-to-text software)
- Larger font, fewer items on a page, testing in small groups
- Use of alternative chairs or desks, preferred seating, altered or specially designed tools and/or materials
- Use of sensory strategies and/or tools

**d. Program Modifications**

Program modifications alter the curriculum or the performance expectations for the student. Examples include these modifications:

- Modified assignments that substitute materials at the student’s reading ability or math ability
- Alternative assignments that allow a student to complete a project or diorama instead of a written report
- Decreased number of problems in a math assignment
- Elimination of some expectations

#### **e. Supports for School Personnel**

This includes additional supports provided to the educational staff to ensure they can implement the IEP to meet the needs of the student. These supports may include specialized training, professional development, and/or consultation and collaboration with a special education or related services provider for the unique needs of the student and/or about the student's disability.

Occupational and physical therapists are key advisors when identifying SAS, accommodations, modification, and supports for school personnel to assist students in participating in general education settings and accessing specially designed instruction.

#### **5. Least Restrictive Environment (LRE)**

IDEA requires that “to the maximum extent appropriate, children with disabilities are educated with children who are nondisabled. Special classes, separate schools, or removal from the regular education environment occurs only if the education in the regular education environment, with the use of supplementary aids and services, cannot be satisfactorily achieved due to the nature and severity of the disability.” An explanation of the extent, if any, to which the student will not participate with children without disabilities in general education classes and activities must be captured in the IEP, with a justification for any changes.

Occupational and physical therapy supports and services should work to maximize a student's participation in age-appropriate activities and in a general education classroom and curriculum. This, at times, may require students to be removed from a typical learning environment; however, therapists should give every effort to delivering services in the settings in which a specific skill will be used.

#### **6. Statement of Appropriate Testing Strategies**

The IEP must describe the individual accommodations necessary to accurately measure the academic achievement and functional performance of the child on state and districtwide assessments. If alternate assessments are needed, the team must explain why the child cannot participate in the regular assessment and why the particular alternate assessment selected is appropriate. Occupational and physical therapists should be knowledgeable of the statewide assessment process including the conditions, tools, and accommodations that would be considered standard or individualized. The IEP team should identify and select accommodations that promote equitable assessment of students but do not invalidate the score. Guidance regarding appropriate testing format for students, either computer-based or paper-and-pencil, is available on the ADE website under Assessment.

#### **7. Transition Services**

On or before a student's 16<sup>th</sup> birthday, transition services must be initiated and documented in the IEP. According to IDEA, transition is a coordinated set of activities focused on improving the academic and functional achievement of a student with a disability to facilitate movement from high school to post-school activities. Transition includes the development of measurable postsecondary goals for employment, education/training and independent living (as appropriate) with supporting instruction, related services and community experiences.

Compliant IEPs will document 8 mandatory components:

- 1) evidence the **student was invited** to attend the IEP
- 2) a **measurable postsecondary goal** (MPG) for Employment and Education/Training based on a student's interests, preferences and strengths (and Independent Living if appropriate)
- 3) summary of **age-appropriate transition assessment** data that describes a student's interests, preferences and strengths relative to his or her MPGs
- 4) 4-year **Course of Study** that reasonably enables a student to achieve postsecondary success
- 5) **annual IEP goals** that clearly align or support the students MPGs
- 6) suggested **transition activities** (or action steps) to be completed by parents, students, district staff, outside agencies, and/or other parties who may pay for or provide transition services.
- 7) evidence of **permission to invite outside transition agencies** to the IEP
- 8) evidence the transition components of the IEP were reviewed and **updated annually**

IEP teams should be mindful that LEAs are not held accountable for ensuring students achieve postsecondary (after high school) goals; rather, LEAs must ensure students are provided reasonable opportunity to prepare for postsecondary goals by enrolling in relevant classes, receiving relevant instruction, and engaging in meaningful activities designed to explore and become self-determined.

Occupational and physical therapy professionals have an extensive amount experience helping people overcome barriers to employment, self-care and independent living. As such, OTs and PTs can serve as key consultants and should contribute to the development of a transition plan and delivery of services in a variety of ways. Refer to Chapter VII, Special Topics, in the Student Transitions section, for additional information.

## **8. Prior Written Notice (PWN)**

The PWN is a document that is required by the IDEA to be provided to parents when a school proposes or refuses to initiate or change the identification, evaluation, or educational placement of a child or the educational program to that child. The PWN describes specifically what was proposed by a district or the parents and the decisions that were made regarding those proposals and all options considered pertaining to that decision. Changes in related services must be documented in the PWN. The PWN is issued to the parents after the decisions are made at the meeting; it is not given to the parents prior to the meeting.

**Table 5.1. School-Based OT/PT Practice under IDEA**

<p><b>Who may receive school-based OT and/or PT services under IDEA?</b></p>	<ul style="list-style-type: none"> <li>• Students with an identified educational disability who require specially designed instruction, i.e., students with an IEP.</li> </ul>
<p><b>What is the focus of school-based OT and PT?</b></p>	<ul style="list-style-type: none"> <li>• Support specially designed instruction.</li> <li>• Help a student make progress towards team-identified educational and/or functional goals.</li> <li>• Promote participation in and access to the environment, curriculum, and extracurricular activities.</li> </ul>
<p><b>Where does therapy occur?</b></p>	<ul style="list-style-type: none"> <li>• To best meet the needs of a student, therapy services should be provided in the natural educational environment.</li> </ul>
<p><b>How is therapy delivered?</b></p>	<ul style="list-style-type: none"> <li>• Service delivery is an interactive, collaborative process that blends team and system supports with services delivered, on a continuum from direct services to indirect services.</li> </ul>
<p><b>How do therapists contribute to the IEP?</b></p>	<ul style="list-style-type: none"> <li>• Therapists collaborate with an IEP team to develop all areas of the IEP including the PLAAFP, special considerations, goals, services, accommodations, transition planning, and the PWN.</li> </ul>
<p><b>Referrals from medical sources (outside the PEA)</b></p>	<ul style="list-style-type: none"> <li>• Outside assessments, recommendations, and/or orders from medical facilities or private practice must be reviewed by the IEP team and interpreted for educational relevance. This consideration should be reflected in the PWN.</li> <li>• If a student has an identified therapy need that does not affect the student’s ability to learn, function, participate, and benefit from the educational experience, therapy is not the responsibility of the PEA.</li> </ul>

## **VI. Delivery of Occupational and Physical Therapy Services**

The primary goal of OT/PT service is to promote a students' ability to access and participate in the educational environment and benefit from specially designed instruction, rather than to develop an isolated skill. Once the need for OT and/or PT service is determined, the IEP team must identify the most appropriate service delivery model including type of service (direct or indirect), location, frequency and duration.

IDEA is essentially silent regarding the specific approaches or types of intervention that must be used in the school, home, or community as long as the services are appropriate, result in meaningful progress, and are clearly stated so that all parties understand. The best service delivery model will depend on a number of factors including but not limited to: the annual IEP goals, other team member expertise, developmental readiness, access to technology, and/or school environment. Services are individualized and will often vary from year to year. Decisions regarding therapy service delivery model should not be made based upon personnel shortages or uncertainty regarding the availability of staff.

Regardless of the service delivery model, the following are essential components of therapy services:

- Observe/analyze a student's performance and response to the environment/instructional strategies and recommend changes as needed.
- Select and adapt special materials, equipment, and/or assistive technology to support a student's education program.
- Identify possible accommodations/modifications that promote student participation, procure necessary equipment, and train staff in the equipment's use.
- Identify natural opportunities for embedding the practice of skills during daily routines, and train school staff to implement those activities.
- Document student's response to therapeutic services (i.e., intervention plans, session notes, assessment summaries).

### **Direct Services**

Direct services are hands-on services provided personally for a student by an occupational therapist, occupational therapy assistant, physical therapist, or physical therapist assistant. These services may be provided in individual, small group, and/or whole class activities, and the student is always present. The setting for direct services may include the classroom, cafeteria, library, bathroom, playground, hallways, and/or specialty areas on the campus and in the community. The delivery of direct services may vary based the unique needs of the individual student and the context with which he or she is expected to participate. Examples include:

- Regular Interval: providing services at regularly scheduled times over the entire duration of the IEP
- Front Loading: providing more therapy at the onset of an IEP period with the intent to fade the services over the duration of the IEP.
- Intermittent Intervals: providing services for multiple short periods of time over the duration of the IEP year (differing start and end dates)

- **Short Intensive Bursts of Therapy:** providing services for a short period of time (less than the duration) of the IEP to address a unique circumstance, activity or need.

Therapists may utilize flexible scheduling, which enables them to assess and work with students during typical routines or in response to needs as they arise. For example, services may be frequent and intense at the beginning of a school year until the student or educational personnel are able to demonstrate the necessary proficiency. These fluctuations should be fluid and flexible based on the unique educational needs at any time during the student's course of study. The services should be clearly spelled out in the IEP, or the IEP should be amended as services change over time.

## **Indirect Services**

Indirect services are provided on behalf of a student and would include general training, observing student performance, monitoring performance data, fabricating and modifying materials, adapting classroom materials, and managing equipment as indicated in the IEP. Consultation, an indirect service, involves the exchange between team members of ideas and skills related to the educational program for a specific student.

These types of indirect services are no less important than the direct hands-on services. The indirect services ensure carryover of the skills into the classroom and appropriate accommodations for the student to be successful within the educational setting. All of these services should be clearly documented in the IEP and may be characterized as related services, supports for school personnel, or supplementary aids and support.

Best practice indicates, when providing indirect services, the following practices should be considered:

- *Role release* is a technique that incorporates systematic teaching and learning across traditional discipline lines. It supports the generalization of skills by ensuring multiple education personnel are able to reinforce instructional and therapeutic strategies. This procedure requires that team members are comfortable sharing information, strategies, and techniques to assure continuity of service and generalization of skills by the student.
- *Team planning* refers to regularly scheduled meetings to promote ongoing communication and cooperative problem solving among members of an IEP team. Effort should be given to establishing an agenda and producing meaningful artifacts that capture the collaborative process.
- *Staff training* includes formal and informal exchange of knowledge or information to other educational personnel. Examples include: presentations on the effects of TBI, completing safe transfers, and/or safety precautions while using adaptive equipment. This information would be considered necessary to ensure access, participation and progress in the student's educational program.

## Location of Services

The location of services must be considered, discussed, and documented in the IEP to meet the identified individual needs of a student. While working with students in alternative environments may best meet the needs of a student, the focus must be to return the student to the least restrictive environment as soon as possible. Integrating services into the classroom routine provides opportunities for a student to learn functional skills as part of the natural routines throughout the school day. Determining the location for services is influenced by many factors, such as the skill being addressed, the student's ability to attend to the task, disruption to others in the educational setting, expertise of other educational staff, and the classroom environment.

## Frequency and Duration of Services

The amount of time committed to each service must be clearly stated in the IEP so that all parties, including the parents, understand what the services will look like. This includes the *anticipated* frequency and duration of services. Frequency refers to how often a child will receive a service. . Duration refers to how long each session will last. While each PEA may provide guidance for documenting the frequency and duration of therapy services on the IEP, the total amount of time needed to address the entirety of the student's needs should be indicated.

Considerations for frequency and duration include:

- How much time will it take to learn a new skill?
- Is this a skill the student can master quickly and perform independently following intervention?
- How much support is available to the student throughout the day to reinforce skills?
- Is this a skill that needs consistent and regular practice with a therapist to learn or maintain?
- Does the student have a skill that only needs reinforcement because of new environment?
- What is the expertise and experience of other education staff working with the student?
- Is there just one environment, class or activity that is impacted?
- Are there anticipated changes in schedules or routines that may impact performance?
- Is there an anticipated change to health or medical status due to disability or expected surgery?

These key elements and factors must be carefully considered to facilitate a student's opportunity for authentic and meaningful participation in their educational program. IEP teams should be mindful of "potential harmful effects" of therapy services and strive to promote "least restrictive environment".

## Documentation of Service Delivery Model in the IEP

IEP teams should be mindful that the model of service delivery, location, frequency, and duration of therapy services may be varied over the course of the IEP year in response to a student's anticipated progress. This should be clearly documented in the student's IEP. If the therapy services will deviate significantly from the original plan of care, based on the student's response to therapy, the IEP team should be convened to amend the IEP document.

Some examples include:

- Providing services at a regularly scheduled time such as: 30 minutes a week or 60 minutes a month for the duration of the IEP period (Regular Interval)
- Providing service at an increased rate initially, with the intent to fade the services throughout the duration of the IEP such as: 90 minutes a month for the first semester, and 30 minutes a month for the second semester (Front Loading)
- Providing services at intermittent times throughout the duration of the IEP to address needs as they arise such as: providing 120 minutes between Aug 15-Aug 31 and 120 minutes between Jan 15-Jan 31 to address safe and efficient travel between classes (Intermittent Intervals).
- Providing services for a shorter period of time (less than the duration of the IEP) to address a specific event or need such as: 240 minutes between Apr 1-May 15 to allow for safe mobility during graduation ceremony (Short, intensive bursts of therapy).

It is important to remember that frequency and duration of services need to be clearly stated in the IEP. Clarification, if needed, should be included to indicate how many sessions will be provided and how long each session will last. For example, if a student were receiving 60 minutes a month of occupational therapy, the clarification could be written as: services are anticipated to be delivered in 20 minute sessions. For additional information please refer to the following Arizona Department of Education link: <http://www.azed.gov/disputeresolution/2016/06/23/iep4/>.

## **Documentation of Therapy Services Rendered**

There are many influences on the documentation requirements of school-based services, including state licensing board regulations, IDEA, professional organization recommendations, Arizona Health Care Cost Containment System (AHCCCS) requirements, and district expectations.

Both the Arizona Board of Occupational Therapy Examiners and the Arizona State Board of Physical Therapy Examiners require a therapist to document and maintain adequate patient records, which include, at a minimum, an evaluation of objective findings, the plan of care, the treatment record, and sufficient information to identify the patient (Arizona Revised Statutes §§32-2044 and 32-3401). Physical therapists are also required to determine a diagnosis and document a discharge summary. Occupational therapists are required to document within 30 days of services.

Much of the required documentation for therapists is captured through the special education process, including contributions made to the multidisciplinary evaluation report, IEP development and revision, and progress monitoring. However, specific interventions should not be included in the IEP.

A separate plan of care or intervention plan may be developed to outline the therapist's plan for working with an individual student. This would include a summary or description of the specific method, approach, or activity a therapist will use during intervention. Treatment notes are also not included in the IEP documents, but therapy providers are required to document what activities are included in the therapy session and the student's response to the therapy. In addition, many school-based therapists also keep attendance logs documenting amount and frequency of services, data collection on IEP goals, notes to document contacts with parents, physicians, teachers, and vendors, notes to document classroom adaptations and modifications, and referral and training logs, as well as discharge summaries.



Documentation is a time-consuming part of school-based therapy, but essential for good communication and accountability. Documentation keeps the focus on educationally relevant interventions, provides continuity of care between therapists, and provides pertinent information regarding response to therapeutic interventions.

## **Termination of Services**

Prior to discontinuing occupational therapy or physical therapy services, an IEP team must have sufficient data to determine that services are no longer required. In some instances, the information may be obtained from informal sources, such as classroom observations, therapy notes, and parent interviews. In other circumstances, more formal assessment strategies may be necessary. In any case, the reasons for the decision to discontinue the therapy service should be documented in a reevaluation report or in the IEP. The IEP team reviews the evaluation results and makes the final determination.

Questions that may be used to determine whether a student continues to need occupational and /or physical therapy services include the following considerations:

1. Has the student developed the performance components needed to progress toward the educational goals established in the IEP?
2. Have the environmental or curricular adaptations been established to allow for achievement of educational goals?
3. Are the student's needs being met by others at this time and the student no longer requires the skilled services of a therapist?
4. Has the educational setting changed, and is the student functional within this setting?
5. Has the student learned appropriate strategies to compensate for deficits?
6. Is therapy no longer effecting change in the student's level of function or rate of skill acquisition, or no longer required for the child to benefit from special education?

Prior written notice to parents must accompany the decision to discontinue services. The evaluation/reevaluation report or the present levels of academic achievement and functional performance should include information summarizing the student's progress, the current levels of functioning, and how that level of performance affects involvement and progress in the general educational curriculum. Should a need arise in the future, a student can be reassessed to determine if occupational and/or physical services are needed for a student to meet their educational goals.

## **Differences Between Educational and Medical Services**

It is important to note the difference between the education model of therapy and the traditional medical model. In the schools, the role of therapy is to support the curriculum and the student's ability to participate in or access the curriculum and should be integrated into the educational goals of the student. The focus of therapy is to support the achievement of academic and functional goals rather than intervention for a specific impairment.

The decision as to services to be provided in the educational model are made by the student's IEP team. The principle of determining educational relevance requires that the therapist must articulate how a

limitation of function inhibits a student's ability to benefit from special education. At times a student may require clinic or home-health-based interventions to satisfy their medical needs. School-based occupational and physical therapy services may not always meet a student's total therapy needs.

## **VII. Special Topics**

### **1. Section 504 Plans**

As outlined in section 504 of the Rehabilitation Act of 1973, section 504 plans, are not part of special education. They are covered by the Rehabilitation Act, which is a civil rights law that protects people with disabilities from discrimination. They fall under the jurisdiction of the Office for Civil Rights, not the Department of Education. A 504 plan is for a student who is not eligible for special education services but has needs requiring modifications or accommodations for the student to have equal access to educational programs and activities. It does not include goals or objectives. Occupational and physical therapy providers can support a 504 team by providing assessment data and recommending accommodations, modifications, and/or supports for the educational environment. When instruction in the use of the accommodations requires ongoing OT and/or PT intervention, or the student requires extensive support to access and participate in the general education curriculum, an IEP rather than a 504 should be considered.

Each PEA must have procedures in place for implementing Section 504 services. Parental consent is required for an evaluation; however, participation of parents is not required for the development of a 504 plan. The school must notify the parents that a 504 plan was developed and/or changed. It is recommended that the plan be reviewed annually.

### **2. Student Transitions**

There are many transitions students will undergo throughout their educational career. Occupational and physical therapists' involvement in each transition depends on students' needs and the educational environment.

#### **Preschool Transitions**

There are two types of transitions into preschool: from Arizona Early Intervention services (AzEIP) into preschool and from child find screenings that result in evaluations and preschool placement:

Transition from AzEIP services to preschool programs is significant for many families. Transition requirements ensure that a team (teachers, early intervention providers, school district representatives, and related service providers) works collaboratively with families to plan and provide for smooth transitions to the public-school setting, which may include further assessment and determination of preschool eligibility. This process includes helping families understand that the delivery of services model for school-based therapies is different from the medical model as the focus is on supporting the student in the educational environment.

The child find screening can be completed for children between the ages of 2 years, 10 months to prior to a child's entering kindergarten. Parents/guardians who have concerns with their child's development can contact their local school district (PEA) for screening and evaluation if it is indicated.

## **Preschool to Kindergarten Transition**

When students transition from preschool to kindergarten, the process may require additional assessment and a change in eligibility. During this time, special consideration should be made for the student's needs in the school environment, such as a longer day, increased emphasis on academics, lunch/cafeteria, and special area classes.

## **High School Transition to Adult Living**

High school “transition” is a process of planning for future life events. It is also a federally defined service required for all special education students on or before their 16th birthdays. Districts may elect to initiate transition sooner for individual students, or as a matter of routine for all students. Areas in which therapists may routinely contribute include:

- The development of measurable postsecondary goals (MPGs) in the areas of employment and training and/or education. For students with adaptive delays, a postsecondary goal must also be developed for independent living.
- Coordinated transition services/activities that reasonably enable students to achieve their postsecondary goals. This can include OT or PT services in school or in the community to support functional, daily living and/or vocational skills.
- Assessment of strengths, interests, and preferences relative to the development of measurable postsecondary goals. This may include interest inventories, checklists, observations in real-life settings, environmental and workplace assessments, and assessment of activities of daily living.
- Contribution to annual IEP goals that will support the acquisition of skills needed to reasonably enable a student to achieve his or her MPGs.

Consider the following examples of services and activities that may be provided by occupational and physical therapy professionals. For more information, review resources available from AOTA and APTA, as well as webinars on the role of related services in transition from the National Technical Assistance Center on Transition (NTACT).

- Participating in and supporting the transition assessment in collaboration with the special education team to determine reasonably achievable MPGs based on a student's interests, preferences and strengths
- Exploring and identifying skills, adaptations and accommodations that can support a person in their desired career field or job
- Identifying and training students and caregivers in the use of adaptive equipment for mobility and self-care
- Developing therapeutic activities to build specific employment or independent living skills
- Supporting students in the exploration of career fields through participation in career and technical education (CTE) opportunities
- Identifying modifications or equipment to promote independence at home, at work, and in the community
- Advocating for and supporting participation in general education to the maximum extent possible
- Teaching skills in disability management, self-determination, and self-advocacy

- Connecting students with outside agencies, organizations, and/or resources for adult living and employment
- Facilitating community mobility and environmental access including transportation skills
- Promoting healthy leisure pursuits and recreational engagement
- Evaluating and teaching health care management skills
- Identifying and developing coping skills
- Supporting social skills development and facilitating participation in school activities
- Evaluating and developing activities of daily living (ADLs) and instrumental activities of daily living (IADLs)

### 3. Assistive Technology (AT)

IDEA defines these assistive technology terms:

*An assistive technology device* is any “item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of a child with a disability. The term does not include a medical device that is surgically implanted, or the replacement of that device” [20 U.S.C. §1401(1)(2) and 34 C.F.R. §300.5].

*An assistive technology service* refers to any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. This includes the following for a child with a disability:

- The evaluation of the needs of such child, including a functional evaluation of the child in his or her customary environment;
- Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
- Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
- Coordinating and using other therapies, interventions, or services with assistive technology devices;
- Training or technical assistance for a child with a disability, or if appropriate, the child’s family; and
- Training or technical assistance for professionals, employers, or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of that child [20 U.S.C. §1401(1)(2) and 34 C.F.R. 300.6].

AT is not necessary or required for every student receiving special education related services. However, AT is an important part of the support system for some students and must be considered at every IEP meeting. The definition of assistive technology is very broad and gives IEP teams the flexibility they need to make decisions about appropriate AT for individual students.

Technology may include instructional strategies UDL (universal design for learning) and task modifications, as well as the use of equipment, commonly referred to as “low-tech,” “mid-tech,” and “high-tech” equipment. Low-tech solutions may include such strategies as pencil grips, slant boards, or

seat cushions, while mid-tech solutions may include such things as specialty calculators, switch-activated devices, or simple, portable word processors. Examples of high-tech solutions include sophisticated, customized devices such as eye-gaze systems, speech generating devices, computing devices (including smart phones and tablets), and personalized software programs.

It is important for all special education professionals to become familiar with the use of assistive technology to help children gain access to the curriculum. OTs and PTs play a vital role in observing, implementing, and evaluating specific skill sets in the sensory, physical, and cognitive areas that are necessary for determining the appropriate type of AT.

Therapeutic interventions for students should address the underlying skills required to use the device effectively, ways of customizing features, and methods for training the child, school staff, and family in the use and care of the device. Team collaboration is an essential part of the process when considering AT. For additional information on AT evaluation, determination, collaboration, and implementation, refer to the Wisconsin Assistive Technology Initiative at <http://www.wati.org/> or the Arizona Department of Education assistive technology website at <http://www.azed.gov/specialeducation/at/>.

## **4. Alternative School Settings**

### **Empowerment Scholarship Account (ESA) Program**

ESA is a school choice program to provide options for parents to choose where to educate their children and receive financial assistance from the state of Arizona. In order to be eligible for ESA, there are certain criteria that are set by the Arizona Department of Education. The amount of money that each child receives varies depending on whether the child is nondisabled or disabled. To receive funds for a student with special needs, that child needs to have an established multidisciplinary evaluation team (MET) evaluation report and an IEP or a 504 plan. Funds designated from the state must be used to provide qualified students with an education that includes: reading, grammar, mathematics, social studies, and science. Students that require specially designed instruction and/or related services may have these services provided by the school or have state funds as additional eligible expenses.

### **Private Schools/Home-Schooled Students**

Students who attend private schools or receive their education through home schooling who have a current MET may receive specially designed instruction/related services via a services plan. Specifics as to what services look like on a services plan vary by individual districts according to their policies.

### **Charter Schools**

Charter schools are considered public schools and are bound by the same rules and regulations, with the exception of teacher certification, as all public schools in the state of Arizona. When a charter school enrolls a student into their program, the school is responsible for providing all evaluations and services for the student, whether the student is considered disabled or not.

## 5. Telepractice

Telepractice is the means of providing physical and occupational therapy over a computer using videoconferencing. It encompasses a range of assessment, monitoring, supervision, and direct and indirect services. Students and staff utilize a computer with videoconferencing software requiring a camera, microphone, and high-speed Internet in an identified setting, working face-to-face with the student. Additional staff may be needed to assist and set-up the session. The services provided may not be billable to the Medicaid in the Public Schools program; schools should investigate to determine the status of billing requirements. The providers should participate in the appropriate documentation of their services. All services provided should adhere to regulations outlined in state statutes for each profession.

## 6. Medicaid School-Based Claiming

Medicaid School-Based Claiming (MSBC) includes two reimbursement components: Medicaid Administrative Claiming (MAC) and Direct Service Claiming (DSC), also known as Medicaid in the Public Schools (MIPS). Direct Service Claiming is a joint federal and state program that covers medically necessary school-based services. Public education agency (PEA) participation is voluntary. Schools may provide a wide range of health care and related services to their students, which may or may not be reimbursable under the Medicaid program.

When Medicaid-eligible students receive related services or health care services through their schools, the services may be reimbursable to the school. Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Managed Care Medicaid program. When submitting claims for financial reimbursement, schools must use a third-party administrator, Public Consulting Group, as required by AHCCCS.

Currently, schools can receive reimbursement for physical therapy, occupational therapy, speech therapy, nursing services, health aides, certain transportation, and behavioral health services. These activities are considered "direct medical services," and reimbursements for these services are handled through the Direct Service Claiming (DSC) program. Related service providers must have a national provider identifier (NPI) number and an AHCCCS number on record with the public education agency (PEA). The link for obtaining an NPI # is <https://nppes.cms.hhs.gov/#/>. The link for obtaining an AHCCCS # is <https://www.azahcccs.gov/PlansProviders/NewProviders/packet.html>

An additional program called Medical Administrative Claiming (MAC) allows PEAs to receive reimbursement for Medicaid administrative outreach activities that are done routinely within the school setting. If school districts wish to participate in the MAC program, they are required to also participate in the Direct Service Claiming program. The quarterly random-moment time study (RMTS) is an integral part of the Medicaid School-Based Claiming (MSBC) program as it is used to determine how much time is spent on Medicaid-allowable activities for both Direct Services Claiming (DSC) and Medical Administrative Claiming (MAC).

For more detailed information refer to: <http://www.azed.gov/specialeducation/medicaid-school-based-claiming/>

## **7. Workload vs. Caseload**

Workload and caseload are two commonly used management strategies for addressing staffing allocation. The term caseload refers only to the number of children seen by an OT or PT as part of their individualized education program. While workload encompasses all the work activities a therapist performs that benefit students directly and indirectly. A traditional caseload “counting” approach does not fully appreciate the complexity of school-based OTs or PTs role in current best-practice scenarios.

The three professional therapy organizations American Physical Therapy Association (APTA), American Occupational Therapy Association (AOTA), and American Speech and Hearing Association (ASHA) published a document encouraging the paradigm shift from caseload to workload. This document refers to workload as all activities performed by a therapist, and it address the range of demands in school settings, such as these:

- Face-to-face services, as well as consultation with team members, travel between sites, documentation, meeting attendance, etc.
- Educational initiatives such as universal design for learning (UDL), positive behavioral interventions and supports (PBIS), and multi-tiered system of supports (MTSS)
- The need to support all students in the LRE and facilitate participation in the general education curriculum

Additional workload activities include intervention, documentation, evaluation, screening, team meetings, consultation with other staff, corollary duties, child-specific data collection, IEP development, transition services, parent and staff training or in-service, research and research review, advocacy, and participation in schoolwide activities. A workload approach allows practitioners to be wherever children need them whether they are needed to apply strategies and techniques to the classroom or for school activities and tasks. Use of a workload approach has positively correlated with maximizing student outcomes and increasing job satisfaction, as well as retention and recruitment benefits.

Individual school districts choose which management strategy to use for determining staff allocation. Practitioners should redesign their work patterns so they are able to serve students in the least restrictive environment and at the same time, support their performance needs (e.g., in language arts, during the restroom break, during lunch, on the playground or during physical education, getting on or off the bus).

## **8. Fieldwork**

Students in physical and occupational therapy degree programs are required to participate in some level of fieldwork. School-based fieldwork experiences allow students to learn by working with an experienced therapist, practice newly acquired skills, and become familiar with school-based therapy as a career choice. In exchange for training opportunities, students enrich staff by sharing their enthusiasm and bringing knowledge of current research and therapy interventions. Specific requirements of experience or supervision may be established by the professional program or school district and be outlined in the agreement between the district and the institute of higher education.



## **9. Employment Models**

Districts employ therapists directly as staff and/or through individual- or agency-contracted services. Therapists may be employed/contracted on a full-time, part-time, or hourly basis depending upon the district's need. Available positions may be found on the Arizona Department of Education's (ADE) web site Teach in AZ, the Arizona Education Employment Board (AEEB), the professional organization's state chapter website for either discipline, directly on the school district's websites, or on other various job-posting resources.

## **10. Evaluating Performance of School-Based Therapists**

School-based physical and occupational therapists should be routinely evaluated to determine their performance within the educational setting. The state does not provide guidelines on the evaluation of school-based therapists. It is difficult to capture the influence of therapists as they are not responsible for academic instruction but work as part of a collaborative team to promote student access to and participation in educational programming and activities. Best practices are indicated by the national organizations (AOTA, APTA), but these will vary from district to district.

## **11. Education and Licensure Requirements**

Occupational and physical therapists must graduate from an accredited college or university with a degree in occupational or physical therapy, respectively. Each therapist must pass the national examination and obtain state licensure pursuant to the Arizona Board regulations.

Occupational therapy assistants and physical therapist assistants must have graduated from an accredited assistant program with an associate degree as an occupational therapy assistant or physical therapist assistant, respectively. Each assistant must pass the national examination and obtain state licensure or certification pursuant to the Arizona Board regulations. The assistants must work under the supervision of a licensed therapist.

# Supporting Documentation and Links

## Multi-Tiered System of Supports (MTSS)

<https://www.azed.gov/mtss/>

<https://www.rti4success.org/>

<http://www.rtinetwork.org/>

AOTA Practice Advisory for Occupational Therapy and RtI

APTA FAQ on RtI for School-Based Physical Therapists

## Arizona Department of Education

<http://www.azed.gov/special-education>

## Assessments

<http://www.who.int/classifications/icf/en/>

[http://www.education.ne.gov/oec/pubs/resource\\_docs/assessments.pdf](http://www.education.ne.gov/oec/pubs/resource_docs/assessments.pdf)

<http://jeffline.tju.edu/cfsrp/pdfs/Assessment%20of%20Caregiver%20Activities%20and%20Routines.pdf>

## Individuals with Disabilities Education Act (IDEA)

<http://www.pediatricapta.org/consumer-patient-information/pdfs/09%20IDEA%20Schools.pdf>

## Commonly Used Acronyms

ADE—Arizona Department of Education

ADL—Activities of Daily Living

AEEB—Arizona Education Employment Board

AHCCCS—Arizona Health Care Cost Containment System

AOTA—American Occupational Therapy Association

APTA—American Physical Therapy Association

ArizOTA—Arizona Occupational Therapy Association

AT—Assistive Technology

AzEIP—Arizona Early Intervention Program

AzPTA—Arizona Physical Therapy Association

AZ-TAS—Arizona Technical Assistance System

C.F.R.— Code of Federal Regulations

CTE—Career and Technical Education

DSC—Direct Service Claiming

ESA—Empowerment Scholarship Account

ESY—Extended School Year

FAPE—Free Appropriate Public Education

IADL—Instrumental Activities of Daily Living

ICF—International Classification of Functioning, Disability and Health

IDEA—Individuals with Disabilities Education Act

IEP—Individualized Education Program

LEA/PEA—Local Education Agency/Public Education Agency

LRE—Least Restrictive Environment

MAC—Medicaid Administrative Claiming

MET—Multidisciplinary Evaluation Team

MPG—Measurable Postsecondary Goal

MSBC—Medicaid School-Based Claiming

MTSS—Multi-tiered System of Supports

MIPS—Medicaid in the Public Schools

NPI—National Provider Identifier

OCR—Office for Civil Rights

OT—Occupational Therapist

OTA—Occupational Therapy Assistant

PLAAFP—Present Levels of Academic Achievement and Functional Performance

PT—Physical Therapist

PTA—Physical Therapy Assistant

PWN—Prior Written Notice

RMTS—Random Moment Time Sample

RtI—Response to Intervention

SAS—Supplementary Aids and Services

SDI—Specially Designed Instruction

SP—Services Plan

UDL—Universal Design for Learning

U.S.C.—United States Code

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