2006

School-Based Practice: Integrating the Occupational Therapy Practice Framework

Nancy M. Daly
University of North Dakota

Follow this and additional works at: https://commons.und.edu/ot-grad

Part of the Occupational Therapy Commons

Recommended Citation

Daly, Nancy M., "School-Based Practice: Integrating the Occupational Therapy Practice Framework" (2006). Occupational Therapy Capstones. 198.
https://commons.und.edu/ot-grad/198

This Scholarly Project is brought to you for free and open access by the Department of Occupational Therapy at UND Scholarly Commons. It has been accepted for inclusion in Occupational Therapy Capstones by an authorized administrator of UND Scholarly Commons. For more information, please contact zeinebyousif@library.und.edu.
SCHOOL-BASED PRACTICE:
INTEGRATING THE OCCUPATIONAL THERAPY PRACTICE FRAMEWORK

by

Nancy M. Daly OTR/L

Advisor: Deb J. Byram-Hanson MA, OTR/L

A Scholarly Project
Submitted to the Occupational Therapy Department
of the
University of North Dakota
In partial fulfillment of the requirements
for the degree of
Master's of Occupational Therapy

Grand Forks, North Dakota
August 2006
This Scholarly Project Paper, submitted by Nancy Daly in partial fulfillment of the requirement for the Degree of Master's of Occupational Therapy from the University of North Dakota, has been read by the faculty Advisor under whom the work has been done and is hereby approved.

[Signature]
Faculty Advisor

[Date]

7/27/06
PERMISSION

Title School-based practice: Integrating the occupational therapy practice framework

Department Occupational Therapy

Degree Master's of Occupational Therapy

In presenting this Scholarly Project/Independent Study in partial fulfillment of the requirements for a graduate degree from the University of North Dakota, I agree that the Department of Occupational Therapy shall make it freely available for inspection. I further agree that permission for extensive copying for scholarly purposes may be granted by the professor who supervised our work or, in his/her absence, by the Chairperson of the Department. It is understood that any copying or publication or other use of this Scholarly Project/Independent Study or part thereof for financial gain shall not be allowed without my written permission. It is also understood that due recognition shall be given to me and the University of North Dakota in any scholarly use which may be made of any material in this Scholarly Project/Independent Study Report.

Signature [Signature] Date 7-27-06
<table>
<thead>
<tr>
<th>TABLE OF CONTENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSTRACT .......................................................... v</td>
</tr>
<tr>
<td>CHAPTER</td>
</tr>
<tr>
<td>I. INTRODUCTION ........................................................................... 1</td>
</tr>
<tr>
<td>II. REVIEW OF THE LITERATURE....................................................... 4</td>
</tr>
<tr>
<td>III. METHOD ............................................................................. 45</td>
</tr>
<tr>
<td>IV. PRODUCT ........................................................................... 49</td>
</tr>
<tr>
<td>V. SUMMARY ........................................................................ 117</td>
</tr>
<tr>
<td>REFERENCES ........................................................................ 121</td>
</tr>
</tbody>
</table>
ABSTRACT

Occupational therapists in school-based practice frequently experience change due to the evolution of the profession and education reform. This project examines the impact of these changes relative to the integration of client-centered and occupation-based services in contemporary educational practice. Occupational therapists have identified significant barriers that impact the efficiency and effectiveness of service delivery. This paper, through the review of current occupational therapy and special education literature, explores the integration of collaboration, client-centered occupation-based care, and service delivery. The increasing requirements for accountability and professional standards define documentation needs. Findings indicate a need for school-based occupational therapists to have processes and documentation tools, which support occupation, available to enhance consistency from the prereferral phase through outcome monitoring. This manual includes a case study to demonstrate the integration of occupation into required documentation.
CHAPTER I
INTRODUCTION

Occupational therapists provide services to infants, toddlers and students as well as supports for school personnel in a variety of educational settings under current federal law (Individuals With Disabilities Education Improvement [IDEIA] Act, 2004). As reported by the American Occupational Therapy Association (Scott, 2004) and based on a member survey nearly 34.4% of the occupational therapy workforce members are employed in school-based practice settings. With the recent changes to IDEIA it is anticipated there will be continued development of the role of occupational therapy in school-based practice.

Education and healthcare reform have resulted in significant changes in both professions. Increased emphasis on student outcomes for long-term participation in life coupled with increased personnel standards and accountability are having a dramatic effect on how schools provide instruction and support students. The development of the Occupational Therapy Practice Framework: Domain and Process (American Occupational Therapy Association [AOTA], 2002) supports current practice. The Framework is congruent with the International Classification of Functioning, Disability and Health: ICF (World Health Organization, 2001) and provides a common language to describe occupational therapy. The development of the ICF has shifted the focus
of healthcare from one of disability to one of health and ability. The integration of these changes into school-based practice has been challenging for therapists.

Traditionally, school-based practice has included a high degree of services using a “pull-out” model with an emphasis on skill development and remediation. The primary emphasis for occupational therapy is the engagement of students for meaningful participation in their education. Current practice models demonstrate the value of context and environment as well as client-centered care (AOTA, 2002; Coster, 1998; Law, Baum & Baptiste, 2002; Muhlenhaupt, 2003a). However, therapists experience barriers at many levels when making the transition to occupation-based intervention (Barnes and Turner, 2001; Muhlenhaupt, 2003b; Spencer, Turkett, Vaughan, Koenig, 2006; Swinth, Chandler, Hanft, Jackson and Shepard, 2003). The problems that occur as a result of these barriers include decreased team collaboration, inappropriate referrals for evaluations, diminished focus on client priorities and meaningful occupation-based interventions, provision of services in a more restrictive environment resulting in students having difficulty generalizing their skills for full participation and staff risk becoming frustrated. In some situations, therapists also experience professional burnout.

The development of processes and documentation tools to support client-centered and occupation-based practice involved the exploration of the Ecology of Human Performance Model (Dunn, Brown and McGuigan, 1994; Dunn, Brown and Youngstrom, 2003). The emphasis on the interrelationship of the student,
task, context and performance variables is vital to effective assessment and intervention in school-based practice.

The following chapter, Chapter II, examines the impact of educational and healthcare reform on school-based occupational therapy services. Furthermore, the interrelationship of student needs and services relative to team collaboration and decision-making practices are explored here. Chapter III provides detailed information on the activities and methodologies utilized for this project. Processes and documentation tools, presented in Chapter IV, support the integration of client-centered and occupation-based practice in schools. Possibilities for future research needs and further development are identified in Chapter V.
CHAPTER II

LITERATURE REVIEW

Occupational therapy practitioners have been working with students in school-based practice primarily since the adoption of the Education for All Handicapped Children Act (Public Law 94-142) in 1975. Access to education and support services such as occupational therapy, for eligible children with disabilities has been assured through the PL 94-142 and its subsequent reauthorizations. In 1983, reforms of PL 94-142 led to the addition of early childhood education services and in 1992 provisions for assistive technology were added during reauthorization (American Occupational Therapy Association [AOTA], 2006). Amendments for the 1997 reauthorization, otherwise known as the Individuals with Disabilities Education Act (IDEA) required the Individual Education Program (IEP) to reflect how the child would be participating in the general education curriculum. Through IDEA, the states have been mandated to provide children, ages 3-21 and having an eligible disability, a "free appropriate public education" (FAPE). This education must be designed to meet the unique needs of the student. The 1997 reauthorization was also designed to prepare students for employment and independent living (Maruyama, et al. 1999).

In addition to the above legislation, Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 (ADA) provide options for
students to receive occupational therapy support even if the student is not eligible for special education (Maruyama, et al., 1999). These civil rights laws provide reasonable accommodations for students so they can access their environment and learn. The definition of a disability under these laws is broader than under special education law.

Section 504 is designed to protect the rights of individuals with disabilities in activities and programs, such as public education, that receive federal funding from the United States Department of Education. Students may be eligible for a 504 Accommodation Plan if they have a medical diagnosis and demonstrate a need for accommodations to access programs and activities offered by the school. No financial funding is available to districts under Section 504.

The ADA is an anti-discriminatory law protecting individuals who meet the following definition of disability:

1. “An individual w/a physical or mental impairment that substantially limits one or more major life activities,” or

2. “An individual w/a record of a substantially limiting impairment,” or

3. “An individual who is perceived to have such an impairment.” (Americans with Disabilities Act, 1990)

Students who do not meet IDEIA eligibility requirements, but do meet the above criteria, may be eligible for services such as adaptations and modifications to help them access their learning environment (Clark, Polichino, & Jackson,
Occupational therapists may be involved in designing and implementing these accommodation plans, equipment procurement, and staff training under either of these laws. According to Dunn (1988), making the transition from the medical settings into the schools involved occupational therapists shifting their focus from a clinical frame of reference to providing only those services that would improve a student's performance within the educational setting. This transition also initiated the introduction of occupational therapists identifying goals and interventions in the student's IEP. This document, which is legally binding, serves to coordinate all the services and professionals involved in the education of the student.

Occupational therapy services provided during the early phases of school-based practice focused on removing students from their classroom to provide individual therapy designed to treat symptoms in an effort to "fix" the identified problem or reduce developmental gaps. This service delivery model, though consistent with clinical therapy, created additional challenges such as isolating students from their typically developing peers, keeping therapeutic activities relevant to classroom requirements and environments so students could learn to generalize the skill into naturally occurring events in the classroom setting, and preventing the teacher and classroom support staff from seeing what the child and therapist were working on. This limited the follow-through of interventions and modifications in the classroom. These traditional models of therapeutic intervention provided the foundation for school-based practice; however,
occupational therapists began to question the effectiveness of using this “pull-out” model of intervention. Education reforms and changes in professional practice stirred therapists to begin to explore services beyond the remediation of skill deficits (Bathke, Bohmert, Lillie, Scott, 2002; Bialy, et al., 1999; Doubt and McColl’s study as cited in Spencer, et al., 2006; Giangreco, Dennis, Cloninger, Edelman, & Schattman, 1993; Swinth, Hanft, DiMatties, Handley-More, Hanson, Schoonover, et al., 2002).

Literature indicates tools were developed by some state education agencies or professional occupational therapy organizations to assist therapists in setting priorities and identifying service delivery models. While these tools were designed to assist teams and therapists in the decision-making process when determining the need for occupational therapy as a support service during the development of the IEP, they were not intended to determine if a child is eligible for occupational therapy but rather if the service is educationally necessary. These tools identify performance areas that were evaluated in relation to the impact of the performance skills on school function. These factors were scaled in correlation with professional judgment factors such as the model of service delivery to be used, potential impact of intervention, whether the unique knowledge and expertise of a therapist is warranted, amount of staff training required to facilitate carry over, and the degree to which the challenge impacts school performance. Exit criteria such as: goal attainment, challenges no longer impacting the student’s ability to access and benefit from education, or
decreased potential for further change were also included in these documents as a guide (AOTA, 1987; Linder, 1996). Current best practice models result in decisions such as these being driven by student needs as well as team input for service determination (Giangreco, 2001a).

Traditionally, occupational therapy practitioners have utilized a “bottom-up” approach to assessment and intervention within school-based practice. As described in the literature (Coster, 1998), this assessment approach results in occupational therapists exploring student abilities based on a suspected or diagnosed condition.

Additional limitations of the “bottom-up” approach include the minimal emphasis on the factors such as environment, context and the student’s perspective in relation to their priorities. There has been a perception that young children are not reliable in self-assessment or they may not be able to effectively express their values. The “bottom-up” approach has not necessarily linked the child’s abilities and challenges to their functional problems. This approach often results in occupational therapists administering norm-referenced tests and basing decisions on the degree of discrepancy from the norm. The challenge with this revolves around the reality that some students may demonstrate increasing discrepancies as the years progress because higher-level skills are expected. When using norm-referenced tests, practitioners must be cautious in the interpretation if the test was unable to be administered according to specific directions of that test. Ever increasing gaps in student abilities on norm-
referenced tests also may not reflect functional skills students have attained (Coster, 1998; Dornbrowski, 2003; Hargrove, 2000).

Service delivery models described by Dunn (1988) include direct intervention (student needs can only be met by direct interaction between the occupational therapist and student), monitoring (regular contact a minimum of twice a month with the occupational therapist retaining responsibility for outcomes) and consultation. The consultation aspect involves three components including case consultation to address student needs, colleague consultation to address the needs of other professionals, and system consultation to improve the effectiveness of the agency or district. Occupational therapists practicing in the schools have historically focused on skill development and remediation through direct intervention. Previous research, however, has supported the effectiveness of monitoring and consultation as more effective service delivery models than direct service alone (Dunn, 1990).

Nine commonly used practice models utilized by therapists in school settings include: developmental, sensory integration, neurodevelopmental, biomechanical, motor control, coping, occupational adaptation, behavioral, and cognitive models (Dunn, 2000; Kramer & Hinojosa, 1999). The dominance of the developmental model has been described as the most important obstacle to changing assessment practices with children. The use of underlying impairments as an explanation for functional difficulties experienced by students dominates this hierarchical model. The sensory integrative model also emphasizes
underlying sensory issues, and has been commonly requested by parents, and therefore, utilized by therapists (Coster, 1998; Sensory integration).

As the laws governing special education have evolved over the years, occupational therapy services have also undergone many transitions. Occupational therapists have experienced changes in part because of educational reform but also due to changes in the health care environment. Factors that have influenced change include third party payment systems, increased study of “occupation” as a construct within the profession and the introduction of the Occupational Therapy Practice Framework (AOTA, 2002), the need for increased understanding of the value of occupational therapy by non-therapy personnel and the need for use of professional language more consistent with other health professions and the International Classification of Functioning, Disability and Health (ICF) (Youngstrom, 2002).

The Individuals with Disabilities Education Improvement Act (IDEIA) has expanded the role of occupational therapy in the schools. This civil rights legislation ensures free appropriate public education for eligible children with disabilities including special education and related services to meet their unique needs and prepare them for further education, employment and independent living (AOTA, 2006). This legislation provides funding to help cover costs and also establishes requirements for states to receive these funds.

Under the IDEIA occupational therapists and occupational therapy assistants work not only with children from birth to 3 years of age (Part C) and
ages 3 to 21 years (Part B), but also with parents, families, caregivers, educators and other team members to facilitate the child’s ability to engage in meaningful occupations (Clark, et al., 2004; Maruyama et al., 1999). Currently the majority of OTs working with children in early intervention or school-based settings provide their services under the IDEIA. The 2003 final report of the American Occupational Therapy Association member survey as reported by Scott (2004) indicates nearly 34.4% of the occupational therapy workforce members are employed in school-based practice settings.

Once students have been identified as meeting special education eligibility, they may receive occupational therapy services if the team determines this is educationally necessary in order to access and make progress in their educational program of specialized instruction. A significant change with the IDEIA includes the expanded language emphasizing that special education and related services are designed to meet the student’s unique needs and prepare them for “further education, employment and independent living” (IDEIA, 2004).

Previously, transition planning started at age 14 and the focus was on preparing students for employment and independent living. The expanded responsibility of preparing students for further education per IDEIA 2004 impacts transition planning and now requires that IEPs which are in place when the child is 16 years old include appropriate and measurable postsecondary goals. These goals are not limited to only academics but also include functional living skills.
Another change includes the requirement that the goals be based on age appropriate assessments as they relate to education, employment, training and independent living. While most assessments focus on academics, it is important for students to also be assessed in non-academic areas that can result in comprehensive transition planning. Integration of these areas combined with community work experience or vocational education will support effective transition planning.

These transition evaluations should be driven not only by the data collected but also the occupations that have interest and meaning for the student. Additionally, for the purpose of self-advocacy, it is important for students with disabilities to have a good understanding of their disability, unique needs, and supports necessary for postsecondary life. When students take on a leadership role in their IEP meetings, it is important for them to be prepared to use self-advocacy skills and engage in decision-making discussions.

Integrating community service agency participation into the transition process can be beneficial for the student and agency. The IEP must identify the transition services a student will need in order to reach their goals. This could result in occupational therapists becoming more involved in the transition planning to support students in attaining these goals and leading a productive, meaningful life. Areas of need may include identifying potential supports and barriers in a new environment, teaching self-advocacy skills, universal design,
determining modifications, preparing and training staff, and ensuring students are prepared for these transitions (Current challenges, 2005; AOTA, 2006).

The 2004 reauthorization emphasizes education reform and accountability, early intervening services, identification, eligibility, student outcomes, parental involvement, prevention, reading and literacy, student behavior and discipline, the use of evidence-based practice, personnel quality and preparation or ongoing training, and funding (AOTA, 2006). These changes correlate with the No Child Left Behind Act (No Child Left Behind [NCLB] Act, 2001), which was signed into law in January 2002.

Reform and accountability pertain in part to the correlation between IDEIA and NCLB with a primary concern being how and what is being taught to students receiving special education services. The added expectation that students be prepared for further education has resulted in a new legal standard for FAPE. There is an increased emphasis on prevention through early intervening services (EIS) for grade level students not yet eligible for special education. These services may include professional development activities for school staff and provision of evaluations, supports and services. Occupational therapy may play a significant role in this area and will now be able to participate in this process if the school team determines it is necessary.

The Reauthorization includes language to more clearly delineate the process of identifying students with disabilities and how they are determined to be eligible for services. If a parent chooses to refuse consent for the school to
provide services, the school is not obligated to perform evaluations or develop an IEP for a student. Evaluations completed for determining eligibility must now include information on what the child knows and can do, not just academically but also functionally and developmentally. Emphasis was added to support eligibility determination and service needs identification after the completion of evaluations. The present-level statement on the IEP must now include references to academic achievement and functional performance instead of just educational performance.

With increased participation in the general education curriculum, students are also expected to participate in outcome measures including state and district-wide achievement assessment programs aligned to grade-level standards. Students are allowed to use accommodations as identified in the IEP. Alternate assessments will be aligned to alternate achievement standards. This information is utilized to determine whether school districts are meeting Annual Yearly Progress (AYP) goals related to NCLB, which also impacts funding. Parent involvement in IEP changes no longer requires face-to-face meetings for IEP changes after the annual review but rather provides for alternatives such as phone conferences. Parents also have increased opportunities for dispute resolution such as IEP meetings, mediation, and a mandatory resolution session before pursuing due process.

Reading and literacy have been recognized as essential to all aspects of student life, including preparing for postsecondary education or employment.
This involves being able to read school or job application forms. The NCLB Act has increased the amount of time allocated in the student’s day for literacy and the IDEIA reform supports this for students with disabilities.

The IDEIA permits schools to suspend a student with disabilities or provide them with an alternative placement if the student violates a code of student conduct. The changes in this area do not require the school to determine if the placement is appropriate, but rather to establish if the behavior is a result of the disability or a result of failure to implement the IEP correctly.

The frequent references in IDEIA, to the need for statements in the IEP identifying the use of research-based methodologies to the extent practicable, will benefit the student, parents and teachers. Benefits for parents will include the opportunity to have input on the methods used to teach their child. The team of professionals knowing the student and making up the IEP team will provide general education teachers the guidance and support by having reviewed the research prior to determining interventions and methods most likely to benefit the child.

The preparation and use of highly qualified personnel is in alignment with NCLB. Criteria for qualified occupational therapy personnel will be determined by and consistent with state laws and regulations. The focus for occupational therapy will be on ensuring professional preparation and training of practitioners to impact broader student outcomes, use of a variety of service delivery models, being effective consultants, and integrating various models and strategies. This
also raises the question of the value or need for professional specialty competencies.

Related services including occupational therapy will also be included in IDEIA funded research and professional development activities. Funding supports a percentage of the cost variance to educate a student with disabilities. This funding is to cover all sections of IDEIA. One of the challenges with the Fiscal Year 2007 budget is the decreased allocation for Part D (National Activities to Improve Education of Children with Disabilities) funding. This is the result of states not having expended their previous budgets. These are discretionary funds used for activities such as: developing and disseminating information regarding special education, professional development, personnel preparation, parent training and information centers, special education research, and technical assistance (AOTA, 2006).

With the recent alignment of NCLB with IDEIA emphasizing the need for accountability for student achievement and research based decision-making, occupational therapy practitioners must design and implement intervention plans targeting student outcomes and identify evidence to support these decisions (Muhlenhaupt, 2003b). This need for data-based decision-making is leading occupational therapists to expand data collection and interpretation methods as a step toward identifying the effectiveness of intervention and may lead to occupational therapy researchers also becoming more involved by identifying effective practices (AOTA, 2006).
Databased decision-making is a direct outcome of the above legislation. This process begins with first collecting and analyzing baseline data related to the academic, non-academic and extracurricular needs for the student. Across cultures and communities, occupational therapists are learning to focus not only on the intrinsic capabilities of students, but also on what students want and need to do, and the context in which education occurs (Muhlenhaupt, 2003b). The interrelationship of all of this data, combined with additional evaluation completed by other disciplines, supports the educational team in planning an appropriate educational program.

Because of this legislation, occupational therapy in the school setting has the opportunity to continue to expand and potentially include more pre-referral services. With an increased emphasis on school mental health, occupational therapists may find they receive an increase in referrals for support in this area. The consultative role of occupational therapy may create more collaboration with parents, teachers, and administrators prior to formal evaluation and eligibility determination. The attention on independent living, employment or further education opens the possibility for increased occupational therapy involvement during transition planning (AOTA, 2006). Organizational support structures are needed, however, to provide methods of increasing therapist’s efficiency and effectiveness in the least restrictive environment of the classroom while juggling the role of a school-based therapist (AOTA, 2006).
Giangreco (2001b) identifies the need for related service providers such as occupational therapists to become aware of the characteristics of various educational programs and placements as well as the roles of other service providers to support coordinated decision-making. These characteristics and provider roles significantly impact the context in which the student is expected to participate.

A vital component to school-based practice is collaboration and this begins during the pre-referral phase. The literature demonstrates collaboration unifies students, parents, therapists, teachers and other team members. The results of effective collaboration include but are not limited to: increased relevance of pre-referral strategies to client concerns, improved accuracy of evaluations, and team-generated outcomes (Bathke, et al., 2002; Maruyama, et al., 1999).

Collaboration needs will often ebb and flow as students and team members identify changes in student participation and staff or student needs. Working collaboratively allows team members to gain knowledge and insight about other service provider roles while creating a learning environment to support the student. Among teachers and occupational therapists, collaboration frequently occurs on an informal basis as identified by Barnes and Turner (2001). Collaborative team practices studied include: developing goals and objectives, time for class collaboration, teacher monitoring of occupational therapy related services, occupational therapist monitoring of occupational therapy services, collaborative reviewing of student progress and frequency of meetings. Of these
activities, Barnes and Turner indicate the development of collaborative goals is the least frequently used practice.

Orr and Schkade (1997) describe how teachers and occupational therapists use the classroom environment in defining function for early childhood special education students, and suggest the need for continuing communication between occupational therapists and classroom teachers. The classrooms selected for this study had similar physical environments and curriculum. Teachers in this study identified student role tasks they felt were important for students while occupational therapists serving these students identified tasks that were targeted for occupational therapy intervention. Three broad categories were utilized and included: management of school daily tasks, participation in instruction, and managing school related human interactions. Teachers and therapists demonstrated the strongest agreement in identifying daily living tasks and participation in instruction as important factors. In the area of managing school related human interactions, teachers identified 78% of the items related to this role as being important while occupational therapists only identified 3 of 7 of the items as supported by occupational therapy services. This also indicates a variance between teacher priorities and areas targeted for occupational therapy intervention.

The environment was considered a common denominator between the classroom teachers and the occupational therapists and may be a good place to focus team communication. While this study was conducted in only one large
district with students receiving direct intervention, the results still validate key factors including: teachers clearly have different perspectives and priorities than occupational therapists and the environment has a significant impact on defining the student role and planning intervention.

The area of assessment interpretation is another area where classroom teachers and occupational therapists might learn to collaborate. There can be many strengths and challenges relative to a variety of assessment strategies utilized by teachers (Hargrove 2000). With changes to IDEA in 1997 and 2004, students with special education needs are spending increased time participating in the general education curriculum and associated tests. While norm-referenced tests may be easy to administer and allow comparison of same aged peers, the results are often difficult to translate into classroom instruction without excellent analytical skills and a solid foundation of the curricular sequence.

Informal measures can be adapted, however, to meet student and teacher needs and often can take into consideration context. The rapport between teacher and student can also be accounted for when using informal measures. According to Hargrove (2000), teachers are looking for patterns of learning or errors. These can be gleaned through observational skills and listening skills.

Balancing norm-referenced and curriculum-based assessments is essential and the use of both types of data can be valuable when determining special education eligibility and establishing an IEP (Dornbrowski, 2003). These testing challenges are similar to the challenges occupational therapists face moving from
skill development and remediation to client-centered occupation-based practice. Through ongoing dialogue, occupational therapists and teachers can assist one another in finding the patterns of learning used by a particular student, and can understand more fully the barriers to educational performance. As occupational therapists expand the use of functional and contextually based evaluation, there is increased opportunity and responsibility to collect data from students, parents and other team members as well as observe the student’s engagement and participation in relevant occupations (Coster, 1998; Muhlenhaupt, 2003b).

Team decision-making processes are impacted by three interrelated factors: program, placement and services. It is vital for a team to have a clear understanding of all programs and their content before determining placement. Additionally, the supports a student will need, such as occupational therapy, can be impacted by both the program and placement. Underlying beliefs and values may impact team members and the decision-making process. It is important for team members to know and understand the perspectives of each other to prevent working at cross-purposes when engaged in the decision-making process (Giangreco, 2001a). As supported in the literature (Roley, Clark, & Bissell, 2003), it is the responsibility of the occupational therapist to determine the most effective service delivery model for each student based on the student’s needs, contextual demands and therapist skill level. After determining program and placement, it is the responsibility of the team to consider potential gaps and overlaps before finalizing the IEP (Giangreco, 2001b). It is important to have
ongoing communication between all team members, and a clear understanding of the roles of each team member so the IEP process can be complete and efficient.

The Occupational Therapy Practice Framework: Domain and Process (Framework), developed by the American Occupational Therapy Association's Commission on Practice (COP) and adopted by the Representative Assembly in 2002, has had a significant impact on the role of occupational therapists in the school setting.

This document describes the profession's two interdependent components, which are the practice domain, and the process used for service delivery. The practice domain has expanded, from the language used in the Uniform Terminology-III document (AOTA, 1994), which focused on three areas of occupation and underlying performance components. The Framework now includes seven areas of occupation as well as the skills, client factors, and aspects of context that might support and inhibit participation in desired occupations. The description of the practice process has provided occupational therapists with a suggested sequence to assessment and intervention, which includes a means toward collecting evidence for efficacy of practice.

The literature demonstrates there is a need to increase the awareness of the Framework within the fields of occupational therapy and education (Burton, et al., 2006; Clark, et al., 2006; Spencer, et al., 2006). Guidelines for application of the Framework in early intervention and school-based settings have been
suggested (Swinth, Levan, and Muhlenhaupt, 2003). Also, the Framework is
designed to support educating external audiences such as teachers and
administrators about occupational therapy. Review of the literature revealed a
limitation in the availability of evaluation and documentation tools incorporating
the components of the Framework for use in practice.

The “Domain” as defined in the Framework, provides the foundation on
which occupational therapy evaluations and interventions are built. Occupational
therapy practitioners support clients in achieving the ability to engage in
everyday life activities (occupations); therefore the primary statement over all
aspects of the domain is “Engagement in Occupation to Support Participation in
Context or Contexts” (AOTA, 2002). According to (Law, Baum and Dunn, 2001),
Occupation is everything we do in life, including actions, tasks, activities, thinking
and being. Additionally, occupation is defined as:

activities...of everyday life, named, organized, and given value and
meaning by individuals and a culture. Occupation is everything
people do to occupy themselves, including looking after
themselves...enjoying life...and contributing to the social and
economic fabric of their communities...(Law, Polatajko, Baptiste, &

It is through the client identifying the value and meaning of an activity that it
becomes classified as an occupation. When a student has either experienced a
loss of ability or been unable to develop some abilities, the occupations of their
life are impacted. For students, this can result in a change in understanding who
Occupational therapists provide services to infants, toddlers and students as well as supports for school personnel in a variety of educational settings under current federal law (Individuals With Disabilities Education Improvement [IDEIA] Act, 2004). As reported by the American Occupational Therapy Association (Scott, 2004) and based on a member survey nearly 34.4% of the occupational therapy workforce members are employed in school-based practice settings. With the recent changes to IDEIA it is anticipated there will be continued development of the role of occupational therapy in school-based practice.

Education and healthcare reform have resulted in significant changes in both professions. Increased emphasis on student outcomes for long-term participation in life coupled with increased personnel standards and accountability are having a dramatic effect on how schools provide instruction and support students. The development of the Occupational Therapy Practice Framework: Domain and Process (American Occupational Therapy Association [AOTA], 2002) supports current practice. The Framework is congruent with the International Classification of Functioning, Disability and Health: ICF (World Health Organization, 2001) and provides a common language to describe occupational therapy. The development of the ICF has shifted the focus
of healthcare from one of disability to one of health and ability. The integration of these changes into school-based practice has been challenging for therapists.

Traditionally, school-based practice has included a high degree of services using a “pull-out” model with an emphasis on skill development and remediation. The primary emphasis for occupational therapy is the engagement of students for meaningful participation in their education. Current practice models demonstrate the value of context and environment as well as client-centered care (AOTA, 2002; Coster, 1998; Law, Baum & Baptiste, 2002; Muhlenhaupt, 2003a). However, therapists experience barriers at many levels when making the transition to occupation-based intervention (Barnes and Turner, 2001; Muhlenhaupt, 2003b; Spencer, Turkett, Vaughan, Koenig, 2006; Swinth, Chandler, Hanft, Jackson and Shepard, 2003). The problems that occur as a result of these barriers include decreased team collaboration, inappropriate referrals for evaluations, diminished focus on client priorities and meaningful occupation-based interventions, provision of services in a more restrictive environment resulting in students having difficulty generalizing their skills for full participation and staff risk becoming frustrated. In some situations, therapists also experience professional burnout.

The development of processes and documentation tools to support client-centered and occupation-based practice involved the exploration of the Ecology of Human Performance Model (Dunn, Brown and McGuigan, 1994; Dunn, Brown and Youngstrom, 2003). The emphasis on the interrelationship of the student,
task, context and performance variables is vital to effective assessment and intervention in school-based practice.

The following chapter, Chapter II, examines the impact of educational and healthcare reform on school-based occupational therapy services. Furthermore, the interrelationship of student needs and services relative to team collaboration and decision-making practices are explored here. Chapter III provides detailed information on the activities and methodologies utilized for this project. Processes and documentation tools, presented in Chapter IV, support the integration of client-centered and occupation-based practice in schools. Possibilities for future research needs and further development are identified in Chapter V.
CHAPTER II
LITERATURE REVIEW

Occupational therapy practitioners have been working with students in school-based practice primarily since the adoption of the Education for All Handicapped Children Act (Public Law 94-142) in 1975. Access to education and support services such as occupational therapy, for eligible children with disabilities has been assured through the PL 94-142 and its subsequent reauthorizations. In 1983, reforms of PL 94-142 led to the addition of early childhood education services and in 1992 provisions for assistive technology were added during reauthorization (American Occupational Therapy Association [AOTA], 2006). Amendments for the 1997 reauthorization, otherwise known as the Individuals with Disabilities Education Act (IDEA) required the Individual Education Program (IEP) to reflect how the child would be participating in the general education curriculum. Through IDEA, the states have been mandated to provide children, ages 3-21 and having an eligible disability, a “free appropriate public education” (FAPE). This education must be designed to meet the unique needs of the student. The 1997 reauthorization was also designed to prepare students for employment and independent living (Maruyama, et al. 1999).

In addition to the above legislation, Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 (ADA) provide options for
students to receive occupational therapy support even if the student is not eligible for special education (Maruyama, et al., 1999). These civil rights laws provide reasonable accommodations for students so they can access their environment and learn. The definition of a disability under these laws is broader than under special education law.

Section 504 is designed to protect the rights of individuals with disabilities in activities and programs, such as public education, that receive federal funding from the United States Department of Education. Students may be eligible for a 504 Accommodation Plan if they have a medical diagnosis and demonstrate a need for accommodations to access programs and activities offered by the school. No financial funding is available to districts under Section 504.

The ADA is an anti-discriminatory law protecting individuals who meet the following definition of disability:

1. “An individual w/a physical or mental impairment that substantially limits one or more major life activities,” or

2. “An individual w/a record of a substantially limiting impairment,” or

3. “An individual who is perceived to have such an impairment.” (Americans with Disabilities Act, 1990)

Students who do not meet IDEIA eligibility requirements, but do meet the above criteria, may be eligible for services such as adaptations and modifications to help them access their learning environment (Clark, Polichino, & Jackson,
2004). Occupational therapists may be involved in designing and implementing these accommodation plans, equipment procurement, and staff training under either of these laws. According to Dunn (1988), making the transition from the medical settings into the schools involved occupational therapists shifting their focus from a clinical frame of reference to providing only those services that would improve a student's performance within the educational setting. This transition also initiated the introduction of occupational therapists identifying goals and interventions in the student's IEP. This document, which is legally binding, serves to coordinate all the services and professionals involved in the education of the student.

Occupational therapy services provided during the early phases of school-based practice focused on removing students from their classroom to provide individual therapy designed to treat symptoms in an effort to "fix" the identified problem or reduce developmental gaps. This service delivery model, though consistent with clinical therapy, created additional challenges such as isolating students from their typically developing peers, keeping therapeutic activities relevant to classroom requirements and environments so students could learn to generalize the skill into naturally occurring events in the classroom setting, and preventing the teacher and classroom support staff from seeing what the child and therapist were working on. This limited the follow-through of interventions and modifications in the classroom. These traditional models of therapeutic intervention provided the foundation for school-based practice; however,
occupational therapists began to question the effectiveness of using this "pull-out" model of intervention. Education reforms and changes in professional practice stirred therapists to begin to explore services beyond the remediation of skill deficits (Bathke, Bohmert, Lillie, Scott, 2002; Bialy, et al., 1999; Doubt and McColl's study as cited in Spencer, et al., 2006; Giangreco, Dennis, Cloninger, Edelman, & Schattman, 1993; Swinth, Hanft, DiMatties, Handley-More, Hanson, Schoonover, et al., 2002).

Literature indicates tools were developed by some state education agencies or professional occupational therapy organizations to assist therapists in setting priorities and identifying service delivery models. While these tools were designed to assist teams and therapists in the decision-making process when determining the need for occupational therapy as a support service during the development of the IEP, they were not intended to determine if a child is eligible for occupational therapy but rather if the service is educationally necessary. These tools identify performance areas that were evaluated in relation to the impact of the performance skills on school function. These factors were scaled in correlation with professional judgment factors such as the model of service delivery to be used, potential impact of intervention, whether the unique knowledge and expertise of a therapist is warranted, amount of staff training required to facilitate carry over, and the degree to which the challenge impacts school performance. Exit criteria such as: goal attainment, challenges no longer impacting the student's ability to access and benefit from education, or
decreased potential for further change were also included in these documents as a guide (AOTA, 1987; Linder, 1996). Current best practice models result in decisions such as these being driven by student needs as well as team input for service determination (Giangreco, 2001a).

Traditionally, occupational therapy practitioners have utilized a “bottom-up” approach to assessment and intervention within school-based practice. As described in the literature (Coster, 1998), this assessment approach results in occupational therapists exploring student abilities based on a suspected or diagnosed condition.

Additional limitations of the “bottom-up” approach include the minimal emphasis on the factors such as environment, context and the student’s perspective in relation to their priorities. There has been a perception that young children are not reliable in self-assessment or they may not be able to effectively express their values. The “bottom-up” approach has not necessarily linked the child’s abilities and challenges to their functional problems. This approach often results in occupational therapists administering norm-referenced tests and basing decisions on the degree of discrepancy from the norm. The challenge with this revolves around the reality that some students may demonstrate increasing discrepancies as the years progress because higher-level skills are expected. When using norm-referenced tests, practitioners must be cautious in the interpretation if the test was unable to be administered according to specific directions of that test. Ever increasing gaps in student abilities on norm-
referenced tests also may not reflect functional skills students have attained (Coster, 1998; Dornbrowski, 2003; Hargrove, 2000).

Service delivery models described by Dunn (1988) include direct intervention (student needs can only be met by direct interaction between the occupational therapist and student), monitoring (regular contact a minimum of twice a month with the occupational therapist retaining responsibility for outcomes) and consultation. The consultation aspect involves three components including case consultation to address student needs, colleague consultation to address the needs of other professionals, and system consultation to improve the effectiveness of the agency or district. Occupational therapists practicing in the schools have historically focused on skill development and remediation through direct intervention. Previous research, however, has supported the effectiveness of monitoring and consultation as more effective service delivery models than direct service alone (Dunn, 1990).

Nine commonly used practice models utilized by therapists in school settings include: developmental, sensory integration, neurodevelopmental, biomechanical, motor control, coping, occupational adaptation, behavioral, and cognitive models (Dunn, 2000; Kramer & Hinojosa, 1999). The dominance of the developmental model has been described as the most important obstacle to changing assessment practices with children. The use of underlying impairments as an explanation for functional difficulties experienced by students dominates this hierarchical model. The sensory integrative model also emphasizes
underlying sensory issues, and has been commonly requested by parents, and therefore, utilized by therapists (Coster, 1998; Sensory integration).

As the laws governing special education have evolved over the years, occupational therapy services have also undergone many transitions. Occupational therapists have experienced changes in part because of educational reform but also due to changes in the health care environment. Factors that have influenced change include third party payment systems, increased study of “occupation” as a construct within the profession and the introduction of the Occupational Therapy Practice Framework (AOTA, 2002), the need for increased understanding of the value of occupational therapy by non-therapy personnel and the need for use of professional language more consistent with other health professions and the International Classification of Functioning, Disability and Health (ICF) (Youngstrom, 2002).

The Individuals with Disabilities Education Improvement Act (IDEIA) has expanded the role of occupational therapy in the schools. This civil rights legislation ensures free appropriate public education for eligible children with disabilities including special education and related services to meet their unique needs and prepare them for further education, employment and independent living (AOTA, 2006). This legislation provides funding to help cover costs and also establishes requirements for states to receive these funds.

Under the IDEIA occupational therapists and occupational therapy assistants work not only with children from birth to 3 years of age (Part C) and
ages 3 to 21 years (Part B), but also with parents, families, caregivers, educators and other team members to facilitate the child’s ability to engage in meaningful occupations (Clark, et al., 2004; Maruyama et al., 1999). Currently the majority of OTs working with children in early intervention or school-based settings provide their services under the IDEIA. The 2003 final report of the American Occupational Therapy Association member survey as reported by Scott (2004) indicates nearly 34.4% of the occupational therapy workforce members are employed in school-based practice settings.

Once students have been identified as meeting special education eligibility, they may receive occupational therapy services if the team determines this is educationally necessary in order to access and make progress in their educational program of specialized instruction. A significant change with the IDEIA includes the expanded language emphasizing that special education and related services are designed to meet the student’s unique needs and prepare them for “further education, employment and independent living” (IDEIA, 2004).

Previously, transition planning started at age 14 and the focus was on preparing students for employment and independent living. The expanded responsibility of preparing students for further education per IDEIA 2004 impacts transition planning and now requires that IEPs which are in place when the child is 16 years old include appropriate and measurable postsecondary goals. These goals are not limited to only academics but also include functional living skills.
Another change includes the requirement that the goals be based on age appropriate assessments as they relate to education, employment, training and independent living. While most assessments focus on academics, it is important for students to also be assessed in non-academic areas that can result in comprehensive transition planning. Integration of these areas combined with community work experience or vocational education will support effective transition planning.

These transition evaluations should be driven not only by the data collected but also the occupations that have interest and meaning for the student. Additionally, for the purpose of self-advocacy, it is important for students with disabilities to have a good understanding of their disability, unique needs, and supports necessary for postsecondary life. When students take on a leadership role in their IEP meetings, it is important for them to be prepared to use self-advocacy skills and engage in decision-making discussions.

Integrating community service agency participation into the transition process can be beneficial for the student and agency. The IEP must identify the transition services a student will need in order to reach their goals. This could result in occupational therapists becoming more involved in the transition planning to support students in attaining these goals and leading a productive, meaningful life. Areas of need may include identifying potential supports and barriers in a new environment, teaching self-advocacy skills, universal design,
determining modifications, preparing and training staff, and ensuring students are prepared for these transitions (Current challenges, 2005; AOTA, 2006).

The 2004 reauthorization emphasizes education reform and accountability, early intervening services, identification, eligibility, student outcomes, parental involvement, prevention, reading and literacy, student behavior and discipline, the use of evidence-based practice, personnel quality and preparation or ongoing training, and funding (AOTA, 2006). These changes correlate with the No Child Left Behind Act (No Child Left Behind [NCLB] Act, 2001), which was signed into law in January 2002.

Reform and accountability pertain in part to the correlation between IDEIA and NCLB with a primary concern being how and what is being taught to students receiving special education services. The added expectation that students be prepared for further education has resulted in a new legal standard for FAPE. There is an increased emphasis on prevention through early intervening services (EIS) for grade level students not yet eligible for special education. These services may include professional development activities for school staff and provision of evaluations, supports and services. Occupational therapy may play a significant role in this area and will now be able to participate in this process if the school team determines it is necessary.

The Reauthorization includes language to more clearly delineate the process of identifying students with disabilities and how they are determined to be eligible for services. If a parent chooses to refuse consent for the school to
provide services, the school is not obligated to perform evaluations or develop an IEP for a student. Evaluations completed for determining eligibility must now include information on what the child knows and can do, not just academically but also functionally and developmentally. Emphasis was added to support eligibility determination and service needs identification after the completion of evaluations. The present-level statement on the IEP must now include references to academic achievement and functional performance instead of just educational performance.

With increased participation in the general education curriculum, students are also expected to participate in outcome measures including state and district-wide achievement assessment programs aligned to grade-level standards. Students are allowed to use accommodations as identified in the IEP. Alternate assessments will be aligned to alternate achievement standards. This information is utilized to determine whether school districts are meeting Annual Yearly Progress (AYP) goals related to NCLB, which also impacts funding. Parent involvement in IEP changes no longer requires face-to-face meetings for IEP changes after the annual review but rather provides for alternatives such as phone conferences. Parents also have increased opportunities for dispute resolution such as IEP meetings, mediation, and a mandatory resolution session before pursuing due process.

Reading and literacy have been recognized as essential to all aspects of student life, including preparing for postsecondary education or employment.
This involves being able to read school or job application forms. The NCLB Act has increased the amount of time allocated in the student's day for literacy and the IDEIA reform supports this for students with disabilities.

The IDEIA permits schools to suspend a student with disabilities or provide them with an alternative placement if the student violates a code of student conduct. The changes in this area do not require the school to determine if the placement is appropriate, but rather to establish if the behavior is a result of the disability or a result of failure to implement the IEP correctly.

The frequent references in IDEIA, to the need for statements in the IEP identifying the use of research-based methodologies to the extent practicable, will benefit the student, parents and teachers. Benefits for parents will include the opportunity to have input on the methods used to teach their child. The team of professionals knowing the student and making up the IEP team will provide general education teachers the guidance and support by having reviewed the research prior to determining interventions and methods most likely to benefit the child.

The preparation and use of highly qualified personnel is in alignment with NCLB. Criteria for qualified occupational therapy personnel will be determined by and consistent with state laws and regulations. The focus for occupational therapy will be on ensuring professional preparation and training of practitioners to impact broader student outcomes, use of a variety of service delivery models, being effective consultants, and integrating various models and strategies. This
also raises the question of the value or need for professional specialty competencies.

Related services including occupational therapy will also be included in IDEIA funded research and professional development activities. Funding supports a percentage of the cost variance to educate a student with disabilities. This funding is to cover all sections of IDEIA. One of the challenges with the Fiscal Year 2007 budget is the decreased allocation for Part D (National Activities to Improve Education of Children with Disabilities) funding. This is the result of states not have expended their previous budgets. These are discretionary funds used for activities such as: developing and disseminating information regarding special education, professional development, personnel preparation, parent training and information centers, special education research, and technical assistance (AOTA, 2006).

With the recent alignment of NCLB with IDEIA emphasizing the need for accountability for student achievement and research based decision-making, occupational therapy practitioners must design and implement intervention plans targeting student outcomes and identify evidence to support these decisions (Muhlenhaupt, 2003b). This need for data-based decision-making is leading occupational therapists to expand data collection and interpretation methods as a step toward identifying the effectiveness of intervention and may lead to occupational therapy researchers also becoming more involved by identifying effective practices (AOTA, 2006).
Databased decision-making is a direct outcome of the above legislation. This process begins with first collecting and analyzing baseline data related to the academic, non-academic and extracurricular needs for the student. Across cultures and communities, occupational therapists are learning to focus not only on the intrinsic capabilities of students, but also on what students want and need to do, and the context in which education occurs (Muhlenhaupt, 2003b). The interrelationship of all of this data, combined with additional evaluation completed by other disciplines, supports the educational team in planning an appropriate educational program.

Because of this legislation, occupational therapy in the school setting has the opportunity to continue to expand and potentially include more pre-referral services. With an increased emphasis on school mental health, occupational therapists may find they receive an increase in referrals for support in this area. The consultative role of occupational therapy may create more collaboration with parents, teachers, and administrators prior to formal evaluation and eligibility determination. The attention on independent living, employment or further education opens the possibility for increased occupational therapy involvement during transition planning (AOTA, 2006). Organizational support structures are needed, however, to provide methods of increasing therapist’s efficiency and effectiveness in the least restrictive environment of the classroom while juggling the role of a school-based therapist (AOTA, 2006).
Giangreco (2001b) identifies the need for related service providers such as occupational therapists to become aware of the characteristics of various educational programs and placements as well as the roles of other service providers to support coordinated decision-making. These characteristics and provider roles significantly impact the context in which the student is expected to participate.

A vital component to school-based practice is collaboration and this begins during the pre-referral phase. The literature demonstrates collaboration unifies students, parents, therapists, teachers and other team members. The results of effective collaboration include but are not limited to: increased relevance of pre-referral strategies to client concerns, improved accuracy of evaluations, and team-generated outcomes (Bathke, et al., 2002; Maruyama, et al., 1999).

Collaboration needs will often ebb and flow as students and team members identify changes in student participation and staff or student needs. Working collaboratively allows team members to gain knowledge and insight about other service provider roles while creating a learning environment to support the student. Among teachers and occupational therapists, collaboration frequently occurs on an informal basis as identified by Barnes and Turner (2001). Collaborative team practices studied include: developing goals and objectives, time for class collaboration, teacher monitoring of occupational therapy related services, occupational therapist monitoring of occupational therapy services, collaborative reviewing of student progress and frequency of meetings. Of these
activities, Barnes and Turner indicate the development of collaborative goals is the least frequently used practice.

Orr and Schkade (1997) describe how teachers and occupational therapists use the classroom environment in defining function for early childhood special education students, and suggest the need for continuing communication between occupational therapists and classroom teachers. The classrooms selected for this study had similar physical environments and curriculum. Teachers in this study identified student role tasks they felt were important for students while occupational therapists serving these students identified tasks that were targeted for occupational therapy intervention. Three broad categories were utilized and included: management of school daily tasks, participation in instruction, and managing school related human interactions. Teachers and therapists demonstrated the strongest agreement in identifying daily living tasks and participation in instruction as important factors. In the area of managing school related human interactions, teachers identified 78% of the items related to this role as being important while occupational therapists only identified 3 of 7 of the items as supported by occupational therapy services. This also indicates a variance between teacher priorities and areas targeted for occupational therapy intervention.

The environment was considered a common denominator between the classroom teachers and the occupational therapists and may be a good place to focus team communication. While this study was conducted in only one large
district with students receiving direct intervention, the results still validate key factors including: teachers clearly have different perspectives and priorities than occupational therapists and the environment has a significant impact on defining the student role and planning intervention.

The area of assessment interpretation is another area where classroom teachers and occupational therapists might learn to collaborate. There can be many strengths and challenges relative to a variety of assessment strategies utilized by teachers (Hargrove 2000). With changes to IDEA in 1997 and 2004, students with special education needs are spending increased time participating in the general education curriculum and associated tests. While norm-referenced tests may be easy to administer and allow comparison of same aged peers, the results are often difficult to translate into classroom instruction without excellent analytical skills and a solid foundation of the curricular sequence.

Informal measures can be adapted, however, to meet student and teacher needs and often can take into consideration context. The rapport between teacher and student can also be accounted for when using informal measures. According to Hargrove (2000), teachers are looking for patterns of learning or errors. These can be gleaned through observational skills and listening skills.

Balancing norm-referenced and curriculum-based assessments is essential and the use of both types of data can be valuable when determining special education eligibility and establishing an IEP (Dornbrowski, 2003). These testing challenges are similar to the challenges occupational therapists face moving from
skill development and remediation to client-centered occupation-based practice. Through ongoing dialogue, occupational therapists and teachers can assist one another in finding the patterns of learning used by a particular student, and can understand more fully the barriers to educational performance. As occupational therapists expand the use of functional and contextually based evaluation, there is increased opportunity and responsibility to collect data from students, parents and other team members as well as observe the student’s engagement and participation in relevant occupations (Coster, 1998; Muhlenhaupt, 2003b).

Team decision-making processes are impacted by three interrelated factors: program, placement and services. It is vital for a team to have a clear understanding of all programs and their content before determining placement. Additionally, the supports a student will need, such as occupational therapy, can be impacted by both the program and placement. Underlying beliefs and values may impact team members and the decision-making process. It is important for team members to know and understand the perspectives of each other to prevent working at cross-purposes when engaged in the decision-making process (Giangreco, 2001a). As supported in the literature (Roley, Clark, & Bissell, 2003), it is the responsibility of the occupational therapist to determine the most effective service delivery model for each student based on the student’s needs, contextual demands and therapist skill level. After determining program and placement, it is the responsibility of the team to consider potential gaps and overlaps before finalizing the IEP (Giangreco, 2001b). It is important to have
ongoing communication between all team members, and a clear understanding of the roles of each team member so the IEP process can be complete and efficient.

The Occupational Therapy Practice Framework: Domain and Process (Framework), developed by the American Occupational Therapy Association’s Commission on Practice (COP) and adopted by the Representative Assembly in 2002, has had a significant impact on the role of occupational therapists in the school setting.

This document describes the profession’s two interdependent components, which are the practice domain, and the process used for service delivery. The practice domain has expanded, from the language used in the Uniform Terminology-III document (AOTA, 1994), which focused on three areas of occupation and underlying performance components. The Framework now includes seven areas of occupation as well as the skills, client factors, and aspects of context that might support and inhibit participation in desired occupations. The description of the practice process has provided occupational therapists with a suggested sequence to assessment and intervention, which includes a means toward collecting evidence for efficacy of practice.

The literature demonstrates there is a need to increase the awareness of the Framework within the fields of occupational therapy and education (Burton, et al., 2006; Clark, et al., 2006; Spencer, et al., 2006). Guidelines for application of the Framework in early intervention and school-based settings have been
suggested (Swinth, Levan, and Muhlenhaupt, 2003). Also, the Framework is designed to support educating external audiences such as teachers and administrators about occupational therapy. Review of the literature revealed a limitation in the availability of evaluation and documentation tools incorporating the components of the Framework for use in practice.

The “Domain” as defined in the Framework, provides the foundation on which occupational therapy evaluations and interventions are built. Occupational therapy practitioners support clients in achieving the ability to engage in everyday life activities (occupations); therefore the primary statement over all aspects of the domain is “Engagement in Occupation to Support Participation in Context or Contexts” (AOTA, 2002). According to (Law, Baum and Dunn, 2001), Occupation is everything we do in life, including actions, tasks, activities, thinking and being. Additionally, occupation is defined as:

activities...of everyday life, named, organized, and given value and meaning by individuals and a culture. Occupation is everything people do to occupy themselves, including looking after themselves...enjoying life...and contributing to the social and economic fabric of their communities...(Law, Polatajko, Baptiste, & Townsend, 1997, p.32).

It is through the client identifying the value and meaning of an activity that it becomes classified as an occupation. When a student has either experienced a loss of ability or been unable to develop some abilities, the occupations of their life are impacted. For students, this can result in a change in understanding who
they are and what their role is in relation to peers or educational personnel in their environment. The interruption of the roles as friend, peer, learner, teacher helper or team player can result in decreased participation. The role of occupational therapy in the educational setting is to support students and their team in identifying and rebuilding participation skills. This in turn empowers the students to use their abilities and competence to be in control of their environment (McCreedy & Heisler, 2004). The student therefore engages in meaningful occupations.

The first tier of the domain includes the following areas of occupation: activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation. The ADL skills are necessary for survival while the IADL skills lead to a sense of belonging or competence such as within a classroom-learning situation (McCreedy & Heisler, 2004). While client factors impact performance skills and patterns, the activity demands and context must also be considered (AOTA, 2002). It is vital to understand that all aspects influence engagement in occupations within various contexts and no one aspect is more important than another.

The second tier of the domain includes performance skills and performance patterns. Performance skills, whether motor, process or interaction, involve some form of action. In the arena of motor skills, this can involve movement and interacting with tasks, objects and the environment. Occupational therapy practitioners may consider postural factors, mobility,
coordination, strength and effort as well as energy. Process skills are used to modify and manage actions in order to complete daily tasks. These process skills may include sustained effort (energy) over the course of the task, pacing self throughout a task, selecting and using tools and materials appropriately or gathering information (knowledge), initiating, sequencing and terminating (temporal organization), locating and organizing work space and objects, and adapting to contextual cues. Communication and interaction process skills can involve communicating wants and needs including the physical aspects of communication, exchanging information and maintaining appropriate relationships.

Performance patterns relate to behaviors that are routine or habitual. Occupational therapy practitioners explore the impact of habits that support the client (useful) in their occupational performance as well as habits that are missing or need additional practice (impoverished). Habits that interfere with daily life or become compulsive are considered dominating. The identification of these during the evaluation can guide intervention. When examining the impact of roles in relation to performance patterns, it is important to understand the function of these roles in relation to the client needs and priorities. Routines are a part of each person’s life and can be variable within differing contexts. A student’s arrival routine at school will often be different than their arrival routine at home after school.
After consideration of the areas of occupation, performance skills and patterns, it is vital to explore the third tier of the domain which considers the underlying contextual factors including: cultural-beliefs, values and customs; physical-environment, terrain, and objects; social-relationships with others; personal-age, gender, education; spiritual-essence of person; temporal-stages of life, time of day or year; and virtual-realistic simulation of an environment or chat rooms. The influence of context has previously been studied in relation to occupations yet not consistently integrated into occupational therapy practice. In school-based practice, services typically are typically provided within community preschools, public and private schools and vocational training sites. Contextually, each of these settings can result in different service needs.

The Model of Human Performance (Dunn, et al., 1994; Dunn et al., 2003) emphasizes the essential role of context in relation to task performance. It is the interaction of the person, performance and task within a specific environment that occupational therapists evaluate and seek to understand. The dynamic nature of contexts continually changing adds complexity to the evaluation, and consideration of context can greatly enhance the therapeutic efforts of the occupational therapist.

Additional factors impacting engagement in occupations includes activity demands (objects, space and social demands, sequencing, timing, and required actions) in addition to client factors such as body structures and functions. The client factors correlate with the ICF and may include various systems such as
sensory, neuromuscular, mental, and organ systems. It is the interrelationship of
the above components that describe the domain of occupational therapy.

The three key processes of occupational therapy, as defined by the OT
Framework (AOTA, 2002) are dynamic and interactive rather than linear and
these include: evaluation, intervention, and outcomes. The overall outcome
school-based occupational therapists are supporting in clients is the ability of the
student to engage and participate in academic and non-academic occupations.
Clients may be categorized as individuals (students), groups (classrooms) or
populations (e.g. grade level). Client-centered evaluation and intervention place
the focus on client priorities to gain engagement in occupations.

Evaluation consists of creating an occupational profile followed by an
analysis of the client’s occupational performance. The occupational profile,
developed in collaboration with the client, provides the occupational therapist the
opportunity to gain an understanding of not only what the client wants and
needs to do but also what is meaningful to the client. The process of having the
client identify their concerns, priorities, abilities and motivations is an essential
element of moving toward the provision of client-centered services as defined by
the Framework.

The implementation of client-centered practice is supported in current
literature, as described by Law, et al. (2002) and Swinth, Chandler, et al. (2003).
One of the first components of the occupational profile is identifying who the
client is, however, this can be challenging in school-based practice. When
working within the educational system, the client extends beyond the student with special needs to include parents, caregivers, teachers, paraprofessionals and other school personnel. Partnerships are key to the success of the students. Often occupational therapists focus on building skills within the student and yet there are times the primary client may be the teacher or administration. These educational team members may provide formal and informal input for the occupational profile.

The occupational profile provides information relative to past experiences or interests that may assist in the understanding of current issues and problems. While occupational therapists are the expert in identifying the factors involved in performance difficulties, when using a client-centered approach, it is vital to understand that it is the client, based on their values and needs, which identifies the occupations that have meaning in their lives. The client’s priorities serve as the driving force when using a client-centered approach. The acquisition of information and building the occupational profile creates an opportunity to develop a therapeutic relationship with the client in order to create an individualized evaluation and intervention planning as well as implementation (AOTA, 2002). The integration of occupation-based practice is key to client-centered occupational therapy.

Following the development of the occupational profile, occupational therapy practitioners begin to analyze the performance skills and patterns the client uses to engage in occupations. Throughout this analysis, strengths
(facilitators) and barriers that may be impacting participation are identified. The information is then utilized to determine which, if any, specific standardized assessments may be necessary. Through observation of participation during daily routines and in the natural environment, occupational therapists explore the interaction among performance skills and patterns as well as the context(s), demands of the activity and the client factors. It is the interrelationship of these that is unique to occupational therapy. When using a client-centered approach in school-based practice, this often requires a significant amount of observation of the student in their classroom or other environment where the student is experiencing barriers to success.

A thorough understanding of teacher expectations provides additional information necessary for developing a hypothesis. Through interpretation of the assessment data and reflective reasoning, occupational therapists identify the factors that support or hinder student participation and performance as well as why the student may be experiencing these challenges. Based on this information, intervention needs are identified and goals are developed in collaboration with the client.

In school-based practice, collaboration with the educational team is vital when establishing student goals. Intervention strategies identified in the Framework correlate with the Ecology of Human Performance (Dunn et al., 1994; Dunn et al., 2003) and support the expansion of occupational therapy services beyond skill building and remediation (establish and restore). Additional
intervention strategies include alter (maintain), adapt/modify (compensatory), prevent (disability prevention) and create (health promotion) (AOTA, 2002).

The use of skill building as an intervention approach has often focused on areas such as facilitating the development of fine motor skills for handwriting or sensory processing skills for self-management. With an increased focus on participation and function, additional approaches are being integrated into school-based practice. Students may require the development of a maintenance plan that can be implemented or supervised by classroom staff. This could involve the use of the prevention or maintenance approaches. Compensatory strategies or the use of assistive technology may provide the student the opportunity to fully participate in regular education without requiring individual occupational therapy services.

Occupational therapists may also be involved in the development of building level or district wide health promotion programs to enrich performance of specific skills for all students in the general education setting. It is through collaborating with the full team that occupational therapists can best understand the students’ needs and design effective intervention approaches.

The sequence utilized by the team in planning for a student is a key factor in determining appropriate services. While IDEIA does not specify a sequence, the literature suggests it is best to first identify the educational outcomes (goals) for the student, followed by determining the program components such as general education participation and supports necessary for the student.
(Giangreco, 2001b). These factors then support placement determination to meet the student’s needs. After designating these components, the team can collaborate to more effectively consider the interaction of all factors before finalizing the contextually relevant and specialized services such as occupational therapy that will be necessary.

The process of intervention as described by the OT Framework has three components: intervention planning, intervention implementation and intervention review. The intervention plan is developed in collaboration with the client. This plan identifies the approaches the occupational therapy practitioner will use with the client and the targeted outcome(s). In school-based practice, after a student’s (IEP) is designed and the team has identified which goals require occupational therapy support, the components that will be addressed by occupational therapy can be utilized to develop the intervention plan. The intervention plan can identify the students demographic and provider information, present level of functional performance, IEP goals, service levels, intervention approaches, types of intervention, activities, accommodations and outcome measures. This document is not considered part of the formal IEP but rather a therapy documentation tool.

The OT Framework suggests that treatment outcomes are measured by the ability of the client to engage in occupations that support participation. These outcomes may include occupational performance, client satisfaction, role competence, adaptation, health and wellness, prevention and quality of life.
When considering the necessity of educationally related occupational therapy services, therapists are encouraged to identify which of these outcomes they will be measuring relative to the student’s needs.

To summarize the Framework for school-based practitioners, the domain of occupational therapy refers to factors impacting engagement in occupations to support participation in the school context. The process of occupational therapy is client-centered, grounded in occupation, dynamic and interactive and utilizes contextual information to facilitate the process of service delivery. The occupational profile allows the OT to gain insight into the concerns and priorities of the student, teacher(s) and parents in order to address these. The OT evaluation considers the student’s performance skills and patterns in relation to activity demands and contexts. The intervention plan then addresses the concerns of all clients (student, teacher and parent) while the outcomes support the student in engaging in school related occupations (Clark, et al., 2006).

Because of the OT Framework, and the move of the profession towards “top-down” contextually based evaluations for children (Coster 1998), several tools has been developed in recent years focusing on occupation-centered assessment for pediatrics and especially for school-based practice. Some of the recent occupation-based tools have included the School Function Assessment (SFA), Pediatric Evaluation of Disability Inventory (PEDI), Assessment, Evaluation, and Programming Systems for Infants and Children (AEPS), Canadian Occupational Performance Measure (COPM), Choosing Outcomes and
Accommodations for Children (COACH), Making Action Plans (MAP), School Setting Interview (SSI), and Child Occupational Self Assessment (COSA). Tools such as these focus on obtaining input from the client perspective as well as participation in school related occupations to support teams in identifying student needs and looking holistically at the child.

The therapist is then able to observe not only the client’s performance skills and performance patterns but also the activity demands and context in which participation is necessary. The integration of occupation-based services supports the occupational therapist in providing evaluations and intervention in natural contexts such as the classroom which is in keeping with the intent of IDEIA for education in the least restrictive environment.

Barriers that may hinder application of this include: limited team knowledge and understanding of changes in best practice, limited administrative awareness of the Framework, and fear of change. Integration of occupation-based practice offers many rewards including increased generalization of skills by students, increased team communication and greater understanding by team members of the scope of occupational therapy (Personal communication, D. Handley-More, 2006 and AOTA, 2006).

Current best practice models for school-based occupational therapy focus on integrating the Framework during occupation-based assessment and intervention, evidence based decision-making, and outcome monitoring. For many therapists, this may require a shift in service delivery and program
planning. Occupational therapy practitioners having a strong working knowledge of the Framework, will be able to most effectively advocate for the use of appropriate client-centered strategies to properly identify students' educationally related needs by assessing the naturally occurring environments and providing occupational therapy within the context of ongoing activities and routines (AOTA, 2006).

The World Health Organization (WHO) adopted the International Classification of Functioning, Disability and Health (ICF) in 2001 (WHO, 2001). This provides a standard international language and framework to address health and its related domains while encouraging practitioners to consider prevention as well as participation. The dynamic interaction and interdependent relationship between person and environment, though complex, are central to this document (Stewart & Law, 2003). The ICF focuses on two primary domains: (a) body structures and functions and, (b) activities and participation. “Functioning” is the umbrella term relating to these two domains while “disability” is the term relating to limitations, impairments and participation restrictions. The ICF uses the term “health” to describe what a person with a disease or disorder does or can do. This correlates with the enablement model rather than disablement.

The intent of this document is to provide a scientific foundation for studying and understanding health and outcomes, have a common language supporting communication across the world among various health care workers, payers and policy makers, and to permit data comparisons across the world
(WHO, 2001). This document is more familiar to other disciplines and may help non-therapy personnel more clearly understand the interests and impact of occupational therapy (Youngstrom, 2002).

This shift in healthcare is also impacting school-based practice and supporting changes in service delivery. Based on current trends and best practice in school-based services, OTs concentrate on the occupational performance needs and participation of students in their education, including academic and non-academic activities. The ICF enablement framework encourages participation.

Compensatory models are emerging in schools and allow teams to focus on creating functional outcomes and minimizing the limiting impact of a disabling condition. When occupational therapy services target variables that are relevant to and impact participation, the result can be a better person-environment-occupation fit. Preventative intervention allows teams to provide strategies and services that prevent the negative impact of biological or environmental factors on student participation. Occupational therapists help students to successfully engage in meaningful and purposeful activities of school life (Bathke, et al., 2002; Muhlenhaupt, 2003a; Sarracino, 2002; Spencer, et al., 2006; Swinth, et al., 2002).

Changes in the health care systems have generated the need for adjustments in occupational therapy services as well as many other disciplines. Adaptation is an essential factor as we face changes in traditions, international
relationships, economic fluctuations, technology, health and illness, and genetics. Occupational therapists need to be aware of and provide interventions responsive to these societal changes (Blount, et al., 2004).

The continued expansion in health care systems combined with updated special education laws, have resulted in new models of practice. Occupation-based services are organized around three key factors: person-environment-occupation. It is the inter-relationship of these that impacts participation. Occupation-based models are consistent with the shift toward increased attention on community health approaches focusing on health promotion and disease prevention. These changes are also consistent with updates in IDEIA providing increased emphasis on Early Intervening Services (EIS). This focus considers all environments within the school setting and may include hallways, playground, bus, gym, and common areas (Clark, et al., 2004; Coster, 1998; AOTA, 2006). With the influence of these factors, occupational therapists will need to be actively ensuring quality care in naturally occurring environments while creating new service delivery models.

The recent changes in education reforms and best practice provide occupational therapists the opportunity for creative problem solving and integration of services into natural events and contexts within school environments. Current practice trends include assessment and intervention that is strength-based and relevant to student achievement and school success.
Normally, among therapists and agencies, there is very little consistency in format and content of evaluations or reevaluations. According to Watson (1992), the purposes of the evaluation report are to communicate factual information about the person’s abilities and challenges in occupational performance, reflect our service and promote our profession. In preparing the report, it is important to consider not only the content but also the audience, intent and format. Key components include demographic and diagnostic information, source and method of data collection, integration of the domains and interpretation of the findings followed by a summary (Clark, Youngstrom and Brayman, 2003). The analysis of occupational performance reflecting professional judgment and reflective reasoning, rather than just reporting raw data is essential and requires a time element that must be factored into the therapist’s workload. In educational settings, typically the therapist identifies potential educationally relevant needs but the goals and recommendations are not part of the formal report as these components are determined at the IEP meeting after hearing outcomes of all the evaluations completed. Once the IEP team develops the goals, the therapist proceeds with developing the occupational therapy intervention plan followed by progress notes, transition plans and status change reports.

Clark, Chandler, et al. (2003) identifies the importance of maintaining records in a professional and legal manner as well as complying with confidentiality and record storage requirements. These factors must be valued
when considering how and what to document. Clear and efficient documentation of the student evaluation and intervention provides information for team use during educational planning.

With the new IDEIA requirement for teams to include a statement of the needed supports and services based on peer-reviewed research to the extent practicable, therapists will have another component added to their current documentation needs (Muhlenhaupt, 2003a). There are many benefits to this requirement yet it will in turn impact the therapist’s workload. The IDEIA has new provisions intended to address perceived paperwork burdens cited by states and local education agencies, however, some of these provisions are only being piloted in a few states. The type of information and frequency of collecting this has not been clarified resulting in confusion about what to document and maintain in the records (AOTA, 2006).

Historically, occupational therapists brought a very strong clinical background to school-based practice. One of the challenges therapists in schools face has been that this background led to the development of discipline specific (“OT”) goals rather than educationally based client-centered goals (Clark, 2005). Currently, once the team has compiled all the data from the evaluations, occupational therapists must collaborate with the educational team as the student’s goals are developed. When collaborating and based on the occupational profile, the team identifies the desired outcome that addresses student participation, the conditions and the criterion for measurable goals.
related to the general education curriculum and with regard for the expectations of students in a school setting. If a system such as this is not utilized, there is a risk the goals will be fragmented, discipline specific and may not correlate with the general education curriculum.

Beyond the current evaluation and intervention models, new opportunities exist for increased occupational therapy involvement in transition planning, school mental health and collaboration with teachers and team members including parents. Challenges occupational therapists may face include the need for greater understanding of the general education curriculum as well as transition planning. Preparing the occupational therapy workforce to impact student achievement and outcomes, collaborate effectively and have a strong working knowledge of the Framework as well as various service delivery models will be key to the ongoing successful integration of educationally related occupational therapy services (AOTA, 2006).

Challenges practitioners may face include a need to be more knowledgeable about the general education curriculum as well as behavioral needs and interventions. Historically, occupational therapy services have often ended prior to transition planning. Documentation will now need to address transition needs that may require occupational therapy to support the student in preparing for further education, employment or independent living.

As practitioners transition to integrating the changes in IDEIA, the Framework can provide a foundation for evaluations, intervention and staff
development. The Framework can also serve to help educate administration and educational personnel about the profession’s domain and unique role in facilitating engagement in occupations to support participation in the context of education.

To summarize, school-based occupational therapy practitioners using contemporary service delivery models have many needs that are different from the clinical setting. As a team member who supports the student as well as the administration, teachers and support personnel, occupational therapists have an opportunity to serve many levels. With this role and responsibility, it is important for the occupational therapist to have not only a clear understanding of the client and their needs, but also a strong working knowledge of the general education curriculum, special education programs, state practice laws as well as relevant civil rights and special education regulations, current occupational therapy practice models, and decision-making models. Increased accountability based on IDEIA and NCLB regulations as well as third party payer mandates, professional standards and legal requirements are resulting in occupational therapy practitioners coping with high demands for paperwork (AOTA, 2006; Maruyama, et al., 1999; Swinth, Chandler, et al., 2003).

Long-standing challenges in school-based practice have included personnel shortages as well as preservice preparation of occupational therapy practitioners to work in schools and early childhood programs (Swinth, Chandler, et al., 2003). Occupational therapy practitioners fulfill a unique role in school-
based practice as they work not only with the children but also with parents, caregivers, educators and other team members. Occupational therapy practitioners can find it challenging to identify and meet the needs of the students without determining services based on parent wishes or district resource limitations.

In spite of education reform, and the creation of the OT Framework as a document that outlines occupational therapy best practice, therapists continue to utilize non-client centered care instead of consistently integrating these changes into practice. A recent study by Spencer, et al. (2006) reveals that within Colorado, many therapists continue to provide school-based services in a more traditional non-client centered format with goals being developed by occupational therapists rather than the team and based on remedial or developmental approaches with an emphasis on motor or sensory skills. Students continue to be removed from natural environments to receive therapy. While these methods are consistent with current Colorado guidelines for occupational therapists, they are incongruent with current best practice literature demonstrating the value of consultation, occupation-based practice and working within natural contexts.

The Framework can provide the foundation for the core of occupational therapy while serving as a guide to current terminology and best practice. A multitude of barriers results in limited integration of the Framework by school-based occupational therapy practitioners. Limited access to and administrative
support for professional development through release time or expense reimbursement influences decisions practitioners make. While many school-based therapists seek to expand their repertoire of intervention strategies, they may not seek educational opportunities focused on the evolution of the profession. This can result in limited awareness and understanding of the Framework within the profession and extending into education administration (D. Handley-More, personal communication, 2006).

When therapists are assigned workloads, these assignments may be influenced by non-occupational therapy personnel with limited understanding of the domain and process of occupational therapy and by economic pressures. In order to facilitate qualitative service delivery and occupational balance, practitioners have a responsibility to educate people in these decision making positions about the difference between a caseload of a certain number of IEP minutes versus a workload that incorporates all the facets involved in service delivery. Many therapists provide services to more than one building resulting in frequent travel (Maruyama, et al., 1999). There may also be variances secondary to climate related or urban and rural commute times. In addition to commuting, there is a time factor in packing up from one building and setting up in the next building that impacts the schedule.

Barnes & Turner (2001) found that although some progress has been made in regard to collaborative efforts between teachers and occupational therapists, there are continuing barriers in communication processes for school
personnel and therapists due to lack of time to meet, high caseloads, travel time and scheduling conflicts. Outdated state guidelines, as described by Spencer, et al. (2006) can create obstacles to client-centered and occupation-based intervention. According to Swinth, Chandler, et al. (2003), staff recruitment and retention in school-based practice are also impacted by these factors. Barriers to the integration of databased decision-making include therapist’s limited knowledge and skills of how to use research, time and access to obtain and review published resources, and the limited quantity of published research specific to school-based intervention (Muhlenhaupt, 2003b). All of these barriers contribute to time constraints experienced by therapists.

The reality of large workloads, travel between facilities, frequent meetings and increased emphasis on evidence based practice, leaves little time remaining in weekly schedules for documentation that is required and necessary for legal protection. It is essential for practitioners to use time efficiently and eliminate unnecessary information. The use of technology can provide consistency of formats and streamline the reporting process (Maruyama, et al., 1999). With increased emphasis on cost containment and limited available resources, accountability and scrutiny of documentation are increasing. The escalating incidence of complex disabilities seen in the pediatric population is another factor influencing practice patterns (Bathke, et al., 2002).

The proposed documentation tool will provide opportunities to facilitate integration of the Framework into prereferral services, data collection and
interpretation for evaluations as well as intervention planning and outcome monitoring to provide vital support for occupational therapy services in the schools. Access to a mechanism that provides a consistent process for services and a format for collecting and reporting information can reduce the time a therapist spends in documentation. Additionally, this can facilitate consistency in documentation and communication across school environments as students transition between local or regional communities. Consistent use of current professional terminology can help educate non-therapy personnel about the domain and process of occupational therapy. Creating a streamlined documentation process may result in therapists reducing the amount of time previously spent using lengthy and inconsistent formats. This time may then be able to be reallocated to activities having the potential to impact prevention and health promotion within schools through program development, prereferral services and system consultation.
CHAPTER III

ACTIVITIES/METHODOLOGY

The process of developing a manual to support school-based occupational therapists in providing client-centered and occupation-based services began with an extensive review of current literature. This review involved topics related to changes in health care as well as past and present practice patterns for occupational therapy services in public schools. Additional topics of importance in this review relate to civil rights and education regulations, decision-making models, theoretical frameworks, and professional documentation.

For support in locating education related resources the ERIC database was utilized. Healthcare related resources were identified through the use of OT Search and PubMed. Supplemental information was obtained from library and internet resources.

Literature within the area of education revealed that education reform is frequent and ongoing (AOTA, 2006; Giangreco, 2001a; Maruyama, et al., 1999). It has also been found that reform influences not only special education but also teachers and support staff in general education as they provide services to students with special needs (AOTA, 2006; Clark, 2005; Dornbrowski, 2003; Hargrove, 2000; No Child Left Behind Act, 2001).
Healthcare reform has been impacted by the adoption of the ICF (WHO, 2001), which in turn created a shift from the disablement practice model to the enablement model. Third party payers have also expected increased accountability and evidence-based practice is now considered a component of best practice.

The occupational therapy literature has revealed the positive impact of context and environment in relationship to occupational participation (Coster, 1998; Dunn, et al., 1994; Dunn, et al., 2003; Giangreco, 2001a; Giangreco 2001b; Law, et al., 2002; Muhlenhaupt, 2003a, Muhlenhaupt, 2003b). Additionally, the literature takes into consideration the value of client-centered and occupation-based services (Barnes and Turner, 2001; Blount, et al., 2004; Clark, et al., 2006; McCreedy and Heisler, 2004).

However, the literature also indicates there is inconsistent consideration of context during service delivery (Orr & Schkade, 1997; Spencer, et al., 2006). Furthermore, the literature demonstrated there are many barriers to the integration of client-centered and occupation-based services in school-based practice (Barnes and Turner, 2001; Blount, Chen, Hinojosa and Kramer, 2004; Coster, 1998; Muhlenhaupt, 2003a; Muhlenhaupt, 2003b; Spencer, et al., 2006; Swinth, Chandler, et al., 2003.

The Occupational Therapy Practice Framework incorporates language consistent with the ICF and familiar to other health professions. This congruency helps demonstrate the value of occupational therapy to non-therapy personnel.
Therefore, creating a manual using the Framework to focus on the application of occupation within the context of school-based intervention would be valuable (AOTA, 2002).

The process of development involved identifying four key points of involvement for the therapist in school-based practice followed by delineating the sequence a team would typically follow when seeking support. Following identification of the sequences, documentation tools were designed with an emphasis on occupations related to the role of the student and client priorities.

This manual is designed to provide a step-by-step process and documentation tools to support school-based occupational therapists in providing client-centered care and occupation-based services. Divided into four modules, the manual targets therapists serving students in urban or rural school settings.

The processes presented in the modules are for teams to utilize when seeking occupational therapy support services. Each module contains a written process accompanied by detailed documentation forms that can be utilized to communicate the need for services, team efforts, evaluation data, intervention plans and discontinuation of service. These tools are designed with checkboxes for key components to facilitate time management while increasing the awareness of the profession’s domain and process.

The goal of this manual is to assist therapists in shifting their focus from disablement-based to enablement-based services that engage students in performance and participation by integrating client-centered and occupation-
based evaluation and intervention into school based practice. This manual can serve as a tool for occupational therapists, educators, and administrators seeking to facilitate student engagement and participation in the learning environment through team collaboration.
CHAPTER IV

PRODUCT
SCHOOL BASED PRACTICE:
INTEGRATING THE OCCUPATIONAL THERAPY PRACTICE FRAMEWORK
Table of Contents

Module A: Prereferral ................................................................. 55
Module B: Evaluation............................................................... 69
Module C: Intervention............................................................ 95
Module D: Outcomes.............................................................. 106
CHAPTER IV

PRODUCT

Occupational therapists working with students through school-based practice have an opportunity to influence not only the lives of the students but also support the educators, support personnel, administration and parents. Due to the many responsibilities of the school-based practitioner, strong organizational skills are necessary to successfully manage the needs of these settings.

This chapter will provide the reader with a variety of tools and guidance to facilitate client-centered and occupation-based practice. This product consists of four modules presented in the order in which services would typically proceed.

The beginning module, Module A, describes the Prereferral Process. The purpose of this module is to provide the occupational therapist with easy to use tools offering consistency during the prereferral process for occupational therapy. Guidelines for how to integrate occupation into these services using the sample forms will be presented. If the prereferral services meet the needs of the student, no further occupational therapy intervention may be required.

The Evaluation Process is presented in Module B. In situations where the prereferral services have not provided adequate support for the student and the team has determined there is a need to gather additional information to support
educational planning, an occupational therapy evaluation would be the next step. The documents in this module include the Evaluation Process and associated forms for data collection and reporting. The purpose of this module is to support the school-based therapist in identifying and evaluating occupational needs of the student, team and system. This promotes independence and engagement in the educational process for students with special needs. It also provides an ongoing opportunity for educating team members on the scope of practice for occupational therapy.

Module C pertains to the Intervention Process. After completing the evaluation, an IEP meeting is held to report the findings to the team and discuss needs for further educational planning. During the development of the IEP based on evaluation findings, the team will determine if occupational therapy support services are a necessary intervention for the student. Since the IDEIA emphasizes the use of discipline-free goals, the occupational therapist will need to develop an intervention plan indicating the goals services will support and the relation these goals have to the occupational priorities. Documentation tools and guidelines provided in this module are designed to support and facilitate communication, meet professional documentation requirements and help therapists manage the multiple demands of this setting. A sample format of an intervention plan is included in this module.

In Module D, documentation tools to monitor student outcomes and support communication within the team and the department are provided. The
integration of these processes and documentation tools assists the school-based practitioner in providing occupation-based support services driven by client priorities and needs for successful student engagement and participation in learning.
Module A: Prereferral
Introduction to Module A – Prereferral

These services are provided prior to a student requiring a full occupational therapy evaluation. Provisions within the IDEIA, allow districts to utilize up to 15% of their Part B funding for “early intervening services”. These services have previously been known as “prereferral” services and are designed to be available to students not currently eligible for special education services.

The purpose of the services is to support the team in optimizing student participation. If after observing the student and integrating strategies for a minimum of four to six weeks, the therapist and team feel the student needs further support, a team meeting should be held to move forward with seeking input from additional service providers.

This module consists of the following 5 documents

1. Prereferral Process
2. Parent Notification OT Prereferral
3. OT Prereferral Request
4. OT Prereferral Observation Notes
5. OT Prereferral Strategies Log

These documents can be customized with the district name or number in the header for identification purposes. They are designed to be used in the sequence presented and provide a tracking system to assist with departmental functions including: needs assessment, planning, goal development, staffing, and outcomes management.
The *Prereferral Process* is designed to give occupational therapists a step-by-step guide to facilitate communication and collaboration with the building based team. The information provided by the team supports client-centered practice. Communication between the school and the parents allows for input from the family or caregivers.

The teacher or team leader completes the initial *Parent Notification OT Prereferral* according to the process and then initiates the *OT Prereferral Request*. Upon receipt of this, the occupational therapist meets with the teacher to briefly review the *OT Prereferral Request* and receive input from the teacher regarding any concerns not identified on the team forms. The OT also works with the teacher to identify an appropriate time to complete an observation of the student. Occupation-centered practice supports completion of this observation during an activity when the student requires support or assistance. The *OT Prereferral Observation Notes* have been designed to provide a concise format to indicate needs. At the onset of the observation, the occupational therapist completes the demographic information and identifies the activity being observed. The OT identifies on the *OT Prereferral Observation Notes*, strengths and barriers impacting student participation. Additional notes may be added to the back. After completion of the observation and reflective thinking, the occupational therapist may document additional concerns in the "Observational Notes section".
Following completion of the observation, the occupational therapist will schedule a meeting with the teacher to collaborate on possible interventions the teacher will implement in an effort to remove barriers and use the student’s strengths to facilitate participation. During this meeting, the teacher and occupational therapist will complete the OT Prereferral Strategies Log. This form can be printed in a double-sided format. The therapist and the teacher will each keep a copy. The teacher will implement these strategies for an agreed upon timeframe. It would be in the best interest of the student and team if the therapist and teacher check in with each other periodically during the implementation period. At the end of this timeframe, if the student is successfully participating, no further intervention may be necessary. If the student is continuing to experience challenges, additional strategies may be attempted or a team meeting initiated for further problem solving. These outcomes and any necessary follow-up are documented by the occupational therapist on the bottom of the OT Prereferral Observation Notes. The therapist retains this documentation for three years.
Prereferral Process
Occupational Therapy

Purpose: The purpose of this process is to provide teachers and support staff a communication method to initiate Occupational Therapy Pre-referral Services, otherwise known under IDEIA as Early Intervening Services. This process allows staff to alert the therapists that a student is experiencing challenges that interfere with the ability to access or participate in the educational program and may require professional collaboration or classroom consultation. The forms are presented in sequence in which they will be utilized.

A. Components and Forms:
1. Parent Notification OT Prereferral
2. OT Prereferral Request
3. OT Prereferral Observation Notes
4. OT Prereferral Strategies Log
5. Team discussion notes and strategy log/outcomes (district level building specific team process [form not included here])

B. When no team meeting is held:
1. Teacher sends original Parent Notification home to the parents.
2. Teacher keeps copy to attach to OT Prereferral Request.
3. Teacher makes parent contact to confirm receipt of notification letter.
4. Teacher indicates date this is confirmed on the bottom of the copy of the letter to give to therapist.
5. After confirming parent received notification letter, teacher completes OT Prereferral Request (available through email or in main office forms binder or in building OT reference manual). If parent returned letter with input, teacher attaches this parent input to the OT Prereferral Request and placed both in the occupational therapist’s mailbox.
6. Therapist is unable to accept the OT Prereferral Request until there is indication the parent has received notification.
7. Therapist receives form and meets with teacher to either observe student, review work samples and/or discuss possible strategies for teacher to implement.
8. Therapist completes OT Prereferral Observation Notes during observation.
9. Therapist collaborates with teacher and fills out OT Prereferral Strategies Log; then provides a copy to the teacher.
10. Teacher implements strategies and documents outcomes for a reasonable amount of time (typically 4-6 weeks).
11. Teacher shares outcome documentation with therapist.
12. If challenges resolved/strategies are working, no further involvement required.
13. If challenges persist, therapist may determine to recommend new strategies or request a team meeting.

C. Team meeting held with therapist in attendance
1. Team reviews teacher submitted forms and develops strategies for teacher(s) to implement.
2. Team is provided (by team leader) a copy of Team Intervention Strategies document indicating who is responsible for the various strategies. (This is a building level document.)
3. Teacher implements strategies and documents outcomes for a reasonable amount of time (typically 4-6 weeks).
4. Team re-convenes within pre-determined time period to review successes/challenges with recommended interventions.

D. Team meeting held and therapist not in attendance & OT related concerns are presented:
1. Teacher completes B.1-B.2 as above.
2. Team proceeds as in B.3 through B.5 above.
3. Therapist proceeds with B.6 through B.
4. Teacher proceeds with B.10 through B.11
5. Team proceeds with follow-up team meeting per district procedure.

E. Student Observation
1. Completed by therapist in collaboration with teacher
2. Observations documented on OT Prereferral Observation Notes
3. OT Prereferral Strategies Log developed in collaboration with teacher
4. OT Prereferral Strategies Log submitted to primary implementer and copy kept by OT

F. Follow-up
1. Therapist maintains documentation for three years.
Parent Notification
OT Prereferral

Date: __________________

To: Parent(s)/Guardian of: __________________________

I have some concerns/questions about your child’s classroom performance in the following areas:

☐ Self-care skills  ☐ Academic (using school materials)
☐ Play skills  ☐ Non-academic (routines, transitions)
☐ Social participation

I would like to request the school’s Occupational Therapist (OT) to collaborate with me in developing some strategies to address the above concerns. Occupational therapists work with the school team to problem solve concerns such as daily activities, routines and habits, play and learning styles which may impact a student at school. The OT may confer with teacher(s) or other school personnel, conduct a classroom observation, and/or review available school records and work samples. The information provided by the therapist will help me to support your child’s participation in their educational program.

Please sign the form below to confirm you received it. The OT would like to know of related concerns you may. You are welcome to complete the section below.

If you have questions, please contact me at school. Thank you.

Classroom teacher

The OT would like you to ☐ any concerns you have below:

☐ Self-care skills  ☐ Academic (homework)
☐ Play skills  ☐ Non-academic (routines, transitions)
☐ Social participation

Parent Comments ____________________________________________________________

__________________________________________ Date

Parent signature: __________________________

Teacher Use Only:
Date teacher confirmed parent receipt of notice: _______________________
Date copy of this letter provided to therapist: __________________________
Parent Notification
OT Prereferral
SAMPLE

Date: 3/1/06

To: Parent(s)/Guardian of: Sarah

I have some concerns/questions about your child’s classroom performance in the following areas:

- Self-care skills
- Play skills
- Social participation
- Academic (using school materials)
- Non-academic (routines, transitions)

I would like to request the school’s Occupational Therapist (OT) to collaborate with me in developing some strategies to address the above concerns. Occupational therapists work with the school team to problem solve concerns such as daily activities, routines and habits, play and learning styles which may impact a student at school. The OT may confer with teacher(s) or other school personnel, conduct a classroom observation, and/or review available school records and work samples. The information provided by the therapist will help me to support your child’s participation in their educational program.

Please sign the form below to confirm you received it. The OT would like to know of related concerns you may. You are welcome to complete the section below.

If you have questions, please contact me at school. Thank you.

Mrs. Melvin
Classroom teacher

The OT would like you to mark any concerns you have below:

- Self-care skills
- Play skills
- Social participation
- Academic (homework)
- Non-academic (routines, transitions)

Parent Comments She hates getting ready to go anywhere

Parent signature: ________________________________ Date:

Teacher Use Only:
Date teacher confirmed parent receipt of notice: 3/3/06
Date copy of this letter provided to therapist: 3/3/06
OT Prereferral Request

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth:</td>
<td>Grade:</td>
</tr>
<tr>
<td>Teacher:</td>
<td></td>
</tr>
</tbody>
</table>

**Student's occupational strengths:**

(please mark all that apply)

- [ ] Self-care skills
- [ ] Academic/Work
- [ ] Play/leisure skills
- [ ] Non-academic (routines, transitions)
- [ ] Social participation
- [ ] Other:__________________

**Team concerns regarding student's occupational performance:**

(please mark all that apply)

- [ ] Self-care skills
- [ ] Academic
- [ ] Play skills
- [ ] Non-academic (routines, transitions)
- [ ] Social participation
- [ ] Other:__________________

Additional concerns: ________________________________

What strategies have been tried and what was the outcome?

___________________________

If there are student records, who has them?____________________

Is there a current IEP? If so, date:__________________________

- [ ] Yes
- [ ] No

Is there a case study in process?__________________________

- [ ] Yes
- [ ] No

Is this Prereferral part of the case study?___________________

- [ ] Yes
- [ ] No

**Please Note Teachers and Team Leaders:**

A copy of the Parent Notification OT Prereferral letter requesting OT involvement must be attached to this form. No observation or collaboration is available until the OT receives a copy.

If student's needs have been discussed at a team meeting and the therapist was unable to attend, please attach a copy of the meeting outcome notes and Team Intervention Strategies that will be implemented.

**Therapist use only:**

Date rec'd: ______ Response Date: ______ Therapist: _______ ☒ Completed
OT Prereferral Observation Notes

Student Name: ___________________ Date: ______________

Date of Birth: ______ Grade: _______ Teacher: ________

Classroom Activity: __________________________

OT Related Concerns (✓ those that apply):

<table>
<thead>
<tr>
<th>ADL</th>
<th>IADL</th>
<th>PLAY</th>
<th>EDUCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toileting</td>
<td>Assistive</td>
<td>Exploration</td>
<td>Student Role</td>
</tr>
<tr>
<td></td>
<td>device use</td>
<td></td>
<td>Academic</td>
</tr>
<tr>
<td>Hygiene</td>
<td>Safety</td>
<td>Participation</td>
<td>Non-academic</td>
</tr>
<tr>
<td>Clothing mgmt</td>
<td>Community mobility</td>
<td>Access to playground</td>
<td>(lunch/recess)</td>
</tr>
<tr>
<td>Eating</td>
<td>Health mgmt</td>
<td>Access to indoor recess</td>
<td>Extracurricular</td>
</tr>
<tr>
<td>Functional mobility</td>
<td>Life skills</td>
<td></td>
<td>Pre-vocational</td>
</tr>
<tr>
<td>Personal device care</td>
<td></td>
<td></td>
<td>Vocational</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MOTOR SKILLS</th>
<th>PROCESS SKILLS</th>
<th>COMMUNICATION</th>
<th>PATTERNS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Posture</td>
<td>Energy</td>
<td>Physicality</td>
<td>Habits</td>
</tr>
<tr>
<td>Mobility</td>
<td>Knowledge</td>
<td>Info exchange</td>
<td>Useful</td>
</tr>
<tr>
<td>Coordination</td>
<td>Temporal org</td>
<td>Relations</td>
<td>Impoverish</td>
</tr>
<tr>
<td>Strength/effort</td>
<td>Org space/obj</td>
<td></td>
<td>Dominate</td>
</tr>
<tr>
<td>Energy</td>
<td>Adaptation</td>
<td></td>
<td>Routines</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTEXTS</th>
<th>ACTIVITY DEMANDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cultural</td>
<td>Objects</td>
</tr>
<tr>
<td>Physical</td>
<td>Space</td>
</tr>
<tr>
<td>Social</td>
<td>Social</td>
</tr>
<tr>
<td>Personal</td>
<td>Sequence/time</td>
</tr>
</tbody>
</table>

Observational Notes:

Therapist Use Only
Teacher Contact Date: ______________
Observation Scheduled for: ______________

Follow-up:
☐ Developmentally Appropriate  ☐ No OT intervention reqd  ☐ Strategies given to teacher
☐ Send Releases                ☐ Student Observation  ☐ Obtain Medical Reports
☐ Request Team Meeting         ☐ Assessment           ☐ Phone Contact with parent
☐ Teacher follow-up in ___ wks ☐ Refer to: _______________  ☐ Other:

See attached:
☐ Prereferral Request  ☐ Strategies Log  ☐ Team input
OT Prereferral Strategies Log

Student Name: ___________ Date Initiated: ________ Review Date: ____________

Date of Birth: ___________ Grade: ___________ Teacher: ___________

This information is based on team concerns and OT observations.

<table>
<thead>
<tr>
<th>Student or Teacher Concerns</th>
<th>Strategies</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational area:</td>
<td></td>
<td>Dates Implemented</td>
</tr>
<tr>
<td>□ ADL</td>
<td>□ IADL</td>
<td>Person Responsible</td>
</tr>
<tr>
<td>□ Play</td>
<td>□ Education</td>
<td></td>
</tr>
<tr>
<td>Skills</td>
<td>Patterns:</td>
<td>What Worked</td>
</tr>
<tr>
<td>□ Motor</td>
<td>□ Habits</td>
<td></td>
</tr>
<tr>
<td>□ Process</td>
<td>□ Routines</td>
<td></td>
</tr>
<tr>
<td>□ Commun.</td>
<td>□ Roles</td>
<td></td>
</tr>
<tr>
<td>Context(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Physical</td>
<td>□ Social</td>
<td></td>
</tr>
<tr>
<td>□ Cultural</td>
<td>□ Virtual</td>
<td></td>
</tr>
<tr>
<td>□ Temporal</td>
<td>□ Personal</td>
<td></td>
</tr>
<tr>
<td>□ Spiritual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity demands:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Objects</td>
<td>□ Actions</td>
<td></td>
</tr>
<tr>
<td>□ Space</td>
<td>□ Body func.</td>
<td></td>
</tr>
<tr>
<td>□ Social</td>
<td>□ Body struct.</td>
<td></td>
</tr>
<tr>
<td>□ Sequence/time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student or Teacher Concerns</td>
<td>Strategies</td>
<td>Outcomes</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>------------</td>
<td>----------</td>
</tr>
<tr>
<td>Occupational area:</td>
<td></td>
<td>Dates Implemented</td>
</tr>
<tr>
<td>□ ADL</td>
<td>□ IADL</td>
<td>Person Responsible</td>
</tr>
<tr>
<td>□ Play</td>
<td>□ Education</td>
<td></td>
</tr>
<tr>
<td>Skills</td>
<td>Patterns:</td>
<td></td>
</tr>
<tr>
<td>□ Motor</td>
<td>□ Habits</td>
<td></td>
</tr>
<tr>
<td>□ Process</td>
<td>□ Routines</td>
<td></td>
</tr>
<tr>
<td>□ Commun.</td>
<td>□ Roles</td>
<td></td>
</tr>
<tr>
<td>Context(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Physical</td>
<td>□ Social</td>
<td></td>
</tr>
<tr>
<td>□ Cultural</td>
<td>□ Virtual</td>
<td></td>
</tr>
<tr>
<td>□ Temporal</td>
<td>□ Personal</td>
<td></td>
</tr>
<tr>
<td>□ Spiritual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity demands:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Objects</td>
<td>□ Actions</td>
<td></td>
</tr>
<tr>
<td>□ Space</td>
<td>□ Body func.</td>
<td></td>
</tr>
<tr>
<td>□ Social</td>
<td>□ Body struc.</td>
<td></td>
</tr>
<tr>
<td>□ Sequence/time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Occupational area:          |            | Dates Implemented |
|                            |            | Person Responsible |
|                            |            |                      |
|                            |            |                      |
|                            |            |                      |
| Notes:                     |            |                      |
OT Prereferral Strategies Log

SAMPLE

Student Name: **Sarah** | Date Initiated: **3/6/06** | Review Date: **4/10/06**

Date of Birth: **3/12/99** | Grade: **2** | Teacher: **Mrs. Melvin**

This information is based on team concerns and OT observations.

<table>
<thead>
<tr>
<th>Student or Teacher Concerns</th>
<th>Strategies</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational area:</td>
<td></td>
<td>Dates Implemented</td>
</tr>
<tr>
<td>☒ ADL</td>
<td>Teacher places picture sequence in coat area: 1 each for arrival/departure</td>
<td>3/6-4/10/06</td>
</tr>
<tr>
<td>□ Play</td>
<td></td>
<td>Person Responsible</td>
</tr>
<tr>
<td></td>
<td>Teacher demo to student how to use pictures as cues</td>
<td>Teacher</td>
</tr>
<tr>
<td>Skills</td>
<td></td>
<td>What Worked</td>
</tr>
<tr>
<td>☒ Motor</td>
<td>Student demo to teacher arrival/departure process</td>
<td>Departure Seq.</td>
</tr>
<tr>
<td>☐ Process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Commun.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Context(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☒ Physical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Cultural</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☒ Temporal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Spiritual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity demands:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☒ Objects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Space</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☒ Social</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Sequence/time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Not sequencing steps in arrival/departure routines</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<p>| Occupational area:          |            | Dates Implemented |
| ☒ ADL                      | Teacher places picture card for “help” near coat area | 3/6-4/10/06 |
| □ Play                     | Student demo to teacher how to request “help” |            |
| Skills                      |            | Person Responsible |
| ☐ Motor                    |            | Teacher |
| ☒ Process                  |            | What Worked | What Didn't Work |
| ☐ Commun.                  |            | Departure Seq. | N/A |
| Context(s)                  |            |            |              |
| ☒ Physical                 |            |            |              |
| ☐ Cultural                 |            |            |              |
| ☒ Temporal                 |            |            |              |
| ☐ Spiritual                |            |            |              |
| Activity demands:           |            |            |              |
| ☒ Objects                  |            |            |              |
| ☐ Space                    |            |            |              |
| ☒ Social                   |            |            |              |
| ☐ Sequence/time             |            |            |              |
| Comments:                   |            |            |              |
| <strong>Not asking for help</strong>     |            |            |              |</p>
<table>
<thead>
<tr>
<th>Student or Teacher Concerns</th>
<th>Strategies</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational area:</td>
<td></td>
<td>Dates Implemented</td>
</tr>
<tr>
<td>☒ ADL</td>
<td>Teacher provides additional set for home use</td>
<td>3/20-4/10/06</td>
</tr>
<tr>
<td>☐ IADL</td>
<td></td>
<td>Person Responsible</td>
</tr>
<tr>
<td>☐ Play</td>
<td></td>
<td>Teacher/Parents</td>
</tr>
<tr>
<td>☐ Education</td>
<td></td>
<td>What Worked</td>
</tr>
<tr>
<td>Skills</td>
<td></td>
<td>What Didn't Work</td>
</tr>
<tr>
<td>☐ Motor</td>
<td></td>
<td>Parents report no success</td>
</tr>
<tr>
<td>☐ Habits</td>
<td></td>
<td>Picture cues</td>
</tr>
<tr>
<td>☒ Process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☒ Routines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Commun.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Roles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Context(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Physical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☒ Social</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Cultural</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Virtual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☒ Temporal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Personal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Spiritual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity demands:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☒ Objects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☒ Actions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Space</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Body func.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☒ Social</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Body struc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Sequence/time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents report same at home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupational area:</td>
<td></td>
<td>Dates Implemented</td>
</tr>
<tr>
<td>☒ ADL</td>
<td>Teacher instructs peers on diverse needs of friends</td>
<td>3/20-4/10/06</td>
</tr>
<tr>
<td>☐ IADL</td>
<td></td>
<td>Person Responsible</td>
</tr>
<tr>
<td>☐ Play</td>
<td></td>
<td>Teacher, OT, SW</td>
</tr>
<tr>
<td>☐ Education</td>
<td></td>
<td>What Worked</td>
</tr>
<tr>
<td>Skills</td>
<td></td>
<td>What Didn't Work</td>
</tr>
<tr>
<td>☐ Motor</td>
<td></td>
<td>Peer education</td>
</tr>
<tr>
<td>☐ Habits</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>☐ Process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☒ Routines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Commun.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Roles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Context(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Physical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☒ Social</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Cultural</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Virtual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☒ Temporal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Personal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Spiritual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity demands:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Objects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☒ Actions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Space</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Body func.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☒ Social</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Body struc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Sequence/time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peers teasing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes:

---

68
Module B: Evaluation
Introduction to Module B – Evaluation

Students are referred for an occupational therapy evaluation by their educational team if the prereferral process has not created the desired outcomes. The student’s needs must significantly interfere with the ability to benefit from the individualized education program. The purpose of the evaluation is to support the team in identifying student needs when planning the individualized educational programs. When the expertise and knowledge of the occupational therapist is required, the team then moves to the evaluation process. The evaluation is a collaborative effort amongst the occupational therapist, educational staff, student and parents or caregivers.

This module consists of the following processes and documents

1. Team Referral Process
   a. Team Referral Packet

2. Evaluation Process
   a. Occupational Profile
      1. Health History
      2. Teacher Input
         a. School Routines
         b. Learning Behaviors
      3. Caregiver Interview
      4. Student Interview
   b. Occupational Analysis
1. Data Collection

3. Documentation
   
a. Evaluation Summary

Team Referral Process

The purpose of this process is to identify student specific needs, team priorities and the educational relevance and necessity for an Occupational Therapy evaluation. The *Team Referral Packet*, along with accompanying IEP and other supporting documents must be completed at a building team meeting. Participants are requested to sign the front cover indicating participation in the team meeting. The team leader is responsible for submitting the completed form to the Occupational Therapist assigned to the building for review and action.

Evaluation Process

The evaluation consists of creating an occupational profile and occupational analysis as described below. A baseline occupational profile is developed and may expand as the therapist gains more knowledge and understanding of the student’s needs. The Occupational Profile requires the occupational therapist to gather data from a variety of resources as describe below. The Occupational Analysis provides the therapist the opportunity to examine the factors impacting student participation and performance. Some of the tools, such as the *Data Collection* form may be printed double sided to increase efficiency.
Occupational Profile

After gathering demographic information from the referral packet, you can begin using the Data Collection tool to create the occupational profile by first determining who the primary and secondary clients are followed by identifying the occupational priorities of the client. Typically in school-based practice, the student has been considered the primary client. As school districts have become increasingly familiar with the support available to them, secondary clients are often an important factor. You may use an “X” to indicate occupations that are the priority of the primary client and a “□” to indicate occupational priorities for the secondary client(s). This can assist you in establishing training and other forms of intervention. Notations on client factors can provide necessary information when considering a holistic perspective. This may include but not be limited to medical diagnosis, cognitive abilities, and significant medical history.

Health History

The occupational therapist will request the parent or guardian provide background information by completing the Health History. The purpose of this information is to provide the occupational therapist with any known diagnostic information, current medical interventions and precautions.

Teacher Input

The teacher provides the foundational information for current student participation. The School Routines and Learning Behaviors are tools the
therapist may ask the teacher to complete to gain perspective on the team’s concerns.

*Parent and Student Input*

The occupational therapist seeks input from the family in relation to school participation. This is obtained through the use of the *Caregiver Interview*. If additional information is necessary from community-based providers or paraprofessionals working with the student, the checkbox indicates who is providing the information. Students who are able to respond to an interview process meet with the therapist to identify their perspectives and priorities. This information is documented on the *Student Interview form*.

*Occupational Analysis*

The occupational therapist also utilizes the *Data Collection form* to document data collected for analysis and reporting.

The next phase will be to identify activity demands and contextual factors that may be impacting participation at school. These may involve contexts at home if the outcome is impacting school (i.e., limited English proficiency at home may impact completion of homework). It is important to identify both strengths and challenges related to the context. After identifying performance skills and patterns, the occupational therapist analyzes the information to determine the educational needs relative to the occupational priorities. It is possible there may be some areas with fewer notations. It is important to keep in mind at this point that in school-based practice, only the areas of concern
identified by the team need to be addressed in the evaluation. You may choose to note “n/a” to indicate an area which is not applicable. This can prevent going back later to prepare your report and think you have missed collecting data for a section.

Documentation Process

The *Evaluation Summary* is designed to provide the occupational therapist a concise format for reporting findings to the team. The purpose of the evaluation is to gather data to support progress monitoring and program planning and this report integrates the findings in preparation for a narrative summary.

The occupational profile summary provides the background information and keeps the focus on the client’s occupational needs and priorities. Contextual factors provide a framework for the occupational performance. You will integrate pertinent information from the data collection tool into a narrative summary to clarify for the educational team how these factors impact student participation.

The analysis of occupational performance component will include how you obtained your information. This is followed by discussion of the client’s occupational performance needs for successful participation in school which includes identifying how the current limitations are impacted by activity demands, performance patterns and performance skills.
A brief summary of the educational impact of the above information will provide the team the support for designing and implementing an individualized plan. The outcome of the IEP meeting is documented on the final page of the Evaluation Summary. A copy of the report is submitted to the team leader at the end of the meeting and a copy is retained for the therapy file.

In school-based practice, the educational team determines the plan for services after reviewing the evaluation information from all team members. If a team determines occupational therapy services are necessary, an intervention plan that coincides with the IEP would be developed.
**Evaluation Process**

**Occupational Therapy**

**Purpose:** The purpose of this process is to provide students, teachers, and support staff assistance in identifying student needs and establishing individualized education programs. This process is one component of a team evaluation and requires a considerable amount of team collaboration. Occupational therapy services are considered a related service and must relate to the identified educational needs and goals established for the student. The evaluation provides the therapist a chance to work closely with the team and student to identify occupational needs, priorities and potential interventions.

A. Components and Forms:
   1. Team Referral Process
      a. Team Referral Packet
   2. Evaluation Process
      a. Occupational Profile
         1. Health History
         2. Teacher Input
            a. School Routines
            b. Learning Behaviors
         3. Caregiver Interview
         4. Student Interview
      b. Occupational Analysis
         1. Data Collection
   3. Documentation Process
      a. Evaluation Summary

B. Team Referral Process
   1. After completing the Prereferral Process and if the student continues to experience challenges, the team may, with input from the occupational therapist, initiate a referral for an evaluation.
   2. Team meets and completes the referral packet.
   3. If the district requires an administrative signature to approve the evaluation, the team leader must obtain this.
   4. *Team Referral Packet* and all attachments noted on the final page of the packet are placed in the mailbox of the occupational therapist serving the building.
   5. Upon receipt, the occupational therapist will review the *Team Referral Packet* for completeness and determine if a full evaluation is necessary.
   6. Therapist will notify team leader of intent to evaluate or defer.
C. Evaluation Process
   1. Evaluation Deferred
      a. Therapist may determine evaluation should be deferred pending additional information or implementation of different strategies in keeping with least restrictive environment.
      b. Therapist notifies team leader of action needed by team.
      c. Team may resubmit following implementation of therapist recommendation.
   2. Evaluation Proceeding
      a. Therapist will notify team leader of need to convene team meeting with parents to discuss needs and obtain parental consent to evaluate student.
      b. Team meeting held and consent obtained.
      c. If physician referral required by OT licensure, therapist will request parent obtain this. Evaluation will not be initiated until this is received.
      d. Therapist may also ask parent to sign Release of Information Forms for service providers.
      e. Upon receipt of physician referral (where required), therapist will initiate evaluation including Occupational Profile and Occupational Analysis. This may require multiple interactions with the student and/or team members.

D. Documentation Process
   1. Therapist documents results in Evaluation Summary and notifies team leader of completion of evaluation.
   2. Team leader schedules IEP meeting for evaluation results and planning.
   3. Team determines if occupational therapy services are educationally relevant and necessary.
   4. Team determines supports required by occupational therapy and embeds supports into IEP to support student goals.
   5. Occupational therapist documents outcome of meeting on bottom of final page of report before submitting to team leader.
   6. OT submits a copy of the Evaluation Summary to team leader for inclusion in IEP packet.
   7. OT keeps a copy in the OT file.
TEAM REFERRAL PACKET
OCCUPATIONAL THERAPY SERVICES

* This form is only to be used after implementing the required 4-6 weeks of Early Intervening Services (Prereferral)

PURPOSE OF THIS FORM: To identify specific student behaviors and the educational relevance which indicate consideration for an Occupational Therapy evaluation. THIS FORM IS SUBMITTED TO YOUR BUILDING THERAPIST WHEN REFERRING A STUDENT FOR AN OCCUPATIONAL THERAPY EVALUATION.

TEAM PROCESS: This form and accompanying IEP/supporting information must be completed at a building team meeting.

OT Referral Meeting
Team meeting date: _______________

Team members present:
(Signature)  
<table>
<thead>
<tr>
<th></th>
<th>Team Leader</th>
<th>Case Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>General Education Teacher</td>
<td>Special Education Teacher</td>
</tr>
<tr>
<td></td>
<td>School Psychologist</td>
<td>School Social Worker</td>
</tr>
<tr>
<td></td>
<td>School Nurse</td>
<td>Speech Therapist</td>
</tr>
<tr>
<td></td>
<td>Occupational Therapist</td>
<td>Other</td>
</tr>
</tbody>
</table>

To expedite this referral, please complete the following pages and return the entire packet and necessary attachments to the occupational therapist serving your building.

Missing components may delay the process.
BACKGROUND DATA

Student Information
Name ___________________________ DOB ______ Gender □ M □ F Grade ______ □ AM □ PM
□ Special Education Eligibility (please specify) ___________________________ Annual Review Date ______
□ 504 Plan Date of Plan ______ Medical Condition ______
School ___________________________ Teacher ___________________________ School Phone ______
Home Address ___________________________ Home Phone ______

Please indicate with a ✓ any current services the student receives:
□ Speech/Language □ Itinerant Vision □ OT □ PT □ Adaptive P.E.
□ Itinerant Hearing □ LD Resource □ Social Service □ Other (specify): ________________
Results of pertinent evaluations (test/scores/date)

Mode of Communication:
□ Oral Language □ Sign Language □ Communication Board □ Gestures
□ None □ English Language Learner

Medical Information
Are there any significant features in student’s medical history that might influence educational performance? (Specific disability, seizures, ear infections, allergies, birth complications, etc.)
□ No □ Yes (please specify) ________________
Medications □ No □ Yes (list) ________________
Assistive Devices □ wheelchair □ walker □ stander □ communication □ self-care □ other
Primary physician ___________________________ 
Other medical specialists ___________________________

Reason for Referral
EDUCATIONAL RELEVANCE
Please describe the following:
1. Student strengths

2. Student’s daily routine

3. Description of the current curriculum

4. Current participation styles

5. Learning style

6. Current academic functioning levels

7. How long have these concerns been observed and by whom?

8. Current relevant targeted outcomes to increase student participation (IEP goals)
### Occupational components interfering with educational performance

<table>
<thead>
<tr>
<th>ADL</th>
<th>IADL</th>
<th>PLAY/LEISURE</th>
<th>EDUCATION/WORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toileting</td>
<td>Assistive device use</td>
<td>Exploration</td>
<td>Student Role</td>
</tr>
<tr>
<td>Hygiene</td>
<td>Safety</td>
<td>Participation</td>
<td>Academic</td>
</tr>
<tr>
<td>Clothing mgmt</td>
<td>Community mobility</td>
<td>Access to playground</td>
<td>Non-academic</td>
</tr>
<tr>
<td>Eating</td>
<td>Health mgmt</td>
<td>Access to indoor recess</td>
<td>(Lunch/recess)</td>
</tr>
<tr>
<td>Functional mobility</td>
<td>Life skills</td>
<td>Toys/equipment</td>
<td>Extracurricular</td>
</tr>
<tr>
<td>Personal device care</td>
<td></td>
<td>Library</td>
<td>Transition Plan</td>
</tr>
</tbody>
</table>

### MOTOR SKILLS

- Posture
- Mobility
- Coordination
- Strength/effort
- Energy

### PROCESS SKILLS

- Energy (Attn/pace)
- Knowledge
- Temporal org (initiate/sequence)
- Org space/obj
- Adapt/adjust

### COMMUNICATION

- Physicality
- Info exchange
- Relations
- Adapting to demands

### PATTERNS

- Habits
- Useful/supportive
- Missing or improve
- Dominating
- Routines
- Arrival/departure
- Transitions
- Hygiene
- Roles (Student/peer/friend)

### CONTEXTS

- Cultural
- Physical
- Social
- Personal

### ACTIVITY DEMANDS

- Spiritual
- Temporal
- Virtual
- Use of tools/materials
- Space
- Social
- Sequence/time
- Req'd actions
- Req'd body function
- Req'd body structures

1. What specific strategies, techniques, special equipment modifications, reasonable accommodations have been made/used in the student’s environment or program to adapt for the identified concerns?

<table>
<thead>
<tr>
<th>Strategies and Accommodations</th>
<th>Person Responsible</th>
<th>Dates Trialed</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Please identify your priorities

3. How do you hope OT can best support the student to participate within your classroom?

4. Provide any additional information you believe would help the therapist better understand the nature of this student’s needs and strengths.

**NOTE:** The team leader is responsible for submitting the completed form to the Occupational Therapist who will review it.
ATTACHMENTS MUST BE INCLUDED (most current and relevant)
The following documents must be attached to the Referral Packet form. Please note if information is not available in student's cumulative file.

☐ IEP  ☐ Medical Reports  ☐ Psychological Reports
☐ Academic Reports  ☐ Occupational Therapy Reports  ☐ Physical Therapy Reports
☐ Work Samples  ☐ Classroom Schedule  ☐ Other___________
☐ Formal Behavior Intervention Plan
☐ Signed parent consent (district form) for evaluation
☐ Copy of document indicating team assessment areas
☐ Date consent signed by parent/guardian ____________________
☐ Date evaluation due (60 days) ____________________

TEAM SCREENING SUMMARY AND OUTCOMES
Team Leader completes this final section prior to forwarding to the District/Designee for approval:

District Contact Person ____________________ Phone number ____________________

Position ________________________________________________________________

In the event that an OT evaluation is recommended, this signature authorizes the evaluation.
Approval ____________________ Date ____________________
District Special Services Director/Designee

OCCUPATIONAL THERAPY EVALUATION RECOMMENDATIONS (Therapist use only)

Date received: ____________________ Date reviewed: ____________________

Occupational therapy evaluation Recommended ☐ Deferred ☐

Reason deferred: ____________________

Date Returned to Team Leader __________ Reviewed by ____________________

Comments______________________________________________________________
______________________________________________________________

81
**Health History**

The following information is requested as part of the occupational therapy evaluation. Please complete this form and return it in the enclosed envelope. Thank you!

<table>
<thead>
<tr>
<th>Student name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>City/State/Zip</td>
</tr>
<tr>
<td>Contact number</td>
<td>Date of birth</td>
</tr>
<tr>
<td>Age</td>
<td>Grade</td>
</tr>
<tr>
<td>Parents name(s)</td>
<td></td>
</tr>
<tr>
<td>Student’s Physician</td>
<td>Phone number</td>
</tr>
<tr>
<td>Physician address</td>
<td>City/State/Zip</td>
</tr>
</tbody>
</table>

**Family History**

Any significant family health problems?

- Vision problems
- Hearing problems
- Speech/language problems
- Heart problems
- Learning disabilities
- ADD/ADHD/hyperactivity
- Mental health
- Nervous system
- Allergies

**Student’s Health History**

Birth history

- Normal pregnancy
- Full term
- Premature____ wks

Please note and specify any complications below:

- Complicated pregnancy
- Complications with delivery
- Complications in hospital
- Complications after going home

**Allergies**

- Drug
- Environmental
- Food
- Seasonal
- Animals
- Insects

Allergy Treatment(s) ____________________________________________

**Health concerns**

- Asthma
- Asthmatic bronchitis
- Diabetes
- Seizure disorder
- Ear infections
- Fainting
- Hearing loss
- Vision loss
- Heart disease
- Kidney problems
- Joint/bone problems
- Skin problems
- Stomach/intestinal problems
- Urinary tract problems
- Dental concerns

Previous hospitalizations, surgeries, or injuries (please give dates and conditions) __________

Current medications _________________________

Last physical _________________________

**Sleep habits**

- Sound sleeper
- Restless
- Sleepwalking
- Nightmares
- Talks in sleep

Bedtime _______________ Wake up time _______________

Has your child previously received occupational therapy? If so, when/where?
School Routines
Occupational Therapy Evaluation

Student name: ____________________________ Teacher: ____________________________

Your assistance is needed in order to determine the emphasis for the occupational therapy evaluation. Please identify your areas of concern to help the team focus.

<table>
<thead>
<tr>
<th>SETTING</th>
<th>STUDENT’S STRENGTHS</th>
<th>YOUR CONCERNS</th>
<th>YOUR DESIRED OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bus/Hallway</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coat Routine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bathroom</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reading</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written Lang Arts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Math</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spelling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Art</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Music</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Completed by: ____________________________ Date: ____________________________

Please return to the Occupational Therapist by: ____________________________
Learning Behaviors
Occupational Therapy Evaluation

Student name: ___________________________ Teacher: ___________________________

Please consider this student’s function in the following areas. Determine if there is a concern. Check yes or no. If yes, please describe your concern.

1. Independence in task completion. ☐ ☐
2. Organization with space and belongings. ☐ ☐
3. Attention to classroom activity. ☐ ☐
4. Activity level: (calm, distractible, impulsive, lethargic). ☐ ☐
5. Avoidance of activities (tactile, PE). ☐ ☐
6. Engage in self-stimulatory or sensory seeking behaviors that are inappropriate or interfere with function. ☐ ☐
7. Understanding of directions to carry tasks to completion. ☐ ☐
8. Disruption of others through distracting mannerisms. ☐ ☐
9. Completion of work within time allotted. ☐ ☐
10. Coping with transitions or changes in routine. ☐ ☐
12. Movement control: (clumsy, trips or falls easily). ☐ ☐
13. Other concerns or comments:

Completed by: ___________________________ Date: ___________________________

Please return to the Occupational Therapist by: ___________________________
Caregiver Interview
Occupational Therapy Evaluation

Student ______________________________________ Date ____________________

Please provide the following information to help the occupational therapist gain a better understanding of your student’s participation, strengths, needs and interests.

Please indicate your relationship to the student:
☐ Parent  ☐ Paraprofessional  ☐ Community Agency Provider  ☐ Other __________

1. Describe your student’s interests

2. Describe your student’s strengths and successes.

3. School routines

4. Home routines (getting ready for school, after school, homework, discipline, play)

5. Your concerns

6. What do you feel your student needs?

7. What are your expectations from this evaluation and/or intervention?

8. What are your priorities/goals for the student?

9. Are there any specific cultural considerations for your student?

10. Additional information you would like to share

Thank you for taking the time to complete this. Please return it to school in the enclosed envelope.
<table>
<thead>
<tr>
<th><strong>Student Name:</strong></th>
<th><strong>Date:</strong></th>
<th><strong>Teacher:</strong></th>
</tr>
</thead>
</table>

**Student Interview**  
Occupational Therapy Evaluation

<table>
<thead>
<tr>
<th><strong>School</strong></th>
<th><strong>Home</strong></th>
<th><strong>Friends</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>What do you like about school?</td>
<td>What do you have to do at home?</td>
<td>Tell me about your friends at school.</td>
</tr>
<tr>
<td>What is your favorite subject?</td>
<td>Do you have help with homework? □ No □ Yes</td>
<td>Do you like to play with one or two friends, lots of friends or by yourself?</td>
</tr>
<tr>
<td>What do you really want to do at school?</td>
<td>Do you have a job at home?</td>
<td>What do you like to play with them?</td>
</tr>
<tr>
<td>How do you get to and from school?</td>
<td>Do you get ready for school by yourself or do you get help?</td>
<td>Tell me what you like to do after school and on the weekends.</td>
</tr>
<tr>
<td>What you think you are best at in school?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What are you expected to do at school?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What don't you like about school?  
What do you need to do at school?  
What don’t you want to do at school?  
Is it easy to get around school?  
What is hardest for you about school?  
Is it easy to follow the rules at school?  
Is it easy to keep your mind on your schoolwork?  
Do you like to finish your work on time at school?  
What do you do if something is hard for you?  

Tell me about your friends at school.  
Do you like to play with one or two friends, lots of friends or by yourself?  
What do you like to play with them?  
Tell me what you like to do after school and on the weekends.  

Do you feel like it is easy to stay calm at school?  
Do you like to ask for help when you need it?  
Do you feel like you body always works the way you want it to at school?  
Is it easy to keep your mind on your schoolwork?  
Do you like to finish your work on time at school?  
What do you do if something is hard for you?  

Is there anything else you want me to know today?
DATA COLLECTION
OT EVALUATION

Student Name: ____________________________
Teacher: ____________________________
Grade: ____________________________ Date: ____________________________

Primary client: ☐ Student ☐ Teacher/team ☐ System ☐ Parent
Secondary client(s): ☐ Student ☐ Teacher/team ☐ System ☐ Parent
(No more than 2 clients)

Evaluation methods: ☐ Interviews ☐ Skilled observation ☐ Record review
☐ Ecological measures ☐ Informal measures
☐ Assessment tools

Student factors/skills (strengths and challenges):

"X" = primary client priority
"✓" = secondary client priority

<table>
<thead>
<tr>
<th>Occupational Priorities</th>
<th>Activities of Daily Living</th>
<th>Instrumental ADLs</th>
<th>Education</th>
<th>Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Hygiene (PE)</td>
<td>☐ Safety</td>
<td>☐ School routines</td>
<td>☐ Work habits</td>
<td></td>
</tr>
<tr>
<td>☐ Transfers</td>
<td>☐ Use of technology</td>
<td>☐ Materials mgmt</td>
<td>☐ Interests</td>
<td></td>
</tr>
<tr>
<td>☐ Toileting</td>
<td>☐ Instructing caregivers</td>
<td>☐ Environmental access</td>
<td>☐ Relationships</td>
<td></td>
</tr>
<tr>
<td>☐ Eating (snack/lunch)</td>
<td>☐ Life skills class</td>
<td>☐ Transition Plan</td>
<td>☐ Self-awareness</td>
<td></td>
</tr>
<tr>
<td>☐ Grooming</td>
<td>☐ Community living</td>
<td>☐ Pre-vocational</td>
<td>☐ Self-advocacy</td>
<td></td>
</tr>
<tr>
<td>☐ Dressing (shoes, outerwear)</td>
<td>☐ Driving</td>
<td>☐ Vocational</td>
<td>☐ Other</td>
<td></td>
</tr>
<tr>
<td>☐ Functional mobility</td>
<td>☐ Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

OCCUPATIONAL ANALYSIS

Activity Demands

Contextual Factors

Performance Skills

Motor
Process
Interaction

Motor
Process
Interaction

Habits
Routines
Role

Habits
Routines
Role

Educational Needs
## DATA COLLECTION

**OT EVALUATION**

(Continued)

<table>
<thead>
<tr>
<th>Play</th>
<th>Leisure</th>
<th>Social Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Occupational Priorities</strong></td>
<td><strong>Extracurricular activities</strong></td>
<td><strong>Fulfilling relationships</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indoor recess</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outdoor recess</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to materials and toys</td>
<td>Library</td>
<td>Communicate wants/needs</td>
</tr>
<tr>
<td>Other</td>
<td>Other</td>
<td>Adapt environmental demands</td>
</tr>
</tbody>
</table>

**OCCUPATIONAL ANALYSIS**

<table>
<thead>
<tr>
<th><strong>Activity Demands</strong></th>
<th><strong>Contextual Factors</strong></th>
<th><strong>Performance Skills</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Motor</td>
<td>Motor</td>
<td>Motor</td>
</tr>
<tr>
<td>Process</td>
<td>Process</td>
<td>Process</td>
</tr>
<tr>
<td>Interaction</td>
<td>Interaction</td>
<td>Interaction</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Performance Patterns</strong></th>
<th><strong>Educational Needs</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Habits</td>
<td>Habits</td>
</tr>
<tr>
<td>Routines</td>
<td>Routines</td>
</tr>
<tr>
<td>Role</td>
<td>Role</td>
</tr>
</tbody>
</table>

Additional Notes: ____________________________

"X" = primary client priority

"✓" = secondary client priority
Evaluation Summary
School-based Occupational Therapy

<table>
<thead>
<tr>
<th>Student name:</th>
<th>Date of Birth:</th>
<th>Age:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>General ed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Resource</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Self-contained</td>
<td></td>
</tr>
<tr>
<td>School:</td>
<td>Teacher:</td>
<td>Grade:</td>
</tr>
<tr>
<td>Date of IEP meeting:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Precautions:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Referral Information
Includes background information on how and why referral was initiated.

Occupational Profile
• Client Factors
   Medical and health history includes: primary physician name, if current MD referral is on file, prenatal history, birth history, current health status, allergies, medications, current clinical therapy services.

   Educational history includes: initial enrollment data, educational assessments, eligibility information, attendance patterns, and report card comments.

• Current Patterns and Concerns
   Teacher: current participation status, strengths, concerns (curricular and non-curricular), current services, relevant targeted outcomes (IEP goals), modifications, adaptations, supports, priorities, and expectations.

   Parent/caregiver: strengths, concerns, perceived needs, priorities, and expectations.

   Student: strengths, concerns, perceived needs, priorities, and expectations.

• Contextual factors: cultural, physical, social, personal, spiritual, temporal, and virtual. (Living situation, parental work situation, siblings or extended family, after school activities/expectations, previous therapeutic intervention, peer factors or influences, financial challenges, community involvement)

Analysis of Occupational Performance
Provide a statement of sources for data collection such as record review, skilled observations, interviews, informal measures, ecological measures, norm-referenced tools, and criterion-referenced tools.
Proceed to integration of information from data collection tools discussing the student’s occupational performance (wants and needs for school participation) as well as contextual variables and person variables including: occupational performance areas (strengths and challenges), performance patterns, activity demands, performance skills and performance patterns.

To provide the reader a visual tool to reference, a table format such as the following may be desired. Student specific details can be provided in additional table cells.

<table>
<thead>
<tr>
<th>Environment</th>
<th>Occupations and Tasks</th>
<th>Student Factors/Skills</th>
</tr>
</thead>
</table>

**Summary and Educational Implications**

Provide summative statement regarding purpose of the evaluation is to assist in individualized educational planning and progress monitoring. Highlight student participation capabilities and needs in relation to reason for the referral and how this impacts the student accessing and participating in curricular and non-curricular activities. State educational needs from an OT perspective.

**Plan:**

The results of this evaluation will be discussed at the IEP meeting followed by team collaboration to determine any necessary services, priorities and to update the IEP as deemed necessary.

---

Therapist signature, credentials

---

Therapist use only:
Date of Meeting

Team Decision:
OT Services Recommended □ Yes □ No

<table>
<thead>
<tr>
<th>Model</th>
<th>Frequency and Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indirect</td>
<td></td>
</tr>
<tr>
<td>Direct</td>
<td></td>
</tr>
</tbody>
</table>
Evaluation Summary
School-based Occupational Therapy

Student name: Sarah  Date of Birth: 3/12/99  Age: 6.11
Program:  General ed  Resource  Self-contained
School: Oceanview  Teacher: Mrs. Melvin  Grade: 2
Date of IEP meeting: 4/30/06
Precautions: uses alternative communication

Referral Information
Sarah is a 6 yr 11 month girl participating in a general education 2nd grade classroom with inclusionary resource support as well as pull out speech and language services. Sarah was referred for occupational therapy due to limited participation in self-care skills, social participation and classroom routines. Prereferral strategies were attempted with limited success and further data was deemed necessary for educational planning.

Occupational Profile
Client Factors
Her pediatrician, Dr. Meenaghan, has diagnosed Sarah with a speech delay and learning disabilities. Mother reports no prenatal difficulties and that Sarah was born at full term without complications. Sarah is in good health and has passed the vision and hearing screenings at school this year. She has no known allergies and is not currently on any medications.

Sarah participated in a private preschool program beginning at age 3 and ending when she started kindergarten. Sarah’s mother did request an evaluation by the school district at the age of 3 but Sarah was determined to not meet the eligibility requirements for special education at that time. A reevaluation was completed during the second semester of 1st grade. At that time, Sarah was determined eligible for special education due to her learning disabilities and speech delays. Sarah has demonstrated consistent attendance with the exception of typical illnesses such as colds or flu. Her academic performance at this time is consistent with 2nd semester of 1st grade levels in math and reading. Science and social studies are at grade level.

Current Patterns and Concerns
Teacher: Mrs. Melvin reports Sarah works hard with activities that she is comfortable in but does not seek out assistance when needed. Sarah tends to work parallel to her peers but will play with them during recess, PE and free time. Her primary means of communication is gestures with simple verbalizations. Sarah appears to motivated to learn academic but Mrs. Melvin reports she is concerned about daily routines and transitions. While Sarah has IEP goals addressing communication and independence, Mrs. Melvin does not
feel Sarah is progressing adequately in these areas. Sarah will verbally communicate during academic activities but not during transition times. Peers are beginning to tease her. Modifications currently in place include picture systems for arrival/departure routines and to request help. Mrs. Melvin would like Sarah to be able to independently manage these routines and request help if she needs it. A paraprofessional is in the classroom to assist with several students during the afternoons.

Parent/caregiver: Sarah’s parents report concerns about limited verbal communication when playing with peers and her dependency in taking care of herself. They are uncertain if this is related to her learning disability or if she is able to do these things but finds more reward in not doing them. Sarah also tells her parents kids are teasing her. Sarah is described by her parents as loving, creative, hardworking and stubborn. They are hoping this evaluation will help them understand Sarah better so she can become independent for daily routines at home and school. Sarah’s mother has expressed that she feels certain Sarah will need weekly therapy at school to “catch up” and does not want to have to use family insurance for this.

Student: Sarah described that she likes school but gets upset when she can’t be doing her work. She understands that if her work is not completed, it becomes homework and then she can’t play at home. Sarah reports she doesn’t like having to turn her homework in after arriving at school “in case it’s wrong” and knows that if she has to put homework in her backpack, she will need to work at home. Sarah reports she is tired after school because “it takes a lot to think and learn”. Sarah feels she is good at games and sports but doesn’t enjoy them at school because it’s too hard to go back to work when she takes a break. Sarah wants to “get my work done so I can just play. I don’t like homework but I like my teachers.”

Contextual factors
Sarah lives at home with her parents and 4-year-old brother. Her father travels 3-4 days per week for work and her mother works 3 days per week outside the home. Sarah and her brother attend gymnastics weekly. Sarah takes a martial arts class twice a week as well as dance lessons once a week. Homework is completed immediately after school and typically requires 1.5-2 hours per night with her mother helping her. Sarah also attends religion classes one day per week after school. Sarah received occupational therapy weekly from age 2 to 5. At the recommendation of the clinical therapist, these services were discontinued when Sarah started school.

At school, Sarah’s teacher requests homework be completed each day and turned in upon arrival at school. The coat area in the hallway is congested and chaotic during arrival, departure and recess routines. The noise levels are
often high due to the number of students in the area simultaneously. Students have approximately 7-10 minutes to complete arrival/departure routines and 3-5 minutes for recess transitions.

Analysis of Occupational Performance

Data for this evaluation was obtained through record review, skilled observations in classroom as well as during arrival/departure/recess routines, interviews, informal measures, ecological measures, and criterion-referenced tools.

Sarah wants to be liked by her teachers and peers. Additionally, she would like to feel school is fun but worries about not getting her work done and having to do homework. Sarah’s previous teachers have informed her that she must take recess and follow classroom rules regarding turning in homework. Sarah reports she doesn’t believe she can ask for time extensions and doesn’t tell her teachers how long it takes to do her homework after school. She also expresses frustration that peers don’t have as much homework and get more playtime.

While Sarah demonstrates difficulty learning math and language arts, she demonstrates excellent motor skills for all environments and tasks. Sarah has developed habits that impact her transitioning from schoolwork to play-based activities. In structured settings with fewer distractions, Sarah demonstrates the ability to independently manage her clothing including fasteners, backpack and contents. She is able to manipulate materials and sequence the activities with appropriate pacing. Sarah is able to organize her work on paper but has difficulty maintaining organization in her workspace. Sarah’s interactions with her peers are significantly different from those of her peers.

While Sarah seeks to be independent, she also needs to demonstrate the ability to learn her academics yet balance her schoolwork with play/leisure activities such as recess and friendships.

<table>
<thead>
<tr>
<th>Environment</th>
<th>Occupations and Tasks</th>
<th>Student Factors/Skills</th>
</tr>
</thead>
</table>
| Hallway/coat area: decreased structure, time constraints, increased noise levels | Arrival/departure/recess routines: dressing, backpack management, homework prep and turn-in | Motor skills appropriate  
Energy, initiation, sequence, organization, and pace decreased  
Doesn’t like to leave work behind  
Doesn’t like to seek help or tell adults her preferences  
Wants to be independent  
Frustrated with teasing |
| Playground/gym    | Recess                       | Motor skills appropriate  
Distracted knowing work not completed  
Frustrated with teasing  
Doesn’t want homework  
Wants to be and have friends  
Enjoys movement activities |

93
### Environment Occupations and Tasks Student Factors/Skills

| Classroom | Academic time | Information processing: slow Fatigues with processing 1st grade levels academically Assignments same length as peers Not advocating for self when needs help Frustrated with not completing work in allotted time and having more homework than peers |

---

**Summary and Educational Implications**

The purpose of the evaluation is to assist in individualized educational planning and progress monitoring. Sarah demonstrates strengths in motivation to complete her schoolwork, motor coordination and an ability to work effectively in an environment of minimal distractions.

Sarah needs to develop habits that support participation through balancing educational and play/leisure activities at school, facilitate friendships and enhance self-management. Current barriers include: cognition, teasing, time constraints, workload, and limited accommodations. Supports include: teacher willing to make accommodations, paraprofessional for the classroom in the afternoon, Sarah's internal desire to be successful, and parents willing to explore prioritizing community-based activities.

**Plan:**

The results of this evaluation will be discussed at the IEP meeting followed by team collaboration to determine any necessary services, priorities and to update the IEP as deemed necessary.

---

Therapist signature, credentials

---

Therapist use only:

Date of Meeting 4/30/06

Team Decision:

OT Services Recommended ☑ Yes ☐ No

<table>
<thead>
<tr>
<th>Model</th>
<th>Frequency and Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indirect</td>
<td>90 min/month 5/1-6/2/06 and 8/24-12/18/06</td>
</tr>
<tr>
<td>Face-to-face</td>
<td>30 min/month 5/1-6/2/06 and 8/24-10/24/06</td>
</tr>
</tbody>
</table>
Module C: Intervention
Introduction to Module C – Intervention

Students receive occupational therapy intervention when the IEP team has determined the supports are educationally relevant and necessary for the student to progress in their educational program. During the planning process, the team will discuss supports required by the student, team or system and will identify which IEP goals occupational therapy services will support. After goals that will be supported by occupational therapy have been identified, the therapist will develop an Intervention Plan identifying the areas of occupation being addressed, frame(s) of reference, intervention approaches, types of intervention, discharge plans and outcome measures.

This module consists of the following processes and documents

1. Intervention Process
   a. Intervention Plan
   b. Intervention Implementation

The purpose of this process is to develop the Intervention Plan as it correlates to the IEP and describe the function of this document. Additionally, this process describes the implementation of intervention and initiation of data collection to measure progress.

Intervention Plan

The educational team utilizes the IEP in a manner similar to the therapist using an Intervention Plan. Since the occupational therapy services are designed to support the student goals and participation in the least restrictive
environment, best practice indicates the IEP goals are to be discipline free. Therefore, the occupational therapist develops the Intervention Plan to demonstrate how services correlate with the IEP. This provides the occupational therapist a structure for occupation-based intervention. The purpose of this document is to serve as a communication tool. It is not designed to be a component of the IEP, yet it is based on the IEP.

Intervention Implementation

Occupational therapy intervention is initiated based on the needs identified in the IEP. The frequency, duration and location of these services are also specified in the IEP. The IDEIA requires students be educated in the least restrictive environment and thus it is important for occupational therapy services to also be provided in this manner. This requires collaboration with the classroom teacher and other team members to define when it is most appropriate for the therapist to provide either face-to-face service with the student or to consult with the teacher and support personnel. The intent of occupational therapy services is to facilitate change in the student’s ability to access and participate in their education. As changes occur, either through student progress or accommodations and modifications, it may be necessary to adjust the occupational therapy services. Intervention is always provided with the intent of facilitating independence for the client, whether that is the student, team or educational system.
Intervention Process
Occupational Therapy

Purpose: The purpose of this process is to provide occupational therapists with guidelines on the development and use of an intervention plan in school-based practice. This tool is designed to be used as therapist-to-therapist communication and to support the occupational therapist in staying focused on client-centered and occupation-based practice. The Intervention Plan is created after the team has developed the student’s IEP. The student’s IEP goals are integrated into the Intervention Plan. The Intervention Plan is developed to reflect the services that are necessary from occupational therapy. These may involve working with the student, on behalf of the student or supporting team members that work with the student. This document is analogous to a teacher’s lesson plan. If the student transfers or a change is made in service providers, this tool supports communication and continuity of care.

A. Components and Forms:
   1. Intervention Plan
   2. Intervention Implementation

B. Intervention Plan
   1. OT develops Intervention Plan based on the outcome of the evaluation and IEP meeting.
   2. Intervention Plan is kept in OT file or working binder.
   3. Intervention Plan is reviewed and modified at least during every IEP Annual Review.
   4. Therapist documents changes including dates and name of therapist changing the plan.
   5. A new Intervention Plan is developed at the time of the Annual Review or if there are significant changes in the IEP.
   6. Demographic Information is completed
   7. Current IEP goals supported by OT are identified. IDEIA recommends goals not be discipline specific and therefore it is not necessary to have separate “OT” IEP goals. All goals are “student” goals.
   8. The OT checks occupational priorities in each area.
   9. Activity demands the OT will be supporting are identified.
   10. Contextual factors impacting participation are documented.
   11. Based on evaluation results and team discussion, OT documents specific skills and patterns that will be addressed through intervention.
   12. The educational need resulting from the above information is stated succinctly.
   13. The OT identifies the frame(s) of reference that are being integrated.
14. After checking the intervention approaches that will be utilized, the OT specifies which approaches may be applied to various needs.

15. The OT then checks the types of interventions that will be implemented and documents the needs these will be applied to.

16. Data collection methods are identified as they correlate with the IEP goals OT is supporting.

17. Outcome measures are identified.

18. Frequency of progress reports vary between districts and may be quarterly or by the trimester.

19. To support long-term planning, the timeframe for the three-year evaluation is completed.

20. This document is kept in the OT file or working binder.

21. Should a student transfer or a substitute therapist is necessary, this document serves as a communication tool.

C. Intervention Implementation

1. Therapist determines based on student, team, family and system needs the most appropriate service delivery model.

2. Therapist communicates to case manager the anticipated schedule the support services will be provided after collaborating with the classroom teacher to identify naturally occurring environments in which to engage the student or train support staff.

3. Therapist provides intervention as identified in the Intervention Plan.

4. Therapist collects relevant data during intervention and from appropriate team members to determine effectiveness of services.

5. Therapist determines and makes adjustments to intervention approaches and methods as deemed necessary.
**Intervention Plan**  
**Occupational Therapy**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>School:</td>
<td>Teacher:</td>
</tr>
<tr>
<td>Date developed:</td>
<td>Developed by:</td>
</tr>
<tr>
<td>Date reviewed/modified:</td>
<td>Reviewed/modified by:</td>
</tr>
<tr>
<td>Frequency/Duration:</td>
<td>Precautions:</td>
</tr>
</tbody>
</table>

**IEP Goals supported by OT**

<table>
<thead>
<tr>
<th><strong>Activities of Daily Living</strong></th>
<th><strong>Instrumental ADLs</strong></th>
<th><strong>Education</strong></th>
<th><strong>Work</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Hygiene (PE)</td>
<td>□ Safety</td>
<td>□ School routines</td>
<td>□ Work habits</td>
</tr>
<tr>
<td>□ Transfers</td>
<td>□ Health maintenance</td>
<td>□ Materials mgmt</td>
<td>□ Interests</td>
</tr>
<tr>
<td>□ Toileting</td>
<td>□ Use of technology</td>
<td>□ Environmental access</td>
<td>□ Relationships</td>
</tr>
<tr>
<td>□ Eating (snack/lunch)</td>
<td>□ Instructing caregivers</td>
<td>□ Transition Plan</td>
<td>□ Self-awareness</td>
</tr>
<tr>
<td>□ Grooming</td>
<td>□ Life skills class</td>
<td>□ Pre-vocational</td>
<td>□ Self-advocacy</td>
</tr>
<tr>
<td>□ Dressing (shoes, outerwear)</td>
<td>□ Community living</td>
<td>□ Vocational</td>
<td>□ Other</td>
</tr>
<tr>
<td>□ Functional mobility</td>
<td>□ Driving</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Other</td>
<td>□ Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Occupational Priorities**

<table>
<thead>
<tr>
<th><strong>Activity Demands</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Motor</td>
</tr>
<tr>
<td>Process</td>
</tr>
<tr>
<td>Interaction</td>
</tr>
</tbody>
</table>

**Contextual Factors**

<table>
<thead>
<tr>
<th><strong>Performance Skills</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Motor</td>
</tr>
<tr>
<td>Process</td>
</tr>
<tr>
<td>Interaction</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Performance Patterns</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Habits</td>
</tr>
<tr>
<td>Routines</td>
</tr>
<tr>
<td>Role</td>
</tr>
</tbody>
</table>

**Educational Needs**

<table>
<thead>
<tr>
<th><strong>Motor Process</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Habits</td>
</tr>
<tr>
<td>Routines</td>
</tr>
<tr>
<td>Role</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Interaction</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Habits</td>
</tr>
<tr>
<td>Routines</td>
</tr>
<tr>
<td>Role</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Habits</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Routines</td>
</tr>
<tr>
<td>Role</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Role</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Habits</td>
</tr>
<tr>
<td>Routines</td>
</tr>
<tr>
<td>Role</td>
</tr>
<tr>
<td>Intervention Plan</td>
</tr>
<tr>
<td>---------------------------</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Occupational Priorities</td>
</tr>
<tr>
<td>Indoor recess</td>
</tr>
<tr>
<td>Outdoor recess</td>
</tr>
<tr>
<td>Access to materials</td>
</tr>
<tr>
<td>and toys</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Activity Demands</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Contextual Factors</td>
</tr>
<tr>
<td>Motor</td>
</tr>
<tr>
<td>Process</td>
</tr>
<tr>
<td>Interaction</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Performance Skills</td>
</tr>
<tr>
<td>Habits</td>
</tr>
<tr>
<td>Routines</td>
</tr>
<tr>
<td>Role</td>
</tr>
<tr>
<td>Educational Needs</td>
</tr>
</tbody>
</table>
## Intervention Plan
(Continued)

### Frame(s) of reference:

**OT Intervention approaches** (describe)
- □ Establish or restore
- □ Modify
- □ Maintain
- □ Prevent
- □ Create or promote

### Types of intervention (describe)
- □ Consultation
- □ Education
- □ Therapeutic use of self
- □ Therapeutic use of occupations or activities
  - □ Prepatory
  - □ Purposeful
  - □ Occupation-based

### Methods of data collection
- □ Checklists
- □ Random probes
- □ # of trials
- □ Logs
- □ %age of success
- □ Work samples

### Outcome measures
- □ Occupational performance
- □ Adaptation
- □ Health and wellness
- □ Prevention
- □ Role competence
- □ Client satisfaction
- □ Quality of life

### Frequency of progress reports:
- 3-year evaluation due date:

Additional Comments
**Intervention Plan**

**Occupational Therapy**

**SAMPLE**

<table>
<thead>
<tr>
<th>Name: Sarah</th>
<th>Date of Birth: 3/12/99</th>
</tr>
</thead>
<tbody>
<tr>
<td>School: Oceanview</td>
<td>Teacher: Mrs. Melvin</td>
</tr>
<tr>
<td>Date developed: 4/30/06</td>
<td>Developed by: M. Nicklas, OTR/L</td>
</tr>
<tr>
<td>Date reviewed/modified:</td>
<td>Reviewed/modified by:</td>
</tr>
</tbody>
</table>

**Frequency/Duration**

- I: 90/mpm until 12/18/06
- F2F: 30 mpm until 10/24/06

**Precautions:** None

**IEP Goals supported by OT:**

- When expected to complete work in class, Sarah will request extra time to finish.
- When frustrated with workload, Sarah will communicate feelings to teacher.
- When experiencing teasing, Sarah will advocate for herself by stating one of her strengths to peers

---

**Activities of Daily Living**

<table>
<thead>
<tr>
<th>Occupational Priorities</th>
<th>Instrumental ADLs</th>
<th>Education</th>
<th>Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hygiene (PE)</td>
<td>Safety</td>
<td>School routines</td>
<td>Work habits</td>
</tr>
<tr>
<td>Transfers</td>
<td>Health maintenance</td>
<td>Materials mgmt</td>
<td>Interests</td>
</tr>
<tr>
<td>Toileting</td>
<td>Use of technology</td>
<td>Environmental access</td>
<td>Relationships</td>
</tr>
<tr>
<td>Eating (snack/lunch)</td>
<td>Instructing caregivers</td>
<td>Transition Plan</td>
<td>Self-awareness</td>
</tr>
<tr>
<td>Grooming</td>
<td>Life skills class</td>
<td>Pre-vocational</td>
<td>Self-advocacy</td>
</tr>
<tr>
<td>Dressing (shoes, outerwear)</td>
<td>Community living</td>
<td>Vocational</td>
<td>Other</td>
</tr>
<tr>
<td>Functional mobility</td>
<td>Driving</td>
<td>Other</td>
<td>N/A</td>
</tr>
<tr>
<td>Other</td>
<td>Other N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Activity Demands**

- Increase time awareness
- Organize cubby
- Turn in homework first

**Contextual Factors**

- Designate work space
- Assign cubby near classroom door

**Performance Skills**

- Motor: WFL
- Process: pace, energy
- Interaction: request help

**Performance Patterns**

- Habits: sort backpack contents
- Routines: increase participation
- Role: increase student responsibility

**Educational Needs**

- Strategies to support pride in work and desire to show work to others

**Supports for self-advocacy**

- Accommodations to reduce work volume
- Supports for self-advocacy

---

103
## Intervention Plan (Continued)

<table>
<thead>
<tr>
<th>Occupational Priorities</th>
<th>Play</th>
<th>Leisure</th>
<th>Social Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indoor recess</td>
<td></td>
<td></td>
<td>Fulfilling relationships</td>
</tr>
<tr>
<td>Outdoor recess</td>
<td></td>
<td></td>
<td>Communicate wants/needs</td>
</tr>
<tr>
<td>Access to materials and toys</td>
<td></td>
<td></td>
<td>Adapt environmental demands</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity Demands</th>
<th>• Movement</th>
<th>• Communication</th>
<th>• Socialization</th>
<th>• Identify interests</th>
<th>• Identify choices</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Interaction with peers</td>
<td>• Interaction with adults</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Communicate needs</td>
<td>• Turn taking</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contextual Factors</th>
<th>• Increase adult supervision</th>
<th>• Small and large group interactions</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td>• Classroom</td>
<td>• Hallways</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Cafeteria</td>
<td>• Recess</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td>facilitate adaptation skills</td>
<td>facilitate turn taking</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Performance Patterns</th>
<th>Habits: identify one choice for play</th>
<th>Habits</th>
<th>Routines: keep pace with peers</th>
<th>Routines</th>
<th>Role: increase student responsibility</th>
<th>Role</th>
<th>Habits: identify small group to eat lunch with</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
<td>N/A</td>
<td>increase student engagement in classroom activities</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

| Educational Needs | Opportunities to create balance between schoolwork and play/leisure | | Opportunities to engage in relationships with peers and adults at school |
### Intervention Plan

**Frame(s) of reference:** EHP

**OT Intervention approaches** *(describe)*
- *Establish or restore:*
  - Increase student awareness about self-advocacy needs and strategies
  - Increase student self esteem through integration of teacher/peer relationships and feedback
  - Increase parent awareness of strategies to facilitate homework/play balance
- *Modify:*
  - Placement of cubby to near classroom door
  - Teach components of task completion in less distracting environment
  - Reducing quantity of school work to demonstrate competence
  - Offer alternative answer formats
- *Maintain:*
  - New skills by providing opportunities to utilize daily in the classroom
- *Prevent:*
  - Isolation through increasing engagement in play and relationships
- *Create or promote:*
  - Student workload that supports completion in reasonable time frame based on abilities

**Types of intervention** *(describe)*
- *Consultation:*
  - with parent and team for workload management and answer format options
  - Continue consultation through 1st semester 06-07 to support transition
- *Education:*
  - Educate teacher in strategies to integrate motor skills as strength into learning
- *Therapeutic use of self:*
  - Integrate perceptions into interventions
- *Therapeutic use of occupations or activities:*
  - Preparatory: provide clear concise expectations to student
  - Purposeful: practice asking for help, practice expressing needs to paraprofessional and teacher
  - Occupation-based: Complete full arrival/departure/recess routines independently within timeframe teacher establishes

**Methods of data collection**
- Checklists
- Random probes
- # of trials
- % of success
- Work samples
- Logs
- Graphs

**Outcome measures**
- Occupational performance
- Adaptation
- Role competence
- Quality of life
- Health and wellness
- Prevention
- Client satisfaction

**Frequency of progress reports:** Quarterly

**3-year evaluation due date:** 1/09

Additional Comments: Student motivated to learn self-management/advocacy and interested in cultivating more friendships with classmates.
Module D: Outcomes
Introduction to Module D – Outcomes

Occupational therapy intervention is designed to facilitate specific outcomes. These outcomes may be student specific or may be designed to support the team, family or educational system. The purpose of outcome monitoring is to identify effectiveness of intervention, guide database decision-making and support departmental functions. Educational reform is requiring increased use of evidence based practice and outcome data is the foundation for this evidence. While school-based occupational therapists are often good at collection data, the relevance and synthesis of the data may be weak. The tools within this module can be utilized to track progress and communicate needs or changes to team members.

This module consists of the following processes and documents

1. Outcome Process
2. Progress Report
3. Transition Report
4. Status Change Report

Progress Report

The purpose of the Progress Report is to communicate student progress, participation and occupational performance to the parents or guardians. The IDEIA mandates progress reports be provided to the family on a schedule consistent with the general education population. This tool may be used on a quarterly or trimester basis. There is a variance among districts relative to when
annual reviews are held. Some districts complete all of them in the spring while others disperse them throughout the year. Indicating the IEP date on the form allows therapists to use the form according to the IEP review schedule. Collaboration among team members may be necessary to provide current data for the progress report, particularly on students requiring less frequent support from the therapist.

Transition Report

The purpose of the Transition Report is to provide the receiving therapist information regarding current services, immediate needs and potential future needs. This document is designed to be for therapist-to-therapist communication.

Status Change Report

The purpose of the Status Change Report is to provide an avenue for tracking students that are no longer requiring occupational therapy support but may need it again in the future. There are many students who may require occupational therapy support at different phases of their educational career. The integration of this document can save a tremendous amount of time in the future by not having to locate historical information on needs and services. This can ultimately serve to expedite the process in the future should the student require additional services. This tool may also support departmental planning when considering future student and staffing needs. The Status Change Report is a
departmental communication document only and is not considered part of the IEP.
Outcomes Process
Occupational Therapy

Purpose: The purpose of this process is to provide occupational therapists with tools for documenting IEP outcomes. The design of these documentation tools supports communication with parents, teachers, and team members as well as within the department. If the student transfers or a change is made in service providers, these tools support communication and continuity of care.

A. Components and Forms:
1. Progress Report
2. Transition Report
3. Status Change Report

B. Progress Report
1. IDEIA mandates parents of students with IEPs must receive progress updates according to the same schedule as general education students.
2. At the start of the school year, the occupational therapist identifies which dates the Progress Report is sent home throughout the year and notes this on the calendar.
3. The therapist monitors progress continuously with special attention to data collection methods required per the Intervention Plan/IEP.
4. The therapist may need to arrange collaboration time with the teacher or team to discuss student progress on goals supported by OT.
5. The therapist arranges time within the schedule to complete the Progress Report approximately one week before they are due to be sent home.
6. The occupational therapist determines with input from the case manager, if the therapist sends the Progress Report home directly or if it is routed to the case manager first.
7. The original Progress Report is kept in the OT file with a copy provided to the case manager.

C. Transition Report
1. When a student is transitioning to a new program or new therapist, the current therapist completes the Transition Report.
2. The original Transition Report is placed in the OT file.
3. A copy of the Transition Report is provided to the receiving therapist.
4. A copy may also be placed in the student’s Special Services file.

D. Status Change Report
1. The occupational therapist completes this form when a student is no longer requiring occupational therapy services.
2. The original Status Change Report is filed in the student’s OT file.
## Progress Report

### Occupational Therapy

<table>
<thead>
<tr>
<th>Date</th>
<th>Student Name</th>
<th>IEP Dated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Occupational areas addressed/IEP goal(s)

- [ ] ADL
- [ ] IADL
- [ ] Education/work
- [ ] Play/leisure
- [ ] Social participation
- [ ] Role competence
- [ ] Adaptation
- [ ] Quality of life
- [ ] Client satisfaction
- [ ] Prevention
- [ ] Health promotion
- [ ] Social participation
- [ ] Health promotion
- [ ] Social participation
- [ ] Social participation

### Intervention approaches used

- [ ] Modify
- [ ] Prevent
- [ ] Establish/restore
- [ ] Maintain
- [ ] Health promotion

### Anticipated outcome

- [ ] Occupational performance
- [ ] Role competence
- [ ] Adaptation
- [ ] Quality of life
- [ ] Client satisfaction
- [ ] Prevention

### Progress toward outcome

<table>
<thead>
<tr>
<th>Date</th>
<th>Student Name</th>
<th>IEP Dated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Date

<table>
<thead>
<tr>
<th>Student Name</th>
<th>IEP Dated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Occupational areas addressed/IEP goal(s)

- [ ] ADL
- [ ] IADL
- [ ] Education/work
- [ ] Play/leisure
- [ ] Social participation
- [ ] Role competence
- [ ] Adaptation
- [ ] Quality of life
- [ ] Client satisfaction
- [ ] Prevention
- [ ] Health promotion

### Intervention approaches used

- [ ] Modify
- [ ] Prevent
- [ ] Establish/restore
- [ ] Maintain
- [ ] Health promotion

### Anticipated outcome

- [ ] Occupational performance
- [ ] Role competence
- [ ] Adaptation
- [ ] Quality of life
- [ ] Client satisfaction
- [ ] Prevention

### Progress toward outcome

<table>
<thead>
<tr>
<th>Date</th>
<th>Student Name</th>
<th>IEP Dated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Date

<table>
<thead>
<tr>
<th>Student Name</th>
<th>IEP Dated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Occupational areas addressed/IEP goal(s)

- [ ] ADL
- [ ] IADL
- [ ] Education/work
- [ ] Play/leisure
- [ ] Social participation
- [ ] Role competence
- [ ] Adaptation
- [ ] Quality of life
- [ ] Client satisfaction
- [ ] Prevention
- [ ] Health promotion

### Intervention approaches used

- [ ] Modify
- [ ] Prevent
- [ ] Establish/restore
- [ ] Maintain
- [ ] Health promotion

### Anticipated outcome

- [ ] Occupational performance
- [ ] Role competence
- [ ] Adaptation
- [ ] Quality of life
- [ ] Client satisfaction
- [ ] Prevention

### Progress toward outcome

<table>
<thead>
<tr>
<th>Date</th>
<th>Student Name</th>
<th>IEP Dated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Date

<table>
<thead>
<tr>
<th>Student Name</th>
<th>IEP Dated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Occupational areas addressed/IEP goal(s)

- [ ] ADL
- [ ] IADL
- [ ] Education/work
- [ ] Play/leisure
- [ ] Social participation
- [ ] Role competence
- [ ] Adaptation
- [ ] Quality of life
- [ ] Client satisfaction
- [ ] Prevention
- [ ] Health promotion

### Intervention approaches used

- [ ] Modify
- [ ] Prevent
- [ ] Establish/restore
- [ ] Maintain
- [ ] Health promotion

### Anticipated outcome

- [ ] Occupational performance
- [ ] Role competence
- [ ] Adaptation
- [ ] Quality of life
- [ ] Client satisfaction
- [ ] Prevention

### Progress toward outcome

<table>
<thead>
<tr>
<th>Date</th>
<th>Student Name</th>
<th>IEP Dated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Date

<table>
<thead>
<tr>
<th>Student Name</th>
<th>IEP Dated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Occupational areas addressed/IEP goal(s)

- [ ] ADL
- [ ] IADL
- [ ] Education/work
- [ ] Play/leisure
- [ ] Social participation
- [ ] Role competence
- [ ] Adaptation
- [ ] Quality of life
- [ ] Client satisfaction
- [ ] Prevention
- [ ] Health promotion

### Intervention approaches used

- [ ] Modify
- [ ] Prevent
- [ ] Establish/restore
- [ ] Maintain
- [ ] Health promotion

### Anticipated outcome

- [ ] Occupational performance
- [ ] Role competence
- [ ] Adaptation
- [ ] Quality of life
- [ ] Client satisfaction
- [ ] Prevention

### Progress toward outcome

<table>
<thead>
<tr>
<th>Date</th>
<th>Student Name</th>
<th>IEP Dated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Date

<table>
<thead>
<tr>
<th>Student Name</th>
<th>IEP Dated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Progress Report

**Occupational Therapy**

**SAMPLE**

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Sarah</th>
</tr>
</thead>
<tbody>
<tr>
<td>IEP Dated</td>
<td>4/30/06</td>
</tr>
</tbody>
</table>

**Date** 6/1/06 (end of 1st qtr of OT services)

**Occupational areas addressed/IEP goal(s)**

- ☒ ADL
- ☑ IADL
- ☑ Education/work
- ☑ Play/leisure
- ☑ Social participation

**Intervention approaches used**

- ☑ Modify
- ☑ Prevent
- ☑ Establish/restore
- ☑ Maintain
- ☑ Health promotion

**Anticipated outcome**

- ☒ Occupational performance
- ☑ Role competence
- ☑ Adaptation
- ☑ Quality of life

- ☑ Health and wellness
- ☑ Client satisfaction
- ☑ Prevention

**Progress toward outcome as measured by IEP criteria of daily checklists and teacher logs.**

Sarah currently completes arrival and departure routines independently within the timeframe allocated her peers. When provided alternative answer formats for schoolwork, she demonstrates progress with work completion in class and currently is taking work home an average of 2 nights per week. Her mother reports Sarah is now playing with neighborhood peers each day after school for 30 minutes. Sarah currently spends an average of 40 minutes on homework when she brings it home. Sarah now initiates conversations with peers in preparation for recess at least 3 of 5 days per week.
Transition Report
Occupational Therapy
(For internal use only)

Student name ____________________________
DOB ____________________________
District ____________________________
Case manager ____________________________
Additional team members

Current IEP services

Occupational areas addressed in the past school year
☐ ADL ☐ IADL ☐ Education/work ☐ Play/leisure ☐ Social participation

Current IEP goals supported by OT

Intervention approaches utilized
☐ Modify ☐ Prevent ☐ Establish/restore ☐ Maintain ☐ Health promotion

Student changing to the (program)__________ at (location) ____________ beginning on (date)_____________

Needs to be addressed immediately (equipment, staff training, etc)

Notes for the receiving therapist (3 year evaluation, anticipated surgeries or other procedures, changes in home life, etc)

See file for most current evaluations, intervention plans and progress reports.
Status Change Report
Occupational Therapy
(For internal use only)

Student name ___________________________  DOB _______________________
District ________________________________  Case manager ____________________
Additional team members

Current IEP services

Occupational areas addressed in the past school year
☐ ADL  ☐ IADL  ☐ Education/work  ☐ Play/leisure  ☐ Social participation

Current IEP goals supported by OT

Intervention approaches utilized
☐ Modify  ☐ Prevent  ☐ Establish/restore  ☐ Maintain  ☐ Health promotion

Student and team have demonstrated integration of occupational therapy recommendations into daily routines and classroom activities. This student has progressed and at this time no longer requires educationally related occupational therapy services. Student file will be moved to inactive status.

Potential future needs
☐ Staff training if there is a change within the team or student needs
☐ Transition planning
☐ Pre-vocational intervention
☐ Vocational intervention
☐ Life skills

See file for most current evaluations, intervention plans and progress reports.
References


CHAPTER V

SUMMARY

Practitioners working in school environments need a strong foundation of knowledge in occupational therapy, healthcare, and education as well as an understanding of reform in all these systems. The literature demonstrates there is increased value in providing client-centered and occupation-based services with an emphasis on context, yet many barriers, such as collaboration, limit the integration of these models in school-based practice (Clark, et al., 2004; Coster, 1998; Law, et al., 2002; Muhlenhaupt, 2003a). Frequently, misperceptions of the role and function of occupational therapy in schools compounds the challenges faced by therapists. Team collaboration is a complex and vital element impacting school-based practitioners (Giangreco, 2001a). There are also very few examples available for those therapists who are interested in integrating the concepts of the OT Framework into school-based practice.

This product is designed to increase awareness of the Framework by providing comprehensive processes and efficient documentation tools to support the school-based practitioner in the use of client-centered and occupation-based services. The integration of these services can facilitate a better match between the student, environment and context with the outcome being increased student participation in the educational program. These tools can help therapists
communicate the domain and process of occupational therapy to parents, team members and administrators. This in turn, will help administrators support therapists. While documentation is a time-intensive component of service delivery, a benefit of these tools can be concise occupation-based documentation and improved time management for therapists. The outcomes documented with this produce can be utilized to support evidence-based decisions.

The manual consists of four service provision modules presented in sequential order. The purpose of Module A is to provide the therapist and educational team with a clear, easy to use process and communication tools to initiate support before determining if a full evaluation is necessary to meet the students needs. Module B is designed to communicate the evaluation referral process and contains sample documentation tools emphasizing client priorities and occupation-based evaluation. Within Module C, the intervention planning and review process combined with the intervention plan document demonstrate the correlation between IEP goals and occupation-based interventions. Outcome monitoring is presented in Module D to support the practitioner with concise documentation tools that identify and communicate progress or status changes in the client.

Applying these tools may facilitate team collaboration through communication and understanding of the domain and process of occupational therapy. In turn, this can enhance the therapeutic relationships through increased understanding of client priorities and designing meaningful occupation-
based interventions. The decreased availability of resources coupled with the increased need for cost effectiveness can result in greater stress for therapists. The use of a consistent format throughout the documentation process supports the increased demand for accountability while potentially decreasing demands on therapists for lengthy disablement focused reports.

The introduction of these processes and forms can be provided through a continuum of staff development opportunities at the department or district level with therapists, educators and administrators. To facilitate the integration of this information into daily practice, further development of this manual could include training modules for use at the agency, local, state and national levels.

Although this product provides a means for the occupational therapist to incorporate the principles of the OT Framework into school-based practice, it should be noted that follow-up research identifying the impact of these tools on referral activity and team decision-making would be valuable. Expanding the product to include development of training modules will address staff development needs for educators and therapists. Additionally, development of tracking systems for client satisfaction data and outcome monitoring will identify needs and support staffing patterns.

Further research including the development of a survey for parents, therapists and school personnel exploring the relationship between the use of these tools and data-based decision-making would be valuable to the profession. Additionally, the exploration of the correlation between indirect service time
focused on documentation and the integration of these forms may provide information to support staffing patterns in school-based therapy.

Although created for use in school-based settings, this product may also have application to other practice areas. Incorporation of this product into the preservice curriculum for therapists, teachers, and other team members can educate providers of the domain of occupational therapy in schools and outline the process for evaluation and intervention. When applied across a continuum of care including medical, educational and community-based settings such as early intervention, outpatient clinics or home care, this model supports collaboration by defining needs served by various providers. Integrating this product into technical assistance programs and parent education offerings can facilitate positive communication relative to the role and function of occupational therapy. Practitioners working in the areas such as seating and mobility, mental health, orthotics and prosthetics, assistive technology and pediatric ergonomics will find this product incorporates the Framework language.

In light of the frequent changes in education and in all occupational therapy practice areas, therapists can support the profession, and advocate for the importance of occupation-based and client-centered services through utilizing this product, which will assist them in applying the OT Framework to practice.
References


Using environments to enable occupational performance (pp. 177-196).
Thorofare, NJ: Slack.


