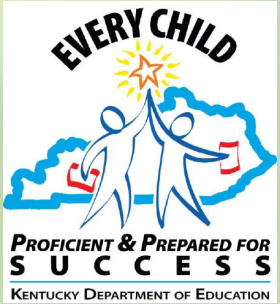
# Guidance for the Related Services of Occupational Therapy, Physical Therapy, and Speech/Language Therapy in Kentucky Public Schools




November 2012

***The question that requires an answer is NOT "Does the student qualify for related services in school?"...but rather, "Is an occupational therapist's, speech therapist's or physical therapist's knowledge and expertise a necessary component of the student's educational program in order for him/her to achieve identified outcomes?" This will be determined by the ARC following development of the IEP goals, benchmarks/ objectives, and specially designed instruction.***

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## CREDITS

The following documents were used in the development of this document.

New York City Department of Education
OT/PT Practice Guide
Fall 2011

Guidelines for Occupational Therapy and Physical Therapy for Students Receiving Special Education Services in Alabama
November 2008

Resource Manual for Educationally Related Occupational Therapy and Physical Therapy in Kentucky Public Schools
Kentucky Department of Education, 2006

Occupational and Physical Therapy Early Intervention and School Based Services in Maryland. A Guide to Practice.
December 2008

Handbook for Occupational & Physical Therapy Services in the Public Schools of Virginia, Commonwealth of Virginia, Department of Education, 2010

*This document reflects current guidelines as of November 2012. Changes in laws, regulations, and practices regarding related services in the educational setting may affect the content of this document.*

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# Section I
# Defining Roles

**Introduction**

Individuals with Disabilities Education Improvement Act 2004

On December 3, 2004, the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004) was enacted into law as Public Law 108-446. The statutes, as passed by Congress and signed by the President, reauthorized and made significant changes to the Individuals with Disabilities Education Act of 1997 (IDEA 97).

IDEA 2004 intended to help children with disabilities achieve high standards – by promoting accountability for results enhancing parental involvement, using proven practices and materials, and providing more flexibility and reducing paperwork burdens for teachers, local school districts, and states. Enactment of the law provided an opportunity to consider improvements in the current regulations to strengthen the federal effort to ensure every child with a disability has available a free and appropriate public education that is of high quality and designed to achieve the high standards reflected in the Elementary and Secondary Act of 1965, as amended by the No Child Left Behind Act of 2001 (NCLB) and its implementing regulations.

The purpose of IDEA 2004 was to ensure that all children with disabilities have available to them a free appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment and independent living.

Kentucky Senate Bill 1 (2009)

On March 26, 2009, Kentucky Governor Steve Beshear signed Senate Bill 1 (SB1,2009) into law. This significant piece of legislation led to the implementation of several education initiatives impacting college and career readiness in Kentucky. Through SB1 the vision for Kentucky schools is to ensure that all students reach proficiency and complete high school ready for college and careers. This vision is informed by a changing economy that requires P-12 schools to prepare students for a more complex and competitive workplace. Related service providers can use their expertise to assist students with meeting his/her educational goals and becoming college/career ready.

Related service providers, where applicable, can use their expertise to assist students with meeting his/her educational goals and becoming college/career ready.

**Purpose**

The purpose of this manual is to provide a resource document to guide the provision of school-based occupational therapy, physical therapy, and speech/language therapy services to support the participation of students with disabilities in the educational setting. This manual replaces the Kentucky Department of Education (KDE) Resource Manual for Educationally Related Occupational Therapy and Physical Therapy in Kentucky Public Schools (2006).

This manual may be used in conjunction with the Kentucky Eligibility Guidelines-Revised (KEG-R) for speech language pathologists. The KEG-R is a reference to assist local educational agencies (LEA) in the processes and procedures related to implementation of special education programs and related services for students with communication disabilities. The KEG-R provides a systematic method for ensuring that all Kentucky

Administrative Regulations (KAR) pertinent to eligibility have been met and that there is consistency across the state.

Speech-language services in this manual reference the scope of services provided as a related service. Unlike other related services, a student may be determined eligible in the category of speech-language impairment (SLI) without any additional special education needs. If a student is determined eligible for special education as a student with only a speech-language impairment, the protocol and procedures for servicing the student should follow due process requirements and the KEG-R.

This manual is written for special education administrators, occupational therapists, physical therapists, speech language pathologists, and school personnel responsible for individualized education programs (IEPs) and/or service plans. In addition, this manual may benefit parents, teachers, and other professionals. This manual is not regulatory, but can serve as a source of information and suggestions for implementing occupational therapy, physical therapy, and speech/language therapy services. Its intent is to supplement, not replace, Kentucky Administrative Regulations and local school board policy.

**Background**

Laws and regulations, both federal and state, mandate that all students have available to them a free and appropriate public education (FAPE) that includes special education and related services. FAPE is a statutory term that includes special education and related services provided in accordance with an IEP.

According to Kentucky Administrative Regulations for Special Education Programs (2008), related services means transportation and such developmental, corrective, and other supportive services required in assisting a child with a disability to benefit from special education. It includes speech-language pathology and audiology services, psychological services, physical therapy, occupational therapy, recreation including therapeutic recreation, early identification and assessment of disabilities in children, counseling services including rehabilitation counseling, orientation and mobility services, and medical services for diagnostic or evaluation purposes. Related services also means school health services, social work services in schools, and parent counseling and training.

School districts are mandated to provide the related services of occupational therapy, physical therapy, and speech/language therapy when a student requires one or more of these services to benefit from special education and/or to access the general education curriculum. The student's school-based therapy goals based on academic achievement and functional performance should directly relate to and support his/her academic program. The educational needs of students with disabilities are best served in the least restrictive environment (LRE) by using a variety of instructional strategies, with emphasis on collaborative team models that facilitate learning in the students' educational settings. The appropriateness and extent of therapy services must be related to the academic achievement and functional needs rather than the medical needs of the student with disabilities. Occupational therapy, physical therapy, and speech/language therapy services must be provided when specified in a student's IEP or service plan.

Occupational therapy, physical therapy, and speech/language therapy are separate

professions. Each has specific areas of skill and expertise which defines their scope of practice. In Kentucky, the Kentucky Board of Licensure for Occupational Therapy regulates occupational therapy practices, and the Kentucky State Board of Physical Therapy regulates physical therapy practices and the Kentucky Board of Licensure for Speech-Language Pathology and Audiology regulates speech/language therapy practices. Therapists must adhere to the Kentucky Department of Education regulations and their licensing boards when practicing in the educational setting.

**What is School-Based Therapy in the Educational Environment?**

Occupational therapy, physical therapy, and speech/language therapy provided within the educational setting must be educationally relevant and necessary for the student to access and progress in Kentucky's educational system. Determining whether occupational therapy, physical therapy, and speech/language therapy are educationally relevant and necessary can be a complex issue. Several issues must be considered by the IEP team when determining the appropriate level of school-based and non-school-based therapy.

School-based practice should differ significantly from traditional clinical and hospital-based services. The focus of IDEA (2004) for therapists in the schools requires that therapy services be provided as required to allow a child with a disability as defined by IDEA to benefit from special education services. It is likely that therapists working in the school settings will have administrators who are not therapists and who may not be familiar with the rules and laws of each discipline. Therefore, it is critical that school-based therapists assume responsibility for their licensure and demonstrate competence with state practice acts and rules and how they might impact school practice. Therapists working under IDEA and any state guidelines based on this federal law have an additional set of laws and rules that they must consider when working in the school setting. Most non-school-based therapists do not have IDEA requirement criteria superimposed on their recommendations for intervention.

It is critical that school-based therapists assume responsibility for their licensure and be familiar with the state practice acts and rules and how they might impact school practice.

School-based therapists collaborate with educators to identify needs of the student and assist in providing strategies on how to best capitalize on abilities as well as minimize the impact of the disabilities in the educational environment. School-based therapists provide data through evaluation and progress monitoring for the team to help determine if the student's disabilities have an adverse effect on the student's performance throughout their educational environments. Input is gathered from teachers, parents, students, and other educational staff as to how these challenges may influence performance areas within the educational environment.

Some students have a medical or developmental diagnosis that does not affect the student's ability to learn, function, or profit from the educational experience. The provision of this type of therapy is not the responsibility of the school. The role of the therapist working in educational environments is to assist the student in meeting his/her educational goals.

A general guideline is that therapy must contribute to the development or improvement of the student's academic and functional performance. If a student has an identifiable therapy need that does not affect the student's ability to learn, function, participate, and profit from the educational experience, that therapy is not the responsibility of the school district.

**Knowledge and Experience of School-Based Therapists**

When a school district is hiring or contracting for services of an occupational therapist (OT) physical therapist (PT), or speech language pathologists (SLP), both parties should discuss expectations for service delivery and distinguish between school-based and non-school-based services. Practitioners may not necessarily possess the competencies for working in educational settings. Administrators may require professional development to address the use of collaborative and integrated therapy strategies by school-based therapists and teachers. Instructional focus should be on the general curriculum and unique needs of the student. Best practice encourages an emphasis on maximizing the amount of time that the student participates in academic instruction.

The following knowledge and skills are recommended to ensure appropriate occupational therapy, physical therapy, and speech language services are provided in educational environments:

- Knowledge of current federal and state regulations
- Knowledge of due process requirements
- Knowledge of district policies and procedures pertaining to special education
- Knowledge of educational and medical disabilities of students
- Knowledge/use of researched based interventions/methodologies/ alternative augmentative communication devices (AAC) to support the student's educational goals or modifications
- Ability to select and administer appropriate assessment tools and interpret/report evaluation results correctly including functional performance of students within the school environment and educational relevance of assessment information
- Ability to participate in group decision making
- Ability to implement, modify, and document effectiveness of interventions as they relate to making progress towards IEP goals and share results with the student's educational team, including the parents
- Ability to communicate in writing/orally and work in teams and interpret the role of therapeutic intervention within the educational program with educational personnel, administrators, parents, students and community members
- Awareness of school routines, the general education curriculum, and the student's IEP

Therapists may need focused continuing education, additional training, and/or support to collaborate and integrate therapy strategies and general curriculum requirements for all students.

**Role of Therapists in the Educational Environment**

The therapists working in the educational environment provide services to afford student access to and progress through their special educational program. Therapists collaborate with others to assess/evaluate students, interpret results, and assist in developing individual education programs for integrated intervention services in collaboration with the Admission and Release Committee (ARC).

School-based therapists provide service to students and work closely with educational staff and families to support the learning in the least restrictive environment. Additionally,

therapists play a valuable role in assisting school administrators in planning and implementation issues such as access to programs and facilities, building modifications and new construction, special transportation, curriculum development, safety and injury prevention, and technology.

The role of related service staff in providing effective therapy services includes the following:

- Training parents and school staff in activities and accommodations to be implemented throughout the student's day
- Observing and critically analyzing student performance and responses that prevent the student from benefiting from his/her educational program
- Identifying, selecting, and adapting special materials and equipment to enhance the student's benefit from his/her educational program
- Identifying and optimizing natural opportunities for embedding skills during daily routines
- Collaborating and coordinating with teacher and families for needed change in instructional strategies and learning environment
- Suggesting accommodations, modifications, and problem solving to promote student success

**Role of Occupational Therapists in the Educational Environment**

An Occupational Therapist (OT) uses his/her expertise to help children be prepared for and perform school-related activities. In the school setting, occupational therapy supports academic outcomes (e.g., math, reading, and writing), non-academic outcomes (e.g., social skills and self-help skills), and extracurricular activities (e.g., recess and participation in sports). An OT is skilled in facilitating access to curricular and extra-curricular activities for all students through supports, design planning and other methods. Additionally, they play a role in training parents, other staff members, and caregivers regarding educating students with diverse learning needs (AOTA, 2004). Occupational therapy addresses performance skills (e.g., motor, process, and communication/interaction), performance patterns (e.g., habits, routines, and roles), performance contexts (e.g., cultural, physical, and social), activity demands, and student factors (e.g., body functions and structures) (AOTA, 2008).

The OT employs strategies, adaptations, modifications, and/or assistive technology to reduce barriers that limit student participation and increase success throughout the school day. More specifically, the therapist analyzes what a student needs to participate successfully in a school setting by assessing areas of occupation, and the combined influence of individual characteristics, performance skills, performance patterns (e.g., routines, habits and roles), the educational context, and specific activity demands.

**Role of Occupational Therapist Assistants in the Educational Environment**

The Occupational Therapy Assistant (OTA) provides occupational therapy services to assigned students solely under the direction and supervision of an OT. An OTA may contribute to the evaluation process by gathering data, administering structured tests, and reporting observations. However, the OTA may not evaluate independently or initiate therapy prior to the OT evaluation. While the OT takes primary responsibility for

The OTA may not evaluate independently or initiate therapy prior to the OT evaluation.

intervention planning, delivery of services, and the outcome of services, the OTA may contribute to intervention planning and carry out therapeutic interventions as assigned by the OT. The OTA may contribute information data regarding student performance that may lead to the discontinuation of intervention, but the OT is ultimately responsible for all occupational therapy services.

**Role of Physical Therapists in the Educational Environment**

Therapists should assist the ARC in determing what is the least restrictve environment and strive to provide interventions in the natural or least restrictive environment for each student receiving therapy.

The role of the Physical Therapist (PT) working in educational environments is to assist the student in meeting his/her educational goals in the areas of functional motor and self-help. According to the PT license, each student must have a plan of care. The PT develops a plan of care for the student related to the student's IEP goals. The plan of care is comparable to the teacher's lesson plan, which is not part of the student's IEP.

The strategies and  intervention approach used by the PT should relate to the student's need for functional motor skills in the areas of mobility, movement, posture/positioning, access, participation, and safety in the educational environment (including class, school, campus, work sites, and community). It is the responsibility of the therapist to be aware of currently accepted therapy procedures and evidence-based practice to determine the best method to translate this knowledge into practice. Therapists should assist the ARC in determining what is the least restrictive environment and strive to provide interventions in the natural or least restrictive environment for each student receiving therapy.

**Role of Physical Therapist Assistants in the Educational Environment**

The Physical Therapist Assistant (PTA) may provide services only under the supervision and direction of a PT. The PTA may provide treatment only after evaluation and development of a plan of care by the PT. Upon direction from the PT, the PTA may gather data related to the student's disability, but not determine the significance of the data as it pertains to the development of the plan of care. The PTA must refer inquiries that require interpretation of student information to the PT, and communicate any change, or lack of change, which occurs in the student's condition, which may need reassessment from the PT.

**Role of Speech Language Pathologists as Related Service Providers in the Educational Environment**

The role of the school-based Speech Language Pathologist (SLP) is to address the communication process of listening, speaking, reading, and writing to affect functional and measurable changes to fully participate in the educational environment. The SLP evaluates, plans for, and implements strategies to improve language (including augmentative communication), speech sound production, voice resonance, fluency, and swallowing. Additionally, a SLP may lend expertise in the areas of reading and writing (e.g., phonemic awareness, syntactic accuracy in sentence writing.)

**Role of Speech Language Pathologist Assistants as Related Service Providers in the Educational Environment**

A Speech Language Pathologist Assistant (SLPA) is an individual who assists in the remediation of students who meet eligibility criteria only under the direction of an appropriately qualified supervising SLP, and only within the public school system.

If the training, supervision, documentation, and planning are appropriate, the following tasks may be preformed by SLPA: conducting speech and language screenings (without interpretation), conducting hearing screening (without interpretation), provide prescribed treatment, gather data and document progress on identified students, assist in clerical duties, and report to the supervisor regarding student progress and treatment plans. The SLPA may assist in collaborative activities with other professionals and assist in administering tests for diagnostic evaluations. The SLPA may participate in parent conferences, ARC meetings, and other interdisciplinary team meetings in the presence of the supervising SLP. The SLPA may not interpret test results, generate reports, or perform duties outside the scope of practice for a SLPA.

**Role of Therapy Aides/Para-Educators in the Educational Environment**

Supportive personnel are sometimes employed to assist with the occupational therapy, physical therapy, and speech/language therapy services in public schools. An instructional assistant or therapy aide may provide supportive service only under the supervision and direction of a licensed therapist or therapist assistant. Some duties of the aide/para-educator may include, but are not limited to: practice of functional skills with students; fabrication of assistive devices; assistance with record keeping, filing, or general clerical functions; inventory and maintenance of therapy equipment; and preparation of materials for students to use in the classroom.

**Role of Team Members Providing Integrated Related Services**

For all students with disabilities but particularly students with multiple disabilities, intellectual disabilities, and autism, the integration of related services through a collaborative approach is an evidence based practice that has resulted in a higher quality of outcomes for students with disabilities. An integrated related services approach utilizes a team approach to the delivery of services to the student. Central to this approach is the sharing and practicing of discipline specific strategies by all of the disciplines who may be delivering services to the student with a disability. These transdisciplinary team members include but are not limited to the following: OT, PT, SLP, Hearing/Vision supports, as well as both special and general educators and where appropriate,para-educator. This process necessarily requires each discipline to model, teach, and monitor practices for their discipline to the other discipline representatives. It is also incumbent upon each discipline to practice the strategies and recommendations of the other discipline as related to the implementation of the IEP. The collection of on-going progress data is crucial to the provision of services. Examples of integrated related services are as follows:

An integrated related services approach utilizes a team approach to the delivery of services to the student.

- Jessica requires special positioning in order to activate her communication device.
- Tommy needs small motor preparation prior to engaging in an academic task.
- Jonathan uses an alternative augmentative communication (AAC) device to initiate a request, or respond to a task request.
- Robert requires both physical support and switches to engage in choice making and participate during circle time

These examples support the integration of services among teachers, paraeducators, and therapists and demonstrate the need for collaboration to support the priority needs of students. Students benefit by having an entire team implementing the same techniques and program.

# Section II
# Service Delivery

**The Special Education Process**

IDEA 2004 is the primary law that supports special education. Special education means "specially designed instruction, at no cost to the parents, to meet the unique needs of the child with a disability including instruction in the classroom, in the home, in hospitals and institutions, and in other settings." 707 KAR1:280

The following provides an overview of the steps in the special education process:

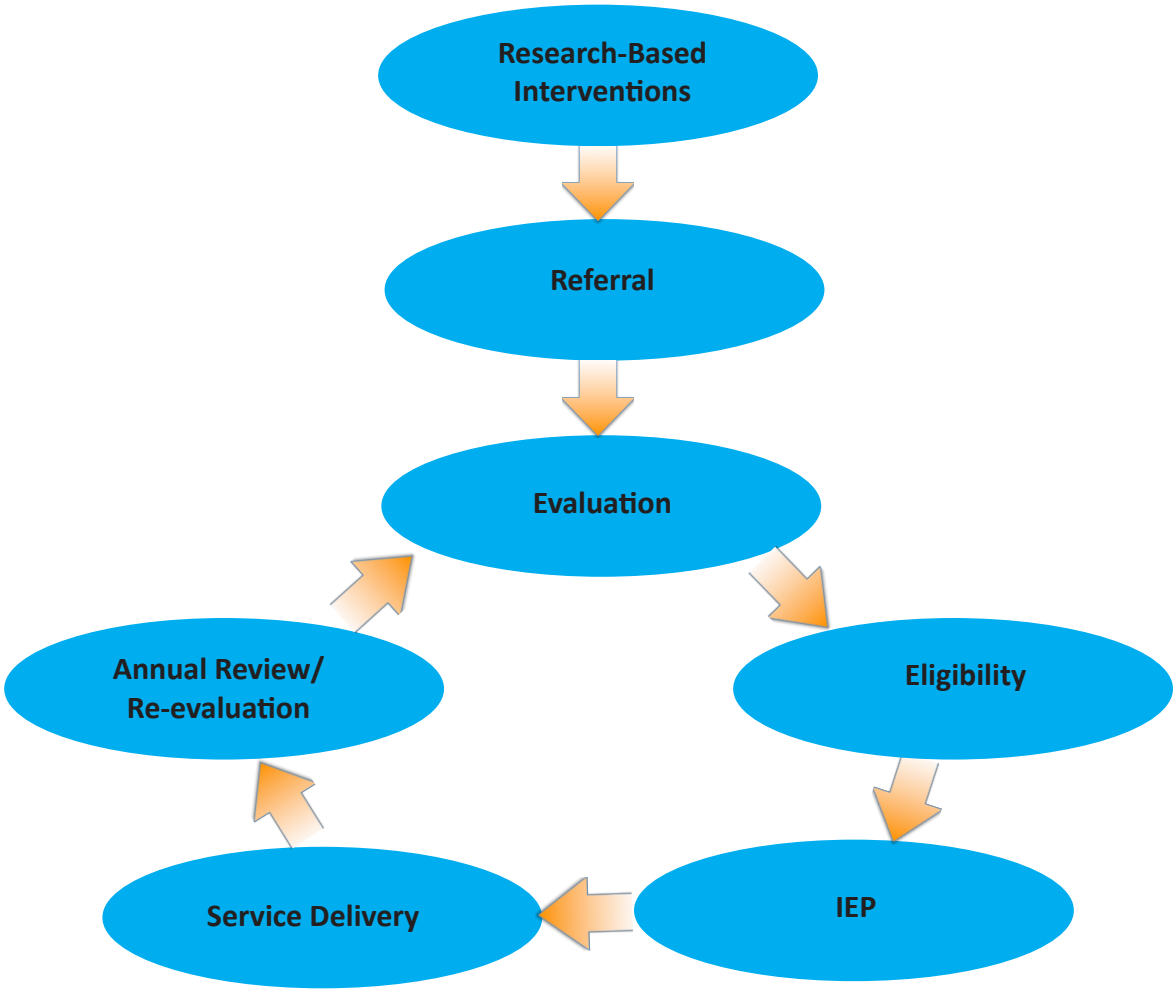
| |
|---|
| **1. Research-Based Interventions**<br>Prior to, or as a part of the referral process, the child is provided appropriate, relevant research-based instruction and intervention services in regular education settings, with the instruction provided by qualified personnel; and data-based documentation of repeated assessments of achievement or measures of behavior is collected and evaluated at reasonable intervals, reflecting systematic assessment of student progress during instruction, the results of which were provided to the child's parents.<br>707 KAR 1:300§3(3)(a) |
| **2. Referral**<br>If the child has not made adequate progress after an appropriate period of time during which the conditions...have been implemented, a referral for an evaluation to determine if the child needs special education and related services shall be considered.<br>707 KAR 1:300§3(4) |
| **3. Evaluation**<br>The local educational agency (LEA) shall ensure that a full and individual evaluation is conducted for each child considered for specially designed instruction and related services prior to the provision of the services. 707 KAR 1:300§4(1)<br><br>The evaluation shall be sufficiently comprehensive to identify all the child's special education and related services needs. 707 KAR 1:300§4(11)<br><br>An LEA shall ensure that within sixty (60) school days following the receipt of the parental consent for an initial evaluation of a child, the child is evaluated.<br>707 KAR 1:320§2(3)(a) |
| **4. Eligibility**<br>If the child is eligible, specially designed instruction and related services will be provided in accordance with the IEP. 707 KAR 1:320§2(3)(b) |
| **5. Individualized Education Program (IEP)**<br>If a determination is made that a child has a disability and needs special education and related services, an IEP shall be developed for the child. 707 KAR 1:310§1(6) |

**6. Service Delivery**
In determining the educational placement of a child with a disability, the LEA shall ensure that the placement decision is made by the ARC in conformity with the least restrictive environment provisions. 707 KAR 1:350§1(5)

**7. Annual Review/Re-Evaluation**
An LEA shall ensure that the ARC reviews each child's IEP periodically, but no less than annually, to determine whether the annual goals for the child are being achieved. 707 KAR 1:320 § 2(6)

Re-evaluations must be conducted every three years. 707 KAR 1:300 § 4(18)

**Figure 2.1: Special Education Process**
This graphic depicts the continuing process of providing special education services.




The following sections describe and further explain the special education process and how the related services of occupational therapy, physical therapy, and/or speech/language therapy are considered during this process.

**1. Research-Based Interventions**
Prior to, or as a part of the referral process, the child is provided appropriate, relevant research-based instruction and intervention services in regular education settings, with the instruction provided by qualified personnel; and data-based documentation of repeated assessments of achievement or measures of behavior is collected and evaluated at reasonable intervals, reflecting systematic assessment of student progress during instruction, the results of which were provided to the child's parents.
707 KAR 1:300§3(3)(a)

**Kentucky System of Interventions for Students Pre K–12th Grade**

A requirement of the IDEA 2004 is that school districts use early intervening services or a problem-solving process for all school-aged children as part of or prior to the referral and evaluation process. The Kentucky System of Interventions (KSI) defines this process, including levels of interventions and use of appropriate intervention strategies as guidelines. Each district must attempt to resolve the identified challenge or behaviors of concern in the general education environment before or while conducting a full and individual evaluation for special education eligibility. A typical district process might be the use of building level teams to assist a general education teacher in identifying ways to solve a student's classroom challenges. Related service personnel are usually not members of the school teams at this level of the process, but may be contacted by a building representative for recommendations. Therapists may then become involved in a problem-solving process that includes screening, developing interventions, data collection, and decision-making. Therapists may be able to provide teachers with strategies for making simple changes in the classroom environment that will result in an increase in student achievement. Appendix A provides strategies to be used for interventions.

Related service personnel are usually not members of the school teams, but may be contacted by a building representative for recommendations.

**2. Referral**
If the child has not made adequate progress after an appropriate period of time during which the conditions...have been implemented, a referral for an evaluation to determine if the child needs special education and related services shall be considered.
707 KAR 1:300§3(4)

**Referral**

According to the *Kentucky Administrative Regulations for Special Education Programs* (2008), each local educational agency shall have a referral system that explains how referrals from district and non-district sources will be accepted and acted upon in a timely manner. 707 KAR 1:300 § 2

An occupational therapy, physical therapy, and/or speech/language evaluation can be requested at the time of initial referral if the ARC believes that the information is necessary. Related Services evaluations also may be requested once a child is receiving special education services if the ARC requests additional information to implement the IEP.

An occupational therapy, physical therapy, and/or speech/language evaluation can be requested at the time of initial referral if the ARC believes that the information is necessary.

**3. Evaluation**
The local educational agency (LEA) shall ensure that a full and individual evaluation is conducted for each child considered for specially designed instruction and related services prior to the provision of the services. 707 KAR 1:300§4(1)

The evaluation shall be sufficiently comprehensive to identify all the child's special education and related services needs. 707 KAR 1:300§4(11)

An LEA shall ensure that within sixty (60) school days following the receipt of the parental consent for an initial evaluation of a child, the child is evaluated.
707 KAR 1:320§2(3)(a)

**Evaluation**

Educators and parents find it helpful to have therapy evaluations and findings reported in layperson terms.

Upon completion of the evaluation, a written report is completed and delivered to appropriate individuals based on district procedure timelines. Educators and parents find it helpful to have occupational therapy, physical therapy, and speech/language therapy evaluations and findings reported in layperson terms. Medical terms should be explained by definition or by application to the educational setting. In the written report, it is beneficial for the therapist to indicate that the evaluation addresses the student's ability to participate in functional, educationally relevant activities. The evaluation should not include goals, recommended services, or frequency of services. This decision is made by the ARC after eligibility for special education is determined and during the development of the IEP.

For the purpose of special education, evaluation means to determine whether a child has a disability and, if the child has a disability, the nature and extent of special education and required related services. Evaluation includes the review of information from parents, existing data, and the results of assessments. The process of evaluation requires a synthesis of all available assessment information. The student (when appropriate) and the student's parents are an integral part of the evaluation process, including providing information about the student.

The student's parents are an integral part of the evaluation process, including providing information about the student.

In interpreting evaluation data for the purpose of determining if a child has a disability, the ARC:

- Reviews Information from a variety of sources, including aptitude and achievement tests, parent input, teacher recommendations, as well as information about the child's physical condition, social or cultural background, and adaptive behavior.
- Ensures all evaluation information is documented and carefully considered.

In completing assessments as a part of the evaluation, the ARC ensures compliance with Kentucky Special Education regulations for evaluation including:

- Age appropriate testing and assessment materials and procedures used to assess a student's need for special education and related services are selected and administered in a manner that is not racially or culturally discriminatory.
- Assessment and other evaluation materials used to assess a child are administered in the child's native language or other mode of communication and in a form most

likely to yield accurate information regarding the child's academic achievement and functional performance.

- Assessment and other evaluation materials must be used for the purposes for which they are valid and reliable.
- Assessment must be administered in accordance with any instructions provided by the producer of the assessment.
- Assessments are selected and administered so as best to ensure that if an assessment is administered to a child with impaired sensory, manual, or speaking skills, the results accurately reflect the child's aptitude or achievement level or whatever other factors the test purports to measure, rather than reflecting the child's impaired sensory, manual, or speaking skills (unless those skills are the factors that are to be measured).
- Administration of assessment and other evaluation materials is conducted by trained and knowledgeable personnel.
- Assessments are completed in all areas related to the suspected disability including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, functional performance, participation, communication, and motor abilities.
- A variety of assessment tools and strategies are used to gather relevant functional, developmental, and academic information about the child, including information provided by the parent, and information related to enabling the student to be involved in and progress in the general curriculum.

When the ARC determines a related service assessment is needed, it may include some but not necessarily all of the following:

- Observations in natural environments
- Ecological inventories and checklists
- Standardized criterion- and/or norm-referenced tests that are appropriate, given the student's chronological age, educational, and/or functional level
- Data from various sources
  - Interviews with teachers, parents, student, and other team members
  - Review of previous evaluations
  - Early intervening service outcomes
  - Work samples
  - Student performance of specific tasks, roles, and routines
  - Responses to educational or therapeutic interventions
  - Review of pertinent medical and educational history

Outside assessments, recommendations, and/or orders from medical facilities or private practices must be reviewed and considered by the ARC; however, because they were completed in a clinical setting, the relevance of the results to student performance in the educational environment needs to be determined. It is the responsibility of the OT, PT, and/or SLP to interpret for the ARC the results of these outside assessments and their relationship to the student's ability to access and participate in general education curriculum.

**Occupational Therapy Evaluation Areas**

When completing the evaluation, the OT must consider how the identified problem is

Performance skills, performance patterns, contexts, activity demands, and student factors are all considered, but only relevant selected aspects may be specifically assessed.

impacting the student's ability to access, participate, and progress in their education program and anticipated future needs to achieve employment, postsecondary education, independent living, and self-sufficiency. The OT should refer to the professional guidelines published in the *Occupational Therapy Practice Framework: Domain and Process* (2008) to guide evaluation considerations.

The initial step in the occupational therapy evaluation process is the completion of the occupational profile. This profile provides an understanding of the student's occupational history and experiences, patterns of daily living, interest values and needs. Concerns of the student, teachers, parents, or other involved persons are identified and priorities are determined. An analysis of occupational performance follows the profile. Student strengths and limitations are more specifically identified. Actual performance is often observed in context to identify what supports educational performance and what hinders educational performance. Performance skills, performance patterns, contexts, activity demands, and student factors are all considered, but only relevant selected aspects may be specifically assessed.

According to American Occupational Therapy Association (AOTA) statement on OT Services in Early Childhood and School-Based Settings (AOTA, 2011), the OT evaluation should address factors that influence occupational performance, including:

- **Performance skills** - motor skills and praxis skills, sensory-perceptual skills, emotional regulation, cognitive skills, communication and social skills
- **Performance patterns** - habits, routines, ritual, roles
- **Contexts and environments** - physical, social, cultural, virtual, personal, temporal
- **Activity demands** - required actions, body functions
- **Client factors** - values and beliefs; mental, neuromuscular, sensory, visual, perceptual, digestive, cardiovascular, and integumentary functions and structures

For further information on evaluation, the OT should be familiar with professional guidelines and documents such as: *Occupational Therapy Practice Framework: Domain and Process* (AOTA, 2008), Statement: Occupational Therapy Services in Early Childhood and School-Based Settings (2011), and Statement: Providing OT Using Sensory Integration Theory and Methods in School-Based Practice (2009).

**Physical Therapy Evaluation Areas**

It is recommended that the physical therapy evaluation utilize an approach that places overall importance on the student's role, participation, and social interaction within the educational environment. The primary focus of the evaluation is to identify areas of strength to build upon, problems, and concerns related to each student's functional performance and participation.

If concerns are identified, the evaluation proceeds to determine factors that interfere with the accomplishment of the student's role in the educational environment. These factors may include:

- **Activity** - student's ability to execute individual school-based tasks
- **Body Structure and Function** - physiological functions of the body
- **Environmental Factors, Demands, Expectations** - building modifications for safety and accessibility, adaptive seatings, desk positions, etc.
- **Personal Factors** - student's preferences, interests, motivations

For example, a students' ability to complete class work (participation) may be due to muscle weakness (body structure and function), seat height versus table height (environmental factor), and/or lack of motivation (personal factor). Determining these factors will help the ARC decide the best way to address and improve the student's participation and minimize limitation.

For further information on evaluation, the PT should be familiar with professional guidelines and documents such as *The Guide to Physical Therapist Practice, Second Edition* (APTA 2004) and resources posted on the American Physical Therapy Association website.

**Speech-Language Evaluation Areas**

Components of a Speech-Language Evaluation are guided by the areas determined by the ARC and documented on the student's evaluation plan. Assessment data must be comprehensive in order to provide information regarding a student's communication functioning across several parameters. The KEG-R provides checklists for completing the evaluation process, as well as, forms for observations, interviews, assessment summaries, rating scales, and a template for a communication written report.

Speech-Language evaluations may target one or more of the following areas of communication:

- **Speech Sound Production and Use** - articulation, phonology, oral mechanism
- **Oral and Written Language -** morphology, syntax, pragmatics, semantics, use of augmentative communication
- **Fluency -** rate, rhythm, continuity, effort
- **Voice -** quality, pitch, loudness, duration

Additional information on evaluation is provided in Appendix B [Test and Measures] and Appendix C [School-Based Standard of Practice].

**4. Eligibility**
If the child is eligible, specially designed instruction and related services will be provided in accordance with the IEP. 707 KAR 1:320§2(3)(b)

**Eligibility**

A student is eligible for special education services under Kentucky Administrative Regulations (KAR) if the ARC determines that he/she meets the criteria for one or more of the following disabilities, and the ARC determines **the disability impacts the child's ability to receive free appropriate public education (FAPE)**. The specific disability categories are:

- Autism
- Deaf/Blind
- Emotional Behavior Disability
- Hearing Impairments
- Functional Mental Disability and Mild Mental Disability
- Multiple Disabilities

***The question that requires an answer is NOT "Is the student eligible for related services?"... but rather, "Is an OT's, PT's, or SLP's knowledge and expertise a necessary component of the student's educational program in order for him/her to achieve identified outcomes?"***

Adverse effect means the progress of the child is impeded by the disability to the extent that the educational performance is significantly and consistently below the level of similar age peers.

The ARC, not a physician, determines the educational and functional need for occupational therapy, physical therapy, and/or speech/language therapy services provided by the local school district.

- Orthopedic Impairments
- Other Health Impairments
- Specific Learning Disability
- Speech or Language Impairments
- Traumatic Brain Injury
- Visual Impairment
- Developmental Delay

According to IDEA 2004 and KAR, all related services are available to students who qualify for special education services if and when the related service is shown to be necessary to implement the IEP. Thus, the results of an occupational therapy, physical therapy, and speech language therapy evaluation or evidence of a delay or impairment does not necessarily mandate services. The delays or impairments must negatively impact a student's academic and functional performance before the ARC can consider the provision of these services. During the eligibility decision, the ARC must document an adverse effect. Adverse effect, defined in KAR, means the progress of the child is impeded by the disability to the extent that the educational performance is significantly and consistently below the level of similar age peers. Therapists as part of the ARC offer specialized information and recommendations to support the ARC decision. ARC decisions are made by the group, not unilaterally by a single team member (e.g., one therapist or parent).

In Kentucky, occupational therapy, physical therapy, and speech/language therapy do not need a referral from a physician to provide services that are outlined on a student's IEP. The ARC, not a physician, determines the educational and functional need for occupational therapy, physical therapy, and/or speech/language therapy services provided by the local school district. The ARC membership must include a chairperson, the parents, at least one special education teacher, and at least one general education teacher. When related services are to be discussed, the related service providers are members of the ARC meeting.

**5. Individualized Education Plan (IEP)**
If a determination is made that a child has a disability and needs special education and related services, an IEP shall be developed for the child. 707 KAR 1:310§1(6)

**IEP**

The 1997 reauthorization of the Individuals with Disabilities Education Act (IDEA) mandated that students with disabilities gain access to the general curriculum. The No Child Left Behind (NCLB) Act of 2001 and subsequent reauthorization of IDEA in 2004 requires the ARC to ensure the student has access to the general education curriculum to the greatest extent possible.

Reauthorization at the federal level reshaped Individual Education Program construction in Kentucky. Skills-based IEPs written in the 1970s and 1980s transformed to writing IEPs based on the general curriculum. From 1998 through 2010, the Program of Studies served as a guide for the ARC in developing IEPs.

With Kentucky's adoption of common state standards in 2010, IEP development now reflects these changes. "Access to the general curriculum" focuses on the Kentucky Core Academic Standards (KCAS). Additionally, the Kentucky Program of Studies for Practical Living and Vocational Studies continues to be a current curriculum document. Educators, related service providers, and parents have acclimated to the new language and ideas of the state curriculum document.

Individualized Education Program (IEP) is a written plan of action for a student with a disability who is eligible to receive special education and related services. The IEP describes the student's strengths, needs, annual goals, least restrictive environment, specially designed instruction, and supplementary aids and services required to address the needs of a student. ARC develops the IEP, ensures IEP implementation, reviews progress toward the annual goal at least once every 12 months, and revises the IEP as appropriate. Parent input must be considered in IEP development and revision.

Kentucky Administrative Regulations (KARs) provide specific guidance regarding the IEP process. The IEP supports learning by providing access to the general curriculum; ensuring the student will be educated in their least restrictive environment; progressing in the general curriculum (educationally, academically, behaviorally, and functionally); preparing the student for further education, employment, and independent living; and addressing the student's other unique educational needs.

At least once every 12 months (365 calendar days), or as requested by any ARC member, the ARC reviews the IEP and accompanying ongoing progress data to determine whether the annual goals are being achieved, and revises the IEP, as appropriate. As the ARC develops the IEP, the following are considered: the strengths of the student; the concerns of the parents for enhancing the education of their student; the results of the initial or most recent evaluation of the student; the academic, developmental, and functional needs of the student; as appropriate, the results of the student's performance on general state or district-wide assessment; and other information as necessary.

In Kentucky, an ARC defines and describes the educational program for a student with a qualifying disability by developing an IEP. The plan is developed, reviewed, and revised during an ARC meeting. Related service providers are members of the ARC whenever a student's IEP contains a related service or a prior notice informing the parent that related services will be discussed at the ARC.

An IEP must be in effect before special education and related services are provided to the student. According to IDEA 2004 and KAR, an IEP must contain several different components including a present level of academic and functional performance, measurable annual goals, benchmarks/objectives, and specially designed instruction (SDI). Additionally the IEP identifies the related services, supplemental aids and services, and program modification required to meet the annual goals and benchmarks/objectives. The type, amount, and location of required services are included in the IEP.

The present level reports baseline measurements and levels of functional skills.

The present level of academic and functional performance is a narrative component of the IEP describing how the disability affects the student's participation and progress in the general education curriculum as provided in the Kentucky Core Academic Standards and the educational needs that result from the disability. For early childhood students receiving special education services, the present level of academic and functional

performance must indicate how the disability affects the child's participation in appropriate activities. The present level reports baseline measurements and levels of functional skills. All data is presented in jargon-free vocabulary which is understood by all ARC members. The present level of academic and functional performance provides a rationale for the other components of the IEP.

The IEP must state measurable annual goals for the student. Annual goals are statements of anticipated results to be achieved in a calendar year or less as determined by the ARC. Annual goals relate directly to the student's disability and pertain to needs described in present levels of performance. Goals focus on bridging the gap from where the student is (baseline in present levels) to where the student needs to be (goal) relative to identified KCAS academic skills and the appropriate functional skills.

Annual goals promote involvement and progress in the general curriculum and/or functional needs, as required, to support access to the general curriculum. All students, including students with disabilities, pursue the same grade-level curricular standards. Standards based IEPs are not designed to address every grade-level standard, nor every educational goal that a student may need. Rather the ARC identifies priority standards that will propel the student forward in a given area of need.

The academic and functional goals must relate to the needs of the student resulting from the disability and help the student be involved and progress in the general education curriculum. To ensure the annual goals provide involvement and access to the general education curriculum, the Kentucky Core Academic Standards (KCAS) may be used as a guide in writing annual goals. Other curricular documents that may be used as references in writing goals benchmarks/objectives are the Kentucky Program of Studies for Practical Living and Vocational Studies. Additional resources for IEP development are found in the Guidance Document for Individualized Education Program (IEP) Development. Sample IEPs for an elementary and high school student receiving related services are in Appendix F. Tools that may assist the therapist at the ARC in making IEP decisions are in Appendix D.

**6. Service Delivery**
In determining the educational placement of a child with a disability, the LEA shall ensure that the placement decision is made by the ARC in conformity with the least restrictive environment provisions. 707 KAR 1:350§1(5)

**Service Delivery**

Decisions about the need for OT, PT, and S/L therapy are guided by federal law and state regulations. Decisions about how OT, PT,and S/L therapy will be delivered are based on the child's needs, the expected outcomes, and the educational program. IDEA defines that services may be provided directly to the child, on behalf of the child, and as program modifications and supports for school personnel. When deciding the appropriate service delivery for a student, the ARC must determine the least restrictive environment (LRE). LRE is defined in KAR as "to the maximum extent appropriate, children with disabilities are educated with children who are non-disabled. Special classes, separate schools, or removal from the regular education environment occurs only if education in the regular education environment, with the use of supplementary aids and services, cannot be satisfactorily achieved due to the nature and severity of the disability. "

The following questions may assist the ARC in LRE and service determination:

- Does the challenge significantly interfere with the student's ability to participate in the general education curriculum and in preparation for employment and independent living?
- Does the challenge in an identified area appear to be caused by limitations in a motor, sensory, and/or communication area?
- Have the research-based instruction and intervention services successfully alleviated the concerns?
- Can the student's deficit areas be managed by the educational team without the expertise of an OT, PT, and/or SLP?
- Does the student show potential to steadily progress without occupational, physical, and/or speech-language therapy services?
- Can the student's deficit areas be managed through classroom accommodations and/or modifications?

The frequency of related services should be specific enough to accurately communicate to all team members how services will be delivered,

The frequency of related services should be specific enough to accurately communicate to all team members how services will be delivered, but should permit flexibility for integration of services across a variety of education settings and the child's school day. For example, the team may decide that the needs of a student in a special classroom, whose needs are being met by a teacher that uses structured multisensory and systematic instruction with modifications, may be met best with therapy services provided as a program support for the classroom teacher. Alternatively, if a student has skill deficits that require the expertise of the OT, PT, and/or SLP to be successful in the educational setting, the ARC may determine that providing services directly to the student will best support him or her to make progress.

Decision-making tools designed to assist therapists and the ARC in determining the need for OT and PT are utilized by some Kentucky schools. Examples of these are located in Appendix D. These decision-making tools help to determine specially designed instruction, supplementary aids and services, program modifications, and supports for school personnel. Service decision-making tools help the ARC determine the amount of time needed to provide the necessary services to students and supports for school personnel. Speech Language Pathologists utilize the Kentucky Eligibility Guidelines- Revised (KEG-R) to assist with decision-making for speech language services.

Skills should be generalized across different school settings.

Service delivery can be provided as role release, or discipline specific. Role release refers to systematic teaching and learning across transitional discipline lines. Discipline specific refers to services that are only addressed by licensed personnel. Considerations for the delivery of services must reflect the philosophy of least restrictive environment and be responsive to the strengths and needs of each student.

Related services are provided to enable the student to benefit from his/her special education program and facilitate access to the general education curriculum. Strategies should be integrated into the classroom and school environment to support learning of curriculum content. Interventions should support skills needed by the student for graduation with a diploma or certificate of attainment and to prepare him/her for further education, employment, and independent living.

Related services are provided in the student's daily educational routine. Skills are taught across all educational settings. Therapeutic activities should occur throughout the school day and routinely be implemented by educational personnel after role release by the therapist. Skills should be taught in naturally occurring environments and be generalized across different school settings, not isolated solely with the therapist in a separate area, or in only one classroom. Services are provided using a variety of instructional strategies with an emphasis on an integrated collaborative service model and least restrictive environment.

Related services are provided through a team approach. Team members share information, strategies, and techniques to assure continuity of services and generalization of the skill by the student. Educational strategies and interventions are developed and implemented jointly by the ARC members, including the student when appropriate. Regular team meetings provide communication of information and outcomes that guide the plan of activities and instruction that occurs throughout the day in the classroom, home, and community.

Related services may vary over time. Student therapy needs may differ in intensity and in focus during the student's school years and could differ in intensity within a school calendar year. For example, there might be the need for a therapist to provide more intensive services at the start of the school year to train new teachers and staff on appropriate strategies, with the services of the therapist to decrease when the educational team can implement the strategies with less frequent input from the therapist. These fluctuations are reflected in the IEP and should be fluid and flexible, based on the immediate educational needs at any time during the student's course of study.

The expectation is that planned interdisciplinary instruction will enable service providers to provide appropriate services within normal school routines rather than pull students out of classes.

Quality indicators for an integrated collaborative service model include as described by (Rainforth & York-Barr, 1997) include block scheduling, role release, team meetings, and inclusive educational programming. Block scheduling/collaboration refers to large blocks of time created to teach one or more areas of the curriculum to a group of students. Block scheduling includes scheduling special education and related services to support students during longer periods of time in class activities. This scheduling is planned in conjunction with other team members and is flexible to allow team members to work together on individual students' programs when needed. The expectation is that planned interdisciplinary instruction will enable service providers to provide appropriate services within normal school routines rather than pull students out of classes.

Activities during the block scheduled time may include:

- Observing and working directly with students in educational contexts to determine the effectiveness of interventions and the need to make program changes
- Collaborating with teachers, the student, and paraprofessionals to establish priorities
- Providing support to primary instructors for training, problem solving, and providing feedback and reinforcement
- Documenting student progress monitoring

**Example of an OT/PT/SLP Block Scheduling Situation**

A therapist spends two hours with a class every Wednesday, dividing time among three main roles:

- Working directly in classroom activities with two students whose IEPs call for discipline specific therapy
- Working with the teacher and paraprofessional who support the students
- Team teaching some activities with the classroom teacher, and participating in team planning.

The therapist must still account for the use of "therapy time," but now delineates the educationally related activities performed, rather than just student attendance. Although the therapist will not return to the class for a week under this example, the team approach described increases the skill development, carryover, and likely benefit for the students.

This example demonstrates scheduling that enables the therapist to assess and work with the two students during typical activities, including normal transitions in the classroom and school. Block scheduling influences the way activities are planned to maximize opportunities for the students to improve their skills. Both staff and classmates benefit from the therapist's strategies to assist students with disabilities.

Practice of tasks in multiple settings is critical for the student's skill development and generalization.

Role release refers to systematic teaching and learning across traditional discipline lines. The integrated, collaborative services team shares or transfers information and skills across traditional discipline boundaries.

Team members provide information and teach intervention techniques to each other to promote consistency in program implementation for individual students. Tasks traditionally performed by one discipline may be delegated, under supervision, to other team members when appropriate training has been provided by qualified personnel. Collaborative intervention does not mean that someone other than an OT, PT, SLP, or assistant may provide occupational therapy, physical therapy, or speech language therapy. However, the team may determine that a therapist can team teach with a special educator or that certain educators or their staff may incorporate into a child's day the strategies that a therapist helps develop. Optimizing student ability to practice tasks in multiple settings is critical for the student's skill development and generalization.

The levels of role release for occupational therapy, physical therapy, and speech/language therapy include sharing:

- **General Information:** Communicating knowledge about basic practices to other team members to increase understanding or awareness (e.g., teacher sharing curriculum or schedule; team members making others aware of related workshops, resources, etc.)

- **Specific Informational Skills:** Teaching others to make specific judgments or decisions (e.g., determine if student is positioned properly in wheelchair; teacher leading others to graph student performance data and make a data-based decision about student progress on instructional program)

- **Performance Competencies:** Training others to perform specific physical actions or procedures to implement programs with specific students (e.g., teaching effective feedback strategies, instructing for positioning and use of equipment, lifting and transfer techniques, use of student's communication device, oral motor/feeding techniques, etc.)

Team planning refers to regularly scheduled meeting times possibly on the block scheduled days. This system allows for ongoing communication among team members. Meetings scheduled on a regular basis throughout the school year can be used to review and revise students' instructional programs and for team problem solving. The agenda for team meetings is planned in advance, and minutes from these meetings are recorded and maintained. Notebooks or message areas can be used so questions and concerns can be addressed by team members when they visit/consult the classroom.

Hyperlink

Inclusive educational programming supports school-based therapists focusing service delivery within the classroom during daily routines to provide opportunities for practice and development of skills within the natural environments. This is done by combining therapeutic intervention with functional task performance to influence a child's educational performance. This approach allows the therapists and teachers to share ideas or concerns and problem solve within the child's usual setting and stimulate the development of appropriate environmental adaptations and teaching strategies.

Inclusive service provision requires adaptations and special therapeutic techniques to be utilized by the educational staff throughout the day across many activities and environments. Adaptations may include positioning techniques and equipment; handling and physical guidance techniques; oral motor/feeding techniques; accessibility or building and environmental adaptations; and assistive devices in the areas of augmentative communication, self-care, computer access, and environmental control. Inclusive service provision encourages generalization of skills.

The role of related service staff in providing effective therapy services includes the following:

- Training parents and school staff in activities and accommodations to be implemented throughout the student's day
- Observing and critically analyzing student performance and responses that prevent the student from benefiting from his/her educational program
- Identifying, selecting, and adapting special materials and equipment
- Identifying and optimizing natural opportunities for embedding skills during daily routines
- Collaborating and coordinating with teacher and families for needed change in instruction and/or learning environment

The delivery of therapy services should be based on educational and medical research and should adhere to IDEA principles. Additionally, there are many reference books and publications that serve as guiding standards for therapists working in school systems. With the fast-paced and ever-changing research in healthcare and education, school-

based therapists and school administrators must accept the responsibility for continuous learning by monitoring new peer-reviewed research concerning the practice of school-based therapy. See Appendix E for a list of Internet resources for school-based therapists.

Therapists have the responsibility for continuous learning by monitoring new peer-reviewed research concerning the practice of school-based therapy.

**Documentation of OT, PT, and S/L Services**

Documentation of regularly scheduled or make-up services delivered to a student, or on behalf of a student, is a necessary requirement for OT, PT, and S/L services provided to students. All therapy services should be documented, dated, and authenticated by the therapist or therapy assistant who performs the services. When services are not provided the therapist should document the reasons services were not provided on the scheduled date. If the school system participates in the school-based Medicaid program, there may be specific documentation requirements. Documentation of services should include: specific strategies and interventions used to address IEP goals; student performance and outcome of session; progress monitoring toward goals; contacts with parents, staff, and other professionals; and provisions for next session and/or long-range plans.

When the ARC determines that occupational therapy, physical therapy, and/or speech language therapy services are no longer required and are discontinued from the student's IEP, the therapist also must write a discharge summary. The discharge summary may document the date of discharge, reason, status, and plan for recommendations. This may be documented on the therapist's progress notes, the Plan of Care, or the intervention plan.

Therapists must be knowledgeable of confidentiality requirements.

Every page of student documentation should be properly labeled with the student's name and date of birth for accuracy and identification. All student information, including therapist documentation, is subject to parental and legal review. Student confidentiality is highly regulated by state and federal laws. Therapists must have parental consent prior to releasing any student information, written or verbal, to any outside agency. Discussion with other school staff should be on a need-to-know basis only. Therapists must be knowledgeable about and adhere to confidentiality requirements.

According to regulations, the IEP is the document that guides the educational program of the student, the OT and PT must document a written Plan of Care/Intervention Plan including "treatment to be rendered, frequency and duration of treatment and measurable goals." Components not included in the IEP must be written in a separate Plan of Care. A therapist's Plan of Care is comparable to a teacher's unit lesson plan or ongoing progress monitoring.

The PT must perform a reassessment of the student's Plan of Care every 90 days (201 KAR 22:053, Section 4(3)(j)). The review of the Plan of Care is required by the Kentucky State Board of Physical Therapy for continuation of physical therapy services, not for regulatory special education re-evaluation.

**7. Annual Review/Re-Evaluation**
An LEA shall ensure that the ARC reviews each child's IEP periodically, but no less than annually, to determine whether the annual goals for the child are being achieved. 707 KAR 1:320 § 2(6)

Re-evaluations must be conducted every three years. 707 KAR 1:300 § 4(18)

**Annual Review/Re-Evaluation**

The ARC meets annually to review and revise the student's IEP. The ARC makes decisions by reviewing data from multiple sources, including progress monitoring data. Decisions concerning goals and objectives, service delivery, transition, assistive technology, re-evaluation, and continuation of related services are made by the ARC team at the annual review.

**Transition at the Annual Review**

All students will transition through different stages/levels as they experience school life. Some occur at natural progressions as the student ages through grade levels and advance from elementary to middle and eventually high school. Some students may even transfer to different schools or school systems. Some of these transitions have more formal guidelines such as when a child transitions from early intervention to the school system and when they transition out of school into the adult world.

Because therapists have knowledge across the lifespan, they can provide their unique expertise to help the team plan for the future needs of the student. As part of transitioning best practice, communication should occur between the sending therapist and receiving therapist, and each therapist should contribute their unique expertise to assist with all student transitions.

**Transition From Early Intervention (birth to age 3) to Primary School**

All children receiving First Steps, Kentucky's early intervention services, will have a transition plan as part of their Individualized Family Service Plan (IFSP). The IFSP assists in preparing the child and family for the transfer of services to the public school after the child turns three years of age.

First Steps program (ages 0-3) and the public school (ages 3-21) are separate systems, which follow different regulations and eligibility requirements. The IFSP is based on family needs, and the IEP is based on the student's education needs. Therapists can assist the family in navigating the transition between First Steps and the public school.

**Postsecondary Transition Services**

All students in Kentucky are expected to be college/career ready upon exiting public school. To facilitate the college/career readiness, students receiving special education services have a transition plan as part of their IEP beginning in 8th grade or by age 14. The transition plan is based on the student's needs including his/her strengths, preferences,

interests, and goals. Therapists can provide postsecondary services through completion of transition assessment, provision of community experiences, intervention at work sites, and assistance in planning and achieving the student's postsecondary goals.

**Assistive Technology Services**

KAR defines assistive technology (AT) as "any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of children with disabilities." Students who require assistive technology are those with mental or physical impairments that interfere with learning or other life functions. The technology helps the student to compensate for the impairment and to become more independent. Students who benefit from assistive technology may have mild learning problems like learning disabilities or they may have physical or cognitive disabilities that range from mild to severe. Assistive technology is not necessary or required for every student receiving special education related services. However, AT is an important part of the support system for some students which receive special education and related services.

Assistive technology refers to a number of accommodations and adaptations which enable individuals with disabilities to function more independently. Computers can be an important type of assistive technology because they open up so many exciting possibilities for writing, speaking, finding information, or controlling an individual's environment. But computers are not the only avenues to solving problems through technology. There are many low tech (and low cost) solutions for problems that disabilities pose. Examples of inexpensive, low tech solutions include wrist splints, clip boards for holding papers steady, or Velcro tabs to keep positioning pads in place.

The therapist may be involved with AT decisions through evaluation, acquisition of AT devices, management of AT devices, and training and coordination in the use of the device.

**Considerations for Release from OT, PT, and S/L services**

At the annual review, the ARC, based on data, may determine therapy services are no longer required and should be discontinued from the student's IEP. The question that needs to be answered by the ARC in determining whether to release a related service from an IEP should be, "Does the expertise of an OT, PT, or SLP continue to be a necessary component of the student's educational program in order for him/her to continue achieving identified academic and functional outcomes of the general education curriculum?" If the ARC decision is to release the student from a related service, then the therapist writes a discharge summary. The discharge summary shall document the date of discharge, reason, status, and plan for recommendations. This may be documented on the therapist's progress notes, the Plan of Care, or the intervention plan.

Appropriate reasons for the ARC to release a student from services could be:

- The student has met all of the functional OT, PT, S/L objectives on his/her IEP.
- The parent revokes consent for services.

***The question that needs to be answered by the ARC in determining whether to release a related service from an IEP should be, "Does the expertise of an OT, PT, or SLP continue to be a necessary component of the student's educational program in order for him/her to continue achieving identified academic and functional outcomes of the general education curriculum?"***

**Release from S/L as a related service for students who have multiple disabilities, intellectual disabilities, or autism should be approached with considerable caution.**

- The student no longer requires OT, PT, or S/L therapy as a related service in order to access and/or participate in the general curriculum.
- Rate of skill acquisition, potential for progress, and/or level of function are not likely to change with therapy intervention.
- The student has learned appropriate strategies to compensate for his/her disability.
- Student's need(s) can be managed through classroom accommodations and/or modifications.
- Student's need(s) can be managed effectively by another service provider or the educational team, and the expertise of the current therapist is no longer necessary.

Release from S/L as a related service for students who have multiple disabilities, intellectual disabilities, or autism should be approached with considerable caution if the student is not using symbolic language to communicate a variety of intents.

The ARC may consider and document the decision to suspend services for a brief period of time, due to special circumstances during which time therapy services may be contraindicated (surgery, serious illness, etc.). An ARC must be reconvened prior to reinstatement of services.

**Transferring Students**

If a student transfers in from another school district with related services on his/her IEP, the therapists need to be notified and involved immediately in serving the child and assessing his/her current needs. The local school system must provide comparable services until the school system adopts the current IEP or conducts an evaluation and/or revises the IEP. Physical therapist's practice regulations require that the PT complete a new evaluation within 45 days of a student's transfer from another school district. This regulation does not apply to the professions of occupation therapy or speech therapy. During this grace period, PT may continue based upon the previous evaluation or reassessment.

# Section III Administration of Therapy Services

**Workload Considerations for OT/PT/SLP**

The concept of workload encompasses all of the work activities performed by the OT PT,or SLP that benefit students. Caseload refers only to the number of children seen by OT, PT, or SLP as part of the individual education program (IEP). A traditional caseload "counting" approach does not fully appreciate the complexity of the OT PT,or SLP role in current best practice scenarios. Pull-out services built around a clinical model of predictable, routine "appointments" have limited support in the educational literature and do not necessarily promote the generalization of skills to the classroom or other appropriate settings.

There are a number of factors to consider when determining a therapist's workload. Caseload is the number of students assigned to the OT, PT, and SLP for the purpose of providing services determined in the IEP. In Kentucky, caseload for an SLP is defined by state regulations. However, Kentucky regulations do not provide guidance for a maximum caseload number for occupational therapy or physical therapy service providers. An OT's and PT's caseload should be determined as the result of the workload approach.

Administrators are encouraged to consider the following for school-based therapists' workload factors:

- The number of evaluations and re-evaluations anticipated in an average month including time for information gathering; data collection; observations in educational environments; and consultation with family, school staff, and teachers; documentation of evaluation.
- The total amount of therapy services provided as identified on students' IEPs, including:
  - Additional time spent at the beginning of the school year to develop programs and train other staff
  - Additional time to address the needs of students who require out of the ordinary adaptations due to severe physical or multiple disabilities or a change in condition.
- The amount of time needed to attend ARC meetings to assist with the development of students' IEPs.
- The amount of time required for planning, ordering assistive technology devices and equipment, completing equipment specification documentation.
- The need for supervision and training of licensed or certified OTA, PTA, SLPA, therapy aides, and para-educators to meet the supervisory requirements .
- The amount of travel time anticipated for a typical week or month. Itinerant therapists serving schools that are widely separated geographically must spend time traveling, organizing upon arrival, organizing for departure, packing and unpacking equipment, and completing documentation/paperwork at each site.
- The amount of time spent in meetings with community support staff, physicians, and school district staff for collaboration and consultation as well as trainings that are not identified on a specific student's IEP.
- The amount of time spent in general education conducting screening, problem solving, and progress monitoring.

- The need for training of professional students enrolled in higher education therapy programs (e.g., providing practicum experience).
- The amount of participation in or creation of staff development and professional seminars.
- The amount of participation in team, committee, departmental meetings, and other administrative duties as assigned.
- The amount of experience of instructional staff.
- The amount of secretarial and other support assistance available.
- The experience and training of therapists and the amount of mentoring needed.
- The amount of time allotted for lunch and breaks.

The caseload of a speech language pathologist who supervises speech-language pathology assistants may be increased according to the provisions set forth in KRS 334.190 (2). A workload analysis approach to setting caseload standards is necessary to ensure that students receive appropriate services. It is recommended to consider how the amount of time available in each school day, week, or month can be divided across services to children, as well as, the other responsibilities of the therapist.

School closings due to weather or holidays, student field trips or absences, and seasonal fluctuations in workload are all variables in the process of providing services. “Typical time” should be considered when making schedules (e.g., the amount of time that is available to any student, whether or not the student has a disability). Compensatory services may be required for services not provided in accordance with the IEP, but there is no requirement to “replace” or compensate for time “lost” due to any of these “typical time” variables unless it would result in the need for extended school year services. If a lapse in services results in student regression such that skills cannot be recouped within a reasonable period of time, then additional services may be required.

Each workload needs to be reasonable and reviewed periodically. Because therapists' caseloads change frequently to meet the needs of the children they serve, workloads should be monitored closely. Therapists should have assistance with providing services or problem solving when the workload becomes too difficult to manage, threatens the quality of services, and/or requirements cannot be met.

**Options for Acquiring an OT, PT, and SLP**

School districts have a variety of options when acquiring therapists to provide therapy services for schools. The school district may choose to hire the therapist through direct employment either on a full-time or part-time basis. They may choose to establish a contractual agreement through private practitioners, therapy clinics, home health agencies, health departments, or hospitals. School districts may choose a combination of these options to meet their needs. The absence/unavailability of a therapist or a vacancy that cannot be filled may prevent the school district from providing IEP service, thereby requiring compensatory therapy services.

As school districts explore the possibility of acquiring services, they need to examine long-term options as well as short-term strategies. Underpaying or understaffing could result in high therapist turnover and poor continuity of student support. The number of students requiring services and the availability of therapists in the area may influence the options chosen by the school district.

**Employment**

In cases of direct employment, the therapist is generally a full-time employee with benefits or a part-time employee with no or limited benefits. School districts or educational cooperatives have the option of sharing a therapist with neighboring districts. School districts are responsible for recruitment, verification of credentials, orientation, training, retention, and liability of the therapist. The school district reimburses expenses and provides access to tools, materials, equipment, and tests for the therapist to perform his/her work. The therapist is an integral part of the school team for cooperative planning with other staff and for observation of students during activities.

The therapist receives training directly from the school district, generally with other general education and special education teachers and related service providers. Services are provided in educational environments as indicated in the students' IEPs.

When hiring a therapist, the school district determines the number of hours per day the therapist will work and the number of days per week. District administrators also decide on the number of months the therapist will work in the contracted year. Additional considerations include providing continuing education, relocation expenses, health insurance, liability insurance, retirement, sick leave, and payment of licensure/certification fees and professional dues. In certain situations, therapists' salaries and benefits may need to be different from teachers' salaries and benefits to attract therapists to and retain them in these positions. However, school district employment is attractive to many therapists because of the shortened work year, school hours, breaks during the school year, and shorter work days.

**Contracted Services**

Contracted services can be provided full-time or part-time based on the school district's needs at a given time. A contractor negotiates payment with the school district, and is responsible for his/her own taxes, health, malpractice, and liability insurance, and other benefits. A contractor must be willing to make the transition to the provision of services in the educational environment and follow state guidelines for provision of therapy services. Contractors may be responsible for their own travel expenses and may furnish their own tools, materials, and tests to perform the work. A contracted therapist provides the amount of services as indicated in the students' IEPs. A contract for services may limit the number of hours a therapist is able to work, with additional time requiring further contractual negotiations.

Contracted therapists are required to follow district policies and procedures and assure s tudent's confidentiality.

The contract should specify the obligations of the school district. The district will identify the students to be served, the therapist's work hours, and any therapy assistants that require supervision. Contracted therapists are required to follow district policies and procedures and assure student's confidentiality. The contractor must provide documentation of the therapist's qualifications and licensure and proof of liability and malpractice insurance. The therapist should have orientation and training in school-based therapy services.

Many aspects of a contract for therapy service are negotiable. Contractual considerations include timelines for completion of evaluations, IEPs, reports, and billing. The contract

must specify the fee structure. Parties should consider whether there will be a set hourly fee or separate fees for intervention, travel, documentation, and meetings. Conditions for changing the contract to provide for more or fewer services as well as termination of the contract should be indicated. Before final approval, the school district's attorney and appropriate staff should review the agreement for possible legal issues and hidden costs.

**Interviews**

The interview process is helpful in determining if the therapist has the skills necessary to meet the needs of students in an educational setting. Therapists and assistants should provide copies of their required credentials as part of the application process. Prospective employers may request work history and references from current and previous employers.

Topics to guide interview questions may include the following:

- Academic and professional experiences that demonstrate the ability to work in an educational environment
- Knowledge, skills and training that support school-based therapy practice
- Understanding of IDEA and Kentucky Administrative Regulations for special education
- Proficiency in test administration and analysis of data as it relates to the student's ability to benefit from special education and to access the general education curriculum
- Ability to collaborate in development of measurable student goals that directly relate to and support the student's academic program in the least restrictive environment
- Competency in planning and implementing educationally relevant strategies and activities that directly relate to and support the student's academic program
- Ability to determine appropriate educationally relevant services and service frequency
- Competency in providing a variety of integrated therapy models, including consultation and collaboration
- Ability to document student progress and outcomes and to relate this information to the student's educational goals
- Ability to work effectively as a member of a multi-disciplinary team
- Ability to communicate effectively both orally and in writing with students, parents, educational personnel, and other professionals
- Organizational skills as they relate to documentation, scheduling, and time management
- Understanding of the importance of professional growth, confidentiality, and professional ethics

**Recruitment Resources**

Occupational therapy, physical therapy, and speech/language therapy are growing professions with practitioners facing increasing competition for employment in school districts, rehabilitation services, private practice, and medical facilities. School districts will need to be proactive, creative, and vigilant in recruiting and retaining therapists. The use of multiple recruitment resources and documentation of all recruitment efforts are

essential. State association therapy newsletters, websites, and publications in local and regional newspapers are good resources for advertising. Many school districts participate in job fairs held at a variety of locations to recruit therapy personnel. Parents, as healthcare consumers, should also be considered in the recruitment of therapists.

**Retention Strategies**

Historically, therapists have found working in school systems rewarding, but sometimes frustrating, because of isolation from their health care professional environments and peers. Salaries also may be problematic as school salaries often lag behind those of other therapy employment opportunities. School administrators may consider the following strategies to support retention of therapists:

- Offer incentives to attract therapists (e.g., continuing education allowances, liability insurance, professional association dues)
- Provide an experienced mentor for each new therapist
- Encourage interactions, training, and networking among therapists within the district and among various school systems
- Support continuing education to enhance the therapists' skills and knowledge
- Provide salary scales that recognize educational degree levels and years of experience in all therapy settings
- Establish career ladders for professional and salary advancements
- Create leadership opportunities with organizational structure that recognizes added competencies and professional responsibilities
- Participate in training of future school-based therapists by providing fieldwork and affiliations for occupational therapy, physical therapy, and speech/language therapy students
- Maintain positive morale through shared decision-making, manageable caseloads, and administrative recognition of achievements
- Ensure specific needs are met (e.g., office space, clerical and technical support, supplies, equipment, and a staff mailbox)
- Include the therapists in staff development and on the school and/or district e-mail distribution list
- Provide regular meetings for opportunites for communication between therapists and staff
- Ensure therapists are updated regarding changes in district policies and procedures
- Provide clear supervision with annual job performance reviews (by a practitioner from his/her discipline, if at all possible)

Include the therapists in staff development and on the school and/or district e-mail distribution list

**Orientation of Therapists to the School District**

Like all new school employees, therapists need proper orientation to the school district. They may need training to understand the specifics of school-based therapy. They will need information regarding district policies and procedures in order to provide appropriate services. New therapists should be oriented to the school district's organization structure, supervisory hierarchy, communcation expectations, and appropriate contacts in each department. Placing new therapists with a mentor may be beneficial. Therapists also need to be made aware of available community services relevant to students with disabilities.

Therapists need information regarding district policies and procedures in order to provide appropriate services.

Therapists should be provided access to several documents including the *Guidance for the Related Services of Occupational Therapy, Physical Therapy, and Speech/Language Therapy in Kentucky Public Schools* and the Kentucky Administrative Regulations for Special Education Programs.

It is recommended that each school district develop a related service provider procedure manual that may include the following information:

- Job description, job responsibilites, and performace expectations
- Organizational chart and direct line of supervision
- Performance evaluation process
- Policies related to the provision of occupational therapy, physical therapy, and speech/language services
- Policies related to the supervision of OTA, PTA, SLPA, therapy aides, and student affiliates
- Description of service delivery approaches
- Referral process for occupational therapy, physical therapy, and speech/language services
- Evaluation and assessment procedures and expected timeframes
- Documentation of student progress monitoring and service delivery notes
- Samples of forms and description of how to complete the forms
- Procedures to requisition materials and equipment
- Procedures to inventory and maintain equipment
- Procedures to request travel reimbursement
- Procedures to request leave (e.g., professional, sick, and personal)
- Confidentiality requirements
- Policies related to conflict of interest

**Liability**

Appropriate levels of insurance coverage are essential to protect the practice of school-based therapy. Administrators and therapists should work together to clarify the extent of the school district's insurance coverage for general liability (e.g., personal and professional) and malpractice liability. Therapists are responsible for knowing the limits of their professional and personal liability relative to their school-based therapy duties and performances to protect themselves personally and to prevent undue risk to the school system. Many therapists working in school districts purchase additional professional liability insurance that is easily obtained through professional associations.

**Professional Development**

The Kentucky Board of Licensure for Occupational Therapy, the Kentucky State Board of Physical Therapy, and the Kentucky Board of Licensure for Speech-Language Pathology and Audiology mandate continuing education for OT, OTA, PT, PTA, SLP, and SLPA to maintain licensure. Therapists should identify their own educational needs and pursue continuing education programs to meet those needs. It is imperative that therapists maintain current knowledge and skills for pediatric therapy practices and education methods and theories. Therapists must be knowledgeable of current federal, state, and

local initiatives and mandates that impact the delivery of occupational therapy, physical therapy, and speech/language services.

Administrators can support professional development in the following ways:

- Paid professional leave
- Reimbursement for continuing education and reference texts/materials
- Sponsorship of workshops, courses, and regional pediatric interest groups
- In-service training on pertinent topics
- Develop a professional library
- Subscribe to professional journals and publications

**Scheduling**

Therapists require flexibility in scheduling to provide a variety of service delivery methods for meeting each student's needs. It is imperative that therapy services do not prevent students from accessing their academic instruction. It is not within the scope of this document to prescribe caseload numbers. However, therapists and administrators should work together to ensure that all students' IEP requirements and job responsibilites are met within the therapist's reasonable workday.

**Materials and Equipment**

Materials and equipment to support the provision of therapy services are necessary, and their purchase and storage need to be addressed by administrators and therapists. The therapists, or other staff within the school district, may fabricate some materials that require additional workspace and special purchasing considerations. Materials and equipment should support the goals and accommodations as stated in the student's IEP. Examples of materials and equipment include the following:

- Positioning equipment (standers, adapted chairs, potty chairs, tongue depressors)
- Self-help devices (spoons, scoop plates, zipper pulls)
- Mobility equipment (gait training devices, therapy equipment)
- Supplies for adapting materials and equipment (Velcro, splinting material, strapping)
- Technology devices (augmentative communication system, switches, computers, word processors)
- Adaptive classroom tools (pencil grips, slant boards, adapted scissors)
- Standardized assessments (test kits and manuals)

**Confidentiality and Release of Information**

In the course of providing assessments and therapy services to students with disabilities, there are occasions when the therapist will need access to the educational records of students. This may be during assessment activities to gather and review existing evaluation information, during an IEP meeting when the planning for instruction and related services occurs, or in the school setting when providing services.

The Family Educational Rights and Privacy Act (FERPA PL 93-380) states, in part:

*An educational agency or institution may disclose personally identifiable information from an education record of a student without consent if the disclosure is to other school officials, including teachers, within the agency or institution whom the agency or institution has determined to have a legitimate education interest (FERPA Section 99.31).*

When a therapist is employed or under contract for services to students with disabilities, this creates a "legitimate educational interest" and allows each school in the district served by the therapist to put the name of the therapist on the listing of the specific individuals having access to educational records of individual students. The employment or contractual arrangement between the therapist and the school district designates the therapist as being "other school officials or teachers within the agency or institution."

School districts must include as a part of their policies and procedures a specification of their criteria for determining which parties are "school officials" and what they consider to be "legitimate educational interest" (FERPA Section 99.6). When clearly defined in district policies and procedures on educational records, the relationship between the therapist and the school district gives the therapist the right to have access to educational records of the students they serve without having to get parental consent. The parents always should be informed of the procedures and practice of the school district to allow the therapist access to their child's records for educational purposes.

**Evaluation and Program Quality Assurance**

Local school districts have the responsibility to evaluate school personnel. School districts establish evaluation committees that design the district evaluation plan. This plan includes procedures and evaluation tools that district administrators utilize when evaluating school personnel. The OT, PT, and SLP should be informed about the school district's staff evaluation process. It is recommended that the therapist's job performance be evaluated annually, and if possible, by someone from their discipline.

Program evaluation is necessary to determine the quality and quantity of therapy services. A written plan should be developed to evaluate therapy programming effectiveness. This plan guides the systematic and periodic review of improvement of the quality of services.

Case studies and assessment audits can be effective methods for examining program effectiveness. Case study presentations may be presented to a group of peers for review and discussion. A peer review team offers recommendations for changes in service delivery models, interventions, or specially designed instruction.

An audit of assessment reports can be used to address the quality of evaluations. This process involves reviewing the assessments conducted by the therapist according to predetermined criteria. An audit of progress notes addresses the quality of service provided to students. For students being billed through Medicaid, this is a requirement.

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# Appendices

## Appendix A

### Intervention Strategies/Checklists
### Fine Motor and Sensory Concerns

| Concerns | Possible Classroom Adaptations/Strategies for Teachers | Duration Attempted (yes/no) | Success (yes/no) |
|---|---|---|---|
| *Poor balancing in sitting* | If feet dangle, place a box or footrest under feet to maintain 90 degrees at hips, knees, and ankles | | |
| | Provide a chair with armrests | | |
| | Provide pencil grip (various types) | | |
| *Poor pencil/crayon use* | Provide pencil grip (various types) | | |
| | Use fatter writing utensil | | |
| | Use larger sheets of paper | | |
| | Provide paper with wider-spaced lines | | |
| | Use larger models or templates | | |
| | Simplify instructions, break down steps | | |
| *Poor cutting skills* | Use loop, spring, or other adapted scissors | | |
| | Stabilize paper (tape it down, use large clips, c-clamps, etc.) | | |
| *Poor note taking or copying information from the board* | Tape lectures to be transcribed or listened to later | | |
| | Photocopy teacher or peer notes | | |
| | Use carbonless notebooks to copy a peer's notes | | |
| *Unable to complete seatwork successfully* | Provide larger spaces for answers | | |
| | Give smaller amounts of work | | |
| | Put less items per page | | |
| | Give more time to complete task | | |
| | Change the level of difficulty | | |
| | Fold paper so less is visually available | | |
| | Give visual breakdown of steps | | |
| | Strategically group kids together | | |
| *Cannot stay in seat; fidgety* | Allow student to lie on floor to work | | |
| | Allow student to stand to work at seat | | |
| | Provide lateral support to his hips or trunk (rolled towels or foam blocks) | | |

| Concerns | Possible Classroom Adaptations/Strategies for Teachers | Duration Attempted (yes/no) | Success (yes/no) |
|---|---|---|---|
| | Adjust seat to correct height for work | | |
| | Be sure feet are flat on floor or footrest when seated | | |
| | Provide more variety in seatwork | | |
| | Provide classroom movement breaks | | |
| | Use rice bags on lap while working | | |
| *Poor keyboarding skills (hits too many keys at one time)* | Use key guard | | |
| | Use sticky keys program | | |
| *Inattentive to task/ distractible* | Use study carrel | | |
| | Decrease availability of distracting stimuli (visual or auditory) | | |
| | Provide touch cues only when student is prepared for it, use firm pressure | | |
| | Provide frequent breaks in seatwork | | |
| *Inappropriate touching, hitting and kicking* | Provide verbal reminders to keep hands/feet to self | | |
| | Use behavior chart with visual cues | | |
| *Poor lunch skills/ behaviors* | Provide a wheeled cart to carry tray | | |
| | Provide large handled utensils | | |
| | Clamp lunch tray to table to avoid slipping | | |
| | Put drink in sealed cup with straw | | |
| *Poor toileting skills* | Provide smaller toilet seat | | |
| | Provide looser clothing | | |
| | Provide step-up stool for toilet/sink | | |
| *Can't put jacket on/off or zip* | Place in front of student in same orientation each time consistently | | |
| | Provide larger size for easier handling | | |
| | Add zipper pull | | |
| *Clumsy in classroom/ halls; gets lost in building* | Move classroom furniture to edges of room | | |
| | Send student to new/next locations when halls are less crowded | | |
| | Provide visual clues in hall to mark locations | | |

| Concerns | Possible Classroom Adaptations/Strategies for Teachers | Duration Attempted (yes/no) | Success (yes/no) |
|---|---|---|---|
| | Match student with partner for transitions | | |
| Unable to add numbers in a line | Use graph paper | | |
| | Turn notebook sideways to provide vertical lines | | |
| Doesn't follow directions | Provide written or picture directions for reference | | |
| | Provide cassette tape of directions | | |
| | Allow student to watch peer for cues | | |
| | Provide immediate reinforcement of correct response | | |
| Drops materials; can't manipulate books, etc. | Place tabs on book pages for turning | | |
| | Provide small containers for items | | |
| Loses personal belongings; unorganized | Make a map showing where items belong | | |
| | Use colored tape to mark off spaces where certain items belong | | |
| | Collect all belongings and hand them out at the beginning of each activity | | |
| | Organize notebooks by color | | |
| | Take digital picture of how items should appear in desk, cubby, etc. | | |
| **Comments:** | | | |

Adapted from Dunn (2000) Fine Motor and Sensory Issues

**Early Intervening Services Strategies/Checklists**
**Gross Motor Concerns**

| Concerns | Possible Classroom Adaptations/Strategies for Teachers | Duration Attempted (yes/no) | Success (yes/no) |
|---|---|---|---|
| *Difficulty with mobility in the classroom* | Provide hand held assistance | | |
| | Encourage use of environmental supports (e.g., handrail) | | |
| | Change place in line | | |
| | Instruction for individualized feedback for pace, attention to environment, etc. | | |
| | Experiment with changing class layout and/ or arrangment of furniture | | |
| *Frequent falls* | Decrease clutter | | |
| | Provide verbal and tactile cues | | |
| | Observe if student catches self or gets injured | | |
| | Use peer partner for transitions | | |
| | Provide extended time for hall travel | | |
| *Difficulty changing positions (in/out of chairs, up/down from floor)* | Use environmental supports (e.g., table) | | |
| | Use appropriate height chair | | |
| *Poor posture due to low or high muscle tone* | Use proper fitting chair and table | | |
| | Allow to floor sit against furniture | | |
| | Use chair with arms | | |
| *Difficulty with hopping, jumping, skipping or running as compared to same age peers* | Modify PE activities to address skills | | |
| **Comments:** | | | |

Adapted from Dunn (2000) Gross Motor Issues

**Intervention Strategies/Checklists**
**Speech/Language Concerns**

| Concerns | Possible Classroom Adaptations/Strategies for Teachers | Duration Attempted (yes/no) | Success (yes/no) |
|---|---|---|---|
| *Difficulty with speech sound production* | Auditory bombardment | | |
| | Provide appropriate models for correct productions | | |
| | Provide opportunities for production | | |
| *Difficulty with expressive and receptive language* | Provide wait time after directions and questions | | |
| | Provide multiple opportunities to answer questions | | |
| | Break down directions into manageable steps | | |
| | Have student repeat directions to ensure comprehension | | |
| | Introduce relevant vocabulary – preview/review | | |
| | Model age-appropriate response (complete sentence form) | | |
| | Use language modifications within the context of leveled reading programs | | |
| *Difficulty with speech fluency* | Provide sustained eye contact will student is speaking | | |
| | Don't interrupt the speaker | | |
| | Teacher uses slow rate of speech | | |
| | Reduce verbal stress without minimizing opportunities | | |
| | Allow adequate wait time for the student to respond | | |
| *Difficulty with voice* | Frequent water intake/breaks | | |
| | Encourage vocal hygiene – avoid yelling/whispering/throat clearing | | |
| | Preferential seating | | |

| Concerns | Possible Classroom Adaptations/Strategies for Teachers | Duration Attempted (yes/no) | Success (yes/no) |
|---|---|---|---|
| | Conference with elective teachers | | |
| | *Encourage appropriate volume and time for vocal rest* | | |
| **Comments:** | | | |

## Appendix B

## Tests and Measures

Therapists using the assessments are encouraged to determine the reliability and validity of the instrument as well as the population on which the assessment is normed.

| DEVELOPMENTAL TESTS AND MEASURES |
|---|
| • Battelle Developmental Inventory (2nd ed.) (BDI-2) (2004)<br>• Bruininks Oseretsky Test of Motor Proficiency ( 2nd ed.) (BOT2) (2006)<br>• Carolina Curriculum for Infants and Toddlers with Special Needs (3rd ed.) (CCITSN) (2004)<br>• Denver Developmental Screening Test –II<br>• Gross Motor Skills for Children with Down's Syndrome<br>• Hawaii Early Learning Profile (HELP) (2004)<br>• Miller Assessment of Preschoolers (MAP) (1982)<br>• Miller Fun & Participation Scales (M-FUN)<br>• Miller Fun Scales<br>• Movement ABC<br>• Peabody Development Motor Scales (2nd ed.) (PDMS-2) (2000)<br>• Test of Gross Motor Development (2nd ed.) (TGMD-2) (2000)<br>• Scales of Independent Behavior Revised (SIB-R)<br>• Schools Pediatric Fine Motor Assessment (2nd ed.) |
| **FUNCTIONAL TESTS AND MEASURES** |
| • Canadian Occupational Performance Measure (4th ed.) (COPM)<br>• Feeding Assessment from Pre-feeding skills (Morris and Dunn)<br>• Gross Motor Function Measure (GMFM)<br>• Jordon Left-Right Reversal Test (JLRRT)<br>• Pediatric Evaluation of Disability Inventory (PEDI)<br>• School Assessment of Motor and Processing Skills (School AMPS)<br>• School Function Assessment (SFA)<br>• Evaluation Tool of Children's Handwriting (ETCH)<br>• Merril-Palmer (functional assessment)<br>• Minnesota Handwriting Assessment<br>• Movement Opportunities via Education (MOVE)<br>• Pediatric Balance Scale (PBS)<br>• Pediatric Reach Test<br>• Scales of Independent Behavior–Revised (SIB-R)<br>• Supports Intensity Scale<br>• Print Tool<br>• Transdisciplinary Play-Based Assessment (TPBA)<br>• Test of Handwriting Skill Revised (THS)<br>• WEEFIM: Functional Independence Measure for Children |

| SENSORY PROCESSING TESTS AND MEASURES |
|---|
| • Clinical Observations of Motor and Postural Skills (2nd ed.) (COMPS-2)<br>• Degangi-Berk Test of Sensory Integration (TSI)<br>• Observations Based on Sensory Integration Theory - Blanch, Erna (PTN)<br>• Sensory Integration and Praxis Test (SIPT)<br>• Sensory Processing Measure (SPM)<br>• Sensory Procesing Measure Preschool Version (SPMp)<br>• Sensory Profile<br>• Sensory Profile School Companion<br>• Infant/Toddler Sensory Profile<br>• Adolescent/Adult Sensory Profile<br>• Touch Inventory for Elementary School-Aged Children (TIE) |
| **PERCEPTUAL-MOTOR TESTS AND MEASURES** |
| • Child Health and Illness Profile-Adolescent Edition (CHIP-AE)<br>• Developmental Test of Visual-Motor Integration (6th ed.) (VMI-6)<br>• Developmental Test of Visual Perception (2nd ed.) (DTVP-2)<br>• Developmental Test of Visual Perception-Adolescent and Adult<br>• Motor-Free Visual Perception Test (3rd ed.) (MVPT-3)<br>• Test of Visual-Motor Skills-Revised (TVMS-R)<br>• Test of Visual Perceptual Skills (TVPS-3)<br>• Wide Range of Visual Motor Ability (WRAVMA) |
| **WALK TESTS** |
| • Timed Up and Down Stairs Test (TUDS)<br>• Timed Up and Go Tests (TUG)<br>• Timed Floor to Stand Test<br>• Energy Expenditure<br>• Six-minute Walk Test<br>• Standardized Walking Obstacle Course<br><br>Additional physical thearpy test and measures for prediatirc populations can be found at:<br>http://www.pediatricapta.org/member/index.cfm<br>(Click on List of Pedicatric PT Screening & Assessment Tools) |

hyperlink

## QUALITY OF LIFE AND PARTICIPATION MEASURES

- Activities Scale for Kids (ASK)
- Assessment of Life Habits (LIFE-H)
- Child Health Questionnaire (CHQ)
- Children's Assessment of Participation and Enjoyment (CAPE) and Preferences for Activities of Children (PAC)
- Pediatric Quality of Life Inventory (PedsQL)

Goal attainment scaling (GAS) and the Canadian Occupational Performance Measure (COPM), may be used across domains to document goal/objectives and outcomes

## LANGUAGE MEASURES

- Clinical Evaluation of Language Fundamentals–Preschool, Second Edition (CELF-Preschool 2); Available in Spanish version
- Clinical Evaluation of Language Fundamentals-Fourth Edition (CELF-4); Available in Spanish version
- Comprehensive Assessment of Spoken Language (CASL)
- Evaluating Acquired Skills in Communication-Revised (EASIC-R)
- Expressive Vocabulary Test-Second Edition (EVT-2)
- Language Processing Test 3: Elementary (LPT 3: Elementary)
- Oral and Written Language Scales (OWLS: Written Expression [WE] Scale)
- Peabody Picture Vocabulary Test-Fourth Edition (PPVT-4); Available in Spanish version
- Preschool Language Scale, Fifth Edition (PLS-5)
- Test for Auditory Comprehension of Language-Third Edition (TACL-3)
- Test of Language Competence-Expanded Edition (TLC-Expanded)
- Test of Language Development-Primary, Third Edition (TOLD-P:3); Intermediate Version (TOLD-I:3)
- Test of Pragmatic Language (TOPL)
- Test of Problem Solving 3-Elementary Test (TOPS 3: Elementary)
- Token Test for Children-Second Edition (TTFC-2)
- Test of Written Language-Third Edition (TOWL-3)

| FLUENCY ASSESSMENTS |
| --- |
| • Stuttering Prediction Instrument for Young Children (SPI)<br>• Stuttering Severity Instrument for Children and Adults, Third Edition (SSI-3) |

| SPEECH SOUND PRODUCTION/PHONOLOGY MEASURES |
| --- |
| • Goldman-Fristoe Test of Articulation-Second Edition (G-FTA-2)<br>• Arizona Articulation Proficiency Scale, Third Revision (Arizona-3)<br>• Khan-Lewis Phonological Analysis-Second Edition (KLPA-2) |

| SPEECH AND LANGUAGE MEASURES |
| --- |
| • Fluharty Preschool Speech and Language Screening Test-Second Edition (FPSLST-2)<br>• Clinical Evaluation of Language Fundamentals–Fourth Edition Screening Test (CELF-4 Screening Test)<br>• Oral Speech Mechanism Screening Examination- Third Edition (OSMSE-3) |

## Appendix C

### The Special Education Process
### OT/PT/SLT School-Based Standards of Practice in Compliance with IDEA, Part B

This chart was adapted from the Maryland Related Service Manual for the purpose of guiding professionals in the planning and implementation of related service interventions and evaluations.

| I. Positioning/Posture (OT/PT) | | |
|---|---|---|
| **Outcome** | **Barrier** | **Special Education Process** |
| • Positioning necessary to attend to instruction and participate in all educational settings and routines | • Delayed skills and/or physical limitations<br><br>• Environmental barriers | **Referral/Research-Based Interventions**<br><br>• **Screen** for interventions (refer to Appendix A)<br><br>**Evaluation**<br><br>• Assess for adaptive equipment and make appropriate recommendations<br><br>• Assess for environmental modifications or accommodations and make recommendations<br><br>**IEP/Service Delivery (SAS, Program Supports, SDI)**<br><br>• Train classroom support personnel for safe physical management of the student and appropriate equipment use<br><br>• Communicate positioning strategies with family or caregivers<br><br>• Communicate and coordinate with outside medical providers and vendors<br><br>• Direct intervention to the extent that the student has the ability to make progress |

| II. Balance (PT) | | |
|---|---|---|
| **Outcome** | **Barrier** | **Special Education Process** |
| • Development of static and dynamic balance to safely participate in educational activities as independently as possible | • Delayed skills and/or physical limitations<br>• Environmental barriers | **Referral/Research-Based Interventions**<br>• **Screen** for interventions (refer to Appendix A)<br>**Evaluation**<br>• **Assess** balance deficits as they interfere with classroom instruction, self-care, and environmental mobility in all learning environments<br>**IEP/Service Delivery (SAS, Program Supports, SDI)**<br>• **Create** accommodations and modifications as necessary to support a safe environment for the student<br>• **Direct intervention** to the extent that the student has the ability to make progress<br>• **Educate** school staff with regard to inclusion and safety implications |

| III. Mobility (PT) | | |
|---|---|---|
| **Outcome** | **Barrier** | **Special Education Process** |
| Development of:<br>• Safe ambulation and transfer skills<br>• Speed and endurance to keep pace with peers<br>• Wheelchair skills<br>• Environmental negotiation skills to include stairs, uneven terrain, curbs, and ramps | • Delayed skills and/or physical limitations<br>• Environmental barriers<br>• Cognitive, behavioral, and attention issues that impact safety | **Referral/Research-Based Interventions**<br>• **Screen** for interventions (refer to Appendix A)<br>**Evaluation**<br>• **Assess** functional mobility in multiple learning environments, inclusive of potential postsecondary placements<br>• **Determine** need for adaptive equipment, if appropriate<br>**IEP/Service Delivery (SAS, Program Supports, SDI)**<br>• **Direct intervention** to develop mobility skills to the extent to the ability to make progress<br>• **Develop** home program and train student and/or family<br>• **Train** school support staff, including developing schedules for mobility skill practice |

| IV. Foundational Gross Motor Skills (PT/OT) | | |
|---|---|---|
| **Outcome** | **Barrier** | **Special Education Process** |
| • Ability to participate in a preschool motor group or physical education class with same-age peers | • Delayed skills and/or physical limitations<br>• Environmental barriers and/or task demands | **Referral/Research-Based Interventions**<br>• **Screen** for interventions (refer to Appendix A)<br>**Evaluation**<br>**IEP/Service Delivery (SAS, Program Supports, SDI)**<br>• **Provide** strategies to PE teacher, other school personnel<br>• **Direct intervention/role release** (individual or group) to the extent that the student has the ability to make progress |

| V. Foundational Fine Motor Skills (PT/OT) | | |
|---|---|---|
| **Outcome** | **Barrier** | **Special Education Process** |
| • Ability to participate in age-appropriate fine motor activities that may include pre-readiness hand skills, management of classroom tools and manipulatives, and prevocational skills | • Delayed skills and/or physical limitations<br>• Environmental barriers and/or task demands<br>• Intolerance to the sensory aspects of activities | **Referral/Research-Based Interventions**<br>• **Screen** for interventions (refer to Appendix A)<br>**Evaluation**<br>• **Assess,** recommend, and acquire adaptive equipment and make appropriate recommendations<br>**IEP/Service Delivery (SAS, Program Supports, SDI)**<br>• **Training** of school teams in strategies, accommodations, or modifications for functional hand skills<br>• **Communicate** strategies with school personnel<br>• **Direct intervention** (individual or group) to the extent that the student has the ability to make progress |

| VI. Self-Care (OT/PT/SLT) | | |
|---|---|---|
| **Outcome** | **Barrier** | **Special Education Process** |
| • Functional independence in the areas of meal time, dressing, and toileting within the learning environment | • Delayed skills and/or physical limitations<br>• Environmental barriers and/or task demands<br>• Intolerance to the sensory aspects of activities | **Referral/Research-Based Interventions**<br>• **Screen** for interventions (refer to Appendix A)<br>• **Task analyze** routines and activities to develop strategies and modifications<br>**Evaluation**<br>• **Assess, recommend, and acquire** adaptive equipment as needed<br>**IEP/Service Delivery (SAS, Program Supports, SDI)**<br>• **Train** and support personnel and parents/caregivers<br>• **Direct intervention** to develop skills necessary to complete the task |

| VII. Self-Management in the Learning Environment (OT/PT/SLT) | | |
|---|---|---|
| **Outcome** | **Barrier** | **Special Education Process** |
| Facilitation of:<br>• Organizational skills or strategies to manage classroom materials, personal space, and belongings<br>• Appropriate work behaviors and coping strategies<br>• Skills to transition between activities and/or carry out daily routines | • Delayed skills and/or physical limitations<br>• Cognitive, behavioral, and attention issues<br>• Environmental barriers and/or task demands<br>• Intolerance to the sensory aspects of activities | **Referral/Research-Based Interventions**<br>• **Screen** for interventions (refer to Appendix A)<br>**Evaluation**<br>• **Participate** with school team to assess the purpose of the interfering behaviors and develop intervention plans<br>**IEP/Service Delivery (SAS, Program Supports, SDI)**<br>• **Task analyze** routines and activities relative to all learning environments to develop strategies and modifications<br>• **Train** school personnel and parents/caregivers<br>• **Direct intervention** to develop necessary skills<br>• **Work** with student to develop self-advocacy skills |

| VIII. Assistive Technology (OT/PT/SLT) | | |
|---|---|---|
| **Outcome** | **Barrier** | **Special Education Process** |
| • Utilization of assistive technology devices to access, participate in, or progress across educational environments | • Delayed skills and/or physical limitations<br>• Cognitive, behavioral, and attention issues<br>• Environmental barriers and/or task demands<br>• Intolerance to the sensory aspects of activities | **Referral/Research-Based Interventions**<br>• **Screen** for interventions (refer to Appendix A)<br>**Evaluation**<br>• **Participation** in the team assessment process to include the student, environment, task, and tools (SETT)<br>**IEP/Service Delivery (SAS, Program Supports, SDI)**<br>• **Participate** in the recommendation of assistive devices for trial or acquisition<br>• **Provide** training to student and staff in use of appropriate technology to access instruction or environment<br>• **Communicate** strategies with family or caregivers<br>• **Communicate** and coordinate with outside providers and vendors |

| IX. Oral Motor/Feeding (OT, SLP) | | |
|---|---|---|
| **Outcome** | **Barrier** | **Special Education Process** |
| • Development of appropriate mealtime skills and behaviors | • Delayed skills and/or physical limitations<br>• Cognitive, behavioral, and attention issues<br>• Environmental barriers and/or task demands<br>• Intolerance to the sensory or environmental aspects of mealtime<br>• Intolerance or lack of awareness of various textures and consistencies | **Referral/Research-Based Interventions**<br>• **Screen** for interventions (refer to Appendix A)<br>**Evaluation**<br>• **Participate** in the evaluation process to identify oral motor factors impacting the ability to manage secretions, food, and liquid intake<br>• **Recommend** to the IEP team the need for additional medical tests or information beyond our scope of practice<br>**IEP/Service Delivery (SAS, Program Supports, SDI)**<br>• **Participate** in the development of a safe feeding plan<br>• **Train** parents and support staff in the implementation of strategies and techniques involved in the safe feeding plan<br>• **Direct intervention** to develop oral motor skills for feeding to the extent possible |

| X. Sensory (OT) | | |
|---|---|---|
| **Outcome** | **Barrier** | **Special Education Process** |
| • Facilitation of appropriate responses to sensory information for safe and successful participation in activities across educational environments | • Cognitive, behavioral, and attention issues<br>• Environmental barriers and/or task demands<br>• Intolerance to the sensory or environmental aspects of educational environments | **Referral/Research-Based Interventions**<br>• **Screen** for interventions (refer to Appendix A)<br>**Evaluation**<br>• **Assess** student's responses to sensory stimuli in the environment, the task, and social interactions, and the impact of that response on behaviors<br>• **Analyze** the student's routines, habits, and roles within the learning environments<br>**IEP/Service Delivery (SAS, Program Supports, SDI)**<br>• **Participate** in the development of appropriate strategies/environmental modifications that can be incorporated into the student's daily schedule<br>• **Provide** training to student, parents, and educational staff including precautions as needed<br>• **Direct intervention** to support the development of adaptive responses and/or use of strategies within the natural environment<br>• Educate the teaching team on strategies to improve reading and writing skills |

| XI. Handwriting (OT) | | |
|---|---|---|
| **Outcome** | **Barrier** | **Special Education Process** |
| • Facilitation of the development of the underlying motor and/ sensory readiness skills needed to efficiently use written communication tools | • Delayed fine motor skills and/or physical limitations<br>• Cognitive, behavioral, visual motor and attention issues<br>• Environmental barriers and/or task demands<br>• Intolerance to the sensory or environmental aspects of educational environments | **Referral/Research-Based Interventions**<br>• **Screen** for interventions (refer to Appendix A)<br>**Evaluation**<br>• **Assess** prerequisite fine and visual motor skills, ergonomic, and environmental factors, and writing demands as they impact written communication<br>**IEP/Service Delivery (SAS, Program Supports, SDI)**<br>• **Determine** the need for adaptive equipment or materials and modifications to task or environment<br>• **Participate** in the decision-making process for use of assistive technology in the area of written communication<br>• **Educate** student and staff in strategies for improving legibility of written work<br>• **Direct intervention** to facilitate the development of prerequisite skills for handwriting to the student has the ability to make progress |

| XII. Language (SLP) | | |
|---|---|---|
| **Outcome** | **Barrier** | **Special Education Process** |
| • Facilitation of the development of age-appropriate morphology, syntax, semantic, and pragmatic language skills for necessary communication | • Delayed ability to understand verbal and convey information provided in the classroom<br><br>• Inability to effectively communicate wants, needs, ideas, and social commenting | **Referral/Research-Based Interventions**<br><br>• **Screen** for interventions (refer to Appendix A)<br><br>**Evaluation**<br><br>• **Assess** core language skills for auditory comprehension and expressive communication, including any sub areas identified as a concern<br><br>**IEP/Service Delivery (SAS, Program Supports, SDI)**<br><br>• **Provide** student and staff in strategies for improving auditory comprehension in the classroom and carryover and generalization of acquired skills across different environments and with different communication partners<br><br>• **Participate** in identifying assistive technology needs for communication<br><br>• **Direct intervention** to facilitate the acquisition of age-appropriate auditory comprehension and expressive communication skills.<br><br>• **Direct instruction** for understanding and use of an augmentative communication system<br><br>• **Educate** the classroom teaching team on strategies to improve and generalize use of an augmentative communication system |

| XIII. Speech Sound Production (SLP) | | |
|---|---|---|
| **Outcome** | **Barrier** | **Special Education Process** |
| • Facilitation of the development of intelligible verbal communication | • Delayed phonological skills<br>• Disordered production of speech sounds (articulation)<br>• Oral motor and sensory issues<br>• Oral mechanism insufficiency | **Referral/Research-Based Interventions**<br>• **Screen** for interventions (refer to Appendix A)<br>**Evaluation**<br>• **Assess** oral mechanism structures and functioning<br>• **Assess** speech sound production skills in all contexts of words<br>**IEP/Service Delivery (SAS, Program Supports, SDI)**<br>• **Educate** student and staff in strategies for improving production of speech sounds and for carryover and generalization of acquired skills across different environments and with different communication partners<br>• **Direct intervention** to facilitate the development of age-appropriate speech sound production skills for intelligible communication |

| XIV. Fluency (SLP) | | |
|---|---|---|
| **Outcome** | **Barrier** | **Special Education Process** |
| • Facilitation of the development of fluent conversational speech to effectively communicate ideas in the classroom | • Impaired ability to speak with an appropriate rate, rhythm, continuity and/or effort | **Referral/Research-Based Interventions**<br>• **Screen** for interventions (refer to Appendix A)<br>**Evaluation**<br>• **Assess** fluency skills in varying contexts<br>• **Educate** student and staff in strategies to facilitate fluent speech and for carryover and generalization of acquired skills across different environments and with different communication partners<br>**IEP/Service Delivery (SAS, Program Supports, SDI)**<br>• **Direct instruction** to facilitate the development of fluent speech in conversation |

| XV. Voice (SLP) | | |
|---|---|---|
| **Outcome** | **Barrier** | **Special Education Process** |
| • Facilitation of age and gender appropriate vocal quality, pitch, loudness, resonance, and or duration | • Abnormal production or absence of vocal behaviors that may interfere with the speaker's message | **Referral/Research-Based Interventions**<br>• **Screen** for interventions (refer to Appendix A)<br>**Evaluation**<br>• **Determine** the need for a physician's evaluation of physical vocal mechanism and performance.<br>• **Recommend** referral to an appropriate medical professional (e.g., Otolaryngologist)<br>• **Assess** vocal behaviors across various contexts<br>**IEP/Service Delivery (SAS, Program Supports, SDI)**<br>• **Educate** student and staff of vocal hygiene strategies and compensatory techniques<br>• **Direct instruction** to support the development of age and gender appropriate vocal behaviors |

## Appendix D1

**OCCUPATIONAL THERAPY**
**Intervention Plan**

**Date Plan Developed:**_____ **Date(s) Plan Modified/Reviewed:**_____

| **Student:** | | | | **Diagnosis:** | | | |
|---|---|---|---|---|---|---|---|
| **DOB:** | | **Age:** | | **Grade:** | | **School:** | |
| **Teacher:** | | | | **Therapist:** | | | |
| **Precautions:** | | | | | | | |

| **Mechanisms for Service Delivery** |
|---|
| **Frequency/Duration of OT Services:** |
| **Service Providers:** ☐ **OT** ☐ **OTA** ☐ **Other** |
| **Baseline and Goals** |
| **Current Level of Performance:** |
| **IEP Goals and Objectives:** |
| **OT Goals** (if different from above): |
| **OT Intervention Strategies Used to Address OT Goals:** |
| **OT Intervention Approaches:** |
| ☐ Create or promote: |
| ☐ Establish or restore: |
| ☐ Maintain: |
| ☐ Modify: |
| ☐ Prevent: |
| **Types of Intervention:** |
| ☐ Consultation process: |
| ☐ Education process: |
| ☐ Therapeutic use of self: |
| ☐ Therapeutic use of occupations or activities: |
| ☐ Occupation based activity: |
| ☐ Purposeful activity: |
| ☐ Prepatory methods: |
| **Activities:** |
| **Accommodations/Adaptations:** |
| **Other:** |
| **Comments:** |
| |

Adapted from Yvonne Swynthe

## Appendix D2
# OT EDUCATIONAL RELEVANCE WORKSHEET

**Student:** _____ **Diagnosis:** _____

**Date of Birth:** _____ **Eligibility Category:** _____

**Grade:** PS Primary Intermediate MS HS Post-HS

**Class Setting:** Resource Self-contained Special School

| **SDI Relevant to OT (instruction in…)** | **0** | **Support as requested** | **1** Low frequency | **2** Moderate frequency | **3** High frequency |
|---|---|---|---|---|---|
| Sensory strategies<br>___ modulation<br>___ discrimination<br>___ development | | | | | |
| Sensory motor strategies | | | | | |
| Motor planning strategies | | | | | |
| Facilitation of postural control | | | | | |
| Fine motor facilitation strategies | | | | | |
| Visual perceptual motor strategies | | | | | |

**Supplementary Aids and Services**
(statement of supplementary aids and services to be provided to the child or on behalf of the child.)
The OT will address and monitor
Adapted Equipment/Materials for:

___ Sensory Modulation
(sensory equipment such as weighted garment, lap pad, …)

___ Fine Motor/Visual-perceptual Motor (including self-help)
(adapted equipment, such as easel, pencil grip, adapted writing paper, feeding utensils)

___ Positioning
(supported seat with boundaries, foot rest)

**Program Modifications/Supports for School Personnel**

The *Occupational Therapist* will train/collaborate with school staff regarding _____.
(related to SDI checked above and time as noted on IEP)
The *school staff* may consult with Occupational Therapist regarding _____.
(may use statement when OT services are no longer required)

**RECOMMENDED FREQUENCY AND DURATION:** _____
**Comments:** _____
**Completed by:** _____ **Date:**_____

**Appendix D3**
**Occupational Therapy Services**
**Educational Relevance Worksheet**

**Sensory Modulation**

___ 0 – Student's ability to process sensory information is appropriate for participation in the educational environment.
___ 0 – Student needs are met by the classroom curriculum or other existing services.
___ 1 – Established classroom modifications or adaptive equipment successfully address sensory issues that impact student's ability to maintain /resume classroom activities.
___ 2 – Student needs exploration of classroom modifications and adaptations to maintain /resume classroom activities.
___ 3 – Student needs ongoing evaluation and exploration of classroom modifications, therapeutic activities and adaptations to participate in classroom activities.

**Sensory Discrimination**

___ 0 – Student's ability to discriminate sensory input is appropriate for participation in the educational environment.
___ 0 – Student's needs are met by classroom curriculum or other existing services.
___ 1 – Established sensory discrimination program implemented by student and/or classroom staff enables student to successfully participate in classroom activities. (specific tactile input prior to writing due to decreased tactile discrimination)
___ 2 – Student needs periodic progression of sensory discrimination strategies to successfully participate in classroom activities.
___ 3 – Student needs ongoing evaluation and exploration of a systematic program of sensory input to a specific system to affect functional outcomes such as attention, motor control, or motor planning. (systematic daily movement program to increase registration of vestibular input)

**Sensory Development**

___ 0 – Student's ability to integrate sensory information is appropriate for participation in the educational environment.
___ 0 – Student's needs are met by classroom curriculum or other existing services.
___ 1 – Established modifications successfully address sensory issues that impact student's ability to maintain/resume classroom activities.
___ 2 – Student needs exploration of modifications/adaptations/strategies to maintain/ resume classroom activities.
___ 3 – Student needs ongoing evaluation, treatment and exploration of sensory developmental strategies to balance or remediate modulation and/or discrimination difficulties.

**Sensory Motor Strategies**

___ 0 – Student's needs are met by classroom curriculum or other existing services.
___ 0 – Student's motor/reflex integration is appropriate for participation in the educational environment.
___ 0 – Student needs supervision /verbal prompts to carry out classroom tasks. (provided by school staff)
___ 1 – Established sensory motor program implemented by student and/or classroom staff enables student to successfully participate in classroom activities. (bilateral motor activities)
___ 2 – Student needs exploration of modifications and adaptations to successfully participate in classroom activities.
___ 3 – Student needs ongoing evaluation and progression of sensory motor techniques. (e.g. simple to complex activities)

**Fine Motor Coordination**

___ 0 – Student has developmentally appropriate fine motor skills.
___ 0 – Student needs are met by the classroom curriculum or other existing services.
___ 1 – Student needs task modifications and/or adaptive equipment to perform fine motor tasks.
___ 2 – Student needs ongoing monitoring and progression of classroom program and/or adaptive equipment to support development of fine motor coordination.
___ 3 – Student needs ongoing evaluation and development of classroom program to support development of fine motor coordination.

**Visual Perceptual Motor Skills**

___ 0 – Student's visual perceptual motor skills are appropriate for participation in the educational environment.
___ 0 – Student's needs are met by classroom curriculum or other existing services.
___ 1 – Student needs task modifications to successfully participate in classroom activities.
___ 2 – Student needs ongoing monitoring of visual perceptual motor strategies to successfully participate in classroom activities.
___ 3 – Student needs ongoing evaluation/treatment for progression of visual perceptual motor program.

**Postural Control**

___ 0 – Student's skill level and postural control are appropriate for participation in the educational environment.
___ 0 – Student's needs are met by classroom curriculum or other existing services.
___ 1 – Student is self-reliant and functional with adaptive equipment and environmental modifications in the school environment.
___ 2 – Student needs exploration of modifications/adaptations/strategies to facilitate postural control.
___ 3 – Student needs ongoing evaluation, treatment and/or postural support for proper positioning to participation in the educational environment.

**Motor Planning**

___ 0 – Student's ability to perform new motor tasks is appropriate for participation in the educational environment.
___ 0 – Student requires visual cues, prompts, or repetition of instructions to complete steps of new motor tasks. (provided by school staff)
___ 0 – Student's needs are met with support of school personnel or demonstrates maximum level of independence expected *at this time*.
___ 1 – Student requires modification or adaptation of activities, or equipment to successfully perform motor tasks.
___ 2 – Student needs exploration of modifications and adaptations to perform motor tasks.
___ 3 – Student needs ongoing evaluation and treatment of motor planning strategies to refine gross approximation (shaping) of motor tasks.
___ 3 – Student needs ongoing monitoring of modifications or adapted techniques to facilitate independence with self help tasks.

Modified from Jefferson County (KY) Public Schools.

## Appendix D4

## OCCUPATIONAL THERAPY EDUCATIONAL RELEVANCE WORKSHEET

Student _____ Date of Birth _____

| SDI/SUPPLEMENTARY AIDS AND SERVICES (relevant to OT, IEP goal related, and listed on IEP) | Regular | Resource | Time |
|---|---|---|---|
| Sensory Strategies _____ | _____ | _____ | |
| Motor/Reflex integration | _____ | _____ | _____ |
| Fine motor facilitation | _____ | _____ | _____ |
| Visual perceptual/motor activities | _____ | _____ | _____ |
| Facilitation of postural control | _____ | _____ | _____ |
| Access/use of assistive technology | _____ | _____ | _____ |
| Use of adapted materials/equipment | _____ | _____ | _____ |
| Self-Help Skills | _____ | _____ | _____ |
| Other: _____ | | | _____ |

| PROGRAM MODIFICATIONS/SUPPORT FOR SCHOOL PERSONNEL | | Time |
|---|---|---|
| Environmental adaptations | _____ | _____ |
| Sensory strategies equipment/supplies | _____ | _____ |
| Training on Proper Positioning | _____ | _____ |
| Training on Medical precautions (e.g., seizures, shunt, latex allergies, dislocations) | _____ | _____ |
| Training on motor planning/prompting | _____ | _____ |
| Training on modified activities of daily living | _____ | _____ |
| Training on sensory programs/activities _____ | _____ | |
| Observation/informal evaluation | _____ | _____ |
| Other:_____ | _____ | _____ |

RECOMMENDED FREQUENCY AND DURATION: _____

Completed By: _____ Date: _____

PLAN FOR DISCHARGE:

_____Goals and objectives requiring therapy have been met and there are no additional goals requiring therapy services.

____ Problem ceases to be educationally relevant.

____ The student needs can be met by another educational provider and therapy services are no longer required.

## Appendix D4

## OT EDUCATIONAL RELEVANCE WORKSHEET DEFINITIONS

### SDI/SUPPLEMENTARY AIDS AND SERVICES RELEVANT TO OT

| | |
|---|---|
| **Sensory Strategies** | Strategies to alter the central nervous system state of a child with sensory modulation irregularities (e.g., over or under alert) |
| **Motor/Reflex Integration** | Activities done for the purpose of facilitating neural organization. |
| **Fine motor facilitation** | Neuromuscular approaches implemented in order to improve fine motor coordination (e.g., eye-hand, oral motor, ocular motor). |
| **Visual perceptual/ motor activities** | Intervention based on the analysis of the correlation between visual form recognition, internal conceptualization of visual form, and reproduction of form. |
| **Facilitation of postural control** | Neuromuscular approaches implemented in order to improve postural background strength and/or stability. |
| **Access/Use of assistive technology** | To obtain, establish access mode, or embed technology into the routine. |
| **Use of adapted materials/ equipment** | To gather and/or fabricate adaptive materials/equipment and establish its use in the classroom |
| **Self-Help Skills** | Activities to promote independence in self-help skills that are required during the school day |

### PROGRAM MODIFICATIONS/SUPPORT FOR SCHOOL PERSONNEL

| | |
|---|---|
| **Environmental adaptations** | To make, change, and/or place adaptations in order to alter the classroom environment. |
| **Sensory strategies equipment/ supplies** | To obtain or make and place equipment or supplies that support improved sensory modulation. |
| **Training on Proper positioning** | Training on proper positioning and the use of positioning equipment/adaptations in the classroom |
| **Training on medical precautions (e.g., seizures, shunt, latex allergies, dislocations** | Additional collaboration, training, or contact with the medical community (e.g., therapists, physicians, or parents) due to the child's medical status. |
| **Training on motor planning/ prompting** | Training on an analyzed task to teach sequential steps or shaping strategies to be used to develop a specific skill. |
| **Training on modified activities of daily living** | Training the staff on using specialized techniques to allow maximum independence. |
| **Training on sensory programs/ activities** | Training the staff on the use of sensorimotor strategies in order to allow use of the interventions as needed. |
| **Observation/informal evaluation** | Observe the student's response to any intervention, further assessment to update POC. |

* Modified by Franklin County (KY) Schools from:
Resource Manual for Educationally Related Occupational Therapy and Physical Therapy in Kentucky Public Schools (September 2006)

## Appendix D5

**OCCUPATIONAL THERAPY**
**Intervention/ Discharge Plan**

**Student Name:**
**School:**
**Diagnosis:**
**Minutes per week on IEP**

**DOB:**
**IEP Annual Review:**
**Date of last evaluation:**
**Therapist:**

**Precautions/ Major status change** (e.g., surgery, allergies)

**I. IEP GOALS/OBJECTIVES OR AREA OF CONCERN REQUIRING SUPPORT**

| |
|---|
| **#1** |
| **#2** |
| **#3** |
| |

**II. FACTORS HINDERING PERFORMANCE** (check all that apply)

_____Motor Skills (skills in moving, e.g., posture, mobility, coordination, strength, endurance)

_____Process Skills (skills needed to manage/modify actions to complete daily life tasks, e.g. attention to task, task initiation, sequencing, termination, organization etc.)

_____Communication/Interaction Skills (skills needed to convey intentions/needs within a social context, e.g. access to assistive technology for communication, eye contact, initiation, attention etc.)

_____Behavior/Performance Patterns (patterns of behavior related to daily life; dysfunction occurs when there is a lack of, or excessive habits that interfere with daily life)

_____Mental Functions (affective, cognitive, perceptual)

_____Sensory Functions (vision, hearing, vestibular, taste, smell, proprioception, touch, temperature)

_____Musculoskeletal/Movement Functions (joint/muscle/movement functions; e.g., ROM, muscle tone, strength, reflex, righting reactions, tics, overflow etc.)

_____Other Organ Systems Function (cardiovascular, respiratory, etc.)

**III. INTERVENTION** (check all that apply)

**Performance Dysfunction:**

___Self-care activities (may also include instruction on adapted methods and/or equipment, energy conservation, joint protection techniques)

___Classroom activities (may also include instruction in the use of adapted methods and/or equipment)

___Prevocational/vocational activities (may also include improvements of standing/sitting tolerance, general endurance, or awareness/ utilization of community resources)

**Neuromuscular Dysfunction:**

___Activities that maintain or increase range of motion and/or muscle strength

___Activities that facilitate integration of developmentally appropriate reflex/reaction behavior

___Activities that promote the development of normal postural tone, movement patterns and motor control

___Instruction in the use of proper positioning and handling techniques

___Determination for the need for adaptive equipment and provision of instruction for its use

___Recommendation of splints or orthotic devices/equipment

**Sensory/Perceptual Processing Dysfunction:**

___Sensory strategies that are designed to inhibit or facilitate vestibular, tactile, proprioceptive/kinesthetic, visual, auditory, gustatory and olfactory stimulation

___Activities that promote an adaptive sensorimotor response

___Activities that promote development of functional perceptual skills (stereognosis, kinesthesia, body scheme, right-left discrimination, visual perceptual), and/or accommodate for perceptual impairments

**Psychosocial/Cognitive Dysfunction:**

___Activities that assist in the learning of appropriate interpersonal (social skills), and/or intrapersonal (tolerating frustration, self-esteem) skills

___Activities that assist in maximizing attention span, memory, and/or problem solving

**Review Date/ Therapist: _____**
**Intervention(s) continue to be appropriate ____yes____no**

**IV. PLAN FOR DISCHARGE** (check all that apply)

____Goals and objectives requiring therapy have been met and there are no additional goals requiring therapy services.

____Potential for further change in the identified area(s) of concern as a result from therapy appears unlikely.

____Problem ceases to be educationally relevant.

____Therapy is contraindicated due to change in medical or physical status.

____Therapy services are no longer warranted as no further adverse effect is evident on education performance.

____The student's needs can be met by another educational provider and therapy services are no longer required.

____The identified concern(s) no longer exists.

____The student's level of functioning in the identified area has reached and remained at age level or level of intellectual potential.

____The student's rate of progress continues to be steady and commensurate with the student's overall level of progress in other areas despite a decrease in therapy services.

**Discharge Date:** _____ **Therapist:** _____

Modified from Fayette County (KY) Schools

## Appendix D6

### PT EDUCATIONAL RELEVANCE WORKSHEET

**Student:** _____ **Date of Birth:** _____

**SDI Relevant to PT** (Must be goal related and listed on IEP)

***Instruction in:***

Pre-ambulation strategies _____
Wheelchair propulsion & management _____
Developmental movement patterns _____
Activities of daily living _____
Movement for vocational skills _____
Progressive ambulation techniques _____
Transitional movement _____
Transfer training _____
Movement for activation of AAC/AT _____

***Other:***

**SUPPLEMENTARY AIDS AND SERVICES**

(Statement of supplementary aids and services to be provided to the child or on behalf of the child)

Accessible environment _____
Extra time between classes _____
Supportive positioning _____
Adaptive equipment for supported positioning/mobility_____
Opportunities for LE weight bearing _____
Access to AAC/AT _____
Opportunities for active classroom participation during PE/recess _____
Collaboration with family & medical community re: w/c, adaptive equipment and orthotics_____

***Adult assistance for:***

Mobility _____ Positioning_____ Transfers_____ Self-Care Skills_____

***The Physical Therapist will address and monitor***:

Positioning _____
Ambulation _____
Functional Gross Motor Skills _____
(sitting; pull to stand; advanced gross motor skills)
Wheelchair Seating _____
Functional Mobility (w/c; transfers) _____
Functional Motor Skills _____
(AT access; reach; self-help skills)

***Other:***

**PROGRAM MODIFICATIONS / SUPPORTS FOR SCHOOL PERSONNEL**

***The Physical Therapist will instruct/collaborate with school staff (as needed) regarding:***

Positioning _____
Use of Adaptive Equipment _____
Transfers _____
Precautions _____
Strategies to Enhance Functional Motor Skills _____
Handling/Physical Management_____
Functional Mobility _____
Gross Motor Skills _____
Medical/Health Issues _____

***Other:***

**OTHER CONSIDERATIONS ON IEP:**

Individual Transportation Seating Plan_____ Evacuation Plan_____ Harness on Bus_____

***Other:***

**RECOMMENDED FREQUENCY AND DURATION:** _____

**Completed By:** _____**Date:** _____

**PLAN FOR DISCHARGE:**

___Goals and objectives requiring therapy have been met and there are no additional goals requiring therapy services.
___Problem ceases to be educationally relevant.
___The student's needs can be met by another educational provider and therapy services are no longer required.

Modified from Jefferson County (KY) Public Schools

## Appendix D7

### OT/PT SERVICES
### INTERVENTION PLAN

Name:_____ DOB:_____ Placement:_____ Minutes Per IEP:_____
See IEP Goal/Objectives:_____
OT/PT Benchmark:_____
OT/PT Benchmark:_____
OT/PT Benchmark:_____

Intervention: ☐ ADL ☐ IDL ☐ Education ☐ Social Participation ☐ Leisure/Play ☐ Work

| Interventions: | Activity Demands: | Sensory Functions/ Strategies: | Motor & Praxis: |
|---|---|---|---|
| ☐ Positioning<br>☐ Range of Motion<br>☐ Trunk/Head Control<br>☐ Proximal<br><br>Stability/Mobility:<br>☐ Tone/Strengthening<br>☐ Weight Bearing<br>☐ Motor Planning<br>☐ Bilateral Integration<br>☐ Crossing midline<br><br>Cognitive Demands:<br>☐ Visual Motor<br>☐ Visual Perception<br>☐ Visual Attention<br>☐ Organization<br>☐ Following Directions<br>☐ Attention<br>☐ Memory | Fine Motor :<br>☐ Grasp<br>☐ Scissors<br>☐ In-hand Manipulation<br>☐ Manipulatives<br>☐ Facilitation<br><br>Handwriting:<br>☐ Formation<br>☐ Spacing<br>☐ Alignment<br>☐ Tactile/Kinesthetic<br><br>Self-Help:<br>☐ Fasteners<br>☐ Manipulatives<br>☐ Dressing<br>☐ Chaining<br>☐ Feeding<br>☐ Shaping<br>☐ Toileting<br>☐ Adaptive Equipment | ☐ Vestibular (Movement)<br>☐ Proprioception (Heavy Work)<br>☐ Tactile<br>☐ Auditory<br>☐ Oral Motor<br>☐ Visual<br><br>For Sensory:<br>☐ Modulation<br>☐ Discrimination<br>☐ Development<br><br>For sensory issues:<br>☐ Environmental Adaptations<br>☐ Task Adaptations<br><br>Neuromusculoskeletal:<br>☐ Joint mobility<br>☐ Stability<br>☐ Muscle tone<br>☐ Power<br>☐ Endurance<br>☐ Reflexes: | ☐ Coordinating<br>☐ Bending<br>☐ Pace of movement<br>☐ Posture<br><br>Work Skills:<br>☐ Money Management<br>☐ Home Management<br>☐ Time Management<br><br>Education:<br>☐ Teacher<br>☐ Parent<br>☐ Consultation<br>☐ Collaboration<br><br>Adaptations/ Modifications:<br>☐ Classroom Program<br>☐ Home Program<br><br>Other: |

| Comments: | |
|---|---|
| Recommendations: | Initials: |

Signature: _____ TItle: _____ Date: _____

Modified from Jessamine County (KY) schools

## Appendix D8

### PHYSICAL THERAPY
### INTERVENTION/ DISCHARGE PLAN

| Student Name: | DOB: |
|---|---|
| School: | School Year: |
| Diagnosis: | Date of last evaluation: |
| Minutes per week on IEP: | Therapist: |

**Precautions/ Major status changes (e.g., surgery, allergies)**

_____

**I. IEP GOALS/OBJECTIVES OR AREA OF CONCERN REQUIRING SUPPORT:**

| #1 |
|---|
| |
| #2 |
| |
| #3 |
| |

**II. FACTORS HINDERING PERFORMANCE** (check all that apply)

_____Motor Skills
_____Mental (affective,cognitive,perceptual)
_____Process Skills(attention to task, task initiation, sequencing, termination, organization etc.)
_____Sensory Functions
_____Communication/Interaction Skills (the use of the physical body for communication)
_____Musculoskeletal Movement
_____Behavior/Performance Patterns (lack of, or excessive habits that interfere with daily life)
_____Other Organ Systems Function (e.g., cardiovascular, respiratory, etc.)

**III. INTERVENTION** (check all that apply)

**Performance Dysfunction:**

___self-care activities (may also include instruction on adapted methods and/or equipment, or exercise programs)
____mobility activities (may include instruction/use of adapted equipment to promote movement in school environment, strategies to improve sitting/standing balance and core strengthening, strategies to improve endurance for activity)
___classroom activities (may also include instruction in the use of adapted methods, exercises and/or equipment,)
___prevocational/vocational activities (may also include improvements of standing/sitting tolerance, general endurance, or awareness/ utilization of community resources)
____positioning (may include instruction/use of adapted equipment, strategies to increase tolerance for handling and for positional changes)
___activities that assist in maximizing attention span, memory, and/or problem solving.

**Neuromuscular Dysfunction:**

___activities that maintain or increase range of motion and/or muscle strength
___activities that facilitate integration of developmentally appropriate reflex/reaction behavior
___activities that promote the development of normal postural tone, movement pattern, and motor control
___instruction in the use of proper positioning and handling techniques
___determine need for adaptive equipment/assistive devices and provide instruction for its use
___recommendation of splints or orthotic devices/equipment
___provide training/education on safety awareness to decrease risk of falls

**Perceptual Processing Dysfunction:**

___activities that promote development of functional perceptual skills (body mapping/ body awareness, kinesthesia, body scheme, right-left discrimination), and/or accommodate for perceptual impairments

**Review Date/ Therapist:** _____ **Intervention(s) continues to be appropriate:** **Yes** _____ **No** _____
**Review Date/ Therapist:** _____ **Intervention(s) continues to be appropriate:** **Yes** _____ **No** _____

**** This Intervention Plan is for the current school year, and will be reviewed at least four times per year to insure the goals and interventions remain appropriate.**

**IV. PLAN FOR DISCHARGE** (check all that apply)

____Goals and objectives requiring therapy have been met and there are no additional goals requiring therapy services.

____Potential for further change in the identified area(s) of concern as a result from therapy appears unlikely.

____Problem ceases to be educationally relevant.

____Therapy is contraindicated due to change in medical or physical status.

____Therapy services are no longer warranted as no further adverse effect is evident on education performance.

____The student's needs can be met by another educational provider and therapy services are no longer required.

____The identified concern(s) no longer exists.

____The student's level of functioning in the identified area has reached and remained at age level or level of intellectual potential.

____The student's rate of progress continues to be steady and commensurate with the student's overall level of progress in other areas despite a decrease in therapy services.

Date: _____ Therapist: _____

Modified from Jefferson County (KY) Public Schools

# Appendix D9

## Assistive Technology Consideration Checklist

This checklist is intended to be used by an Admissions and Release Committee (ARC) to determine whether or not a student may benefit from the use of Assistive Technology (AT). This form can be used during the referral process, or during the Admissions and Release Committee meeting to develop an Individualized Education Program. Each area of concern includes a sampling of common devices typically used to address that area. The samples are not provided as an exhaustive list and may not include the most appropriate device for a particular student.

**Student Name:** _____ **DOB:** _____ **Date:** _____

| Domains related to the Student's IEP | Area of Concern | | |
|---|---|---|---|
| **Physical:** Vision, hearing, health, motor abilities, speech mechanism | ☐ Functioning independently with standard classroom tools<br>☐ May benefit from the use of AT in this area: | | |
| | **Vision** | | |
| | • Magnification devices/CCTV<br>• Large print/audio books<br>• Distance viewing devices/ monocular | • Screen reader/text reader<br>• Screen magnification/accessibility options<br>• Lightbox/materials | • Alternate keyboard/enlarged keys<br>• Braille materials/translation/ notetaker |
| | ☐ Functioning independently with standard classroom tools<br>☐ May benefit from the use of AT in this area: | | |
| | **Orientation & Mobility** | | |
| | • Pre-cane devices<br>• Signaling devices | • Tactile boundaries | • Directionality devices |
| | ☐ Functioning independently with standard classroom tools<br>☐ May benefit from the use of AT in this area: | | |
| | **Hearing** | | |
| | • Pen and paper<br>• Computer/portable word processor<br>• Signaling device | • Closed captioning<br>• Real time captioning<br>• Computer aided notetaking<br>• Flash alert signal on computer | • Personal amplification system/ hearing aid<br>• FM or loop system<br>• Infrared system |
| | ☐ Functioning independently with standard classroom tools<br>☐ May benefit from the use of AT in this area: | | |
| | **Seating and Positioning/Mobility** | | |
| | • Non-slip surface on chair<br>• Bolster, cushions, foot blocks<br>• Grab bars and rails<br>• Canes, crutches, walker | • Supports, seatbelts, harnesses<br>• Adjustable tables, desks, equipment mounts, etc. | • Adapted/alternate chair<br>• Sidelayer/Stander<br>• Gait training devices<br>• Mobility devices/wheelchairs |
| | ☐ Functioning independently with standard classroom tools<br>☐ May benefit from the use of AT in this area: | | |
| | **Mechanics of Writing** | | |
| | • Adapted pencils/pens/grips<br>• Adapted paper (raised line, bold line, colored, templates | • Slant board<br>• Prewritten words/phrases<br>• Word processor/Alphasmart, laptop, etc. | • Word prediction/abbreviation expansion<br>• Voice recognition software |
| | ☐ Functioning independently with standard classroom tools<br>☐ May benefit from the use of AT in this area: | | |
| | **Computer Access** | | |
| | • Win/Mac accessibility options<br>• Alternate/adapted keyboard/ keyguards, etc. | • Arm support<br>• Pointing options/Trackball, joystick, etc. | • Accessibility Switch/Alternative Input<br>• Voice recognition software |
| **Communication:** Speech sound production and use, receptive and expressive language, voice, fluency, augmentative and alternative communication | ☐ Functioning independently with standard classroom tools<br>☐ May benefit from the use of AT in this area: | | |
| | • Communication board with pictures/ words/objects | • Eye gaze frame | • Voice output device (switches, etc.) |
| **Cognitive:** An appraisal of aptitude and mental processes by which an individual applies knowledge, thinks, and solves problems | ☐ Functioning independently with standard classroom tools<br>☐ May benefit from the use of AT in this area: | | |
| | • Print or picture schedule<br>• Organization Tools (color coded folders, PDAs, software, etc.) | • Highlight text<br>• Recorded material | • Task prompter<br>• Single word/handheld scanners<br>• Educational software |

## Appendix E

## Internet Resources for School-based Therapists

**Government Websites on IDEA**

**Public Law 108-446, Individuals with Disabilities Education Improvement Act of 2004** http://www.copyright.gov/legislation/pl108-446.pdf or
http://www.ed.gov/policy/speced/guid/idea/idea2004.html

These are links to the law itself and should provide links to the rules and regulations of IDEA 2004 once distributed.

**Special Education & Rehabilitation Services, IDEA 2004 Resources**
http://www.ed.gov/policy/speced/guid/idea/idea2004.html

U.S. Department of Education website provides information and services regarding IDEA. Links to numerous complete documents are provided including link to Procedural safeguards: Due process hearings.

**Resources on IDEA and Related Issues**

**Consortium for Appropriate Dispute Resolution in Special Education (CADRE)**
http://www.directionservice.org/cadre

Article entitled Beyond mediation: Strategies for appropriate early dispute resolution in special education. Feinberg, Beyer, & Moses, (2002).

**Consortium for Citizens with Disabilities (CCD)**
http://www.c-c-d.org/contact.htm

CCD addresses a broad range of federal legislative and legal issues. These issues include: child abuse, developmental disabilities, education employment, fiscal policy, health, housing, long term services, prevention, rights, social security, work incentives, technology/telecommunications and transportation.

**Council for Exceptional Children (CEC), The ERIC/OSEP Special Project**
http://www.cec.sped.org

The ERIC/OSEP Special Project tracks and disseminates federally funded special education research for practitioners through various publications and conferences. Publications include Research Connections, a biannual review of OSEP -sponsored research on topics in special education; Newsbriefs, which summarize some of the most recent research from OSEP; Topical Briefs, short publications that are intended to increase awareness and understanding of specific subjects; and special public awareness campaigns.

**Educational Resources Information Center (ERIC)**
http://www.eric.ed.gov

ERIC, sponsored by the Institute of Education Sciences (IES) of the U.S. Department of Education, produces a database of journal and non-journal education literature. The ERIC

Clearinghouse on Information & Technology (ERIC/IT) and the AskERIC Service have been discontinued by the U. S. Department of Education. Many resources previously found on the ERIC/IT and AskERIC websites may be found at The Educator's Reference Desk. www.eduref.org and The Gateway to Educational Materials (GEM) www.thegateway.org.

**Exceptional Child Educational Resources (ECER)**
http://ericec.org/ecer-db.html

ECER is a comprehensive database of resources in special education and related services provided by the Council for Exceptional Children (CEC). The database contains citations and abstracts of print and non-print materials on the development and education of people with disabilities. The ECER database is compatible with the ERIC database, but is perhaps more comprehensive. ECER may be accessed through a subscription with CEC. It is also sold on CD-ROM through Ovid Technologies, Inc, which also offers online searching if you have an online subscription agreement with Ovid through your university.

**Kentucky Protection and Advocacy**
http://www.kypa.net/drupal/?q=node/310

Provides links to Kentucky regulations that give the details of how the federal IDEA statute and the federal regulations are implemented in Kentucky.

**IDEA Partnership**
http://www.idea.partnership.org

Provides information on best practices for IDEA implementation from a variety of stakeholders.

**IDEA Practices**
http://www.ideapractices.org

Provides information on the laws, regulations, and implementation issues now provided by the Council for Exceptional Children (CEC).

**National Early Childhood TA Center (NECTAC)**
http://www.nectac.org/idea/idea.asp

The National Early Childhood TA Center provides links to IDEA, OSEP policy documents, overviews of the early childhood provisions of IDEA, federal regulations, and state special education regulations.

**TASH. Inclusive Quality Education**
http://www.TASH.org

Articles and publications on inclusive education provided by TASH.

**User's Guide to the 2004 IDEA Reauthorization (P.L. 108-446 and the Conference Report)**
http://www.thearc.org

This guide is authored by Robert Silverstein, J.D., Director of The Center for the Study and Advancement of Disability Policy and was funded by the Consortium for Citizens with Disabilities (CCD).

**Wrightslaw**
http://www.wrightslaw.com

Website operated by the Wrights for "information about special education law and advocacy for children with disabilities." Newsletters available.

**National Association of State Directors of Special Education**
http://www.nasdse.org

A side-by-side document that compares IDEA 97 to IDEA 2004.

**The American Occupational Therapy Association**
http://www.aota.org

This website offers an online course for occupational therapists in school-based practice.

**American Physical Therapy Assocation/Section on Pediatrics**
http://www.pediatricapta.org

This website offers many resources and information regarding school-based physical therapy practices.

**Kentucky Legislative Research Commission**
http://www.lrc.state.ky.us/

Reference of state legislation

**Laws and Regulations Related to the Licensure of Speech Language Pathologist and Audiologist**
http://slp.ky.gov

Reference for Kentucky's laws and regulations for SLP and SLPA qualifications, licensure, caseloads, and code of ethics.

**The American Speech-Language-Hearing Association**
www.asha.org

National association for speech language pathologists. Information about the roles and responsibilities of school-based speech therapists is available.

**Kentucky Eligibility Guidelines – Revised (KEG-R) for Communication Disorders**
http://www.education.ky.gov/NR/rdonlyres/5D691CC1-D69C-4CCD-89CC-EE2A3A60DBA5/0/KYEligibilityGuidelines.pdf

Step-by-step guideline regarding procedures in eligibility, servicing, and dismissal from speech-language services in the KY schools.

## Appendix F1

**Individual Education Program (IEP)**

| Meeting Date: | 09/01/2012 | Start Date: | 09/01/2012 | Review (End) Date: | 09/01/2013 |
|---|---|---|---|---|---|

| Student's Full Name: | Mary Jones | SSID: | |
|---|---|---|---|
| Date of Birth: | 1/21/1994 | Grade: | 12 |
| School: | | Disability: | MD |
| Age: | | | |

| Education Performance Areas Assessed | **Present Levels of Academic Achievement and Functional Performance, including how the disability affects the student's involvement and progress in the general curriculum**<br>*(For preschool children include the effect on participation in appropriate activities: Beginning in the child's 8th grade year or when the child has reached the age of 14, a statement of transition needs is included)* |
|---|---|
| **Communication Status** | ☐ Performance commensurate with similar age peers<br>Mary is a verbal communicator, who converses her wants and needs to peers and adults. Receptively, she is able to independently follow two-step simple directions in the classroom with 90% accuracy according to on-going progress data. Mary requires visual cues and verbal prompts to follow multi-step directions in the classroom. Expressively, Mary verbally communicates through appropriate simple phrases. She is not easily understood by the listener, and must repeat her utterances to attain listener comprehension. Although she uses functional communication for familiar routines, Mary's semantic language abilities are below peer levels. When in unfamiliar environments and needing assistance, Mary will not request assistance without prompting. Mary has improved her knowledge of core content vocabulary from 50% to 75% accuracy. She can complete a sequential task with 60% accuracy with non-verbal prompting.<br><br>Expressive and receptive communication deficits negatively impact her educational and vocational performance. |
| **Academic Performance** | ☐ Performance commensurate with similar age peers<br>Reading - Mary, through participation in a research based reading program, fluently reads second grade level text with 90% accuracy. Mary's scores vary from 65% to 85% accuracy when answering in varied formats (e.g., verbally, fill in the blank, multi-choice) and simple comprehension questions (e.g., What did the main character do?). Vocational sight word vocabulary presenting in real life text (e.g., applications, direction manual, recipes) is consistently at 70% accuracy.<br><br>Math - Mary completes without a calculator single digit multiplication with 90% accuracy. Her rate of learning in completing 2 digits over 1-digit calculations has improved from 60-70% in the fall of 2011, to 86-97% in spring of 2012. Monitoring data at the conclusion of the school year indicate double digit by double digit multiplication without calculator independently is at 48%, and addition/subtraction of fractions is at 40%. She identifies and states the value of all coins. She can count using multi bills (ones, fives, tens) and coins up to $100. Mary is inconsistent, (data range from 60-90%) in using money to make and/or receive change. Mary can identify 6% sales tax using a cue card with 80% accuracy; without the cue card calculating sale tax is at 10% accuracy. Mary uses a calculator to complete a weekly budget (e.g., salary, meals, recreation) with 10% independence.<br><br>Written Language - She ends a sentence with a question mark or period and begins sentences with a capital letter with 50% accuracy. Progress data show she writes simple sentences (e.g., The man likes dogs.) with verbal prompting. Mary verbally states and writes her full name, address, phone number and two emergency contacts. She completes her personal information on simple one page forms developed by the teacher with 90% accuracy.<br><br>Mary's reading, writing, and math skills and her requirement for frequent reviews make the pace of the general education curriculum too restrictive to meet her educational needs. |

| | |
|---|---|
| **Health, Vision, Hearing, Motor Abilities** | ☐ Not an area of consideration<br>Mary has a medical diagnosis of Spina Bifida with a shunt placement. She consistently wears prescription glasses. Results of a recent hearing screening (3-3-12) indicate functioning within normal limits. Mary uses her custom manual wheelchair for transportation to and from school, as well as for travel throughout the educational environment. She is able to independently manage her wheelchair parts and propel her wheelchair on a variety of terrains. Mary performs a stand-pivot-sit transfer to and from her wheelchair with full, physical assistance. She uses a wheeled-walker for short distance ambulation and transfers, with moderate assistance due to her impaired balance. She is currently able to walk distances of 8-10 feet with no assisted walking devices before becoming fatigued. Mary is able to independently catheterize herself while sitting on the toilet at home and school. According to health records, Mary is not currently prescribed any medications. Mary's limited mobility adversely impacts her ability to be independent in self-care, as well as in vocational areas, and with community access. Mary uses a mature grasp on her pencil, and writes short, legible sentences. She demonstrates a weakness in visual perception, and the scores on a standardized test of visual perception are below average. Deficits in visual perception impact her ability to be successful with vocation tasks such as object assembly, sorting, and stacking. |
| **Social and Emotional Status** | ☐ Performance commensurate with similar age peers<br>Mary interacts positively and initiates conversations with peers and adults. When excited, Mary occasionally becomes loud in group environments, however she responds well to verbal prompts concerning her voice level. Teacher observations have noted that Mary frequently loses focus during conversations and will begin to talk about unrelated topics. Teacher anecdotal notes indicate that Mary frequently begins a task without the required materials (e.g., school supplies, personal hygiene items, vocational items). Mary uses social medias and cell phones to contact others. Mary's social deficits will negatively impact her ability to maintain employment. |
| **General Intelligence** | ☐ Performance commensurate with similar age peers<br>Mary has relatively good memory skills, as demonstrated by her ability to follow routines and set schedules. She is showing improvement in problem solving skills, such as requesting help from adults when needed. When given a two-step task direction (e.g., putting objects together, steps in a recipe), Mary will independently complete the task with 95% accuracy. Mary can convey a 1-2 sentence message in a written or verbal format with 75% independence. nveying a message in a written or verbal format (e.g., writing a personal note, re-telling a story). Mary uses a prompting cue card to access computer programs. Mary's deficit in general intelligence will negatively impact her career and independent living choices. |
| **Transition Needs** | ☐ Not an area of concern at this time (*checking this box is not an option when the student is in the 8th grade of 14 years of older because transition must be addressed for these students)*<br>Check all areas of need as identified by the Admissions and Release Committee<br>*(more than one may be checked)*<br>☒ Instruction<br>☒ Related service<br>☒ Community Experiences<br>☒ Employment<br>☒ Daily Living Skills<br>☒ Post School Adult Living Objectives<br>☐ Functional Vocational Evaluation<br>Mary is an 18 year old 12th grade student. She has expressed an interest in extending her school program through age 21 to address college/career and community participation goals. Mary's transition needs are addressed through academic instruction and related services. She needs to develop independence in mobility, daily living, and vocational skills. She has an interest in the area of child care as possible employment. She wants to attend the Carl Perkins Vocational Training Center. Mary participates in community based instruction to generalize community and vocational skills (e.g., using money, making appointments, establishing a daily schedule). She is currently working with a community case manager after school. Mary will need an integrated team of educators, family, and service providers to address her immediate needs for successful transition to community, vocational, and post-secondary educational opportunities. |

| Functional Vision/ Learning Media Assessment | [X] Not an area of consideration |
|---|---|

| **Consideration of Special Education Factors for IEP Development:** *(The ARC MUST address each question below and consider these issues in the review and revision of the IEP.)* | | |
|---|---|---|
| Does the child's behavior impede his/her learning or that of others? | [X] No [ ] Yes | If **Yes,** include appropriate strategies, such as positive behavioral interventions and supports in the **Statement of Devices/ Services** below |
| Does the child have limited English proficiency? | [X] No [ ] Yes<br>If **Yes,** what is the relationship of language needs to the IEP? | |
| | | |
| Is the child blind or visually impaired? | [X] No [ ] Yes<br>If **Yes,** the IEP Team must consider:<br>Is instruction in Braille needed? [ ] No [ ] Yes<br>Is use of Braille needed? [ ] No [ ] Yes<br>Will Braille be the student's primary mode of communication? | |
| Does the child have communication needs? [ ] No [X] Yes | | |
| [X] See Present Levels for Communication Status [ ] Other (specify): see specially designed instruction | | |
| Is the child deaf or hard of hearing? [X] No [ ] Yes<br>The child's language and communication needs (Describe): | | |
| [ ] See Present Levels for Communication Status | | |
| Any necessary opportunities for direct instruction in the child's language and communication mode (Describe): | | |
| | | |
| Are assistive technology devices and services necessary in order to implement the child's IEP? | [ ] No [X] Yes<br>If **Yes,** include appropriate devices, in the **Statement of Devices/Services** below. | |

| **Statement of Devices/Services:** If the ARC answers "Yes" to any of the questions above, include a statement of services and to devices to be provided to address the above special factors. | | |
|---|---|---|
| [X] See Specially Designated Instruction | [X] See Supplemental Aids and Services | [ ] See Behavior Intervention Plan |
| [X] Other (specify): prescription glasses, manual wheelchair, walker, stander | | |

| **Measurable Annual Goals and Benchmarks** | |
|---|---|
| **1. Annual Goal** | Within the school (e.g., office, cafeteria, library, school child care facility,) Mary will complete vocational tasks (e.g., sorting mail, shelf magazines/books, preparing materials, answering a phone, organize an area, clean a designated area) following a teacher generated checklist within a stated timeframe with 80% accuracy 4 out of 5 consecutive opportunities through progress data. |
| | **For the IEP to be in effect by the child's 16th birthday and thereafter:**<br>This annual goal will reasonably enable the student to meet the student's postsecondary goal in the area(s) of:<br>[X] Education/Training [X] Employment [X] Independent Living |
| | **Methods of Measure/Evaluation**<br>[ ] Curriculum Based Measures<br>[X] Direct Measures<br>[ ] Indirect Measures<br>[ ] Authentic Assessments<br>[ ] Other: |
| | **Schedule for Reporting Progress**<br>[X] Concurrent with the issuance of Report Cards [ ] Other (specify below) |

| | | |
|---|---|---|
| **Benchmarks/ Short-Term Objectives** | 1. | When verbally given a work related set of up to 5 directions, Mary will correctly follow the directions with 80% accuracy on 4 out of 5 consecutive opportunities as measured through progress data. |
| | 2. | When given a teacher generated checklist related to a task, Mary will request assistance (e.g., clarify vocabulary/task) to complete the task with 80% accuracy on 4 out of 5 consecutive opportunities as measured through progress data. |
| | 3. | When given a teacher generated checklist (vocational task) or schedule (activities, daily), Mary will complete the steps with 80% accuracy on 4 out of 5 consecutive opportunities as measured through progress data. |
| | 4. | When given activities (e.g., vocational, daily living), Mary will identify and gather the required materials to complete the activities with 80% accuracy on 4 out of 5 consecutive opportunities as measured through progress data. |
| **Specially Designed Instruction** | modeling, direct instruction on use of an personal ID card, direct instruction on personal information, comprehension strategies, prompting strategies, positive reinforcement, direct instruction in developing a supply checklist and following a schedule, visual perceptual-motor strategies | |
| | | |
| **2. Annual Goal** | When given various purposes (e.g., summary of article, personal notes, inquiry, application), Mary will write a 5 sentence passage 4 out of 5 consecutive opportunities with 80% independence as measured by work samples. | |
| | **For the IEP to be in effect by the child's 16th birthday and thereafter:**<br>This annual goal will reasonably enable the student to meet the student's postsecondary goal in the area(s) of:<br>☒ Education/Training ☒ Employment ☒ Independent Living | |
| | **Methods of Measure/Evaluation**<br>☐ Curriculum Based Measures<br>☐ Direct Measures<br>☐ Indirect Measures<br>☒ Authentic Assessments<br>☐ Other: | |
| | **Schedule for Reporting Progress**<br>☒ Concurrent with the issuance of Report Cards ☐ Other (specify below) | |
| **Benchmarks/ Short-Term Objectives** | 1. | When given a 5 sentence passage, Mary will identify the required punctuation and capitalization with 80% independence on 4 out of 5 trials as measured by work samples. |
| | 2. | Given a writing prompt, Mary will write 5 sentences with 80% independence to inquire about a product or event 4 out of 5 consecutive opportunities as measured by work samples. |
| | 3. | After reading a peer or teacher e-mail/text, Mary will reply by constructing a return e-mail/text with up to 3 sentences with 80% independence 4 out of 5 consecutive opportunities as measured through checklist. |
| | 4. | After reading a short passage, Mary will underline key words and use those words to write a 5 sentence summary of the passage with 80% independence 4 out of 5 consecutive opportunities as measured by work samples. |
| **Specially Designed Instruction** | direct instruction in use of graphic organizers and webbing strategies, prompting, direct instruction in spell check, direct instruction on operating an e-mail program | |
| | | |
| **3. Annual Goal** | When given 5 multi-step mathematical application problems, Mary will solve with 80% accuracy on 4 out of 5 consecutive opportunities as measured by teacher made assessment. | |
| | **For the IEP to be in effect by the child's 16th birthday and thereafter:**<br>This annual goal will reasonably enable the student to meet the student's postsecondary goal in the area(s) of:<br>☒ Education/Training ☒ Employment ☒ Independent Living | |

| | | |
|---|---|---|
| | **Methods of Measure/Evaluation**<br>☐ Curriculum Based Measures<br>☒ Direct Measures<br>☐ Indirect Measures<br>☐ Authentic Assessments<br>☐ Other: | |
| | **Schedule for Reporting Progress**<br>☒ Concurrent with the issuance of Report Cards ☐ Other (specify below) | |
| **Benchmarks/ Short-Term Objectives** | 1. | Using a calculator and local store advertisement, Mary will identify the price of requested items (up to 10) and calculate the total amount required to purchase the items with 80% accuracy 4 out of 5 consecutive opportunities as measured through teacher made assessment. |
| | 2. | When given a monthly net income, Mary will develop a monthly budget (including housing, food, transportation, clothing, and recreation) with 80% independence on 4 out of 5 consecutive opportunities as monitored through teacher made assessment. |
| | 3. | When given a shopping list with prices/items and a budgeted amount to spend, Mary will determine which items can be purchased (including sales tax) to stay within the budget with 80% accuracy on 4 out of 5 consecutive opportunities as monitored through teacher made assessment. |
| | 4. | After identifying the price and total needed to purchase 5 like items in two different store advertisements, Mary will compare the totals and determine which store has the lower price with 80% accuracy on 4 out of 5 consecutive opportunities as monitored through teacher made assessment. |
| **Specially Designed Instruction** | direct instruction on counting money and use of a calculator, task analysis on mathematical procedures, prompting, direct instruction on calculating sales tax | |
| | | |
| **4. Annual Goal** | Mary will independently transfer to and from her wheelchair, walker, or classroom chair on 5/5 opportunities over 8 consecutive school days as measured by checklist. | |
| | **For the IEP to be in effect by the child's 16th birthday and thereafter:**<br>This annual goal will reasonably enable the student to meet the student's postsecondary goal in the area(s) of:<br>☒ Education/Training ☒ Employment ☒ Independent Living | |
| | **Methods of Measure/Evaluation**<br>☐ Curriculum Based Measures<br>☒ Direct Measures<br>☐ Indirect Measures<br>☐ Authentic Assessments<br>☐ Other: | |
| | **Schedule for Reporting Progress**<br>☒ Concurrent with the issuance of Report Cards ☐ Other (specify below) | |
| **Benchmarks/ Short-Term Objectives** | 1. | When provided with minimal physical support from school personnel, Mary will stand-pivot-sit transfer to and from her wheelchair, walker, or classroom chair on 5/5 opportunities over 8 consecutive school days. |
| | 2. | When provided with contact-guard assistance from school personnel, Mary will independently transfer to and from her wheelchair, walker, or classroom chair on 5/5 opportunities over 8 consecutive school days. (Contact-guard support means within proximity to student with touch assist only.) |
| | 3. | When given verbal cues, Mary will independently transfer to and from her wheelchair, walker, or classroom chair on 5/5 opportunities over 8 consecutive school days. |
| **Specially Designed Instruction** | System of least prompts, direct instruction in transferring techniques, opportunities for practice across settings | |
| | | |

| **Statement of Supplementary Aids and Services,** to be provided to the child or on behalf of the child: |
|---|
| small group instruction, repetitive practice, extended time, prompts, pictures, cue cards, paraphrasing, vocational checklists, computer, manipulatives, graphic organizers, reinforcement, scribe, reader, personal information card, role release of therapeutic strategies between therapists and teacher/aides |

| **Accommodations for Administration of State Assessments and Assessments in the Classroom** | | | | |
|---|---|---|---|---|
| ☐ ARC determined no accommodations needed | | | | |
| ☒ Readers<br>☒ Prompting/ cueing<br>☒ Extended time | ☒ Scribes<br>☐ Use of technology<br>☒ Other (specify) picture choices, cue cards, calculator, graphic organizers | ☐ Paraphrasing<br>☒ Manipulatives | ☐ Reinforcement and behavior modification strategies<br>☐ Braille | ☐ Interpreters |
| ☒ Student has been determined eligible for participation in the **Alternate Assessment Program**. Complete the Participation Guidelines for the KY Alternate Assessment form if selecting this checkbox. If determined eligible for the Alternate Assessment, the ARC must also determine if the student is Dimension A or Dimension B.<br>☒ Dimension A ☐ Dimension B | | | | |

| **Program Modifications/Supports for School Personnel that will be provided:** |
|---|
| The physical therapist will train school staff regarding use of adaptive equipment, gross motor skills, and evacuation plans. The Occupational Therapist will consult with staff monthly on visual perceptual strategies.<br><br>Staff training in use and care of catheter and shunt malfunction. |

| **Least Restrictive Environment (LRE) and General Education:** Explain the extent, if any, to which the student will **not** participate in general education (content area): |
|---|
| Special Education: math, reading, science, writing, social studies<br>General Education: consumer science, arts, computer |

| **Special Education** | **Anticipated Frequency and Duration of Service** | | | | | | | **Service Provider** *(by position)* | **Location** *(e.g., Regular Classroom, Resource Room, Separate Class)* |
|---|---|---|---|---|---|---|---|---|---|
| | **Service Minutes** *(per Service Frequency)* | | **Service Frequency** *(number of times provided per Service Period)* | | **Service Period** *(Daily, Weekly, Monthly, Annually)* | **Start Date** | **End Date** | | |
| | **190** | ***Minutes*** | **1** | ***Times Per*** | **daily** | **9/01/12** | **8/31/13** | **Special Ed Teacher** | **Resource room** |

| **Related Services** | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Special Education** | **Anticipated Frequency and Duration of Service** | | | | | | | **Service Provider** *(by position)* | **Location** *(e.g., Regular Classroom, Resource Room, Separate Class)* |
| | **Service Minutes** *(per Service Frequency)* | | **Service Frequency** *(number of times provided per Service Period)* | | **Service Period** *(Daily, Weekly, Monthly, Annually)* | **Start Date** | **End Date** | | |
| **Transportation** | **30** | ***Minutes*** | **2** | ***Times Per*** | **day** | **9/01/12** | **8/31/13** | | |
| **Physical Therapy** | **30** | ***Minutes*** | **1** | ***Times Per*** | **week** | **9/01/12** | **10/31/12** | **PT** | **Resource** |
| **Physical Therapy** | **15** | ***Minutes*** | **1** | ***Times Per*** | **month** | **11/1/12** | **8/31/13** | **PT** | **Resource** |
| **Occupational Therapy** | **15** | ***Minutes*** | **1** | ***Times Per*** | **month** | **9/01/12** | **8/31/13** | **OT** | **Resource** |

| **Extended School Year:** ☐ Yes ☒ No ☐ More Data Needed<br>If the ARC determines ESY services are to be provided, describe the service and indicate to which annual goal or goals the service is related. If the ARC determines no ESY services are to be provided, please document the reason(s) for this decision. |
|---|
| Data indicate no regression on annual goals. |

| **What transition assessments were used to determine the child's preferences and interests?**<br>(Check all that apply) | | | | |
|---|---|---|---|---|
| ☒ Student Interview<br>☒ Parent Interview | ☒ Student Survey<br>☐ Career Awareness | ☐ Student Portfolio<br>☐ Career Aptitude | ☒ Vocational Assessments<br>☒ ILP | ☐ Interest Inventory<br>☐ Other: |

| **Transition Services Needs** (Beginning in the child's 8th grade year or when the child has reached the age of 14 and thereafter) |
|---|
| **Does the student's Individual Learning Plan (ILP) include the student's course of study?**<br>☐ No. If **No,** do not proceed with development of IEP until ILP is initiated, including the child's course of study.<br>☒ Yes. (See student's attached course of study to include current year through graduation or exiting year)<br>**Does transition service needs focus on the child's course of study and are they addressed in the Present Levels?** ☐ **No** ☒ **Yes** |

| **Postsecondary Goal(s)** (By **age 16,** or younger if appropriate, and thereafter) |
|---|
| After high school, Mary's goal is to attend the Carl Perkins Vocational Center for training in the area of patient care and to obtain employment as a child care assistant. Mary's plan for the future is to live independently with physical assistance. |

**Transition Services and Agency Responsible** (By **age 16,** or younger if appropriate, and thereafter)

| Transition Service | Agency Responsible |
|---|---|
| Community Based Instruction | School |
| Completion of multi-year course of study | School |
| Vocational training | School |
| Opportunity to tour the Carl Perkins Center | School |
| Information on supported living | School and OVR |
| Conintuation of services with OVR | School and OVR |
| | |

If applicable, one year before the student reaches age 18, the student and parent have been informed of the student's rights under Part B of the Individuals with Disabilities Education Act, if any, that will transfer on reaching the age of majority.

Date informed: 10/13/11

## Appendix F2

### Individual Education Program (IEP)

| Meeting Date: | 09/01/2012 | Start Date: | 09/01/2012 | Review (End) Date: | 08/31/13 |
|---|---|---|---|---|---|

| Student's Full Name: | Kay Luebbering | SSID: | |
|---|---|---|---|
| Date of Birth: | 11/13/2003 | Grade: | 3 |
| School: | | Disability: | Multiple Disabilities |
| Age: | | | |

| Education Performance Areas Assessed | **Present Levels of Academic Achievement and Functional Performance, including how the disability affects the student's involvement and progress in the general curriculum**<br>*(For preschool children include the effect on participation in appropriate activities: Beginning in the child's 8th grade year or when the child has reached the age of 14, a statement of transition needs is included)* |
|---|---|
| **Communication Status** | ☐ Performance commensurate with similar age peers<br>Kay communicates through vocalizations, gestures, and facial expression. According to observations, she cries to demonstrate frustration, anger, hurt/sick, or sadness, and she laughs and smiles to demonstrate contentment, happiness, and humor. Per teacher report, she also uses gestures (pushing away, reaching, and head turning to speaker) to communicate attention, request, or rejection. Kay responds to her name by giving eye contact 20% of the time according to progress data. Through the use of augmentative communication (switches, pictures, and sign language), Kay responds to yes/no questions with 10% accuracy. Kay can point to a picture on a communication board to to request a desired item (e.g., computer, snack) with 50% accuracy. She does not display consistent use or understanding of teh 4 signs (more, eat, potty, drink) taht have been targeted by teaching staff during her school day.<br><br>Kay's significant delys in functional, receptive, and expressive communciation adversely affects her ability to communciate wnates, needs, and ideas to peers and adults in the classroom. |
| **Academic Performance** | ☐ Performance commensurate with similar age peers<br>Reading- Kay currently works in a small reading group following a structured reading program that uses stories with repeated story lines and tactile representations/objects to accompany vocabulary. Given a question about text and 4 picture choices, Kay points to the correct answer with 40% accuracy. Over 2 years of various instructional strategies (e.g., flashcards, music, time delay, and system of least prompts), Kay can point to the letter "K" from a choice of 3 letters with 80% accuracy. During instruction whn presented with a book and physcial prompting, Kay points to parts of the book (front, back, and pages) and can orient the book correctly and turn pages independently.<br><br>Writing - When fgiven a choice of two pictures from which to construct a sentence, Kay will independently toucha picture 5% of the opportunities. When given a choice of two pre-recorded sentences about a topic, Kay will independently activate the switch to indicate her choice 10% of the opportunities.<br><br>Math: Kay is working on level 1 of 10 levels of a research based math program (EQUALS). She exhibits 25% accuracy of identifying math tools (e.g., ruler, balance, calculator). With physical prompting Kay uses math tools. Monitoring data shows Kay has a 10% accuracy of pointing to numbers (1-5) and 40% accuracy of matching colored objects from a field of 5. With physical prompting Kay is emerging in use of a number line. Kay's difficulties with academic skills, specifically reading and math acquisition and communication deficits, negatively impact her ability to be an independent learner and contributor in the classroom. |

| | |
|---|---|
| **Health, Vision, Hearing, Motor Abilities** | ☐ Not an area of consideration<br>Kay has a diagnosis of cerebral palsy and epilepsy which significantly affects her performance in the school environment. She requires supervision at all times because of her frequent seizures. Currently, she takes medication at home for seizures and it is available at school when needed. Health records indicate no hearing or vision difficulties. Kay utilizes a custom manual wheelchair for transportation to and from school, as well as for her primary means of mobility throughout the educational environment. She is able to independently propel her wheelchair on level and ramped surfaces, but requires assistance on uneven terrain.<br><br>She wears bilateral ankle-foot-orthoses (AFOs) to assist with her ankle and foot positioning. Kay is able to perform a stand-pivot-sit transfer with hands-on assistance due to her impaired balance and history of seizures. She is able to transition to and from her reverse walker and maintains standing in her walker for up to 2 minutes with close supervision of an adult. She requires vertical positioning at least twice during the school day. Kay is able to ambulate using her walker for distances up to 15 feet with close supervision. Physical assistance is necessary on uneven terrain and playground equipment. Kay sits independently in a chair with arms and with feet placed on the floor. She requires an adapted toilet seat with arm support for increased stability when toileting. She is on an hourly toileting schedule. She is able to sit on the toilet for up to 2 minutes while distracted with books, music, singing, or other activities.<br><br>She displays significant delays in fine motor manipulation and self-care skills related to the school environment. She uses a switch, touch screen for the computer and pointing as response mode. She requires adapted tools to imitate lines. She can fasten/unfasten large 1" buttons, zip zippers without initiating them, and feed herself independently 90% of the time using adaptive utensils and a scoop plate or bowl (after set-up, including cutting her food and opening containers).<br><br>She is able to maintain visual focus on non-preferred task s for 3 minutes and preferred tasks for up to 20 minutes. No other vision issues appear to be a factor at this time.<br><br>Kay's physical limitations and instability have an adverse effect to independently accessing her educational environment. |
| **Social and Emotional Status** | ☐ Performance commensurate with similar age peers<br>Kay demonstrates joy and excitement during activities by smiling, laughing, or bouncing her truck up and down. These behaviors are mostly exhibited during choice activities, such as computer, PBS Kids, Disney, and listening to music. Kay exhibits crying, pouting, or jerking/bucking her body when frustrated or presented with non-preferred items. Kay is able to participate in social interactions throughout her day with physical and verbal prompts.<br><br>Kay particitpates in social interactions throughout her day given an appropriate way to respond and a minimal of 5 seconds to respond. When provided physical and verbal prompting, Kay will make a choice between 3 given activities presented in picture form and will follow a 3-step visual picture schedule. When peers initiate social contact during meals or recess, she will respond by giving eye contact and laughing, and with verbal prompts she will wave "hi". However, Kay does not initiate any of these interactions independently. Kay's social and emotional difficulties and her significant delays in communication impact her ability to initiate and maintain social interactions with peers and adults throughout her school day. |

| | |
|---|---|
| **General Intelligence** | ☐ Performance commensurate with similar age peers<br>Kay displays knowledge of self through identification of her printed name and her picture with 33% accuracy according to progress data. Based on a preference assessment she is able to complete a preferred work system of 2 fine motor tasks with 45% accuracy, according to progress monitoring. When given a non-preferred work system, Kay completes the system with 10% accuracy. She also utilizes a touch screen to independently access activities on the computer. Kay demonstrates diminished problem solving skills when presented with novel items that require manipulation, even when presented with a model. She demonstrates limited comprehension of safety within her environment (e.g., wandering, use of hand rail, strangers, and temperature change). Observations indicate that Kay does not consistently respond to "no" and "stop" presented in visual and verbal forms. Kay's limited communication and difficulties with problem solving and understanding of taught concepts impedes her ability to independently function in the classroom environment. |
| **Transition Needs** | ☒ Not an area of concern at this time (*checking this box is not an option when the student is in the 8th grade of 14 years of older because transition must be addressed for these students)* |
| **Functional Vision/ Learning Media Assessment** | ☒ Not an area of consideration |

| **Consideration of Special Education Factors for IEP Development:**<br>*(The ARC MUST address each question below and consider these issues in the review and revision of the IEP.)* | | |
|---|---|---|
| Does the child's behavior impede his/her learning or that of others? | ☒ No ☐ Yes | If **Yes,** include appropriate strategies, such as positive behavioral interventions and supports in the **Statement of Devices/Services** below |
| Does the child have limited English proficiency? | ☒ No ☐ Yes<br>If **Yes,** what is the relationship of language needs to the IEP? | |
| | | |
| Is the child blind or visually impaired? | ☒ No ☐ Yes<br>If **Yes,** the IEP Team must consider:<br>Is instruction in Braille needed? ☐ No ☐ Yes<br>Is use of Braille needed? ☐ No ☐ Yes<br>Will Braille be the student's primary mode of communication? ☐ No ☐ Yes | |
| Does the child have communication needs? ☐ No ☒ Yes | | |
| ☒ See Present Levels for Communication Status | | |
| ☐ Other (specify): | | |
| Is the child deaf or hard of hearing? ☒ No ☐ Yes<br>The child's language and communication needs (Describe): | | |
| ☐ See Present Levels for Communication Status | | |
| ☐ Other (specify): | | |
| Are assistive technology devices and services necessary in order to implement the child's IEP? | ☐ No ☒ Yes<br>If **Yes,** include appropriate devices, in the **Statement of Devices/Services** below. | |

| **Statement of Devices/Services:** If the ARC answers "Yes" to any of the questions above, include a statement of services and to devices to be provided to address the above special factors. | | |
|---|---|---|
| ☒ See Specially Designated Instruction | ☒ See Supplemental Aids and Services | ☐ See Behavior Intervention Plan |
| ☐ Other (specify): | Wheelchair, bilateral ankle-foot-orthoses, adapted seating, touch screen, weighted utensils, adapted feeding equipment, augmentative communication devices, switches, sensory modulation equipment | |

| Measurable Annual Goals and Benchmarks | | |
|---|---|---|
| **1. Annual Goal** | When engaged in school activities, Kay will independently use augmentative alternative communication (AAC) 80% of the opportunities across daily activities in order to express communicative intents (e.g., requesting, affirming, rejecting, responding) across 5 consecutive days as measured by teacher checklist. | |
| | **Methods of Measure/Evaluation**<br>☐ Curriculum Based Measures<br>☒ Direct Measures<br>☐ Indirect Measures<br>☐ Authentic Assessments<br>☐ Other: | |
| | **Schedule for Reporting Progress**<br>☒ Concurrent with the issuance of Report Cards ☐ Other (specify below) | |
| **Benchmarks/ Short-Term Objectives** | 1. | When Kay is upset and indicating "rejection" or "refusal," she will independently indicate "no" using AAC 80% of the opportunities across 5 consecutive days as measured by teacher checklist. |
| | 2. | When in a reading content lesson, Kay will independently respond using AAC to answer questions with four picture choices 80% of the opportunities across 5 consecutive days as measured by teacher checklist. |
| | 3. | When offered choices of preferred and non-preferred items/activities, Kay will independently select the preferred item/activity from 4 familiar pictures or objects by using AAC 80% of the opportunities across accuracy across 5 consecutive days as measured by teacher checklist. |
| | **4.** | When given a math task, Kay will independently respond using AAC to answer questions with 4 picture choices 80% of the opportunities across 5 consecutive days as measured by teacher checklist. |
| | 5. | When given a choice of 2 photos of peers or adults readily available, Kay will independently select a photo and use AAC to initiatie interaction 80% of the opportunities across 5 consecutive days as measured by teacher checklist. |
| **Specially Designed Instruction** | direct instruction on pictures/objects, modeling, guided practice, time delay, visual/verbal/physical prompts, system of least to most prompts, simultaneous prompting, direct instruction on ACC | |
| | | |
| **2. Annual Goal** | Given a four item picture schedule of tasks that can be independently completed followed by a preferred activity and her AAC device, Kay will follow the picture schedule independently with 100% accuracy with at least one opportunity per day across 4 of of 5 consecutive days as measured by teacher made checklist. | |
| | **Methods of Measure/Evaluation**<br>☐ Curriculum Based Measures<br>☒ Direct Measures<br>☐ Indirect Measures<br>☐ Authentic Assessments<br>☐ Other: | |
| | **Schedule for Reporting Progress**<br>☒ Concurrent with the issuance of Report Cards ☐ Other (specify below) | |
| **Benchmarks/ Short-Term Objectives** | 1. | When presented with 1-picture schedule with one task that Kay can independently complete, Kay will follow the schedule with 100% accuracy 4 out of 5 consecutive days as measured by techer checklist. |
| | 2. | When given a 2-picture schedule of tasks that Kay can independently complete, Kay will follow the schedule with 100% accuracy across 4 out of 5 consecutive days as measured by teacher checklist. |
| | 3. | When given a 3-picture schedule of tasks that Kay can independently complete, Kay will follow the schedule with 100% accuracy across 4 out of 5 consecutive days as measured by teacher checklist. |
| | 4. | When given 4 pictures from her daily activites, Kay will sequence the pictures in order of occurrence with 100% accuracy 4 out of 5 consecutive days as measured by teacher checklist. |

| | | |
|---|---|---|
| **Specially Designed Instruction** | simultaneous prompting, direct instruction on pictures and objects, verbal prompting, physical prompting, modeling, positive reinforcement, direction instruction following a schedule and AAC, time delay, preference assessments, first/then board, fine motor facilitation | |
| | | |
| **3. Annual Goal** | When given a task that requires tools (e.g., adapted scissors, pencils/crayons, rulers, calculator), Kay will complete the task using the tools with 80% independence for 4 out of 5 tasks per day over three consecutive days. | |
| | **Methods of Measure/Evaluation**<br>☐ Curriculum Based Measures<br>☒ Direct Measures<br>☐ Indirect Measures<br>☐ Authentic Assessments<br>☐ Other: | |
| | **Schedule for Reporting Progress**<br>☒ Concurrent with the issuance of Report Cards ☐ Other (specify below) | |
| **Benchmarks/ Short-Term Objectives** | 1. | When given a 2-step structured template for completing a fine motor task, Kay will complete the task with 80% independence for 4 out of 5 tasks per day over three consecutive days. |
| | 2. | When given a 3-step structured template for completing a fine motor task, Kay will complete the task with 80% independence for 4 ot of 5 tasks per day over three consecutive days. |
| | 3. | While in a small group setting (e.g., writing, math group, cooking activity), Kay will use tools appropriate for the task with 80% independence for 4 out of 5 tasks per day over three consecutive days. |
| **Specially Designed Instruction** | time delay, system of prompts (least to most or most to least), direct instruction on work system tasks, modeling, prompting (verbal, gesture, and physical), positive reinforcement, direct instruction on use of AAC, first/then board, fine motor facilitation, preference assessment, direct instruction in using adapted tools | |
| | | |
| **4. Annual Goal** | Across educational settings (e.g., restroom, hallway, classroom, playground, cafeteria), Kay will ambulate distances up to 100 feet, using an appropriate assistive device, with close supervision of an adult for 3 opportunities per day as measured by staff created data sheets. | |
| | **Methods of Measure/Evaluation**<br>☐ Curriculum Based Measures<br>☒ Direct Measures<br>☐ Indirect Measures<br>☐ Authentic Assessments<br>☐ Other: | |
| | **Schedule for Reporting Progress**<br>☒ Concurrent with the issuance of Report Cards ☐ Other (specify below) | |
| **Benchmarks/ Short-Term Objectives** | 1. | By December, across educational settings, Kay will ambulate distances up to 25 feet, using an appropriate assistive device for 3 opportunities per day as measured by staff created data sheets. |
| | 2. | By February, across educational settings, Kay will ambulate distances up to 50 feet, using an appropriate assistive device for 3 opportunities per day as measured by staff created data sheets. |
| | 3. | By April, across educational settings, Kay will ambulate distances up to 75 feet, using an appropriate assistive device for 3 opportunities per day as measured by staff created data sheets. |
| **Specially Designed Instruction** | system of least prompts, progressive ambulation techniques, transfer training, positive reinforcement | |
| | | |

**Statement of Supplementary Aids and Services,** to be provided to the child or on behalf of the child:

adaptive seating in the classroom and bathroom, visual supports and prompts, computer assisted technology software, touch screen, modeling, modified or shortened assignments, repeated practice, scoop plate, scoop bowl, foam handles on utensils, predictable routines, frequent movement breaks, preferential seating, environmental supports throughout the day for safety, orientation to choices, reinforcements, assistive walking device, extended time, scribe, reader, paraphrasing, prompting, Alternative Augmentative Communication (ACC) Device, first/then board, reinforcements, switches, object representations, picture/choice board, picture schedule, adapted classroom tools

**Accommodations for Administration of State Assessments and Assessments in the Classroom**

☐ ARC determined no accommodations needed

| | | | | |
|---|---|---|---|---|
| ☒ Readers<br>☒ Prompting/ cueing<br>☒ Extended time | ☒ Scribes<br>☒ Use of technology<br>☒ Other (specify) pictures or objectives, orientation to answer choices | ☒ Paraphrasing<br>☒ Manipulatives | ☒ Reinforcement and behavior modification strategies<br>☐ Braille | ☐ Interpreters |

Student has been determined eligible for participation in the **Alternate Assessment Progra**m. Complete the Participation Guidelines for the KY Alternate Assessment form if selecting this checkbox. If determined eligible for the Alternate Assessment, the ARC must also determine if the student is Dimension A or Dimension B.

☒ Dimension A ☐ Dimension B

**Program Modifications/Supports for School Personnel that will be provided:**

Staff trainings (including bus staff) - Seizure protocol training and emergency evacuation.

The physical therapist will train school staff regarding positioning, functional mobility, ambulation, use of adaptive equipment, and strategies to enhance functional motor skills.

The physical therapist will address and monitor wheelchair seating, functional mobility, ambulation, and positioning.

Instructional staff trainings - time delay, reinforcement, behavior management, physical participation adaptations, use of schedule, use of AAC, toileting

Adult support across all settings (e.g., toileting, dressing, ambulation) throughout her day.

Related services providers will provide consultation and training in the event that staff primarily assigned to Kay, schedule, or environment changes.

PT services are to be provided more frequently at the beginning of the school year to assist with environment and staff transistions and then every 2-3 weeks during the school year.

Realted services are to be provided as an interdisciplinary team providing direct services and facilitating role release.

**Least Restrictive Environment (LRE) and General Education:** Explain the extent, if any, to which the student will **not** participate in general education (content area):

Special Education: math, language arts, science, writing, and social studies
General Education: music, recess, PE, art

| Special Education | Anticipated Frequency and Duration of Service | | | | | | | Service Provider *(by position)* | Location *(e.g., Regular Classroom, Resource Room, Separate Class)* |
|---|---|---|---|---|---|---|---|---|---|
| | **Service Minutes** *(per Service Frequency)* | | **Service Frequency** *(number of times provided per Service Period)* | | **Service Period** *(Daily, Weekly, Monthly, Annually)* | **Start Date** | **End Date** | | |
| | **300** | ***Minutes*** | **1** | ***Times Per*** | **daily** | 09/01/12 | 8/31/13 | Special ed teacher | Resource |

| Related Services ** | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Special Education** | **Anticipated Frequency and Duration of Service** | | | | | | | **Service Provider** *(by position)* | **Location** *(e.g., Regular Classroom, Resource Room, Separate Class)* |
| | **Service Minutes** *(per Service Frequency)* | | **Service Frequency** *(number of times provided per Service Period)* | | **Service Period** *(Daily, Weekly, Monthly, Annually)* | **Start Date** | **End Date** | | |
| **Speech/ Language** | **30** | ***Minutes*** | **4** | ***Times Per*** | **month** | **09/01/12** | **8/31/13** | **SLP** | **Resource** |
| **Speech/ Language** | **30** | ***Minutes*** | **1** | ***Times Per*** | **month** | **09/01/12** | **8/31/13** | **SLP** | **Regular class** |
| **Occupational Therapy** | **30** | ***Minutes*** | **2** | ***Times Per*** | **month** | **09/01/12** | **8/31/13** | **OT** | **Resource** |
| **Physical Therapy** | **20** | ***Minutes*** | **2** | ***Times Per*** | **month** | **09/01/12** | **8/31/13** | **PT** | **Resource** |
| **Transportation w/ lift** | **25** | ***Minutes*** | **2** | ***Times Per*** | **daily** | **09/01/12** | **8/31/13** | | |

**Extended School Year:** ☐ Yes ☒ No ☐ More Data Needed

If the ARC determines ESY services are to be provided, describe the service and indicate to which annual goal or goals the service is related. If the ARC determines no ESY services are to be provided, please document the reason(s) for this decision.

Data does not indicate regression of annual goals

## Appendix G
## Qualifications of Therapists

### Qualifications of the Occupational Therapist

*Educational Requirements:* The OT must have an entry-level bachelors, masters, or doctoral degree in occupational therapy from a regionally accredited occupational therapy program as verified by the Accreditation Council for Occupational Therapy Education (ACOTE). As of January 2007, all entry-level programs will be at the post-baccalaureate level. This will not change local district hiring practices, unless license requirements change at a later date.

*Licensure:* The OT must pass the occupational therapy registration examination and hold a current, active Kentucky license to practice as issued by the Kentucky Board of Licensure for Occupational Therapy. This license must be renewed annually, before October 31, with payment of a renewal fee and evidence of the required 12 continuing competency units. The OT shall notify the licensure board in writing of any change in the person's name, home or office address, or employment within thirty (30) days after the change has taken place.

*Temporary Permits:* A graduate of an accredited occupational therapy program who has submitted satisfactory evidence that he/she has been accepted as a candidate for licensure by examination may be granted a temporary permit, which is valid until the applicant for licensure is issued or denied a license. If the examination is available on an ongoing, on-demand basis, a temporary permit shall be valid for up to 180 days from issuance by the board after the applicant has applied to take the examination required for licensure or certification. (201 KAR 28:180. Temporary permit).

Not more than one temporary permit shall be granted per applicant. Upon issuance of a temporary permit, an OT applicant may work only under the supervision of an OT in good standing with, and approved by, the licensure board. The supervising therapist is responsible for all occupational therapy outcomes, must be available at all times to provide supervision, and must provide at least 30 minutes of face-to-face supervision daily. Face-to-face supervision means being physically present and being able to directly communicate with the permit holder while observing and guiding his/her activities. The temporary permit holder may perform all of the functions of the OT with the exception of supervision.

Supervision Documentation for Temporary Permits: Documentation requirements per 201 KAR 28:130 establishes that the supervising therapist must "Countersign" (signs the client's documentation after actively reviewing the history of the intervention provided to the client and confirming that, in light of the entire intervention plan, the entry is appropriate within (14) days of the notation, which is included in the client's permanent record.

Both the supervising OT and the individual under supervision must maintain a log which documents the frequency of supervision, observation, dialogue and discussion of techniques utilized, type of supervision (face-to-face or general) and dates of occurrence, and the number of hours worked each month. The supervising OT must also maintain a list

of any OTA supervised with the OTA name and license number.

A copy of *Laws and Regulations Relating to Licensure as an Occupational Therapist* may be found at http://www.bot.ky.gov/laws.htm
Questions should be addressed to:

Kentucky Board of Licensure for Occupational Therapy
P.O. Box 1360
Frankfort, KY 40602
502-564-3296, ext. 226

**Qualifications of the Occupational Therapy Assistant (OTA)**

*Educational Requirements:* An OTA means a person licensed to assist in the practice of occupational therapy who works under the supervision of a licensed OT. An OTA is a graduate of an accredited OTA program.

*Licensure:* The OTA must pass the occupational therapy assistant licensure examination and hold a current, active, Kentucky license to practice as issued by the Kentucky Board of Licensure for Occupational Therapy. This license must be renewed annually, before October 31, with payment of a renewal fee and evidence of the required 12 continuing competency units. The temporary permit process for an OTA follows the same format as that of an OT applicant. The OTA shall notify the licensure board in writing of any change in the person's name, home or office address, or employment within thirty (30) days after the change has taken place.

*Temporary Permits:* A graduate of an accredited occupational therapy assistant program who has submitted satisfactory evidence that he/she has been accepted as a candidate for licensure by examination may be granted a temporary permit, which is valid until the applicant for licensure is issued or denied a license. If the examination is available on an ongoing, on-demand basis, a temporary permit shall be valid for up to 180 days from issuance by the board after the applicant has applied to take the examination required for licensure or certification. (201 KAR 28:180. Temporary permits).

Not more than one temporary permit shall be granted per applicant. Upon issuance of a temporary permit, an OTA applicant may work only under the supervision of an OT in good standing with, and approved by, the licensure board. The supervising therapist is responsible for all occupational therapy outcomes, must be available at all times to provide supervision, and must provide at least 30 minutes of face-to-face supervision daily. Face-to-face supervision means being physically present and being able to directly communicate with the permit holder while observing and guiding his/her activities. The temporary permit holder may perform all of the functions of the OTA with the exception of supervision. Upon successful completion of the certification examination, a temporary permit holder shall immediately submit a copy of the NBCOT certification or its equivalent to obtain licensure.

Documentation requirements: Per 201 KAR 28:130 establishes, that the supervising therapist must "Countersign" (signs the client's documentation after actively reviewing the history of the intervention provided to the client and confirming that, in light of the entire intervention plan, the entry is appropriate within (14) days of the notation, which is included in the client's permanent record.

Both the supervising OT and the individual under supervision must maintain a log which documents the frequency of supervision, observation, dialogue and discussion of techniques utilized, type of supervision (face-to-face or general) and dates of occurrence, and the number of hours worked by the OTA each month. It is the responsibility of the OTA/L under supervision to maintain a list of his/her supervising OT/L with the individual's name and license number.

Legally, no one except an OT or OTA can claim to be an OT or OTA delivering occupational therapy services. However, educational staff members may implement therapeutic activities based on the recommendations and instruction of the OT or OTA.

For additional information on supervision of an OTA, refer to Laws and Regulations Relating to Licensure as an Occupational Therapist http://www.bot.ky.gov/laws.htm .

Questions should be addressed to:

Kentucky Board of Licensure for Occupational Therapy
P.O. Box 1360
Frankfort, KY 40602
502-564-3296

**Qualifications of the Physical Therapist (PT)**

*Educational Requirements:* The PT must have an entry-level bachelors, masters, or doctoral degree in physical therapy from an accredited physical therapy program a Commission on Accreditation in Physical Therapy Education program (CAPTE). Currently all entry-level programs in Kentucky are at the master's degree level. All Kentucky entry level programs will be a doctoral degree by 2015.

*Licensure:* The PT must pass the physical therapy licensure examination and hold a current, active Kentucky license to practice as issued by the Kentucky Board of Physical Therapy. This license must be renewed every two years upon payment on or before March 31 of each uneven numbered year. The Board further mandates data evidence of required biennial continuing competencies of 30 hours of learning activities. HIV/AIDS training is required every 10 years.

A copy of *Laws and Regulations of Physical Therapy* may be found at http://pt.ky.gov.

Questions should be addressed to:

Kentucky State Board of Physical Therapy
312 Whittington Parkway, Suite 102
Louisville, Kentucky 40222
502-429-7140

**Qualifications of the Physical Therapist Assistant (PTA)**

*Educational Requirements:* The PTA must be a graduate of a two year college level education program from an approved and accredited CAPTE program.

*Licensure:* The PTA must pass the PTA licensure examination and hold a current Kentucky license to practice as issued by the Kentucky Board of Physical Therapy. This license must be renewed every two years, and the Board further mandates data evidence of required biennial continuing competencies of 20 hours of learning activities. HIV/AIDS training is required every 10 years. A graduate of an accredited PTA program may not practice until he/she obtains a license granted by the Kentucky Board of Physical Therapy.

*Supervision Requirements:* A PTA is permitted to perform physical therapy functions within his/her capabilities and training only under the supervision and direction of a PT. The PTA working in the educational environment provides services to assist the student in benefiting from their educational program by helping the student meet their educational goals. The scope of such functions excludes initial evaluation of students, initiation of new treatments, and alterations of the therapeutic plan. The PTA must refuse to carry out procedures that he/she believes are not in the best interest of the student or that he/she is not competent to provide by training or skill level. The first intervention session of the PTA must be made only after verbal or written communication with the PT following evaluation regarding the student's status and therapeutic plan. The PTA follows the plan of care designed by the PT.

Upon direction from the PT, the PTA may gather data relating to the student's disability, and relay this information to the PT for evaluation, but not determine the significance of the data as it pertains to the development of the plan of care. The PTA may refer to the PT inquiries that require an interpretation of student information related to rehabilitation potential. The PTA must comply with the plan of supervision established by the PT and

The PTA must communicate any change or lack of change which occurs in the student's condition, which may indicate the need for reassessment and discontinue physical therapy services if reassessments are not done in compliance with KAR 22:053 Section 4(3)((j)-2 of the Laws and Regulations of Physical Therapy. Documentation of the communication and supervised visits must be made in the student's records. The PT must reevaluate the therapeutic plan at least once every 90 days, with the PTA present.

Legally, no one except a PT and PTA can claim to be a PT or PTA delivering physical therapy services. However, educational staff members may implement student specific activities based on the recommendations and instruction of the PT or PTA.

For additional information on the supervision of a PTA, refer to *Laws and Regulations of Physical Therapy* found at http://pt.ky.gov.

Questions should be addressed to:

Kentucky State Board of Physical Therapy
312 Whittington Parkway, Suite 102
Louisville, Kentucky 40222
502-429-7140

**Qualifications of the Speech Language Pathologist (SLP)**

*Educational Requirements:* The SLP must have a Master's or Doctoral Degree in Speech-Language Pathology or Communication Disorders from a program accredited by the

Council of Academic Accreditation of the American Speech-Language-Hearing Association. The SLP must complete mandated postgraduate professional experiences, and pass the national PRAXIS examination.

*Licensure:* The SLP must hold a current Kentucky license to practice as issued by the Kentucky Board of Speech-Language Pathology and Audiology. This license must be renewed every two years, on or before January 31, and the Board further mandates evidence of a minimum of 30 hours of required biennial continuing education hours. 201 KAR 17:012

A speech language pathologist in a classified position who does not hold a teacher certification in communication disorders issued by the Education Professional Standards Board shall apply for and maintain appropriate licensure.

A speech language pathologist employed solely by the public schools in a certified position who holds a teacher certification in communication disorders issued by the Education Professional Standards Board shall be exempt from holding a license issued by the board. 16 KAR 2:050

*Temporary Permits:* A speech language pathologist may practice with a temporary license as long as he/she has met the requirements for licensure until the next board meeting. A temporary permit is valid for up to 180 days from issuance by the board. 201 KAR 17:014. New graduates may apply for an initial interim license with proper documentation. Part of the documentation includes a written plan for the postgraduate professional experience be included with the application for interim licensure within thirty (30) days after initiating the postgraduate professional experience. The applicant shall secure postgraduate professional experiences under a supervisor who is a speech language pathologist who holds a valid Kentucky speech language pathology license or Education Professional Standards Board Master's level certification as a teacher of exceptional children in the areas of speech and communication disorders. 201 KAR 17:011

A copy of *Laws and Regulations Relating to Licensure as a Speech Language Pathologist or Audiologist* may be found at http://slp.ky.gov

Questions should be addressed to:

Kentucky Board of Licensure for Speech-Language Pathology and Audiology
P.O. Box 136
Frankfort, KY 40602

**Qualifications of the Speech Language Pathologist Assistant (SLPA)**

*Educational Requirements:* A SLPA must have a baccalaureate degree in the area of speech-language pathology or communication disorders as defined by administrative regulation. Postgraduate professional experience shall be completed under the supervision of a qualified supervisor.

*Licensure:* The SLPA must possess a current, active licensure by the Kentucky Board of Licensure for Speech-Language Pathology and Audiology. This license must be renewed biennially, on or before January 31, with payment of a renewal fee and evidence of the

required 30 continuing education hours. (201 KAR 17:034) The temporary permit process for a SLPA follows the same format as that of a SLP applicant. 201 KAR 17:025

*Temporary Permits:* A speech-language pathologist assistant may practice with a temporary license as long as he/she has met the requirements for licensure until the next board meeting. A temporary permit is valid for up to 180 days from issuance by the board. 201 KAR 17:012

*Supervision Requirements:* A SLPA assists in the practice of speech-language pathology only under the supervision and direction of an appropriately qualified supervisor and only within the public school system in the Commonwealth. Any speech pathology services provided without appropriate supervision or outside the public school system shall be deemed to be the unlicensed practice of speech pathology and shall subject the offending party to penalties established pursuant to KRS 334A.990.

Each speech-language pathology assistant shall be required to have direct supervision in accordance with their years of experience as defined in KRS 334A.033. This ensures that the supervisor shall have direct contact time with the speech-language pathology assistant as well as with the pupil. The SLPA shall be required to have indirect supervision in accordance with their years of experience as defined in KRS 334A.033. This shall take the form of demonstration, record review, review of recorded sessions, or supervisory conferences via telephone. Additional supervision may be provided based on the experience of the SLPA and/or the needs of the students. Supervision shall be documented on a weekly basis. A supervising SLP must not be listed as the supervisor of record for more than two SLPAs, in accordance with KRS 334A.033(1)(c). If multiple supervisors are used, each SLP must be responsible for that portion of the caseload. 201 KAR 17:027

The maximum number of students served by the SLPA may not exceed the caseload established for the supervising SLP by administrative regulation.

Legally, no one except a SLP and SLPA can claim to be a SLP or SLPA delivering speech/language therapy services. However, educational staff members may implement student specific activities based on the recommendations and instruction of the SLP or SLPA.

For additional information on supervision of a SLPA, refer to Laws and Regulations Relating to Licensure as a Speech-Language Pathology and Audiology at http://slp.ky.gov/

Questions should be addressed to:

Division of Occupations and Professions
911 Leawood Drive
Frankfort, Kentucky 40601