

Ventura County SELPA  
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[www.vcselpa.org](http://www.vcselpa.org)

# OCCUPATIONAL AND PHYSICAL THERAPY IN THE SCHOOLS

-GUIDELINES FOR SERVICES



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**2016**

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The 2016 version includes new information from “Guidelines for Occupational and Physical Therapy in California Public Schools” second edition, (2012), Calif. Dept. of Education (available at [calstat.org](http://calstat.org))

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## Table of Contents

<b>Introduction.....</b>	<b>1</b>
<b>Legal.....</b>	<b>2</b>
– Legal references	
– Key concepts from California Education Code	
– Qualifications of OTs, COTAs, PTs, and PTAs	
<b>Educationally-Based OT and PT.....</b>	<b>8</b>
– Overview	
– OTs- areas of expertise and examples in the schools	
– PTs- areas of expertise and examples in the schools	
– Functions of OTs and PTs in the school setting	
– The Difference Between Medically and Educationally Necessary Therapy	
– Similarities and Differences Between Adapted PE, (APE), OT and PT	
– Information Sheet for Families	
<b>Pre-Referral, Referral, Consultation.....</b>	<b>23</b>
– Overview	
– Pre-Referral	
– OT Observations – To General Classroom Education Teacher on Instructional Strategies	
– Referral for Special Education Assessment	
– Referral Flowchart	
– OT Referral Checklist	
– PT Referral Checklist	
– Memo re: SELPA PT Referrals	
– Consultation	
– OT Consultation Request Form	
– PT Consultation Request Form	
– OT Consultation Form	
– PT Consultation Form	
<b>Assessment.....</b>	<b>40</b>
– Overview	
– Assessment Plan for Special Education	
– Consent for Evaluation for 504 Eligibility	
– Assessment Tools and Materials	
– Evaluation for Initial Eligibility	
– Assessment Procedures	
– Students with Mental Health Needs	
– Students with Feeding Needs	
– The MOVE Program	
– OT Evaluations	
– OT Data Collection Tool	
– PT Evaluations	
– PT Data Collection Tool	
– Assessment Questions for OTs and PTs	

- OT School Performance Checklists:
  - Mild/Moderate Disabilities
  - Moderate/Severe Disabilities
- Assessment Report Guidelines
- Specialist Input to Multidisciplinary Psychoeducational Report Template
- OT Assessment Report Template
- PT Assessment Report Template
- Triennial/Reevaluation
- Worksheet for Determination of Needed Assessment for Triennial Review
- Documentation of District and Parent/Adult Student Decision about Assessment Needed for Triennial/Reevaluation
- Summary of Record Review in Preparation for Triennial Review
- Checklist for Reassessment Prior to Transition to Kindergarten
- Independent Educational Evaluations

## **IEP.....72**

- Overview
- Individualized Educational Program
- Goals (and Objectives)
- Sample “accuracies” and “consistencies” for goals
- Sample Goals (and Objectives) pages
- Accommodations and Modifications
- Sample Accommodations and Modifications page for school-aged
- Classroom accommodations menus
- Sample Strategies and Adaptations page for preschool
- Preschool strategies and adaptations menus
- Need for OT and PT as a Related Service
- Issues to consider
- Sample Student Information and Services page with OT and PT

## **Service Delivery.....90**

- Overview
- Treatment
- Treatment Approaches
- Home/Hospital Treatment
- Changes in Provision of Services
- Physician request for weight-bearing status

## **Documentation and Progress Reports.....96**

- Overview
- OT Therapy Record
- PT Notes
- Educational Progress Reports sample

## **COTAs and PTAs.....104**

- Overview
- Typical Duties

- Supervision:
  - COTAs
  - PTAs
  - Monthly OT/PT Supervision Log
- Expectations for COTAs and PTAs by Experience Level

## **Equipment and Supplies.....110**

- Overview
- Equipment shed
- Low Incidence Funds
- Equipment on the IEP

## **California Children Services (CCS).....112**

- Overview
- Medical Services Program
- Medical Therapy Unit (MTU) Program & eligibility
- Referral to MTU Program
- Collaboration with CCS
- Equipment
- Attachments:
  1. Att. 1
  2. Att. 2
  3. Att. 3
  4. Att. 4
  5. Att. 5

## **Early Start (0-36 months).....128**

- Overview
- Dual Agency Review Team- DART
- Eligibility
- “Dually Served”
- Service Coordination
- Evaluation and Assessment
- Natural Environments and Family-Centered Care
- Individualized Family Service Plan (IFSP)
- Timelines and Reviews
- Early Start Services
- Transition from Early Intervention Services
- Attachments:
  1. Intra-SELPA Chart 0-3
  2. Early Start Inquiry
  3. Eligibility and Statement of Eligibility Form
  4. Checklist for SLI- Orthopedic Impairment
  5. Assessment Overview
  6. Assessment Report Template
  7. IFSP- sample
  8. Early Start Services

<b>Transition to Adult.....</b>	<b>151</b>
– Overview	
– OT and PT Participation in the Transition Process	
– IEP Pages	
– Transition Agencies	
– The Post-School Environment	
– Conclusion	
– Sample Transition Pages	
<b>Managing Your Workload.....</b>	<b>157</b>
– Overview	
– Direct Services	
– Consultation/Collaboration	
– Scheduling	
– Sample Workload Allocation Form	
<b>LEA Medi-Cal.....</b>	<b>161</b>
<b>Coaching and Mentoring.....</b>	<b>164</b>
– Interns	
– Field work students	
– New staff	
<b>Glossary.....</b>	<b>168</b>
<b>Frequently Asked Questions.....</b>	<b>176</b>
<b>References .....</b>	<b>181</b>

## Introduction

The purpose of Occupational Therapy (OT) and Physical Therapy (PT) in the public school setting is to support positive educational outcomes for special education students. OT & PT, two distinct and unique professions, work with the educational team to support a student's ability to gain access to the general education curriculum, meet core curriculum standards, make adequate yearly progress, participate in postsecondary education, and become functional independent citizens upon graduation, to the best of their abilities.

In school-based practice, both OTs and PTs view disability in terms of the ways in which a student is faced with activity limitations and participation restrictions, instead of a focus on projected limitations of a singular diagnosis, disease, or disorder.

The delivery of OT and PT in the school setting embraces the importance of curriculum, evidenced-based practices, team collaboration and ongoing as well as future postsecondary outcomes, in alignment with federal education laws the Individuals with Disabilities Education Act (IDEA) 2004, and No Child Left Behind (NCLB 2002) [(reauthorized in 2015 as the Every Student Succeeds Act (ESSA)], OT and PT in the schools are also relevant to the Rehabilitation Act of 1973, Section 504 (and 1992 amendments). OTs and PTs, as members of the educational team, work in a community of practice collaboratively with families, local and state departments, and community agencies to help students be successful in school.

*The purpose of this handbook is to provide guidance to OTs and PTs, as well as families and other educational staff for the provision of therapy in the schools.*

To help you navigate this book:

<p>Pages specific to OTs will be in yellow.</p> <p>Pages specific to PTs will be in lavender.</p> <p>General pages will be in white.</p>
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# Legal





## Legal references governing OT & PT in the schools

OT and PT in the educational system are mandated in federal and state laws, regulations, and policies.

The three key **federal** statutes affecting public education, including special education and the provision of OT and PT, are:

- Individuals with Disabilities Education Act of 2004 (IDEA),
- No Child Left Behind Act of 2001 (NCLB), [reauthorized as the Every Child Succeeds Act (ESSA) of 2015]
- Rehabilitation Act of 1973, Section 504 (29 USC § 794), and 1992 amendments (Americans with Disabilities Act –ADA).

The ESSA and the IDEA work hand in hand to improve educational standards for all children. Section 504 is a civil rights statute, which was expanded by the American Disabilities Act, that prohibits discrimination on the basis of disability. The mission of Section 504/ADA includes making America accessible to individuals with disabilities so that they do not suffer discrimination from lack of access to a public education.

The key **state** statutes informing the practice of educationally-based OT & PT are the:

- California Education Code- Part 30- Special Education Programs
- California Code of Regulations (CCR)- Title 5 Education

See “Key Concepts” from Education Code next page.

## Definitions

OT-

Under IDEA regulations, Title 34, Code of Federal Regulation, Section 300.34(c)(6) defines “occupational therapy” as “services provided by a qualified occupational therapist; and includes (a) improving, developing, or restoring functions impaired or lost through illness, injury, or deprivation; (b) improving ability to perform tasks for independent functioning if functions are impaired or lost; and (c) preventing, through early intervention, initial or further impairment or loss of function.”

PT-

Under IDEA regulations, Title 34 of the Code of Federal Regulations, Section 33.34(c)(9) states, “physical therapy means services provided by a qualified physical therapist.”

## Key Concepts about “Related Services” in *California Education Code*

Education Code	Description of the Regulations
<b>Timelines</b> Sections 56043(c)(f); 56302.1; 56344	For an <b>initial</b> assessment, the district has up to 60 days from the receipt of the parent’s consent to complete the assessment and convene the IEP team to determine eligibility and the student’s educational needs. If the student is eligible, the school district has another 30 days to hold a second IEP team meeting and develop an IEP (EC 56043(f)(2), 56344(a).) The 60-day period may be extended for school breaks over five days, but the 30 days may not. For reassessment, only the 60-day timeline applies.
<b>Triennial assessment</b> Sections 56043(k); 56381(a)(2)	A student may not require triennial testing if the parent and school district agree that no assessment is necessary or agree that continuing eligibility and educational needs can be determined without additional assessment
<b>Transition IEP</b> Sections 56043(e)(g)(h); 56341.5(e); 56345(a)(8); 56345.1	Transition IEP is now required when a child turns sixteen and must include measurable postsecondary goals.
<b>Screening to provide instructional strategies</b> Section 56321(f)(g)	Parental consent is not required before reviewing existing data or before administering a test or other assessment that is administered to all children. Screening by a teacher or specialist to determine the appropriate instructional strategies for curriculum implementation is not considered to be an assessment for eligibility for special education and related services.
<b>Response to Intervention (RtI2)</b> Sections 56337; 56329(a)(2)	Aligns state law with federal law allowing consideration of a child’s response to intervention as part of the assessment process as to whether or not a child may be a child with a specific learning disability. Eligibility may <b>not</b> be based upon lack of appropriate instruction.
<b>IEP team meeting attendance requirements</b> Sections 56341, 56341.1	An IEP team member may be excused from attending an IEP team meeting if the member’s curriculum area is not a subject of discussion at the IEP meeting or if the IEP team member provides written input. Both of these provisions are contingent upon written parental consent.
<b>Short-term objective or Benchmark requirements</b> Section 56345(a)	Only IEPs for students with more severe disabilities who take alternate assessments aligned to alternate achievement standards are required to contain short-term objectives or benchmarks.
<b>Statute of limitations</b> Section 56505(l)(n)	Aligns state with federal law outlining that the statute of limitations for a due process complaint is now two years.
<b>Resolution</b> Section 56501.5	Aligns state with federal law requiring an attempt at resolution prior to a due process complaint proceeding.
<b>DIS versus related services</b> Section 56363(a)	Prior state law provided that designated instructional services (DIS) were services to assist a student to benefit from his/her “instructional program.” OT and PT were considered DIS services. Currently, the state law provides that OT and PT services are now termed “related services,” which are those services necessary for a student to benefit from his/her “special education,” clarifying that a student must be receiving special education to receive such services under IDEA. The state law is now consistent with federal law.
<b>Provision for IEP changes without a meeting</b> Section 56380.1	A school district and parent may agree to change an IEP by written document without reconvening the team once the annual IEP is developed.

## **Occupational Therapist-**

Occupational therapists must possess the educational background and a license to practice OT in California.

- **Educational Requirements**

Beginning in 2007, the minimum educational requirement to become an OT is a master's degree in OT from an accredited program verified by the Accreditation Council for Occupational Therapy Education (ACOTE). OTs who entered educational programs prior to 2007 may practice with a bachelor's degree.

Included in the OT's education are courses in human anatomy and physiology, human development across the life span, kinesiology, neurology, medical diagnoses, physical disabilities, mental health, and activity and skills analysis. Course work includes biometry, qualitative and quantitative analysis, and occupational science.

OTs study the occupation, habits, routines, engagement and participation of children and adults in the context of daily living throughout the life span. An OT must successfully complete appropriate clinical fieldwork requirements (usually six to nine months) as required by the educational program.

Advanced training programs are also available to OTs in specialized practice areas (e.g., sensory integration, school-based practice, assistive technology, social skills, feeding, etc.).

- **Licensure Requirements**

Currently, OTs must have graduated from an accredited institution to be licensed to practice OT in the state of California. They are required to pass the National Board for Certification in Occupational Therapy (NBCOT) examination and obtain a license in California through the California Board of Occupational Therapy. OTs must earn the minimum professional development units and meet professional and ethical standards to maintain licensure (BPC §§ 2570-2570.32).

## **Certified Occupational Therapy Assistant-**

Certified OT Assistants (COTAs) provide OT, under the supervision of a licensed OT, to the student within the regulations and scope of practice as determined by the California Board of Occupational Therapy (BPC § 2570.2(h)).

- **Educational Requirements**

COTA candidates must graduate from an accredited OT educational program at the associate or technical degree level. A COTA must satisfy the appropriate clinical fieldwork requirement (usually six to nine months) as required by the education program.

- **Certification**

A COTA must apply for and attain a passing score on a national certification examination and obtain a certification through the California Board of Occupational Therapy. Minimum continuing education units and maintenance of professional and ethical standards are required to maintain certification (BPC § 2570.3(a)).

### **Physical Therapist-**

A physical therapist must possess the educational background and a license to practice in California.

- **Educational Requirements**

Beginning in 2002, the minimum educational requirement to become a PT is a master's degree from an accredited program verified by the Council for Accreditation in Physical Therapy Education (CAPTE). PTs who entered educational programs prior to 2002 may practice with a bachelor's degree or professional certificate.

PTs are health professionals with specific training in kinesiology, human development, and the remediation of posture and movement dysfunction. Included in the PT's education are courses in human anatomy and physiology, physical pathophysiology, joint and whole-body kinesiology, gait and posture analysis, human development, (especially gross motor development and physical growth), motor control and motor learning, physical treatment modalities, and cardiopulmonary, orthopedic, and neurological rehabilitation.

Advanced training and/or certification programs are also available to PTs in specialized practice areas. In addition, advanced training and postgraduate certification is available for various specialized areas (e.g., pediatrics, orthopedics, geriatrics, sports, etc.).

- **Licensure Requirements**

Currently, to be licensed to practice PT in the state of California, individuals must have graduated from an accredited institution and passed national and state licensure examinations. Minimum continuing education units and maintenance of professional and ethical standards are required to maintain licensure (BPC §§ 2650–2655.93).

### **Physical Therapist Assistant-**

Physical Therapist Assistants (PTAs) provide PT under the supervision of a licensed PT to the student within the regulations and scope of practice as determined by the Physical Therapy Board of California (BPC §2655(b)). Chapter 2. Definitions, Qualifications, and Functions of Occupational Therapists and Physical Therapists in Public Schools."

- **Educational Requirements**

PTA candidates must graduate from an accredited PT assistant education program approved by the Board or have training or experience or a combination of training and experience that, in the opinion of the Board, is equivalent to that obtained in an approved PT assistant education program (BPC § 2655.9).

- **Licensure Requirements**

A PTA must apply for and attain a passing score on a national examination and state license examination and obtain a license through the California Physical Therapy Board. Minimum continuing education units and maintenance of professional and ethical standards are required to maintain licensure (BPC § 2655(b)).

# Educationally Based OT & PT



## Overview of OT & PT in The Schools

In school-based practice, OTs and PTs support a child's ability to gain access to and make progress in the school curriculum. OT's purpose in a school setting is to support a student's engagement and participation in daily occupations, which include activities of daily living, education, prevocational work, play, rest, leisure, and social participation (American Occupational Therapy Association 2008). PT's purpose is to correct, facilitate, or adapt the child's functional performance in motor control and coordination, posture and balance, functional mobility, accessibility, and use of assistive devices (see <http://www.apta.org>). OTs and PTs have unique roles in the educational setting in working both on remediation (e.g., improving sensory and motor foundations of learning and behavior) and compensation (e.g., modifying the environment, tools, or task) to help a child succeed in the school environment.

A student might benefit from OT or PT if s/he is having significant difficulties in classroom performance as impacted by curriculum, educational environment, and abilities. However, simply having needs in the areas of sensory or motor skills does not mean a student requires therapy. All Special Education teachers can assess and assist students who have special needs in sensory or motor skills. Most Special Education students with needs in these areas can and should be served by their teachers or other district support staff.

There are a few students whose needs are so significant and unique that the child's Special Education teacher cannot address their needs without support. These students may need the services of an OT or PT. Neither state nor federal law sets aside distinct eligibility criteria for educationally-based OT and PT services.

In order to receive therapy, a student must first be eligible for Special Education or qualify under Section 504/ADA. All the requirements for eligibility must be met. Within this framework, both the American Occupational Therapy Association and federal legislation focus on "improvement of functioning" and not serving goals beyond the capacities of the individual.

Once a student has been found to be eligible for Special Education or under Section 504/ADA, a listing of all his/her needs which cannot be met by the regular school program must be made. These become the Special Education needs. Needs in the areas of sensory-motor skills, special physical adaptations, or similar areas that are interfering with the student's educational performance and which cannot be met by the regular or Special Education teacher or other specialist may require OT or PT involvement.

# OT

Areas of Expertise* and Relationships to Educational Programs		
	Components	Relationship to educational program goals
<b>Postural stability</b>	Muscle tone, muscle strength and endurance; balance reflex integration; quality of movement; coordination; proximal joint and trunk stability.	Student will maintain functional body positions during daily school activities, keep pace with peers, participate in activities for the duration of the school day, and participate in playground and P.E. activities.
<b>Sensory registration and processing</b>	Registration and discrimination of touch and texture; pressure, movement and position in space (vestibular); body movements and positions (proprioception); visual input; auditory input; taste; smell; directionality; visual spatial relationships; sensory modulation.	Student will maintain self-regulation during school activities or when transitioning between activities; engage in movement exploration during playground and P.E. activities; tolerate contact with a variety of textured foods, clothing, or school materials; tolerate closeness, touch, and physical direction from others; locate, toys or school materials in classroom or desk by touch and copy assignments from blackboard.
<b>Motor planning</b>	Ability to imitate body position; integrate both sides of body; sequence movements; create/assemble object parts to whole; plan and execute drawings/designs; act upon verbal commands; control and coordinate oral movements.	Student will learn new motor acts within a reasonable time frame; perform motor tasks to the best of his/her ability on verbal request or physical demonstration; navigate and locate commonly used areas within the classroom and campus efficiently and safely; bite, chew and swallow food safely; and communicate in some manner.
<b>Fine motor</b>	Strength; coordination; prehension/grip; skill, precision and dexterity; eye/hand coordination; shoulder/wrist stability; coordination of two body sides; hand dominance; and tool use.	Student will adequately manipulate a variety of age-appropriate materials, tools, and toys (e.g., blocks, crayons, scissors, keyboard); hold his/her materials steady as he works (e.g., stabilize paper, puzzle, jar, Legos); demonstrate hand dominance by age 6; write legibly; and access and operate vending machines.
<b>Activities of daily living</b>	Performance of daily living skills (feeding, dressing, toileting, play, and schoolwork); motor planning abilities for sequencing of self-help tasks; individual problem solving/decision making.	Student will manage daily self-care activities, such as dressing, feeding, toileting, playing, and doing school work; manage clothing fasteners, eating utensils, and other self-help devices; and access and purchase items for personal use.
<b>Environmental adaptations/ Assistive devices</b>	Classroom/environmental modifications; adapted materials and/or teaching strategies; selection of appropriate equipment and/or positioning to facilitate postural control and independence in daily living activities; and recommendations regarding environmental barriers.	Student will use modifications in environment to enhance learning; participate in a greater number of activities and be able to accomplish tasks; and utilize devices designed to compensate for lack of skills or to teach skills.
<b>Social play/ Organization of behavior</b>	Ability to sustain eye contact, listen to others, initiate and sustain communication with peers and adults, and identify own interests and goals; make decisions regarding use of time, engage in cooperative relationships, seek assistance, and comply with requests from peers and adults; accept winning and losing, maintain personal space, respond to limits, and respond to requests to transition.	Student will share attention and materials with peers in and out of classroom; ask for help when needed; respond to social demands of setting; settle disputes without aggression; engage in age-appropriate play and leisure behavior; work cooperatively with peers in play and games; and accept winning and losing in games.
<b>Collaboration/Cooperation within the areas of:</b> <ul style="list-style-type: none"> <li>• Social communication skills</li> <li>• Academic and readiness skills</li> <li>• Vocational skills and school to work</li> <li>• Community-based instruction</li> <li>• Functional mobility</li> </ul>		*Some OT areas of expertise are shared with other professionals. (for example, several components of fine motor control, such as hand-eye coordination, are shared with the classroom teacher.) Collaboration with instructional staff and related service providers is emphasized with all areas.



## Examples of OT in the Educational Setting

Possible concerns related to curriculum and participation in the educational context	Examples of participation goals and outcomes related to the child's needs within the educational context	Examples of body functions and structures and performance skills and/or environmental modifications
<b>Completion of written work and organization of materials in the classroom</b>	<p>Use classroom tools appropriately (scissors, pencils, crayons, keyboard).</p> <p>Hold materials steadily when working (stabilize paper, stabilize containers for opening)</p> <p>Follow classroom routines.</p> <p>Tolerate sensory demands of the educational environment.</p> <p>Attend to classroom instruction.</p> <p>Organize personal belongings.</p> <p>Find required materials.</p> <p>Complete activities with multiple steps.</p> <p>Copy letters, numbers, and shapes accurately.</p> <p>Identify letters, numbers, and shapes accurately.</p> <p>Write in assigned spaces and on the writing line.</p> <p>Identify single letter/word from a field of many.</p>	<p>Strength</p> <p>Grasp/prehension</p> <p>Skills, precision, and dexterity</p> <p>Hand dominance</p> <p>Bilateral coordination</p> <p>Eye-hand coordination</p> <p>Postural stability</p> <p>Sensory modulation and sensory perception (e.g., tactile, visual, proprioceptive, vestibular, etc.)</p> <p>Ability to motor plan sequenced steps of activity</p> <p>Ocular control</p> <p>Visual motor integration</p>
<b>Participation in leisure and playground activities</b>	<p>Maintain required body movements and activities for the required amount of time without difficulty.</p> <p>Share materials with peers.</p> <p>Learn new motor tasks within a reasonable time frame (such as games in PE/recess).</p> <p>Perform playground activities with sufficient skill.</p> <p>Navigate the school environment efficiently and safely.</p> <p>Learn new motor tasks and perform motor tasks required by the child's daily routines.</p> <p>Engage peers cooperatively in class, play, and games.</p> <p>Follow rules, such as taking turns.</p> <p>Win and lose games graciously.</p> <p>Identify own interests and goals.</p> <p>Comply with requests from peers and adults.</p> <p>Engage in sports, games, hobbies, or other structured activities.</p>	<p>Strength and endurance</p> <p>Balance</p> <p>Bilateral coordination</p> <p>Eye-hand coordination</p> <p>Quality of movement</p> <p>Proximal joint and trunk stability</p> <p>Imitation of body positions</p> <p>Sensory modulation and sensory perception (e.g., tactile, visual, proprioceptive, vestibular, etc.)</p> <p>Ability to act upon verbal commands and/or sequence movements</p> <p>Ability to initiate, organize, and execute motor plans</p> <p>Ability to engage in cooperative relationships</p> <p>Maintenance of personal space</p> <p>Ability to transition</p>
<b>Self-care activities during the school day</b>	<p>Manage clothing and clothing fasteners for activities, such as toileting.</p> <p>Feed self with appropriate utensils, including opening food containers.</p> <p>Self-help skills, such as washing hands, using the drinking fountain, etc.</p>	<p>Postural stability</p> <p>Fine motor manipulation</p> <p>Sensory modulation and sensory perception (e.g. tactile, visual, proprioceptive, vestibular, etc.)</p> <p>Motor planning and coordination</p> <p>Visual-motor and visual perceptual abilities</p> <p>Ability to analyze, organize, and complete self-help task (motor plan)</p>

Possible concerns related to curriculum and participation in the educational context	Examples of participation goals and outcomes related to the child's needs within the educational context	Examples of body functions and structures and performance skills and/or environmental modifications
<b>Prevocational skills and secondary transition</b>	<p>Maintain attention/stable emotional state during school activities and during transitions between activities.</p> <p>Identify situations that may cause stress and utilize strategies to minimize environmental stressors.</p> <p>Ask for help when needed.</p> <p>Use communication devices (e.g., telephone, computer, communication boards).</p> <p>Engage in community mobility when appropriate.</p> <p>Develop understanding of basic safety precautions.</p> <p>Participates in leisure activities individually or socially.</p> <p>Freely get access to and participate in all campus activities.</p> <p>Gain access to community transportation system.</p> <p>Navigate the entire campus safely.</p> <p>Use map to navigate school grounds.</p> <p>Use map to navigate unfamiliar community locations.</p>	<p>Sensory modulation and sensory perception (e.g., tactile, visual, proprioceptive, vestibular, etc.)</p> <p>Postural stability</p> <p>Fine motor manipulation</p> <p>Motor planning and coordination</p> <p>Visual-motor and visual perceptual abilities</p> <p>Motor planning/praxis</p> <p>Self-regulation</p> <p>Ability to analyze, organize, and complete tasks</p> <p>Self-determination</p>

<b>Areas of Expertise* and Relationships to Educational Programs</b>		
	<b>Components</b>	<b>Relationship to educational program goals</b>
<b>Motor control/ Sensorimotor coordination</b>	Sensory motor foundations Quality of Movement Gross motor skills Movement patterns Body Mechanics Motor planning Strength and stability Joint mobility Cardiopulmonary endurance	Student will: Participate in School activities and interact with peers for the duration of the school day. Keep pace with peers. Gain new motor skills within a reasonable time frame. Improve speed and accuracy of motor skills. Make appropriate motor responses to campus, classroom and community situations.
<b>Posture/Balance</b>	Muscle tone Reflex integration Balance responses Positioning Tolerance for Positioning and movement Proximal joint and trunk stability Joint and whole body postural analysis	Student will: Maintain functional positions for educational activities. Respond to balance demands when occupied with school activities.
<b>Activities of daily living/Functional mobility</b>	Ease and freedom of joint movements Locomotion Wheelchair mobility General strength and coordination needed for activities of daily living	Student will: Manage personal needs with minimal need for assistance. Manipulate classroom materials, tools, toys, utensils, and assistive devices. Attain freedom of movement for instructional and social activities with minimal need for assistance. Be able to mobilize within school setting with minimal need for assistance.
<b>Accessibility</b>	Classroom/campus modifications and accommodations Adaptive instructional strategies Recommendations regarding architectural barriers Recommendations regarding student-owned equipment	Student will: Have access to the same instructional materials and areas as nondisabled peers. Freely access and participate in all campus activities. Access community transportation system.
<b>Environmental adaptations/ Assistive devices</b>	Functional positioning for use of device Selection of appropriate device or equipment for fine motor tasks Postural control, and locomotion	Student will: Be provided with options and alternatives to participate in activities and accomplish tasks. Successfully use devices that are designed to teach skills. Utilize devices that are required to compensate for lack of skills.
<b>Collaboration/Cooperation within the areas of:</b> <ul style="list-style-type: none"> <li>• Communication skills</li> <li>• Vocational skills and school to work</li> <li>• Community-based instruction</li> <li>• Physical fitness</li> <li>• Gross/fine motor skills</li> </ul>		*Some PT areas of expertise are shared with other professionals. (for example, several components of gross motor control, and coordination are shared with adapted P.E. and classroom teachers.) Collaboration with instructional staff and related services providers is emphasized with all areas of expertise.

## Examples of PT in the Educational Setting

Possible concerns related to curriculum and participation in the educational context	Examples of activities, goals, and outcomes related to the child's needs within the educational context	Examples of body functions and structures and performance skills and/or environmental modifications
<b>Participation in classroom, educational and/or academic activities</b>	<p>Sits with good posture for designated time periods in classroom environments.</p> <p>Transfers to/from chair and floor.</p> <p>Navigates classroom with functional mobility.</p> <p>Opens/closes classroom door.</p> <p>Maintains functional/dynamic postures for educational activities.</p> <p>Responds to balance demands in classroom.</p> <p>Utilizes effective manipulation and reaching skills.</p> <p>Has access to the same instructional materials and areas as nondisabled peers.</p>	<p>Balance</p> <p>Environmental barriers</p> <p>Ergonomics and body mechanics</p> <p>Motor function</p> <p>Muscle performance (strength, power, force, etc.)</p> <p>Neuromuscular development</p> <p>Orthotic, protective, and supportive devices</p> <p>Posture</p> <p>Postural stability and control</p> <p>Sensory integrity (proprioception and kinesthesia)</p>
<b>Functional mobility in the classroom and on campus</b>	<p>Walk or use alternative method of mobility.</p> <p>Walk on ramps, grass, sand mats, and curbs.</p> <p>Make the transition between varied surfaces.</p> <p>Ascend/descend school stairs or bus steps.</p> <p>Enjoy mobility around campus.</p> <p>Climb in/out of a car or bus seat.</p> <p>Develop understanding of basic safety precautions.</p> <p>Maintain endurance during required tasks.</p> <p>Perform classroom chores that require mobility.</p> <p>Lift and carry objects.</p> <p>Use different types of equipment required by the work/school environment.</p> <p>Show speed and accuracy of new motor skills</p> <p>Manipulate classroom/work materials, tools, utensils, and assistive devices.</p> <p>Navigate/mobilize to access work location.</p> <p>Manage shopping materials (push cart, carry bags, obtain items).</p> <p>Engage in community mobility.</p>	<p>Aerobic capacity</p> <p>Balance</p> <p>Body mechanics</p> <p>Efficiency of movement</p> <p>Endurance</p> <p>Environmental barriers</p> <p>Ergonomics and body mechanics</p> <p>Gait</p> <p>Joint integrity</p> <p>Locomotion</p> <p>Mobility</p> <p>Motor function</p> <p>Muscle performance (strength, power, force, etc.)</p> <p>Nerve and reflex integration</p> <p>Pain</p> <p>Postural stability and control</p> <p>Range of motion</p> <p>Sensory integrity (proprioception and kinesthesia)</p> <p>Strength</p>
<b>Leisure and recreational activities, including playground environments</b>	<p>Get access to playground structures (steps, slide, ladders).</p> <p>Get access to swings (on/off, balance, pumps, gains momentum).</p> <p>Ride tricycle (on/off, pushes with feet, pedals, steers).</p> <p>Run, jump, hop, and gallop.</p> <p>Throw, catch, and kick ball.</p> <p>Use a variety of ball skills (throw, bounce, dribble, toss/catch).</p> <p>Imitate simple to complex motor movements (dance).</p> <p>Engage in sports, games, hobbies, or other</p>	<p>Aerobic capacity</p> <p>Balance</p> <p>Endurance</p> <p>Environmental barriers</p> <p>Gait</p> <p>Joint integrity</p> <p>Locomotion</p> <p>Mobility</p> <p>Motor function</p> <p>Muscle performance (strength, power, force, etc.)</p> <p>Pain</p> <p>Range of motion</p>

Possible concerns related to curriculum and participation in the educational context	Examples of activities, goals, and outcomes related to the child's needs within the educational context	Examples of body functions and structures and performance skills and/or environmental modifications
	structured activities. Participate in individual or social leisure activities.	Sensory integrity (including proprioception and kinesthesia)
<b>Self-care activities during the school day</b>	Transfer on/off toilet. Mobilize around restroom and sink for hygiene activities. Mobilize while carrying items (meal tray, book, backpack). Mobility skills for mealtime preparation and/or eating Mobility skills for dressing and grooming activities Manage personal orthotic devices, equipment, or supportive device(s)	Balance Endurance Gait Locomotion Motor function Muscle performance (strength, power, force, etc.) Pain Postural stability and control Sensory integrity (including proprioception and kinesthesia)

## Functions of OTs & PTs in the School Setting

Process	Functions of the School Occupational and Physical Therapist
<b>1. Pre-referral services and supports as part of general</b>	<ul style="list-style-type: none"> <li>• Assist in the identification and provision of appropriate pre-referral services to support a child's learning and behavior in the general education environment.</li> <li>• Assist with the development and delivery of in-service training or team teaching school wide or classroom-wide programs, curricula, or environmental modifications as by attending a pre-referral meeting consisting of general education staff and any other professional(s) who may be able to offer suggestions for overcoming difficulties.</li> <li>• May screen an individual child to identify appropriate curriculum, instructional strategies, or classroom accommodations.</li> <li>• Collaborate with other professional(s) to provide assessment(s) and services.</li> <li>• May provide early intervening services (EIS) for selected populations or individual children in order to determine if a child may improve without the need to refer for special education assessment.</li> <li>• Participate in progress monitoring; assists in gathering and analysis of pre- and post-early intervening data for RtI<sup>2</sup> strategies.</li> <li>• May assist in determining effectiveness of EIS and the need for a referral for special education if not successful. Data collected regarding specific interventions and response are then used as part of the special education assessment.</li> </ul>
<b>2. 504 referral and services as part of general education</b>	<ul style="list-style-type: none"> <li>• May assist in determining child eligibility, identification of services and development of the 504 Plan in order to provide for appropriate education services designed to meet the needs of children with disability to the same extent as for children without disabilities.</li> <li>• May provide OT and PT as part of the 504 Plan.</li> <li>• Conduct re-evaluations periodically as specified on the 504 Plan or when there is a significant change of placement or services.</li> </ul>
<b>3. Special education referral and request for assessment</b>	<ul style="list-style-type: none"> <li>• May participate in the special education referral process for a child with suspected disabilities.</li> <li>• Assist in the development of the educational agency's OT and PT assessment request process and written procedures.</li> <li>• Facilitate the assessment request process for OT or PT services with general education, special education, and early intervention staff.</li> </ul>
<b>4. Special education assessment</b>	<ul style="list-style-type: none"> <li>• Complete the educationally related or early intervention OT or PT assessment, which includes child observation, record review, interview, performance-based, and standardized/non-standardized testing procedures in areas of suspected disability according to specified timelines.</li> <li>• Evaluate the child within educational setting assessing strengths as well as what may be interfering with learning and participation in the context of his or her curricular activities, routines, and environments.</li> <li>• Evaluate the child as requested by the IEP or IFSP team.</li> <li>• Consider parental concerns.</li> <li>• Consider the effect of cultural differences and language differences.</li> <li>• Consider the effect of existing special education supports and services (including strategies already utilized to improve performance).</li> <li>• Identify barriers to learning, participation, and independent functioning.</li> <li>• Assist the IEP team in identifying children with low-incidence disabilities and whether specialized equipment, materials, and services are required.</li> <li>• Assist in the evaluation of assistive technology needs and the functional impact of using a recommended device in the child's customary environment.</li> <li>• Consider future needs of the older child, including further education, employment and independent living skills.</li> <li>• Write the assessment report</li> </ul>

Process	Functions of the School Occupational and Physical Therapist
<b>5. IEP planning</b>	<ul style="list-style-type: none"> <li>• Review the OT or PT assessment findings at the IEP meeting.</li> <li>• Assist in the identification of a child's present levels of educational, developmental, and functional performance abilities and needs.</li> <li>• Interpret report and link how the OT and PT findings relate to a child's performance in behavior and developmental or functional abilities.</li> <li>• Develop long-term and short-term goals and objectives at the IEP meeting.</li> <li>• Assist the IEP team in considering assistive technology needs of the child.</li> <li>• Coordinate the implementation of goals within the team to provide integrated services.</li> <li>• Collaborate with IEP team to develop goals/objectives that support the child's future needs and the transition plan.</li> <li>• Assist in developing appropriate measurable postsecondary goals based upon age- appropriate transition assessments related to participation, performance, training, education, employment, and independent living skills.</li> </ul>
<b>6. Transition planning and services</b>	<ul style="list-style-type: none"> <li>• May assist in the development of the transition plan, beginning when the child is age sixteen (and updated annually) to support future needs and further education, including postsecondary education, employment, and/or independent living.</li> <li>• Assist in developing and implementing curricular or instructional programs designed to prepare children for the transition to adult occupations and to reach established transition goals.</li> </ul>
<b>7. Intervention planning and implementation of IEP services</b>	<ul style="list-style-type: none"> <li>• Develop a therapy intervention plan that supports the IEP or IFSP goals and objectives and is based on peer-reviewed research to the extent practicable.</li> <li>• Develop a therapy intervention plan that includes adaptation or modification of the child's environment, materials, and curriculum if possible.</li> <li>• Develop a therapy intervention plan that may consist of a continuum of services including integrated classroom activities, group and individual interventions, and home programs as appropriate in meeting the child's needs in the least restrictive environment.</li> <li>• Implement the plan in appropriate setting and curricula.</li> <li>• Collaborate continually with the IEP team to develop and modify instructional and intervention strategies and monitor progress.</li> <li>• Assist in providing assistive technology services, such as the selection, procurement, adaptation, maintenance, and training in the use of assistive technology devices.</li> <li>• Consult with and train educational personnel, family members, or other professionals involved with the child in order to implement activities, strategies, use of assistive technology, or adapted equipment for use in the child's routines.</li> </ul>
<b>8. Documentation</b>	<ul style="list-style-type: none"> <li>• Document the findings, actions taken, and/or recommendations made regarding involvements in the special educational process (e.g., pre-referral services and supports, 504 referral and services, special education processes).</li> <li>• Document additional information as recommended by professional standards (e.g., summary of treatment, progress notes, discharge reports).</li> <li>• Maintain additional records as required by the therapist's employer or terms of contract.</li> </ul>
<b>9. Liaison</b>	<ul style="list-style-type: none"> <li>• Communicate by oral, written, or electronic means with all involved staff, co-workers, administration, children, and parents to ensure timely and efficient services.</li> <li>• May act as a liaison between the local school district and other entities (e.g., Department of Vocational Rehabilitation, Department of Mental Health, CCS, regional centers, community programs, physicians, etc.).</li> </ul>

Process	Functions of the School Occupational and Physical Therapist
<b>10. Staff development</b>	<ul style="list-style-type: none"> <li>• Develop and implement training opportunities and in-service training for other educational staff, parents, and administrators.</li> <li>• Attend workshops, in-service training, seminars, and other continuing education courses as required by licensure as to foster professional growth and knowledge of school-based practices.</li> <li>• Share continuing education information with coworkers.</li> </ul>
<b>11. Supervision of therapy staff</b>	<ul style="list-style-type: none"> <li>• Supervise therapy staff in accordance with laws and regulations set forth by California licensure, professional organizations, and local school district procedures.</li> <li>• Communicate with administration regarding established policies and procedures for therapy staff.</li> </ul>
<b>12. IFSP infant and toddler program planning</b>	<ul style="list-style-type: none"> <li>• Review the OT or PT assessment findings at the IFSP meeting.</li> <li>• Assist in the identification of a child's present levels of educational, developmental, and functional performance abilities and needs.</li> <li>• Interpret report and how the OT or PT findings relate to a child's performance in behavior, developmental, or functional abilities.</li> <li>• Develop outcomes at an IFSP meeting.</li> <li>• Assist the IFSP team in considering adapted equipment, modifications, or assistive device needs for the child.</li> <li>• Coordinate the implementation of goals/outcomes that support a child's transition to their future educational environment.</li> </ul>



## **The Difference Between Medically and Educationally Necessary Therapy**

### **MEDICALLY NECESSARY THERAPY**

Medically necessary services are directed at achieving or preventing further loss of functional skills or reduction in severity of physical disability. A student may be eligible for medical therapy services provided by the Department of Health Services, Children's Medical Services Branch, California Children Services (CCS). This applies whether or not they are also eligible for Special Education services.

CCS is responsible for determining eligibility for the CCS Medical Therapy Program and for providing medically necessary therapy for CCS eligible children. Services must meet CCS standards, which require the involvement of the licensed physician or surgeon. See section on CCS in this book.

A student may also receive medically necessary therapy through a private doctor or therapist. It is expected that the educational team would collaborate with these entities to provide coordinated services.

### **EDUCATIONALLY NECESSARY**

Educationally necessary services are provided for a student to benefit from his/her educational program. A child with a disability may have a need for improvement in his functional skills related to his performance in the educational environment. A child may have an educational need as well as a medical need; however, some motor difficulties may not directly impact educational progress and may not constitute educational need.

Examples of educational need may be, but are not limited to:

- ✓ maintaining functional body positions for classroom work
- ✓ participating in playground activities
- ✓ moving around campus within a time frame
- ✓ completing written assignments
- ✓ tolerating physical contact
- ✓ managing self-care activities
- ✓ responding to social demands of the environment
- ✓ sensory processing
- ✓ manipulating a variety of age appropriate materials
- ✓ utilizing adaptive equipment and assistive technology
- ✓ responding to balance demands when occupied with school activities
- ✓ engaging in leisure and work behavior that is commensurate with ability and functional level
- ✓ transitioning to new activities

Educationally necessary therapy is usually delivered in the school environment in collaboration with educational staff.

## Medically vs. Educationally Necessary Therapy

	MEDICAL	EDUCATIONAL
<b>Eligibility</b>	Broad interpretation of need	Need defined in educational terms, must include adverse impact on learning
<b>Priorities</b>	Focus on pathology and the alleviation of symptoms; concentrates on physiological and structural components of human functioning	Provide for appropriate skill development, adaptations, and modifications to maximize student's ability to access their education
<b>Service model</b>	Emphasis on direct service in a one-to-one treatment setting	Emphasis on the development of treatment which may be direct, indirect, and/or consultative
<b>Location of service</b>	Based in a medical setting such as a clinic, hospital, or private office	Based in the student's educational environment
<b>Team Functioning</b>	Close collaboration with medical staff	Close collaboration with educational team, including teachers and paraeducators
<b>Role of Equipment</b>	Intensive use of equipment, particularly high technology instruments	Assistive technology utilized as needed for instructional purposes, which includes a variety of technology as necessary for access to education
<b>Funding</b>	Private funds, including third party payers such as insurance companies	Public funding, including local, state, and federal

# Similarities and differences between Adapted Physical Education (APE), OT & PT

## AREAS ADDRESSED BY APE / OT / PT

- developmental motor & locomotor patterns
- movement exploration activities
- balance
- refining motor skills (esp. gross motor)
- generalized strength & endurance
- environmental adaptations
- accommodations & adaptive techniques

## AREAS ADDRESSED BY APE & OT

- body awareness
- spatial relations, laterality, directionality
- social group & interaction skills
- play & leisure skills
- social/emotional development
- peer interactions
- sportsmanship

## AREAS ADDRESSED BY APE & PT

- functional gross motor skills training in relation to mobility & play
- endurance & conditioning programs for physical fitness

## AREAS ADDRESS BY OT & PT

- assessment & treatment of:
  - muscle tone
  - range of motion
  - sensation
- specific muscle strength & endurance
- joint stability
- use of:
  - prostheses
  - orthoses
  - splints
- wheelchair & seating modifications
- oral-motor & feeding sensory processing
- work hardening

## AREAS ADDRESSED BY APE

- basic concepts of movement
- speed, force, pre-positions, rhythm, tempo, & object control
- complex motor skills & sequences, such as; aquatics, dance, games, sports, & leisure activities
- physical & motor fitness, esp. related to health & well being

## AREAS ADDRESSED BY OT

- visual perception, integration & motor skills
- fine motor skills & dexterity
- self-help skills beyond foundational components
- pre-vocational skills
- communication systems, switch control, computers & other technology

## AREAS ADDRESSED BY PT

- pre-gait & gait training
- muscle re-education, especially for lower extremities following trauma or surgery
- prevention and management of orthopedic problems in trunk and lower extremities which are barriers to educational access:
  - range of motion
  - positioning
  - use of braces, casts, or splints in school



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Mary E. Samples, Assistant Superintendent

### **OCCUPATIONAL/PHYSICAL THERAPY IN THE SCHOOL SETTING: WHAT IS ITS FUNCTION?**

Occupational and Physical Therapy are considered to be related services under the Individual with Disabilities Education Act (IDEA). The basic intent of the law is that all children can learn despite their disabilities or challenges. As members of a multidisciplinary educational team, Occupational/Physical Therapists share in the decision – making process regarding how to meet the educational needs of individual students.

Occupational/Physical Therapy is provided in the school setting to assist the student in accessing educational services and to benefit from their educational program. In contrast, clinical therapy improves overall function through the use of a variety of modalities. Most students receiving Occupational/Physical Therapy services in the schools have life-long chronic conditions that affect their learning abilities. Therapists do not aim to cure, but to assist the student to function in the school setting. Educational goals are developed to access core curriculum, while therapy goals support the attainment of these educational goals. Therapists share their knowledge and skills with school personnel regarding activities that are educationally appropriate and functional.

Since educational goals are of primary importance for students in the school setting, the amount of time and service often differ from services delivered in the clinical setting. Depending on their needs, students may be seen by a therapist as little as twice a year to update the school program or as much as once a week to work on specific skills that affect classroom functioning. A student may be seen by the Occupational/Physical therapist only once for a specific problem or for many years to help impact educational goals.

A critical feature of Occupational/Physical Therapy in the school setting is the interaction between the therapist and the educational staff. Occupational/Physical Therapists cannot work in isolation in the school. They must integrate the therapy program and work as members of the student's educational team to achieve educational outcomes.

# Pre-Referral Referral Consultation



## Overview

OTs & PTs serve as a member of the educational team in the pre-referral and referral process. The educational team consists of many different professionals (school psychologists, nurses, teachers, speech therapists, counselors, administrators, etc.) who provide a variety of services and focus on a range of goals. Collaboration among these providers allows for a comprehensive educational program for the student.

With a strong background in health care, OTs and PTs play an important role as liaison between the education team and other health care providers. For example, the school nurse is a member of the team who monitors health care needs and often provides case management for students with specialized medical needs. Orientation and Mobility specialists provide services to students who are blind or visually impaired to enable them to attain systematic orientation to and safe movement within the school, home, and community. Students with disabilities who are unable to participate in physical education programs may receive Adapted Physical Education with a credentialed teacher who possesses a certificate in adapted physical education. The OT or PT will collaborate with all these professionals to help students achieve their goals

## Pre-referral

Strategies used to prevent students from negative learning outcomes are components of Response to Instruction and Intervention (RtI<sup>2</sup>) or Multi-Tiered System of Supports (MTSS). OTs and PTs have emerging roles in the RtI<sup>2</sup> process.

RtI<sup>2</sup> is a “prevention-oriented approach which links assessment and instruction to inform educators’ decisions about how best to teach their students. A goal of RtI is to minimize the risk for long-term negative learning outcomes by responding quickly and efficiently to documented learning or behavioral problems and ensuring appropriate identification of students with disabilities” (National Center on Response to Intervention 2010, 4).

It is the school district’s responsibility to make an effort to resolve the presenting challenges that interfere with progress in the general education environment before referring a child to Special Education. The laws are designed to ensure that “scientifically based academic instruction and behavioral interventions, including scientifically based literacy instruction” (20 USC § 1413(f)(2)(A)), are provided to all children.

The OT and PT collaborate with educational staff on curriculum enrichment providing universal, proactive, and preventive intervention strategies to support a high quality core instructional program. Program enrichment and accommodations are made in order to support the success of all students in the educational setting. The curriculum and activities become more accessible and meaningful. At this level of service, students have not been identified as requiring OT or PT as a related service to Special Education. OTs and PTs may be involved in the following ways to benefit the whole class:

- In-service training sessions and provision of resources
- Accommodations for all students to gain access to the curriculum, classroom, and campus, including modifications of tools, tasks, materials, and/or the environment
- Seating and/or positioning of the desks and chairs for proper ergonomic fit
- Sensory-enriched classroom and curriculum design
- Adaptations to support fine and gross motor development
- Activity analysis and activity demonstration
- Universal design

For example, the OT may make suggestions to the classroom teacher regarding different handwriting curriculum and strategies for fine motor and visual motor development; discuss appropriate ergonomic posture for desktop activities; make suggestions to facilitate improved core muscle strength; and illustrate the importance of students using an efficient pencil grasp and activities to improve hand strength and dexterity. After providing a universal screening of writing samples, the teacher and OT may identify a small group of students who need additional support in language arts for developing handwriting skills. The OT may use the observations form to document instructional strategies for the classroom teacher.

The PT may discuss gross motor skill development and milestones with the classroom teacher; identify specific motor skills needed for participation in the educational environment; pinpoint modified motor skills that students may use to accomplish the same activities with their peers; discuss sitting and standing posture and the importance of maintaining proper alignment for motor activities; or make suggestions for decreasing the level of difficulty of the motor skills required (e.g., use the ramp instead of the stairs). The PT may observe the students participating in natural opportunities (physical education, recess, free-play) using their motor skills and, based on this general observation, may identify universal instructional or environmental supports that would benefit all students.



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Mary E. Samples, Assistant Superintendent

**Occupational Therapy Observations**

**To General Classroom Education Teacher on Instructional Strategies**

Teacher Name: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Persons Present/ Involved: \_\_\_\_ In Person \_\_\_\_ Phone Call Made

Other: \_\_\_\_\_

**ISSUES/ CONCERNS DISCUSSED:**

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**STRATEGIES / RECOMMENDATIONS:**

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**FOLLOW-UP PLAN:**

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\_\_\_\_\_  
Occupational Therapy Staff

\_\_\_\_\_  
Date

(Rtl<sup>2</sup>/MTSS)

Original – PT File

Copy – Classroom Teacher

Copy – Parent/ Other



## Referral for Special Education Assessment

A referral for Special Education assessment from within the district should come from either the Intervention Progress Team (IPT) at the school, an IEP team, or the parent.

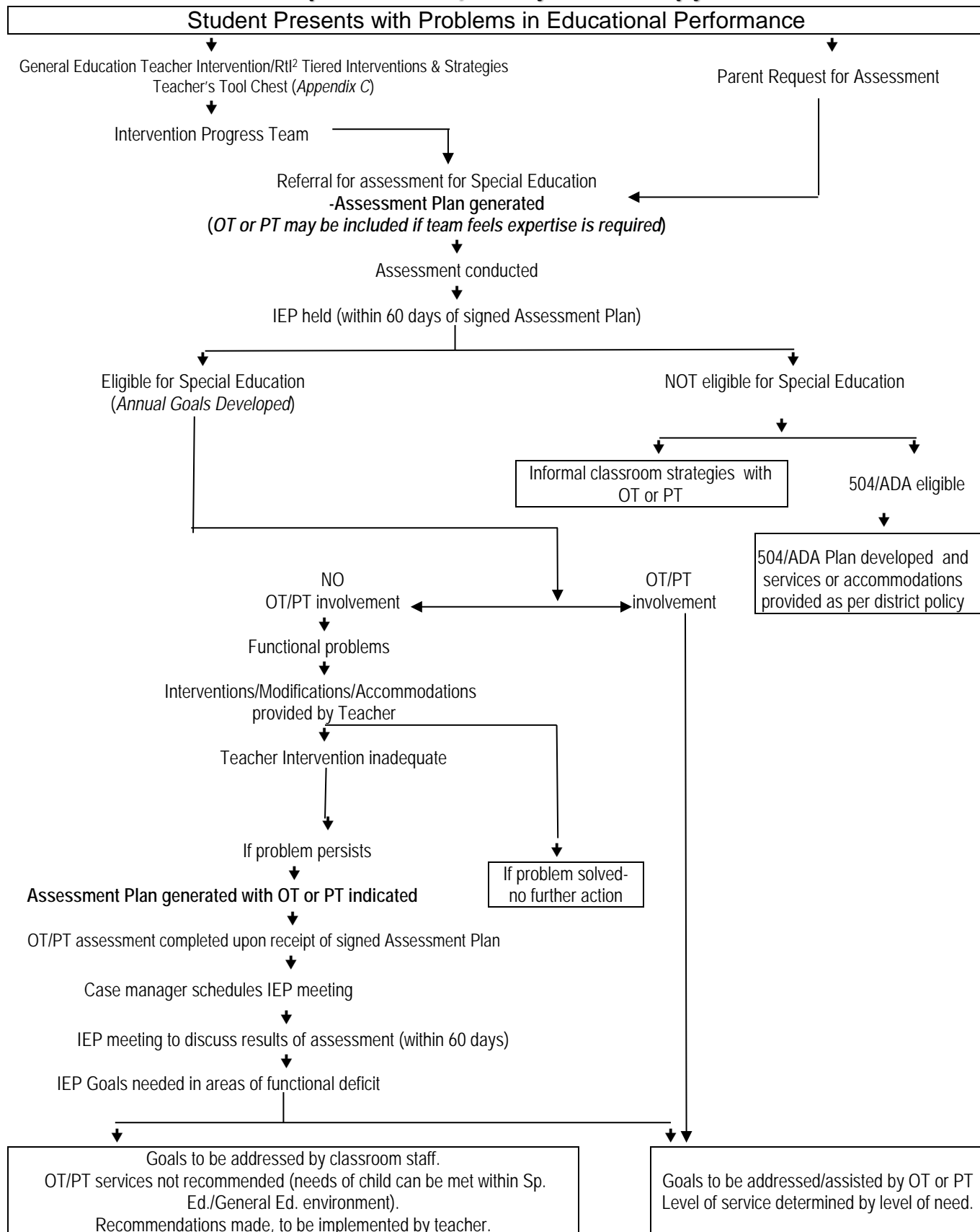
- 1) Referrals from IPT- usually will be for students not yet Special Education eligible, and the OT or PT is needed as part of assessment for Special Education eligibility.
- 2) Referrals from the IEP team- for students who are already Special Education eligible, the IEP team may request OT or PT assessment to consider need for services, either to change, add or discharge.
- 3) Parent requests- Parents can request OT or PT assessment, but an OT or PT assessment usually would not be conducted as a “stand alone” for a non-Special Education eligible student.

When working with an educational team to determine whether a referral for OT or PT Assessment may be appropriate, the following questions should be considered:

- 1) Does the student have difficulty accessing school environments?
- 2) Are the problems interfering with the student’s ability to learn?
- 3) Is the student making progress in his/her educational program?
- 4) Has the teacher tried activities, interventions or procedures to address the student’s needs? If not, who has the expertise to assist her/him?
- 5) What is the developmental level of the student?
- 6) Are the student’s needs commensurate with other students in the program?

See OT and PT Referral Checklists.

## Referral Process for Occupational and/or Physical Therapy Services



# OCCUPATIONAL THERAPY REFERRAL CHECKLIST

Student Name\_\_\_\_\_ Date\_\_\_\_\_

Referred by\_\_\_\_\_ School/Teacher\_\_\_\_\_

Please help us by indicating specific areas of concern so our follow-up will be more appropriate and accurate. Check if the child has difficulties in any of the following areas:

## DESKTOP ACTIVITIES

- ☐ Writing/Pre-writing
- ☐ Use of age-appropriate supplies and tools
- ☐ Organization of materials
- ☐ Coloring
- ☐ Cutting/pasting
- ☐ Copies assignments from board/books
- ☐ Maintains upright posture in chair

## FLOOR/CIRCLE TIME

- ☐ Navigates classroom smoothly
- ☐ Maintains upright posture on floor

## PLAYGROUND/SCHOOL CAMPUS

- ☐ Navigates playground smoothly
- ☐ Learns new motor acts within reasonable time frame
- ☐ Tactile (*overreacts to touch, trouble standing in line, touches people and objects frequently*)
- ☐ Auditory (*sensitive to noise*)
- ☐ Body space awareness (falls, bumps into people and objects, invades space of others)

## SELF-HELP

- ☐ Dressing (*for bathroom use, recess, P. E.*)
- ☐ Fasteners
- ☐ Utensil/container use (*for lunch/snack*)
- ☐ Use of backpack, locker, binder

## COMMENTS

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Signature

Date



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Mary E. Samples, Assistant Superintendent

## Checklist for Physical Therapy Referral

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

Referral Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

Place a check in the column to the right that most accurately describes the student's behavior.

BEHAVIOR	FREQUENTLY	OCCASIONALLY	SELDOM
<b>Motor Control and Coordination:</b>			
1. Student loses balance and falls frequently during classroom and playground activities.			
2. Student walks with the following pattern:			
a. Up on toes			
b. Flatfooted			
c. Toes in			
d. Toes out			
3. Student tends to move impulsively in the classroom and the playground.			
4. Student tends to move sluggishly or awkwardly.			
5. Student has difficulty using stairs, curbs, or uneven surfaces.			
6. Student has difficulty in running, hopping, jumping, skipping, or galloping.			
7. Student tends to use only one side of the body.			
8. Student tends to avoid playground activities and equipment.			
9. Student tends to tire easily; is unable to keep pace with peers or participate in activities during the school day.			
<b>Posture and Balance:</b>			
1. Student is unable to maintain seated and standing positions when occupied with school activities.			
2. Student is unable to maintain position for functional activities.			
3. Teacher is uncertain whether student is positioned correctly to use adaptive equipment effectively.			

BEHAVIOR	FREQUENTLY	OCCASIONALLY	SELDOM
<b>Activities of Daily Living/ Functional Mobility:</b>			
1. Student is unable to manage personal needs in the classroom, campus, or community (e.g., using rest room, securing materials in the classroom.)			
2. Student is unable successfully to maneuver or change positions within the school setting, such as:			
a. Getting up and down from floor			
b. Getting into and out of chairs			
c. Using equipment (wheelchair) and assistive devices (walkers, crutches, splints)			
3. Student has no means of independent mobility.			
<b>Environmental Adaptations and Assistive Devices:</b>			
1. The student currently uses adaptive equipment:			
a. Computer			
b. Walker			
c. Wheelchair			
d. Splint			
e. Nonoral communication device			
f. Other			
2. Is the adaptive equipment sufficient to allow the student to function in the classroom? Yes                      No                      (Please Comment)			
<b>Student Characteristics:</b>  Circle which words apply:  Floppy      Clumsy      Awkward      Stiff      Excessive      Movement Impulsive      Uncoordinated      Restless      Jerky      Asymmetrical   Send completed checklist to:			



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Mary E. Samples, Assistant Superintendent

To: Special Education Directors and Staff Making Referrals for Physical Therapy (PT) Assessments

From: Joanna Della Gatta, Director of Technical Support and Transition

Subject: Referrals for PT Assessment

In order for the SELPA PTs to be able to conduct the assessments in a timely and thorough manner, please forward the following along with the Assessment Plan:

- 1) Most recent IEP or IFSP
- 2) Checklist for Physical Therapy Referral (attached)
- 3) Health records and developmental summary, especially if there is a medical diagnosis
- 4) Reason for referral, including concerns regarding the student's functioning and performance in the school setting
- 5) Relevant educational assessments, such as Occupational Therapy, Adapted P.E., and Psychological
- 6) Appropriate reports from outside assessors, including Early Start and Regional Center vendors.

Please do not hesitate to contact one of our PTs if you have any questions or wish to discuss a referral.

## **Consultation**

The IEPs for some students may indicate that an OT or PT consultation is available for students currently not receiving OT or PT services as noted on the services page of the IEP. Documentation of the consultation is found in the IEP on the least restrictive environment page. Then, If/when a member of the IEP team believes a consultation is needed, they contact the OT or PT. See consultation request forms. Once the consultation has occurred the OT or PT may use the consultation form to document the consultation has occurred.



## Ventura County Special Education Local Plan Area

5100 Adolfo Road, Camarillo, CA 93012

(805) 437-1560 FAX (805) 437-1599

[www.vcselpa.org](http://www.vcselpa.org)

Mary E. Samples, Assistant Superintendent

# Occupational Therapy Consultation Request Form

(For students with IEPs- OT consult noted on LRE page.)

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Referred by (School Contact): \_\_\_\_\_ Teacher: \_\_\_\_\_

Have you referred to the Occupational Therapy Accommodations for the Classroom booklet? Yes ☐ No ☐ If no, please consider suggestions before submitting this referral.

Please describe your concerns below. Make sure to indicate strengths and weaknesses. Attach work samples for all areas of concern. Work samples are preferred.

### Fine Motor Skills:

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### Sensory Difficulties:

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What Interventions and strategies have been utilized and what was the student's response?

Does the student access assistive technology? Describe:

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### Other concerns:

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## Physical Therapy Consultation Request Form

(For students with IEPs- PT consult noted on LRE page.)

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Referred by (School Contact): \_\_\_\_\_ Teacher: \_\_\_\_\_

Please describe your concerns below. Make sure to indicate frequency or severity. Be specific. Use checklist for Physical Therapy referral as reference, if needed.

Gross Motor Skills:

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Mobility Difficulties:

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What Interventions and strategies have been utilized and what was the student's response?

Does the student use any equipment? Describe:

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Other concerns:

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### Occupational Therapy Consultation

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Persons Present/ Involved: \_\_\_\_ In Person \_\_\_\_ Phone Call Made \_\_\_\_ Last IEP \_\_\_\_\_

Classroom Teacher: \_\_\_\_\_

Parent(s): \_\_\_\_\_

Other: \_\_\_\_\_

#### ISSUES DISCUSSED:

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#### COURSE OF ACTION / RECOMMENDATIONS:

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#### FOLLOW-UP PLAN:

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\_\_\_\_\_  
Occupational Therapy Staff

\_\_\_\_\_  
Date



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Mary E. Samples, Assistant Superintendent

## Physical Therapy Consultation

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Persons Present/ Involved: \_\_\_\_\_ In Person \_\_\_\_\_ Phone Call Made \_\_\_\_\_

Classroom Teacher: \_\_\_\_\_

Parent(s): \_\_\_\_\_

Other: \_\_\_\_\_

**ISSUES/CONCERNS DISCUSSED:**

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**STRATEGIES/RECOMMENDATIONS:**

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**FOLLOW-UP PLAN:**

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\_\_\_\_\_  
Physical Therapy Staff

\_\_\_\_\_  
Date

Pages 38-39 have been  
omitted due to revisions.



# Assessment



## Assessment Overview

- An Assessment may be requested as part of initial eligibility for Special Education (Evaluation) or to determine needs for OT or PT services, or progress.
- As an OT or PT, you will receive a copy of an Assessment Plan signed by the parent. An OT or PT should be indicated as “Responsible Discipline.” If there is no parent signature, you should not begin an assessment until you receive it.
- You should have a clear idea of the areas of **concern** from the top of the Assessment Plan. If not clear, ask the Multidisciplinary Team lead (signature at bottom of page) why the referral was made to you.
- You need to assess in the area(s) of concern. If further areas become evident, you would assess further in those areas.
- All assessments must result in an assessment report which is presented at an IEP meeting. (To be held within 60 days of parent signing plan.) This may be a part of a Multidisciplinary Psychoeducational Assessment Report or a “Stand Alone” OT or PT report.
- The OT report is to give input to the IEP Team in considering goals and services. The report should give a clear picture of strengths, needs, and ideas for goals and interventions, but refrain from making recommendations about services.
- As a member of the IEP Team, you will participate in the consensus building process to develop the IEP. Services will vary greatly depending on the situation, and skill development can be addressed in many ways.

For Staff Only:  
Date Received \_\_\_\_\_

## ASSESSMENT PLAN

- ☐ Initial Evaluation  
☐ Triennial Review  
☐ Other

### Ventura County Special Education Local Plan Area (SELPA)

Student Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian/Surrogate Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone(s) Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ Email \_\_\_\_\_  
School \_\_\_\_\_ ID# \_\_\_\_\_ EL Status \_\_\_\_\_ Primary Language \_\_\_\_\_  
REASON FOR ASSESSMENT/AREAS OF CONCERN \_\_\_\_\_

#### For Initial Evaluations only

Referral Source \_\_\_\_\_ Date Referred \_\_\_\_\_  
School years interventions were provided in general education \_\_\_\_\_

The following assessments are proposed to assist in determining your child's educational needs. All assessments will be given by appropriately qualified personnel. The assessment will be in the areas checked below and may include pupil observation in a group setting, classroom work samples, district or statewide group assessments, individualized testing, teacher interview(s) and an interview with you. It also may include a review of reports you have authorized us to request or that already exist in current records. Assessments will be non-discriminatory, and alternative means of assessment may be used in situations when standardized assessments are inappropriate. Within 60 days of receipt of this signed assessment plan, an Individualized Education Program (IEP) team meeting will be held. You will be invited to attend and review assessment results and participate in determining your child's educational needs and eligibility for special education services.

☐ **PRE-ACADEMIC/ACADEMIC ACHIEVEMENT:** ☐ Special Education Teacher ☐ Early Childhood Specialist ☐ Other: \_\_\_\_\_

**Purpose:** To determine current reading, writing, and math skills or pre-academic skills such as matching or sorting.

☐ **SOCIAL/EMOTIONAL BEHAVIOR:** ☐ Psychologist ☐ Behavior Specialist ☐ Intensive School-Based Therapist  
☐ Other: \_\_\_\_\_

**Purpose:** To evaluate how the student handles feelings and emotions and how he/she gets along with other people.

☐ **SELF HELP/ADAPTIVE SKILLS:** ☐ Psychologist ☐ Special Education Teacher ☐ Other: \_\_\_\_\_  
**Purpose:** To evaluate how the student functions in daily life activities needed in the educational setting.

☐ **MOTOR SKILLS DEVELOPMENT:** ☐ Occupational Therapist ☐ Physical Therapist ☐ Adapted Physical Education Specialist  
☐ Psychologist ☐ Early Childhood Specialist ☐ Other: \_\_\_\_\_

**Purpose:** To evaluate small and large motor functioning and/or psycho-motor skills related to access and performance in the educational environment.

☐ **LANGUAGE/SPEECH/COMMUNICATION DEVELOPMENT:** ☐ Speech-Language Pathologist ☐ Early Childhood Specialist  
☐ Other: \_\_\_\_\_

**Purpose:** To determine an individual's ability to understand, relate to, and use language and speech clearly and appropriately.

☐ **INTELLECTUAL DEVELOPMENT:** ☐ Psychologist ☐ Early Childhood Specialist ☐ Other: \_\_\_\_\_  
**Purpose:** To determine how well individuals remember what they have seen and heard, how well they can use that information to solve problems, and to assist in predicting the student's learning rate. Verbal and performance instruments may be used as appropriate.

☐ **HEALTH ASSESSMENT:** ☐ School Nurse ☐ Audiologist ☐ Other: \_\_\_\_\_  
**Purpose:** To evaluate developmental patterns and current health status as they relate to school functioning.

☐ **VOCATIONAL/PREVOCATIONAL:** ☐ Special Education Teacher ☐ Psychologist ☐ Other: \_\_\_\_\_  
**Purpose:** To determine the individual's interests and aptitudes as related to future job and/or career.

**OTHER:** ☐ Deaf/Hard of Hearing ☐ Functional Behavior Assessment ☐ Assistive Technology ☐ Augmentative/Alternative Communication  
☐ Functional Vision ☐ Orientation & Mobility ☐ Special Circumstances Paraprofessional ☐ Other \_\_\_\_\_  
Responsible Personnel: \_\_\_\_\_

If you have any questions contact: \_\_\_\_\_  
Name/Title \_\_\_\_\_ Phone/Email \_\_\_\_\_

### PARENTAL CONSENT FOR PUPIL ASSESSMENT

I understand the purpose of the proposed Assessment Plan and have received a copy of my Parent Rights. I authorize the use of a suitable interpreter or prerecorded tests in my child's primary language as appropriate. I further understand that no Individualized Education Program will result from this assessment without my consent. The box(es) checked below indicate my decision(s).

☐ **Yes**, I give my permission to conduct the assessment as described above and will make my child available for the assessment. I understand that assessment cannot begin until a copy of this form has been signed and returned.

**If yes, check any that apply:**

- ☐ I give permission to the school district to bill the LEA Medi-Cal Billing Option Program for this assessment, if applicable.  
(Income from this program is used by the district to offset costs of providing special education services and will not affect the child's individual benefits.)  
☐ Please consider the following Independent Educational Evaluation report(s) as part of the assessment process: \_\_\_\_\_

☐ **No**, permission is denied.

**Please sign and return, keeping one copy for your records.**

Parent/Legal Guardian/Adult Student/Person Acting as Parent (Specify) \_\_\_\_\_ Telephone Number \_\_\_\_\_ Date \_\_\_\_\_

For more information about special education and your rights contact your district special education office or visit the Ventura County SELPA website at [www.vcselpa.org](http://www.vcselpa.org)

Copy to: ☐ District Office ☐ Cumulative File ☐ Case Manager ☐ Parent/Adult Student ☐ Related Services

\_\_\_\_\_ School District  
**CONSENT FOR EVALUATION FOR 504 ELIGIBILITY**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

Your child has been referred for evaluation for consideration of eligibility as a person with disabilities according to Section 504 of the Rehabilitation Act (1973) or a re-evaluation prior to a substantial change in the 504 Service Plan.

The following elements need to be considered in establishing eligibility:

- Presence of a physical or mental disability usually (lasting or expecting to last for at least six months) according to the Diagnostic and Statistical Manual IV (date) or other respected source
- Impact on one or more major life activities which impede your child's ability to participate/benefit from school and school-related activities.
- Level of impact.

The district proposes to conduct the evaluation using the following means:

- ☐ Contacting your child's physician for medical records and diagnosis (see attached consent form)
- ☐ Contacting other specialists (therapists, public health nurses, etc.) (see attached consent form)
- ☐ Interview with parents/family members
- ☐ Review of school records
- ☐ Observation of the child in various school settings
- ☐ Teacher(s) Interviews
- ☐ Social/Emotional Checklist
- ☐ Academic assessments
- ☐ Adaptive Behavior Tools
- ☐ Other (specify) \_\_\_\_\_

Assessment will be in (language):

The following staff will be involved in the assessment:

Name:	Title:
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

If you have questions about this consent, please call me at the number listed here.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please sign:**

I give my permission for the evaluation of my child as specified above.

Parent/Legal Guardian/Adult Student/Surrogate

Date



## **Assessment Tools and Materials**

The key consideration in the OT and PT assessment process is the degree of the child's access to the general education environment, as well as the child's progress in meeting core curriculum standards.

Assessments and other materials should be used to determine an area of functioning or ability and administered so as not to be discriminatory on a racial or cultural basis. They must be provided and administered in the language and form most likely to elicit what the student can do academically, developmentally, and functionally. This means you need to provide language translation if needed, unless the district agrees it is not feasible. Assessments must be used for the purposes for which they were found to be valid and reliable and administered by trained and knowledgeable personnel in accordance with instructions of the producer of such assessments (34 CFR §§ 300.532 and 300.304 (b)(2) and (3)).

The therapist selects the appropriate assessment method, procedure, or tool "that directly assists persons in determining the educational needs of the child" (34 CFR § 300.532(g)). There are numerous evaluation tools that OTs and PTs can use in the educational setting. Many sources provide lists and reviews of these assessments (Asher 2007; APTA 2005; Long and Cintas 1995; Mulligan 2003; Stewart 2005). Appendix 7.9, "Educational Assessment Methods, Procedures, and Tools," provides examples.

## **Evaluation for Initial Eligibility**

The purpose of an initial Special Education eligibility evaluation is to determine whether a student has a disability and the nature and extent of the special education and related services that the student needs (34 CFR § 300.15). This evaluation may or may not include an OT and PT as part of the team, depending on the areas of concern identified. The OT or PT evaluates areas of need in which he or she is qualified to gather information regarding a student's ability to participate in and gain access to the general education curriculum in various contexts throughout the day. The intent is to assess a student in all areas of a suspected disability and then determine the needs as they relate to a student's education.

## **Assessment Procedures**

OT and PT assessments may involve the following procedures:

- Review of records including classroom-based, local, or state assessments
- Interview of the student, teacher, parents, and other school personnel knowledgeable about the child
- Observation of the child in the educational environment
- Informal assessments, including non-standardized measures and observations
- Formal assessments, including standardized measures

Later in this section are some samples of forms that can be used to assist OTs to gain input about classroom performance as part of the assessment.

### **Students with Mental Health Needs**

The identification and evaluation of mental health needs is often overlooked and requires careful observation and team collaboration. Occupational therapists with skills in activity analysis and knowledge of nervous system regulation contribute unique and valuable information to the development of positive behavior support strategies, the identification of students with mental health needs, and the functional behavior assessment process as part of the IEP team (AB 114)

### **Students with Feeding Needs**

Evaluations of students with feeding needs are complex and require much expertise, collaboration and involvement of family members, caregivers, and other professionals. An IEP team determines the supports needed to ensure that a student has access to safe participation in school-time meals (e.g., recess and lunch). However, some areas related to meal management, such as eating and swallowing, may be medical management issues that are the responsibility of the family and require multiple-agency collaboration. The Occupational Therapy Practice Act (BPC §§ 2570.2 and 2570.3) requires advanced training for practitioners to provide assessment, evaluation, and intervention for swallowing disorders.

### **The MOVE Program**

Students with moderate to severe mobility needs can be evaluated in the school setting by using Movement Opportunities Via Education (MOVE). The focus of MOVE is to improve the student's ability to sit, stand, and walk, which increases mobility and overall health. Classroom teachers work with the IEP team to determine the needs of the child within the curriculum. MOVE was developed by a teacher and physical therapist and is an approved curriculum by the California Department of Education (see <http://www.move-international.org/>). This program is being implemented in a few of the districts in the Ventura County SELPA.

## OT Evaluations

OT evaluations in the educational setting are guided by the *Occupational Therapy Practice Framework* (AOTA 2014). *Occupational therapy assessment identifies performance abilities and limitations that are necessary for self-maintenance, learning, work, and other similar meaningful activities.*

The OT gathers information through an evaluation process that provides an understanding of the student's history, experiences, performance skills, patterns of daily living (habits and routines), interests, cultural and personal values, and educational needs. Activity demands and factors supporting or hindering access to educational environments and core curriculum are identified. The OT considers the various domains that influence the student's functioning in school (cognition, language and communication, social/emotional development, adaptive function, physical development, and play) and conducts tests and measures to develop a summary of the student's strengths and needs.

Although testing in many areas is needed in a comprehensive OT evaluation, not all of these tests and measures are necessary for every student. Common child-specific areas assessed by OTs related to participation in school activities may include:

- Activities of daily living
- Arousal, attention, adaptive behavior, and organizational skills
- Assistive and adaptive technology
- Community integration
- Environmental, home, and work (school/play/job) modifications
- Ergonomics and body mechanics
- Fine motor and gross motor function (motor control and motor learning)
- Habits, routines, and roles
- Leisure skills
- Neuromuscular functions
- Occupational profile, interests, values
- Play
- Praxis
- Rest and sleep
- Self-determination
- Social participation
- Tool use
- Visual motor integration
- Work and prevocational skills

## Selected References

American Occupational Therapy Association. 2014. *Occupational Therapy Practice Framework: Domain & Process*. 3rd ed. Bethesda, MD: American Occupational Therapy Association.

# OT Data Collection Tool

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 School: \_\_\_\_\_ Teacher: \_\_\_\_\_  
 Grade: \_\_\_\_\_ Room: \_\_\_\_\_

N = Not observed  
 1 = 0-30% of the time  
 2 = 30-60% of the time  
 3 = 60-90% of the time  
 4 = 90-100% of the time!

## Academic Readiness

1. Copy letters, numbers, and shapes accurately	N	1	2	3	4
2. Identify letters, numbers, and shapes accurately	N	1	2	3	4
3. Write in assigned spaces and on the writing line	N	1	2	3	4
4. Write/copy without omitting letters or words	N	1	2	3	4
5. Identify single letter/word from a field of many	N	1	2	3	4
6. Maintain functional body positions during daily school activities	N	1	2	3	4
7. Maintain endurance to engage in activities for the duration of the school day and keep pace with peers	N	1	2	3	4
8. Maintain required body movements and activities for the required amount of time without difficulty	N	1	2	3	4
9. Learn new motor tasks within a reasonable time frame (such as games in PE/recess)	N	1	2	3	4
10. Perform required school-based motor activities with sufficient skill on verbal command or demonstration	N	1	2	3	4
11. Navigate the school environment efficiently and safely	N	1	2	3	4
12. Demonstrated consistent hand dominance for required motor tasks	N	1	2	3	4
13. Learn new motor tasks and perform motor tasks required by the child's daily routines.	N	1	2	3	4
14. Appropriately attend to classroom instruction	N	1	2	3	4
15. Organize personal belongings	N	1	2	3	4
16. Independently find required materials	N	1	2	3	4
17. Tolerate ambient noise of the learning environment	N	1	2	3	4

## Self-Care

1. Manage clothing and clothing fasteners	N	1	2	3	4
2. Feed self with appropriate utensils, including opening food containers	N	1	2	3	4
3. Use utensils appropriately (fork/spoon)	N	1	2	3	4
4. Complete dressing and hygiene habits and routines	N	1	2	3	4
5. Develop understanding of basic safety precautions	N	1	2	3	4

## Vocation/Pre-Vocation

1. Complete required tasks with minimal adult prompting	N	1	2	3	4
2. Complete activities with multiple steps	N	1	2	3	4
3. Organize desk/backpack/cubby so items can be retrieved upon request	N	1	2	3	4

## Social Participation

1. Maintain attention/stable emotional state during school activities and during transitions between activities	N	1	2	3	4
2. Identify situations that may cause stress and utilize strategies to minimize environmental stressors	N	1	2	3	4
3. Tolerate a variety of sensory experiences without emotional disturbance	N	1	2	3	4
4. Ask for help when needed	N	1	2	3	4
5. Share materials with peers	N	1	2	3	4
6. Settle disputes without aggression	N	1	2	3	4
7. Engage in appropriate play and leisure activities	N	1	2	3	4
8. Engage peers cooperatively in class, play, and during games	N	1	2	3	4
9. Follow rules such as taking turns	N	1	2	3	4
10. Win and lose games graciously	N	1	2	3	4
11. Comply with requests from peers and adults	N	1	2	3	4

## Recreation/Leisure

1. Engages in sports, games, hobbies, or other structured activities during child's free time	N	1	2	3	4
2. Participates in leisure activities individually or socially	N	1	2	3	4

Source: San Diego Unified School District 2008.

## PT Evaluations

PTs in the educational setting utilize the *Guide to Physical Therapist Practice* (APTA 2011). The guide is based on the process of enablement and the integration of prevention and wellness strategies. The PT gathers information regarding examination, evaluation, diagnosis, prognosis, and intervention for the each student evaluated (APTA 2011), including a thorough history and systems review. The PT considers the various domains that influence the student's functioning in school (cognition, language, and communication; social/emotional development; adaptive function; physical development; and play) and conducts tests and measures to develop a summary of the student's strengths and needs.

Common child-specific areas assessed by PTs related to the child's participation in school activities may include:

- Aerobic capacity/endurance
- Arousal and attention
- Assistive and adaptive devices
- Circulation
- Cranial and peripheral nerve integrity
- Environmental, home, and work (job/school/play) barriers
- Ergonomics and body mechanics
- Gait, locomotion, and balance
- Integumentary integrity
- Joint integrity/mobility
- Motor function (motor control and motor learning)
- Movement frequency, pattern, and controlled muscle performance (including strength, power, and endurance)
- Neuro-motor development and sensory integration
- Orthotic, protective, and supportive devices
- Posture
- Prosthetic requirements
- Range of motion (ROM) (including muscle length)
- Reflex integrity
- Self-care (including ADL [activities of daily living])
- Sensory integrity (including proprioception and kinesthesia)
- Ventilation and respiration
- Work (job, school, play), community, leisure physical access

Although testing in many areas is needed in a comprehensive PT evaluation, not all of those tests and measures are necessary for every child. The PT identifies the unique pediatric considerations related to each individual child and interprets the fundamental areas to be examined (APTA 2011).

## Selected References

American Physical Therapy Association. 2011. *Guide to Physical Therapist Practice*. ed. 3.0. Alexandria, VA: American Physical Therapy Association.

# PT Data Collection Tool

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 School: \_\_\_\_\_ Teacher: \_\_\_\_\_  
 Grade: \_\_\_\_\_ Room: \_\_\_\_\_

N = Not observed  
 1 = 0-30% of the time  
 2 = 30-60% of the time  
 3 = 60-90% of the time  
 4 = 90-100% of the time!

## Academic Readiness

1. Independently transfers to/from chair and/or floor (when appropriate)	N	1	2	3	4
2. Navigates classroom with functional classroom mobility	N	1	2	3	4
3. Opens/closes classroom door	N	1	2	3	4
4. Maintains functional/dynamic postures for educational activities	N	1	2	3	4
5. Responds to balance demands when occupied by school activities	N	1	2	3	4
6. Utilizes effective manipulation and reaching skills	N	1	2	3	4

## Self Care

1. Independently walks or uses alternative mobility on flat surfaces	N	1	2	3	4
2. Independently walks on ramps, grass, sand, mats, curbs	N	1	2	3	4
3. Transitions between varied surfaces	N	1	2	3	4
4. Independently ascends/descends school or bus stairs	N	1	2	3	4
5. Independently transfers/climbs in/out of car or bus seat	N	1	2	3	4
6. Plans and navigates destination/course around campus	N	1	2	3	4
7. Independently transfers on/off toilet	N	1	2	3	4
8. Mobilizes around restroom and sink for hygiene activities	N	1	2	3	4
9. Mobilizes while carrying items (lunchbox, book, backpack)	N	1	2	3	4
10. Uses adequate mobility skills for mealtime preparation/eating	N	1	2	3	4
11. Independently uses mobility skills for dressing and grooming at school	N	1	2	3	4
12. Demonstrates adequate safety awareness for school activities	N	1	2	3	4
13. As needed, manages own orthotics, equipment, or supportive devices to participate at school	N	1	2	3	4

## Vocation/Pre-Vocation

1. Maintains endurance during required tasks	N	1	2	3	4
2. Participates in classroom chores that require mobility	N	1	2	3	4
3. Uses different types of equipment required by the work/school environment	N	1	2	3	4
4. Gains new motor skills within a reasonable time frame	N	1	2	3	4
5. Improves speed and accuracy of new motor skills	N	1	2	3	4
6. Maintains body stability/mobility to use classroom/work materials, tools, toys, utensils, and AT devices	N	1	2	3	4
7. Participates in community mobility	N	1	2	3	4

## Physical Participation

1. Participates physically, gaining access to school activities with peers for the duration of the school day	N	1	2	3	4
2. Keeps pace with peers, maintains endurance	N	1	2	3	4
3. Has physical access to play games	N	1	2	3	4

## Recreation/Sports

1. Uses playground structures (steps, slide, ladders, swings)	N	1	2	3	4
2. Rides tricycle (on/off, pushes with feet, pedals, steers)	N	1	2	3	4
3. Hangs/crosses monkey bars	N	1	2	3	4
4. Runs, jumps, hops, gallops	N	1	2	3	4
5. Throws, catches, kicks ball, including bouncing, dribbling	N	1	2	3	4
6. Imitates simple/complex motor movements (dance)	N	1	2	3	4
7. Engages in sports, games, or other structured activities during free time	N	1	2	3	4
8. Has physical access to leisure activities	N	1	2	3	4

## Accessibility and Extra-curricular Activities

1. Has access to the same instructional materials and areas as nondisabled peers	N	1	2	3	4
2. Has access to and participates in campus activities	N	1	2	3	4
3. Navigates the school campus	N	1	2	3	4
4. Navigates the classroom/campus by using modifications and accommodations	N	1	2	3	4
5. Navigates obstacles (various doors, potholes, people)	N	1	2	3	4

## Assessment questions for OTs and PTs

	STUDENT ABILITIES	Curriculum	EDUCATIONAL ENVIRONMENT
RECORD REVIEW/ CHECKLIST	<input type="checkbox"/> What is the medical diagnosis? <input type="checkbox"/> What is the eligibility for special education? <input type="checkbox"/> Establish profile of strengths and areas of concern (assess in these areas)	<input type="checkbox"/> What are the IEP goals? <input type="checkbox"/> What goals are related to OT's areas of expertise?	<input type="checkbox"/> What is the program placement and classroom setting? <input type="checkbox"/> Who are the educational personnel addressing educational areas of concern or IEP goals?
PARENT/TEACHER INTERVIEW	<input type="checkbox"/> Does the student have the ability to participate in the ongoing structure /routine of the class? <input type="checkbox"/> What does the teacher/parent see as the student's strengths and weakness? <input type="checkbox"/> What are the parent's concerns regarding their student's functioning in his/her educational program?	<input type="checkbox"/> What type of curriculum is being used? <input type="checkbox"/> In which areas of the instructional program is the student having the greatest difficulty (assess in these instructional areas)? <input type="checkbox"/> What are the teachers' expectations for students in her classroom? <input type="checkbox"/> What are the methods of instruction and methods of behavior support?	<input type="checkbox"/> In which setting is the student having the greatest difficulty (assess in these settings)? <input type="checkbox"/> How does the student interact and work with peers in the classroom? <input type="checkbox"/> What other staff might contribute information about this student's performance in areas of concern? <input type="checkbox"/> Is the student using any special adaptations of special equipment? <input type="checkbox"/> What is the student's daily school schedule?
STUDENT OBSERVATION	<input type="checkbox"/> To what extent is the student able to participate in the environment? <input type="checkbox"/> Focus observation on OTs and PTs areas of expertise relevant to the educational program.	<input type="checkbox"/> Do the curriculum demands match or accommodate the student's abilities? <input type="checkbox"/> Is the student sufficiently challenged within his or her educational environment?	<input type="checkbox"/> Is the physical environment (student's desk, educational technology, lighting, acoustics, instructional materials, and classroom/campus design) suitable or present an obstacle to the student? <input type="checkbox"/> Does the organization, structure, and routine meet the student's needs? <input type="checkbox"/> Is the child able to follow the social rules, and interact with classroom members?
STANDARDIZED NON-STANDARDIZED ASSESSMENT	<input type="checkbox"/> Targeting areas of concern, focus assessment on occupational therapy and physical therapy areas of expertise to discern additional relevant factors and underlying skills which impact student performance.		
SUMMARY	<input type="checkbox"/> What does the assessment information reveal about the student's abilities? <input type="checkbox"/> What is the student's potential for improvement, maintenance or regression? <input type="checkbox"/> Would therapeutic interventions likely result in improved functional changes in the classroom?	<input type="checkbox"/> Within the curriculum what is specifically expected of the student that he/she is not accomplishing/inefficient/slow? <input type="checkbox"/> Are there modifications, which could enable the student to participate more successfully?	<input type="checkbox"/> Would modifications or classroom adaptations alone suffice as an intervention? <input type="checkbox"/> What environmental accommodations could assist the student in functioning? <input type="checkbox"/> Would changes in structure, routine or the social environment assist the child in participating in the educational program? <input type="checkbox"/> Are there other educational personnel who can address student's area of concern?



Mary E. Samples, Assistant Superintendent

**Occupational Therapy Department**  
*School Performance Checklist*  
*for students with Mild/Moderate Disabilities*

The School Performance Checklist was completed by \_\_\_\_\_ (teacher's name) \_\_\_\_\_, \_\_\_\_\_ (Student)'s \_\_\_\_\_ classroom teacher. This checklist looks at a child's ability to function within the school environment in the areas of self-help, posture/ functional mobility, fine motor/ perceptual skills and sensory processing.

Teacher's concerns were \_\_\_\_\_.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parents Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Referred By (circle):    Parent        Classroom Teacher        IEP Team        SST

Person Completing Form: \_\_\_\_\_

Indicate any diagnoses, medical concerns/precautions and/or special considerations (i.e. seizures, asthma, medications, etc.): \_\_\_\_\_  
\_\_\_\_\_

Type of Classroom;  
\_\_\_\_\_ Regular  
\_\_\_\_\_ Special Education Classroom  
\_\_\_\_\_ Other: \_\_\_\_\_

Current Services;  
\_\_\_\_\_ Specialized Academic Instruction  
\_\_\_\_\_ Speech/Language Therapy  
\_\_\_\_\_ Occupational Therapy  
\_\_\_\_\_ Physical Therapy  
\_\_\_\_\_ APE  
\_\_\_\_\_ Other: \_\_\_\_\_

*Occupational therapy in the public school setting is primarily concerned with the student's ability to **function within the school environment**. The tasks contained in this checklist are those that may typically be addressed by a school occupational therapist. Completion of this form is necessary so that the occupational therapist can determine the need for a formal evaluation or for continued OT intervention. Please complete this checklist based on your daily observations of this student. You, as the classroom teacher, are most familiar with the student and any difficulties he or she may be experiencing in the school environment. You may wish to get input from other team members familiar with this student, including the occupational therapist.*

WHY IS THIS STUDENT BEING REFERRED TO OCCUPATIONAL THERAPY?  
(Please be as specific as possible)

1. \_\_\_\_\_



2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

*Please use the following key when completing the checklist that follows:*

**[1] = A consistent problem (as compared to grade level peers)**

**[2] = An infrequent problem (as compared to grade level peers)**

**[3] = Not a problem (adequate skills or not applicable)**

**I. SELF HELP SKILLS:** *The student's ability to manage personal needs within the educational environment.*

- |   |   |   |  |
|---|---|---|--|
| 1 | 2 | 3 | Has difficulty taking off or putting on coat, boots, etc.        |
| 1 | 2 | 3 | Has difficulty manipulating fasteners (buttons, snaps, zippers)  |
| 1 | 2 | 3 | Has difficulty tying shoe laces                                  |
| 1 | 2 | 3 | Requires assistance for hand washing                             |
| 1 | 2 | 3 | Has difficulty eating/drinking independently                     |
| 1 | 2 | 3 | Has difficulty opening food containers (milk carton, bags, etc.) |
| 1 | 2 | 3 | Has difficulty selecting and/or transporting food in cafeteria   |
| 1 | 2 | 3 | Has difficulty transitioning between activities                  |

Comments:

**II. POSTURE/FUNCTIONAL MOBILITY:** *The student's ability to perform basic developmental motor skills, posture, and balance needed to function in and move throughout the educational environment.*

**A. Posture**

- |   |   |   |   |
|---|---|---|---|
| 1 | 2 | 3 | Moves/fidgets excessively while at desk/table                           |
| 1 | 2 | 3 | Has difficulty maintaining posture at desk (slumps, head in hand, etc.) |
| 1 | 2 | 3 | Complains of or frequently appears fatigued                             |
| 1 | 2 | 3 | Has difficulty maintaining sitting position on floor                    |

**B. Mobility**

- |   |   |   |  |
|---|---|---|--|
| 1 | 2 | 3 | Has difficulty carrying school supplies/belongings in school environment |
| 1 | 2 | 3 | Trips or stumbles frequently   |
| 1 | 2 | 3 | Has difficulty opening or closing doors                                  |

Comments:

- [1] = A consistent problem (as compared to grade level peers)  
 [2] = An infrequent problem (as compared to grade level peers)  
 [3] = Not a problem (adequate skills or not applicable)

**III. FINE MOTOR/PERCEPTUAL SKILLS:** *The student's ability to manipulate and manage materials within the educational environment.*

**A. Bilateral/Fine Manipulation Skills**

- |   |   |   |  |
|---|---|---|--|
| 1 | 2 | 3 | Has difficulty cutting with scissors                                   |
| 1 | 2 | 3 | Takes excessive amount of time/practice to learn new fine motor skills |
| 1 | 2 | 3 | Avoids/dislikes/appears to struggle with fine motor activities         |
| 1 | 2 | 3 | Switches hands while writing, cutting, etc.                            |
| 1 | 2 | 3 | Has difficulty holding paper still while writing/drawing               |
| 1 | 2 | 3 | Has difficulty using computer  |
| 1 | 2 | 3 | Has difficulty using classroom tools: ruler, compass, stapler, etc.    |
| 1 | 2 | 3 | Has difficulty with constructional tasks: art/science projects         |
| 1 | 2 | 3 | Has difficulty manipulating small objects; frequently drops objects    |

**B. Handwriting/Printing (motoric aspect; not content, spelling, grammar, etc.)**

- |   |   |   |  |
|---|---|---|--|
| 1 | 2 | 3 | Writing is frequently illegible  |
| 1 | 2 | 3 | Forms letters poorly   |
| 1 | 2 | 3 | Has difficulty writing on line   |
| 1 | 2 | 3 | Letter/number size is inconsistent   |
| 1 | 2 | 3 | Writing is excessively large   |
| 1 | 2 | 3 | Writing is excessively small   |
| 1 | 2 | 3 | Writing appears to require excessive effort/requires excessive time to write |
| 1 | 2 | 3 | Tends to press too hard on the pencil  |
| 1 | 2 | 3 | Applies too little pressure on the pencil                                    |
| 1 | 2 | 3 | Has difficulty spacing properly between words                                |

**C. Visual Perceptual/Visual Motor**

- |   |   |   |   |
|---|---|---|---|
| 1 | 2 | 3 | Has difficulty accurately copying information from books/papers                       |
| 1 | 2 | 3 | Has difficulty copying information from the board                                     |
| 1 | 2 | 3 | Has difficulty aligning vertical columns; math problems, spelling lists               |
| 1 | 2 | 3 | Has difficulty heading/setting up paper correctly                                     |
| 1 | 2 | 3 | Frequently reverses letters/numbers   |
| 1 | 2 | 3 | Is unable to recognize/identify shapes/letters/numbers                                |
| 1 | 2 | 3 | Has difficulty following directions involving terms such as up/down, left/right, etc. |

Comments:

- [1] = A consistent problem (as compared to grade level peers)  
 [2] = An infrequent problem (as compared to grade level peers)  
 [3] = Not a problem (adequate skills or not applicable)

**IV. SENSORY PROCESSING:** *The student's ability to process relevant sensory information and screen out irrelevant sensory information for effective participation within the educational environment.*

**A. Tactile Processing**

- |   |   |   |  |
|---|---|---|--|
| 1 | 2 | 3 | Has difficulty tolerating touch or other children in close proximity, i.e. in line, at circle time, during group work. |
| 1 | 2 | 3 | Appears to dislike getting hands messy (art, glue, water, etc.)  |
| 1 | 2 | 3 | Has difficulty keeping hands to self in line, group activities   |
| 1 | 2 | 3 | Touches things/people constantly   |

**B. Movement/Vestibular Processing**

- |   |   |   |   |
|---|---|---|---|
| 1 | 2 | 3 | Appears hesitant/afraid of movement activities                                |
| 1 | 2 | 3 | Appears to be in constant motion; unable to sit still for an activity         |
| 1 | 2 | 3 | Seeks quantities of movement (e.g. swinging, spinning, bouncing, and jumping) |

**C. Body Awareness/Proprioceptive Processing**

- |   |   |   |   |
|---|---|---|---|
| 1 | 2 | 3 | Has difficulty negotiating through the school environment without bumping into others, knocking objects off desks, etc.     |
| 1 | 2 | 3 | Has difficulty respecting the personal space/boundaries of others, i.e. positions self too close to others, leans on others |
| 1 | 2 | 3 | Appears to lack safety awareness/judgment   |
| 1 | 2 | 3 | Seeks quantities of jumping/crashing, hanging on people or furniture, deep pressure, runs or bumps into walls/doors/people  |

**D. Auditory Processing**

- |   |   |   |   |
|---|---|---|---|
| 1 | 2 | 3 | Appears overly sensitive to loud noises (e.g. bells, toilet flush)    |
| 1 | 2 | 3 | Becomes distressed during assemblies, lunch or other large gatherings |
| 1 | 2 | 3 | Covers ears to protect them from sound                                |
| 1 | 2 | 3 | Is distracted or has trouble functioning if there is a lot of noise   |

Comments:



Mary E. Samples, Assistant Superintendent

**Occupational Therapy Department**  
*School Performance Checklist*  
*for students with Moderate/Severe Disabilities*

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parents Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Referred By (circle):    Parent       Classroom Teacher       IEP Team       SRT

Person Completing Form: \_\_\_\_\_

Indicate any diagnoses, medical concerns/precautions and/or special considerations (i.e. seizures, asthma, medications, etc.): \_\_\_\_\_  
\_\_\_\_\_

*Type of Classroom;*

\_\_\_\_\_ Regular  
\_\_\_\_\_ Special Education Classroom  
\_\_\_\_\_ Other: \_\_\_\_\_

*Current Services;*

\_\_\_\_\_ Specialized Academic Instruction  
\_\_\_\_\_ Speech/Language Therapy  
\_\_\_\_\_ Occupational Therapy  
\_\_\_\_\_ Physical Therapy  
\_\_\_\_\_ Adapted Physical Education  
\_\_\_\_\_ Other: \_\_\_\_\_

*Occupational therapy in the public school setting is primarily concerned with the student's ability to **function within the school environment**. The tasks contained in this checklist are those that may typically be addressed by a school occupational therapist. Please use this form to guide your observations and your interview of the classroom teacher. Please use the comment sections to indicate the type and level of prompts needed for student to demonstrate skills and whether or not these skills generalize to other settings and/or with other staff members.*

WHY IS THIS STUDENT BEING REFERRED TO OCCUPATIONAL THERAPY?

(Please be as specific as possible)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**I. SELF HELP SKILLS:** *The student's ability to manage personal needs within the educational environment.*

Yes	No	Has difficulty taking off or putting on coat, shoes, etc.
Yes	No	Has difficulty with clothing management for toileting
Yes	No	Has difficulty manipulating fasteners (buttons, snaps, zippers)
Yes	No	Has difficulty tying shoe laces
Yes	No	Requires assistance for hand washing
Yes	No	Has difficulty eating/drinking independently
Yes	No	Has difficulty opening food containers (milk carton, bags, etc.)
Yes	No	Has difficulty selecting and/or transporting food in cafeteria/classroom
Yes	No	Has difficulty cleaning up after self
Yes	No	Has difficulty wiping mouth
Yes	No	Has difficulty brushing teeth
Yes	No	Has difficulty transitioning between activities

Comments:

**II. POSTURE/FUNCTIONAL MOBILITY:** *The student's ability to perform basic developmental motor skills, posture, and balance needed to function in and move throughout the educational environment.*

**A. Posture**

Yes	No	Moves/fidgets excessively while at desk/table
Yes	No	Has difficulty maintaining posture at desk (slumps, head in hand, etc.)
Yes	No	Complains of or frequently appears fatigued
Yes	No	Has difficulty maintaining sitting position on floor

**B. Mobility**

Yes	No	Has difficulty carrying school supplies/belongings in school environment
Yes	No	Trips or stumbles frequently
Yes	No	Has difficulty opening or closing doors
Yes	No	Has difficulty accessing playground equipment (slides, swings, bikes...)
Yes	No	Has difficulty going up and down stairs
Yes	No	Has difficulty catching and throwing a ball
Yes	No	Has difficulty kicking a ball

Comments:

**III. FINE MOTOR/PERCEPTUAL SKILLS:** *The student's ability to manipulate and manage materials within the educational environment.*

**A. Bilateral/Fine Manipulation/Prewriting Skills**

Yes	No	Has difficulty bringing both hands to midline
Yes	No	Has difficulty crossing midline
Yes	No	Switches hands during fine motor tasks
Yes	No	Takes excessive amount of time/practice to learn new fine motor skills
Yes	No	Avoids/dislikes/appears to struggle with fine motor activities
Yes	No	Has difficulty manipulating small objects; frequently drops objects
Yes	No	Has difficulty with two-handed tasks such as stringing beads
Yes	No	Has difficulty positioning scissors in hand
Yes	No	Has difficulty cutting a straight line
Yes	No	Has difficulty cutting out simple shapes such as circle and square
Yes	No	Has difficulty holding writing utensils in fingers only
Yes	No	Has difficulty holding paper still while writing/drawing
Yes	No	Has difficulty coloring in the lines
Yes	No	Has difficulty copying vertical and horizontal lines
Yes	No	Has difficulty copying shapes (circle, cross, square, triangle)

**B. Handwriting/Printing (motoric aspect; not content, spelling, grammar, etc.) if appropriate**

Yes	No	Writing is frequently illegible
Yes	No	Forms letters poorly
Yes	No	Has difficulty writing on line
Yes	No	Letter/number size is inconsistent
Yes	No	Writing is excessively large
Yes	No	Writing is excessively small
Yes	No	Writing appears to require excessive effort/requires excessive time to write
Yes	No	Tends to press too hard on the pencil
Yes	No	Applies too little pressure on the pencil
Yes	No	Has difficulty spacing properly between words

**C. Visual Perceptual/Visual Motor**

Yes	No	Has difficulty accurately copying information from books/papers
Yes	No	Has difficulty copying information from the board
Yes	No	Has difficulty aligning vertical columns; math problems, spelling lists
Yes	No	Frequently reverses letters/numbers
Yes	No	Is unable to recognize/identify shapes/letters/numbers
Yes	No	Has difficulty following directions involving terms such as up/down, left/right, etc.
Yes	No	Has difficulty imitating movements, hands clap, up/down/side etc.

Comments:

**IV. SENSORY PROCESSING:** *The student's ability to process relevant sensory information and screen out irrelevant sensory information for effective participation within the educational environment.*

**A. Tactile Processing**

Yes	No	Has difficulty tolerating touch or other children in close proximity, i.e. in line, at circle time, during group work.
Yes	No	Appears to dislike getting hands messy (art, glue, water, etc.)
Yes	No	Has difficulty keeping hands to self in line, group activities
Yes	No	Touches things/people constantly

**B. Movement/Vestibular Processing**

Yes	No	Appears hesitant/afraid of movement activities
Yes	No	Appears to be in constant motion; unable to sit still for an activity
Yes	No	Seeks quantities of movement (e.g. swinging, spinning, bouncing, and jumping)

**C. Body Awareness/Proprioceptive Processing**

Yes	No	Has difficulty negotiating through the school environment without bumping into others, knocking objects off desks, etc.
Yes	No	Has difficulty respecting the personal space/boundaries of others, i.e. positions self too close to others, leans on others
Yes	No	Appears to lack safety awareness/judgment
Yes	No	Seeks quantities of jumping/crashing, hanging on people or furniture, deep pressure, runs or bumps into walls/doors/people

**D. Auditory Processing**

Yes	No	Appears overly sensitive to loud noises (e.g. bells, toilet flush)
Yes	No	Becomes distressed during assemblies, lunch or other large gatherings
Yes	No	Covers ears to protect them from sound
Yes	No	Is distracted or has trouble functioning if there is a lot of noise

**E. Visual Processing**

Yes	No	Squints eyes excessively/covers eyes on sunny days
Yes	No	Distracted from task at hand by other objects/activities on/around Desk area

Comments:

## Assessment Report Guidelines

Once the assessment has been completed, information is synthesized for presentation to the IEP team. Assessment findings and results and the implications about the student's ability to access and make progress in the curriculum must be conveyed in a way that can be clearly understood by all members of the IEP team: parents, teachers, and other related services providers and professionals. Use of technical terms and jargon should be well defined.

- The report may be part of a Multidisciplinary Psychoeducational Report which contains all required elements of state and federal law. In this case the OT/PT would submit findings to the assessment team lead (usually the school psychologist) for inclusion in the multidisciplinary report. The template is located in the SELPA website [www.vcselpa.org](http://www.vcselpa.org).
- If the report contains findings by only OT or PT, it must contain all elements of a report required by state and federal law. This occurs primarily with students who are already Special Education or 504/ADA eligible and for whom the team requests assessment outside of the review cycle. The templates for this are located in the SELPA website [www.vcselpa.org](http://www.vcselpa.org) under Resources for Teachers and Staff.



**Ventura County SELPA**  
**Specialist Input to Multidisciplinary Psychoeducational Report**

Student Name:

DOB:

Specialist Name:

Title:

Date(s) of assessment:

Assessment administered in (language):

Any relevant background information obtained by this specialist (e.g., medical by PT, linguistic by SLP):

Any unique behaviors observed in the classroom by this specialist:

Behavior during testing by this specialist:

Any existing assessments reviewed by this specialist (e.g. doctor reports) not also reviewed by psychologist:

Date	Type	Assessor

New assessments administered (name and brief description) by this specialist:

Any information about non standard administration of assessment (e.g. subtests only, non-standard scoring, translation):

**NEW ASSESSMENT RESULTS**

Findings:

Brief comments on how abilities may impact educational performance:

(For initials & triennials only) Any indicators of disability observed (use sample report language for list of characteristics):

Brief recommendations to enable student to be involved in general education curriculum (or for preschoolers, appropriate activities):

Brief recommendations about special education and related services:

(For SLI only) Recommendations about adapted equipment:

***End recipient: Please destroy this e-mail once information is compiled into your report.***

Letterhead Here

**OCCUPATIONAL THERAPY ASSESSMENT REPORT**

Ventura County SELPA

*Note: Fields in yellow are mandatory. Remove highlighting when complete.*

Student Name: \_\_\_\_\_ D.O.B.: Age: \_Yrs. Mo. \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: Male Female  
 Case Manager: \_\_\_\_\_ Date(s) of Assessment: \_\_\_\_\_  
 Parent(s) Name(s): \_\_\_\_\_ Type of Report: Initial Triennial  
 Address: \_\_\_\_\_  
 (Street & Number, City, Zip)  
 Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Materials and procedures were provided in the student's native language/mode of communication in a form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally. If not, explain:

Assessment(s) administered in English.

**REASON FOR REFERRAL:****BACKGROUND INFORMATION RELEVANT TO THIS REPORT:**

Environmental, cultural, and economic information:

Health and developmental information:

Educational history:

**BEHAVIORAL OBSERVATIONS:**

Observations in classroom and other appropriate settings, including relationship of behavior to student's academic and social functioning:

Behavior during testing, including relationship of behavior to the reliability of the current assessment results:

**ASSESSMENT INFORMATION:**

**SOURCES OF DATA REVIEWED:** (check or indicate "NA")

☐ Cumulative records ☐ Statewide Testing and Reporting results (STAR program)  
☐ Work samples ☐ Progress toward goals

Existing assessment reports: (within three years list below)

Date	Type	Assessor

☐ Parent interview ☐ Teacher survey or interview  
☐ Other data sources

Summary of existing data (if applicable):

**NEW ASSESSMENTS ADMINISTERED:** (List all)

Under the current edition of the Guidelines for Occupational Therapy and Physical Therapy in California Public Schools, the use of functional, curriculum-based assessments is highly encouraged. Observations made by a qualified professional, interview with those who are familiar with the child (especially parents, teachers, and other professionals providing services), and work samples compared with age-equivalent peers are considered appropriate assessment tools. (Either describe each assessment in this section, or include description of assessments in results below)

**ASSESSMENT RESULTS:** Address each area or indicate "Not an area of suspected disability"**Fine Motor:**

Not an area of suspected disability

**Gross Motor:**

Not an area of suspected disability

**Self-Help:**

Not an area of suspected disability

**Sensory Processing:**

Not an area of suspected disability

**Visual Motor:**

Not an area of suspected disability

- Student was assessed in all areas of suspected disability related to this discipline.
- All tests and materials include those tailored to assess specific areas of educational need.
- All assessments were selected and administered so as not to be discriminatory on racial, cultural, or sexual bias.
- Each assessment was used for the purpose for which it was designed and is valid and reliable.
- Each instrument was administered by trained and knowledgeable personnel.
- Each assessment was given in accordance with the test instructions provided by the producer of the assessments.
- All tests were selected and administered to best ensure that they produce results that accurately reflect the student's abilities, not the student's impairments, including impaired sensory, manual, or speaking skills.

Explanation for any of the above that is not applicable:

**OVERALL SUMMARY AND RECOMMENDATIONS:**

Summary of assessment, including factors affecting educational performance:

(Required for initial and triennial evaluations) Indicators of possible disability or continuing disability:

Recommendations to enable student to be involved in and progress in general education curriculum (or for a preschool child, to participate in appropriate activities): *(Give general areas of areas to be addressed)*

Possible special education and related services needed or additions or modifications to current services needed to meet goals and participate in general curriculum/appropriate activities (include basis for determination of need):

Need for specialized services and equipment (required for low incidence):

The decision regarding the provision of special education and specific related services is the responsibility of the IEP team. The purpose of this report is to provide information to assist the team in making that decision.

Person completing this report:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
e-mail

\_\_\_\_\_  
Phone

Copy to: ☐ District Office ☐ Cumulative File ☐ Case Manager ☐ Parent/Adult Student ☐ Related Service(s)

## Your Letterhead

**PHYSICAL THERAPY ASSESSMENT REPORT****Ventura County SELPA***Note: Fields in yellow are mandatory. Remove highlighting when complete.*

Student Name: D.O.B.: Age: Yrs. Mo.  
 School: Grade: Sex: Male Female  
 Case Manager: Date(s) of Assessment:  
 Parent(s) Name(s): Type of Report: Initial Triennial  
 Address:  
 (Street & Number, City, Zip)  
 Phone: Home Work Cell

Materials and procedures were provided in the student's native language/mode of communication in a form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally. If not, explain:

Assessment(s) administered in English.

**REASON FOR REFERRAL:****BACKGROUND INFORMATION RELEVANT TO THIS REPORT:**

Environmental, cultural, and economic information:

Health and developmental information:

Educational history:

**BEHAVIORAL OBSERVATIONS:**

Observations in classroom and other appropriate settings, including relationship of behavior to student's academic and social functioning:

Behavior during testing, including relationship of behavior to the reliability of the current assessment results:

**ASSESSMENT INFORMATION:**

**SOURCES OF DATA REVIEWED:** (check box & delete "NA"; or delete box & leave "NA")

☐ Cumulative records ☐ Statewide Testing and Reporting results (STAR program)  
☐ Work samples

**Existing assessment reports:** (within three years list below)

Date	Type	Assessor

☐ Parent interview ☐ Teacher survey or interview  
☐ Other data sources

Summary of existing data (if applicable):

**NAME AND BRIEF DESCRIPTION OF NEW ASSESSMENTS ADMINISTERED AND RESULTS:**

Under the current edition of the Guidelines for Occupational Therapy and Physical Therapy in California Public Schools, the use of functional, curriculum-based assessments is highly encouraged. Observations made by a qualified professional, interview with those who are familiar with the child (especially parents, teachers, and other professionals providing services), and work samples compared with age-equivalent peers are considered appropriate assessment tools.

**Physical Findings:**

Not an area of suspected disability

**Transfers:**

Not an area of suspected disability

**Standing and Gait:**

Not an area of suspected disability

**Functional Activities:**

Not an area of suspected disability

- Student was assessed in all areas of suspected disability related to this discipline.
- All tests and materials include those tailored to assess specific areas of educational need.
- All assessments were selected and administered so as not to be discriminatory on racial, cultural, or sexual bias.
- Each assessment was used for the purpose for which it was designed and is valid and reliable.
- Each instrument was administered by trained and knowledgeable personnel.
- Each assessment was given in accordance with the test instructions provided by the producer of the assessments.
- All tests were selected and administered to best ensure that they produce results that accurately reflect the student's abilities, not the student's impairments, including impaired sensory, manual, or speaking skills.

Explanation for any of the above that are not applicable:

**OVERALL SUMMARY AND RECOMMENDATIONS:**

Summary of assessment, including factors affecting educational performance:

(Required for initial and triennial evaluations) Indicators of possible disability or continuing disability:

Recommendations to enable student to be involved in and progress in general education curriculum (or for a preschool child, to participate in appropriate activities): (Give general suggestions of areas to be worked on)

Possible special education and related services needed or additions or modifications to current services needed to meet goals and participate in general curriculum/appropriate activities (include basis for determination of need):

Need for specialized services and equipment (required for low incidence):

The decision regarding the provision of special education and specific related services is the responsibility of the IEP team. The purpose of this report is to provide information to assist the team in making that decision.

Person completing this report:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
e-mail

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

Copy to: ☐ District Office ☐ Cumulative File ☐ Case Manager ☐ Parent/Adult Student ☐ Related Service(s)

**WORKSHEET FOR DETERMINATION OF NEEDED ASSESSMENT FOR TRIENNIAL REVIEW****Ventura County SELPA IEP**

Student Name \_\_\_\_\_

D.O.B. \_\_\_\_\_

Meeting Date \_\_\_\_\_

Special Education students must be re-evaluated at least every three years to address the four areas below. Considering existing data on the student, including most recent psycho-educational assessment (s), classroom-based assessments and observations, state achievement testing, teacher and related services providers' observations, and evaluations and information provided by the parents of the student, the IEP team determines whether further assessment is needed in any areas in order to conduct a Triennial Review meeting.

1. **ELIGIBILITY** Additional assessment to determine if student continues to have a disability requiring Special Education services: ☐ **Needed** ☐ **Not Needed**

Comments: \_\_\_\_\_  
\_\_\_\_\_

2. **EDUCATIONAL PERFORMANCE** Additional assessment to determine present levels of academic achievement and related developmental needs: ☐ **Needed** ☐ **Not Needed**

If needed, specify areas where additional assessment is needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **NEED FOR SERVICES** Additional assessment to determine whether the student continues to need Special Education and related services: ☐ **Needed** ☐ **Not Needed**

If needed, specify areas where additional assessment is needed: \_\_\_\_\_  
\_\_\_\_\_

4. **CHANGE OF SERVICES** Additional assessment to determine whether any additions or modifications to Special Education and related services are needed to enable the student to meet the measurable annual IEP goals and participate, as appropriate, in the general curriculum: ☐ **Needed** ☐ **Not Needed**

If needed, specify area where additional assessment is needed: \_\_\_\_\_  
\_\_\_\_\_

- SUMMARY** A) School district members of IEP Team agree that additional assessment (in the above areas, if specified) is: ☐ **Needed\*** ☐ **Not Needed**

- B) Parent believes that additional assessment is: ☐ **Needed\*** ☐ **Not Needed**

If parent is requesting additional assessment, specify the areas in which they believe further assessment is needed:

\_\_\_\_\_

- C) Regardless of the need for assessment, Vision and Hearing screening will be updated as required by law unless parent objects.

- D) Regardless of whether or not additional assessment is needed, the Triennial Review meeting will be held (by date): \_\_\_\_\_

\*If Needed is checked, an Assessment Plan will be developed.

Copy to: ☐ Assessment Team Lead (if not present at meeting)

## **Triennial/Reevaluation**

Special Education regulations specify that a reevaluation may not occur more than once a year, unless both the parent and the district have agreed upon this. However, a reevaluation must be conducted every three years (triennial) if needed to determine whether the pupil continues to need special education and related services, additions or modifications to enable the student to meet the annual goals in the IEP and to participate, as appropriate, in the general curriculum (34 CFR § 300.304).

The decision about whether or not to conduct reevaluation can be documented in one of two ways.

- At an IEP meeting a year before the triennial anniversary (see form).
- At a meeting with parent (in person or by phone) to discuss the need (see form)

Whether or not reevaluation is determined to be necessary, a Triennial Review IEP meeting must be held to address the Triennial Review questions, including Special Education eligibility.

If your discipline conducted initial assessment as part of the evaluation process and/or OT or PT is considered to be an area of need, you must be a part of the reevaluation team. The report requirements are the same as for any other assessment.

In addition, all children who are transitioning from Special Education preschool to kindergarten programs (including transitional kindergarten) must be reevaluated in all areas of disability, unless the team determines no new data is necessary (see timeline and form for determining need for preschool assessment).

If the decision is made that reevaluation is not necessary, the Summary of Record Review in preparation for Triennial Review form is completed by the school psychologist to document the records reviewed in preparation for the Triennial Review IEP meeting.



**DOCUMENTATION OF DISTRICT & PARENT/ADULT STUDENT DECISION  
ABOUT ASSESSMENT NEEDED FOR TRIENNIAL REVIEW**

Ventura County SELPA

Student \_\_\_\_\_

D.O.B. \_\_\_\_\_

Dear Parent/Guardian or Adult Student:

Every three years, a review (known as a "Triennial Review") must be conducted to determine the following:

- 1) whether the student continues to have a disability;
- 2) the present levels of academic achievement and related developmental needs;
- 3) whether the student continues to need special education and related services; and
- 4) whether any additions or modifications to the special education and related services are needed to enable the student to meet the measurable annual IEP goals and participate, as appropriate, in the general curriculum.

As discussed with you \_\_\_\_\_, members of the IEP team have reviewed the existing information and/or data on the student, including:

- Information provided by you, and
- Current classroom-based assessments and observations, and
- Observations by teachers and related service providers

Based on that review and your input, it has been concluded that:

- ☐ Additional assessment is needed. An Assessment Plan is enclosed. If you are in agreement, please sign and return promptly.
- ☐ No additional data are needed to answer the questions above at this time.

Note: Vision and hearing screening will be updated as required by law unless you file a written objection.

You have the right to request additional assessment, if at any time you believe that it is needed in a particular area in order to address the Triennial Review components listed above. If you have any questions, or would like to discuss this further, please call me at the number listed below.

The Triennial Review IEP meeting will be scheduled no later than \_\_\_\_\_ and you will be invited to attend and participate.

Sincerely,

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

Copy to: ☐ District Office ☐ Cumulative File ☐ Case Manager ☐ Parent/Adult Student

<b>SUMMARY OF RECORD REVIEW IN PREPARATION FOR          TRIENNIAL REVIEW MEETING          Ventura County SELPA</b>
--

Date \_\_\_\_\_

Student \_\_\_\_\_

D.O.B \_\_\_\_\_

School \_\_\_\_\_

Reviewer \_\_\_\_\_

Title \_\_\_\_\_

If EL, current level of English proficiency: ☐Beginning ☐Early Intermediate ☐Intermediate ☐Early Advanced ☐Advanced

Student is Reclassified English Proficient

*This worksheet is to be used in preparation for Triennial Review when no new assessment was conducted. It is not considered to be an Assessment Report. It is a worksheet to record sources of data reviewed and for recommendations at the Triennial Review IEP meeting.*

**Sources of data used to compile this summary.**

☐ Assessment Reports:

Date	Type	Assessor

- ☐ Review of cumulative records
- ☐ Statewide Testing and Reporting results (STAR Program)
- ☐ Grades
- ☐ Progress toward prior goals
- ☐ Teacher interview
- ☐ Parent interview
- ☐ CELDT Scores
- ☐ Other data sources:

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**Brief summary of reviewer's findings and recommendations:**

- Present levels of academic achievement and related developmental needs:
- Student appears to continue to meet criteria for the following disability:
- Student appears to continue to need the following special education and related services:
- Student may need the following additional special education and related services or modifications to special education and related services to meet IEP goals and participate in the general education curriculum.

These findings are presented to the IEP team using data existing in the student's file and other sources noted above. The final decision about eligibility and services will be made by the IEP team.

Copy to: ☐ District Office ☐ Cumulative File

**Ventura County SELPA**  
**Checklist for Reassessment Prior to Transition to Kindergarten**

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

Current teacher \_\_\_\_\_ School \_\_\_\_\_

1. Student's eligibility:
2. Areas of need- Review the record, including initial referral, assessment report data and other teacher generated data to find all areas that are considered to be of need. Check all that apply:
  - ☐ Health and development
  - ☐ Vision (including low vision)
  - ☐ Hearing
  - ☐ Motor abilities
  - ☐ Language function
  - ☐ General intelligence
  - ☐ Academic performance
  - ☐ Communicative status
  - ☐ Self-help
  - ☐ Orientation and mobility skills
  - ☐ Social and emotional
3. Check areas in which additional assessment is needed in order to conduct the triennial review:
  - ☐ Eligibility
  - ☐ Present levels/ educational needs
  - ☐ Special education and related services
  - ☐ Any additions and modifications to meet goals and participate in general curriculum
4. Existing data- Review the files, contact parents, etc, to find out all the sources of data that currently exist.  
List recent reports and dates:

Area	Data Source
A. _____ B. _____ C. _____	_____ _____ _____

5. List the areas in which new assessment needs to be conducted:

Area	Assessor
A. _____ B. _____ C. _____	_____ _____ _____

6. List areas which can be reviewed (qualified professional)

Area	Assessor
A. _____ B. _____ C. _____	_____ _____ _____

## **Independent Educational Evaluations (IEEs)**

Parents may request and receive an Independent Educational Evaluation (IEE) as part of the IEP process (34 CFR § 300.502). On occasion, a private OT or PT assessment may be presented during the IEP meeting. It is the responsibility of the OT or PT on the IEP team to summarize the findings, analyze the report, and consider its relevance to the students' needs in the educational setting.

# IEPs



## IEP Overview

- As an OT or PT, you are expected to be prepared to give input on the “Present Levels of Performance,” mostly in the motor area.
- If you have assessed, you will be expected to summarize and answer questions regarding your findings.
- If it is an ongoing case, you will be expected to bring progress reports on goals, including data sheets and work samples.
- If you are anticipating that OT or PT services will be provided, you should come prepared with ideas for measurable goals.
- If the student needs accommodations due to physical, sensory or behavioral needs, be prepared to give input on the accommodations/ modifications page.

## Individualized Education Program

The IEP is a written document for each Special Education eligible student. It is developed, reviewed, and revised (EC § 56341) by a team of professionals in collaboration with the student's family.

The OT or PT's responsibilities in the IEP process are, to interpret the results of the evaluation of a student's performance and, to recommend whether a student requires OT or PT to access his or her educational program, as a related service, including appropriate goals. In addition the therapist discusses the educational needs of the student and general recommendations for educational planning. Recommendations for OT and PT must be linked to educationally relevant outcomes. Under the law, OT and PT are considered "related services" necessary "to assist the child with a disability to benefit from Special Education" (34 CFR § 300.346).

Clear and concise "present levels of educational performance" are determined as part of the IEP and indicate how the disability affects the child's participation and progress in the general curriculum and the educational needs that result from the disability. The present levels of educational performance provide a rationale/baseline for the other components of the IEP.

According to California Code of Regulations, Title 5, Section 56363(a), related services, "as specified in the Individualized Education Program shall be available when the instruction and services are necessary for the pupil to benefit from his or her instructional program." The general education teacher and/or the Special Education teacher provide the instruction and services if the provision of the instruction and services by the teacher(s) is feasible. If not, the appropriate designated instruction and services (i.e., related service) specialist shall provide the instruction and services".

## Goals (and Objectives)

Goals and objectives should be written that are functional and should relate to the student's classroom performance.

The OT or PT should contribute to the IEP process by cooperating with staff to establish educationally relevant annual goals. The goals included in the IEP should be the consensus of the team and not represent only one profession. When the level of expertise of an OT or PT is required in order to work on a specific goal, the OT or PT should be listed as one of the *"Responsible Disciplines"* on the Goals page.

Since teachers are responsible for their students' overall development, and because OT and PT are considered related services to help the student to succeed in the classroom, it is best practice to always list the teacher and other classroom staff as "responsible discipline" for the goal. If the OT or PT is listed as the first responsible discipline, he/she is responsible for collecting data to report progress on goals at required intervals. If not, the OT or PT can support the classroom educational goals which are reported by the teacher.

Students who take Alternate Assessments (CAA third grade and over) will also need benchmarks (objectives), in addition to Annual Goals.

Goals should be developed using the SIRAS IEP goals developer, whenever possible. Every IEP goal must have these elements:

- 1) Area of need/reason for the goal- Describes why the goal is needed. OT and PT should note the area of functionality impacted by the need. (I.e., working on head control for following teacher's directions, fine motor control for handwriting, etc.). Describe any progress from past year and reason goal is still needed. Samples:

"Johnny has made progress on his head control and will bring head up for eye contact upon teacher request. He needs to develop more control and strength so he can follow teacher direction during circle and story times."

"Susie has made progress in holding adapted pencil and tracing letters. She needs more control to hold pencil to form letters, and words for class work."

- 2) Baseline- Describes what the student can do, (the skill or behavior), providing accuracy (how well), consistency (how long, or how many times) and measurement tool. Baseline always starts with "Currently..." Samples:



“Currently, Johnny will lift his head up and look at teacher, holding eye gaze (the skill or behavior) for 30 seconds (accuracy) in 2 of 3 trials (consistency) as measured by teacher observation checklist (measurement).”

“Currently, Susie can copy 10 letters with appropriate for formation, spacing and line orientation (the skill or behavior), with 15 or less errors (accuracy) in 3 consecutive trials (consistency), as measured by work sample. (measurement).”

- 3) Goal- Describes what the student is expected to learn in one year. Includes date, any setting factors or conditions to assist student in achieving goal, the exact same behavior or skill as in the baseline, with accuracy, consistency and measurement using the same terms as in the baseline, so measuring progress is simple. Samples:

“By (date) given adapted wheelchair with halo (setting factors or conditions) Johnny will lift his head up and look at teacher holding eye gaze (same skill as baseline) for 90 seconds, (accuracy adjusted to reflect progress) in 2 of 3 trials (exact same consistency) as measured by teacher observation checklist. (exact same measurement).”

“By (date) given adapted pencil grip and after hand warm up exercises, (setting factors or conditions) Susie will copy 10 letters with appropriate formation, spacing and line orientation (same skill as baseline) with fewer than 5 errors, (accuracy adjusted to reflect progress) in 3 consecutive trials (exact same consistency) as measured by work samples (exact same measurement).”

See sample goal pages.

## **ACCURACY (How Well)**

(Criteria for how well the skill or behavior must be performed)

with fewer than \_\_\_\_ prompts  
with fewer than \_\_\_\_ errors  
with at least \_\_\_\_ correct  
with a score of \_\_\_\_ out of \_\_\_\_  
correctly  
with 90% correct  
with 80% correct  
with 75% correct  
with \_\_\_\_% correct  
to \_\_\_\_ per observation period  
to \_\_\_\_ per week  
to \_\_\_\_ per day  
to \_\_\_\_ per month  
within \_\_\_\_ minutes  
that is legible to \_\_\_\_  
that is understandable by \_\_\_\_  
in \_\_\_\_ of \_\_\_\_ opportunities  
in each occurrence  
with fewer than \_\_\_\_ tardies/absences  
without prompts  
independently  
achieving at least \_\_\_\_ points  
with a rating of “satisfactory” or better  
with guidance from peers or adults

## **CONSISTENCY (How Long)**

(Period of time or number of trials in which accuracy must be demonstrated)

for \_\_\_\_ out of \_\_\_\_ trials  
for \_\_\_\_ out of \_\_\_\_ periods  
for \_\_\_\_ out of \_\_\_\_ sessions  
for \_\_\_\_ observations of \_\_\_\_ minutes  
for \_\_\_\_ recess/lunch periods  
for \_\_\_\_ consecutive trials  
for \_\_\_\_ sessions  
for \_\_\_\_ transitions  
for \_\_\_\_ month(s)  
for \_\_\_\_ weeks  
for \_\_\_\_ days  
for a semester  
for a quarter  
for a trimester  
in \_\_\_\_ sentences  
in \_\_\_\_ paragraphs  
for \_\_\_\_ minutes  
in \_\_\_\_ of \_\_\_\_  
each opportunity within \_\_\_\_  
within a class period  
within a semester

**ANNUAL GOALS & OBJECTIVES****Ventura County SELPA IEP**Student Name JenniferD.O.B. 12/23/2011Meeting Date 10/16/2016Area of Need: Motor Skills DevelopmentResponsible Personnel: Occupational Therapist, Special Education Teacher**Reason for goal (Describe current needs in this area. Summarize progress on last year's goal in this area, if applicable.):**

Based on assessment results, Jennifer has started to snip paper with adult assistance. She needs to learn to cut in a forward motion.

**Baseline (must include observable behavior or skill, current level of accuracy and consistency, & measurement instrument):**

Currently, Jennifer can use scissors to cut along a 3 inch straight line with minimal prompts/assistance for 0 out of 5 opportunities as measured by work samples.

For EL students, the goal is linguistically appropriate. Specify language of instruction:

☒ English ☐ Spanish ☐ Other: \_\_\_\_\_**Annual Goal 9**

By 10/16/2016, with gestural prompts, Jennifer will use scissors to cut along a 3 inch straight line with minimal prompts/assistance for 4 out of 5 opportunities as measured by work samples.

☒ Enables student to be involved/progress in general curriculum

and/or

☒ Addresses other educational needs resulting from the disabilityCategory: Fine Motor: Cutting

Standard Number \_\_\_\_\_

Domain: Motor Skills/Mobility**Objective:**

By 1/16/2016, with gestural prompts, Jennifer will use scissors to cut along a 3 inch straight line with hand over hand prompts/assistance for 1 out of 5 opportunities as measured by work samples

**Objective:**

By 3/16/2016, with gestural prompts, Jennifer will use scissors to cut along a 3 inch straight line with minimal prompts/assistance for 2 out of 5 opportunities as measured by work samples.

**Objective:**

By 6/15/2016, with gestural prompts, Jennifer will use scissors to cut along a 3 inch straight line with minimal prompts/assistance for 3 out of 5 opportunities as measured by work samples.

**ANNUAL GOALS & OBJECTIVES****Ventura County SELPA IEP**Student Name JenniferD.O.B. 12/23/2011Meeting Date 10/16/2016Area of Need: Motor Skills DevelopmentResponsible Personnel: Physical Therapist/Special Education Teacher**Reason for goal (Describe current needs in this area. Summarize progress on last year's goal in this area, if applicable.):**

Walking with a reverse walker will promote independence in the school environment.

**Baseline (must include observable behavior or skill, current level of accuracy and consistency, & measurement instrument):**

Currently, Jennifer can walk with a reverse walker from her classroom to the front of the school, within 10 minutes, in 0 out of 5 trials, as measured by observation record.

For EL students, the goal is linguistically appropriate. Specify language of instruction:

☐ English ☐ Spanish ☐ Other: \_\_\_\_\_**Annual Goal 10**

By 10/16/2016, given verbal assistance and light physical prompting at waist, Jennifer will be able to walk with a reverse walker from her classroom to the front of the school, within 10 minutes, in 5 out of 5 trials, as measured by observation record.

☐ Enables student to be involved/progress in general curriculum

and/or

☒ Addresses other educational needs resulting from the disabilityCategory: Locomotor Skills

Standard Number \_\_\_\_\_

Domain: Motor Skills/Mobility**Objective:**

By 1/16/2016, given verbal assistance and light physical prompting at waist, Jennifer will be able to walk with a reverse walker from her classroom to the front of the school, within 10 minutes, in 2 out of 5 trials, as measured by observation record.

**Objective:**

By 3/16/2016, given verbal assistance and light physical prompting at waist, Jennifer will be able to walk with a reverse walker from her classroom to the front of the school, within 10 minutes, in 3 out of 5 trials, as measured by observation record.

**Objective:**

By 6/15/2016, given verbal assistance and light physical prompting at waist, Jennifer will be able to walk with a reverse walker from her classroom to the front of the school, within 10 minutes, in 4 out of 5 trials, as measured by observation record.

## **Accommodations and Modifications**

OTs and PTs should be able to give input to Case Managers regarding adaptations to the instructional environment to assist the student in accessing the educational program.

See attached menu of ideas for this page, as well as samples. There are separate forms for preschool versus school-aged students.

The OT and PT should assist the teacher in developing any supports needed in the classroom that fall within the OT or PT's expertise, as well as ongoing monitoring of effectiveness.

<b>ACCOMMODATIONS and MODIFICATIONS for CLASSROOM INSTRUCTION &amp; ASSESSMENT</b>
--

Conejo Valley Unified

Student Name                     ~~XXXXXX~~                     D.O.B.           10/1/2006           Meeting Date           4/22/2015          
**ACCOMMODATIONS needed for student to be involved and progress in the core curriculum (must be related to student's disability):**
*Note: Accommodations do NOT fundamentally alter or lower standards of course/test. Students receiving accommodations in the classroom shall be eligible to receive the same grade.*
**The accommodations listed below apply to all subjects and settings unless specified otherwise.**

SETTING / SCHEDULING	TEACHER DIRECTIONS	STUDENT RESPONSE
Seat away from distractions/noise	Directions given in a variety of ways	Increased verbal response time
Extended time to complete assignments	Directions given one at a time	Alternative response mode (oral, or pointing)
Warning before transitions	Simple repetitive directions	Reduced paper/pencil tasks
Designated seat at table	Fewer items on a page	Use of manipulatives
	Frequent checks for understanding	
	On-task reminders	
	Verbal encouragement	
	Pages turned for student	
	Demonstrate with manipulatives	
SENSORY NEEDS	ORGANIZATION / STUDY SKILLS	PERSONAL CARE / EQUIPMENT
Warn student of changes to schedule	Alternative materials	Assistance with toileting
Frequent breaks	Assistance with recording assignments	Walker
	Highlighters	Stroller
	Larger Print when possible	

**MODIFICATIONS needed:** *Note: modifications DO fundamentally alter or lower standards of course/test.*

SUBJECT	ASSIGNMENTS / TESTS		COURSES / SUBJECTS	
	MODIFICATIONS	GRADING	MODIFIED REQUIREMENTS	GRADING
All subjects	N/A – using modified curriculum	None	Alternative curriculum	Alternate report card

## Classroom Accommodations Menus

Setting/Scheduling	Teacher Directions	Student Response
None	None	None
Visual schedule	One word directions	Use of access switches
Warning before transitions	Directions given one at a time	Word processing software with tools turned off
Seat at front of room	Directions given in a variety of ways	Word processing software with spell check
Seat near teacher	Directions given through visual cues	Word processing software with grammar check
Seat away from distractions/noise	Simple repetitive directions	Dictate responses (oral or sign)
Designated seat at table	Questions or items presented orally	Use of pencil grip
Allow choice of two tasks	Answer choices read aloud	Specialized paper
Change in order of tasks	Fewer items on a page	Allow use of pen only
Visual barriers	Textbook on tape or CD	Allow use of pencil only
Choice in the order of tasks	Frequent checks for understanding	Increased verbal response time
Frequent breaks	Open book tests	Do very other problem on math
Low light	Short answer tests	Reduced paper/pencil tasks
Low noise	Mark correct answers, not mistakes	No penalty for spelling except on spelling task
Extended time to complete assignments	Ignore minor inappropriate behaviors	No penalty for grammar unless a grammar task
Extended time on tests	Allow extra classroom movement	Use of notes on tests or quizzes
Test at time most beneficial to student	Warn student of environmental changes	Use of calculator except for calculation tests
Test over more than one day	Praise for specific behavior	Use of manipulatives
Supervised breaks within a test period	Verbal encouragement	Alternative response mode (oral, or pointing)
Test individually	On-task reminders	Speech generating device
Test in small group	Secret signal	Oral or taped response to essay questions
Test in a quiet environment	Pages turned for student	No scantron answer sheets
Noise buffers or study carrel	Large print	Visual cues for student to wait
"Private office"	Braille transcription	Visual cues for student to wait for turn
Special lighting or acoustics	Sign language	Translation device
Adaptive furniture	Light physical prompts	Bilingual dictionary
Use of timer to cue task completion	Visual cues (models or pictures)	
Use of timer to signal end of break	Allow for increased verbal response time	
Use of visual countdown strip to signal end of task	Allow for alternative response mode	
Use visual countdown strip to signal end of activity	Demonstrate with manipulatives	
	Low voice volume	
	Use "First, Then" cards with pictures	
	Tasks presented in small chunks	
	Provide checklist of steps for tasks	
	Provide visuals of expectations	
	Use preferred activities for reinforcement	
	Allow student to select reinforcers	
	Provide reinforcement chart with visuals of choices	
	Primary language support in academics	
	Use of Hearing Assistive Technology (HAT)	

<b>Sensory</b>	<b>Organization/Study Skills</b>	<b>Personal Care/Equipment</b>
None	None	None
Low light	Visual schedule	Assistance with dressing for PE
Low noise	Extra set of books at home	Assistance with opening a lock
Use of self-monitoring strategies	Note-taking assistance	Special lock
Extra/immediate privileges/rewards	Assistance with recording assignments	Assistance with feeding
Warn student of changes to environment	Colored folders	Special spoon
Warn student of changes to schedule	Highlighters	Special cup
Frequent breaks	Use of place marker or colored markings	Special bowl
Fidget object	Late assignments accepted up to _____	Special placemat
Sensory diet at specific planned intervals	Alternative materials	Weighted utensils
Calming activities	Study guides or sheets	Pureed foods
Stimulating activities for alertness	Graphic organizer	Consideration of food allergies
Vestibular input (rocking/swinging)	Use of notes on tests or quizzes	Consideration of food texture
"Heavy work" before fine motor	No scantron answer sheets	Gavage feeding
Proprioceptive input (pressure)	Textbook on tape or CD	Assistance with toileting
Weighted vest	Reading pen	Adapted toilet seat
Weighted lap belt/pads		Changing table
Special seat (ball, cushion)		Diapering
Access to squeeze machine		Assistance with transferring to toilet
Access to Somatron pillow		Lift for transfers
Avoid light touch; firm touch only		Habit training
Use of i-pod or similar during non-instructional time		Product allergies or sensitivities
Use of MP3 player during non-instructional time		Adaptive furniture
Planned exposure to overstimulation to desensitize		Use of access switches
		Walker
		Stander
		Vestibulator
		Gait trainer
		Adapted bicycle or tricycle



**STRATEGIES and ADAPTATIONS for INSTRUCTION and ASSESSMENT**  
**Preschool Level**

**Ventura County SELPA IEP**

Student Name \_\_\_\_\_ Jennifer XXXXXX \_\_\_\_\_ D.O.B. 12/23/2011 \_\_\_\_\_ Meeting Date 10/16/2015 \_\_\_\_\_

**CLASSROOM STRATEGIES / ADAPTATIONS**

SETTING/EQUIPMENT	SCHEDULING	DIRECTIONS
a chair where Jennifer's feet can touch the ground	Warning before transitions	Give directions one at a time
Walker	Transition assistance	Simple repetitive directions
closer access to visual stimuli	Use First, Then	Visual prompts (modeling, pictures)
	Redirection to increase compliance	Increased gesture response time
		hand over hand assistance
		prompting to stay on task
		verbal and visual cues
		remove distractions before giving directions
SENSORY NEEDS	FEEDING NEEDS	TOILETING NEEDS
None	Assistance with feeding utensils	Diapering
		Alternate ways to indicate needs
		-i.e. gestures, signs, pointing

**ASSESSMENT CONSIDERATIONS**

**Desired Results Developmental Profile (DRDP) access** – mandatory for all special education preschoolers – administered in fall and spring each year (does not produce individual scores, but results are used for planning instruction) ☐ No adaptations needed ☒ With adaptations (if needed, specify below)

Assistive equipment or device \_\_\_\_\_

Preschool students are rated on their progress toward the following Desired Results:

1. Children are personally and socially competent (self-concept; social and interpersonal skills, self-regulation, and language skills).
2. Children are effective learners (curiosity & initiative, attention & persistence, memory, cause & effect, problem solving, pretend play, and beginning math & literacy skills).
3. Children show physical and motor competence (movement, balance, eye-hand coordination, grasp/release, and manipulation)
4. Children are safe and healthy (personal care routines, toileting & hygiene, dressing, feeding, personal safety, and understanding healthy lifestyle).

**Preschool English Language Survey (PELS)** – required for preschoolers with native language other than English on the Home Language Survey:

☒ Administered on 10/14/2014 ☐ Not applicable (English only)

Results: ☒ EL Beginning \_\_\_\_\_ EL goal number 9 \_\_\_\_\_ Birthplace \_\_\_\_\_ (optional)

Note: The EL levels indicated above are intended for preschool only. Student will be reassessed for English language proficiency upon entry into kindergarten.

Suggested Language Development Assessment for Kindergarten CELDT ☐ VCCALPS ☒

### Preschool Strategies & Adaptations Menus

Setting/Equipment	Scheduling	Directions
Adaptive furniture	One word directions	One word directions
Adapted tricycle	Give directions one at a time	Give directions one at a time
Adapted scissors	Directions given in a variety of ways	Directions given in a variety of ways
Adapted grips	Simple repetitive directions	Simple repetitive directions
Gait trainer	Sign language	Sign language
Carpet squares or tires on carpet	Light physical prompts	Light physical prompts
Colored tape to mark areas	Visual prompts (modeling, pictures)	Visual prompts (modeling, pictures)
Wheelchair	Increased verbal response time	Increased verbal response time
Walker	Alternative response mode	Alternative response mode
Stander	Model as directions given	Model as directions given
Special lighting	Only one adult speak at a time	Only one adult speak at a time
Special chair or area for break	Low voice volume	Low voice volume
Use of access switches		
Pencil grip		
Preferred seating		
Augmentative communication system		
Foot rest		
Inflatable seat cushion		
Weighted vest		
Beanbag chair		
Physical/visual barriers between areas		
Music on low volume		
Vestibulator		
Scheduling		
Picture schedule		
Realia schedule		
Transition object		
Warning before transitions		
Transition assistance		
Allow choice of two tasks		
Extra time		
Frequent breaks		
Remove materials from current activity		

<b>Sensory Needs</b>	<b>Feeding Needs</b>	<b>Toileting Needs</b>
Low light	Assistance with feeding	Assistance with toileting
Low noise	Special spoon	Adapted toilet seat
Noise buffers	Special cup	Changing table
Decreased visual stimulus	Special bowl	Diapering
Decreased tactile input	Special placemat	Assistance with transferring to toilet
Calming activities	Weighted utensils	Habit training
Fidget object	Pureed foods	Product allergies or sensitivities
Stimulating activities for alertness	Food allergies	
Sensory diet at specific intervals	Monitor food textures	
Limited food textures	Gavage feeding	
Vestibular input (rocking/swinging)		
"Heavy work" before fine motor		
Obstacle course		
Climbing activities		
Access to "crashing" onto mat		
Sensory breaks		
Proprioceptive input (pressure)		
Weighted vest		
Weighted lap belt/pads		
Special seat (ball, cushion)		
Designated space for circle time		
Avoid light touch; firm touch only		
Warn student of environmental changes		
Paint brush rather than finger paint		
Access to body sock		
Access to squeeze machine		
Access to Somatron pillow		

## Need for OT and/or PT as a Related Service

IDEA requires that the IEP and services provided be driven by the student's needs and goals. Determining related service needs for students, must, therefore, be determined on an individual basis. For this reason no specific entrance and exit criteria are given as part of this document. The recommendations for OT or PT (or both) are based on the therapist's professional judgment and are derived from interpretation of findings, the student's academic achievement and functional performance, and the IEP process. Factors that contribute to clinical reasoning include age, expected response to therapy, possibility of needs being met by other staff, stability of status, and the pattern and severity of difficulties. PT cannot be provided without a diagnosis (for the condition being treated) from a physician or other duly licensed practitioner (unless the service is for "the purpose of general fitness and health services" according to <http://www.ptb.ca.gov>).

Many student needs addressed by OTs and PTs are the same as or overlap with needs addressed by Special Education teachers. Therefore, the IEP team needs to thoroughly review developmental levels, student performance, and interventions attempted to determine that they have exhausted the Special Education expertise/resources available before they refer for OT services.

A key factor the IEP team must remember is that a related service such as OT or PT is warranted only if the service is necessary for the student to benefit from his or her educational program. Therefore, if the IEP team has exhausted the strategies, activities or resources available and believes that OT is necessary for the student to benefit from his or her instructional program, a recommendation for such services should be made. OT or PT may not be the only Special Education service on IEP. There must be another Primary service (such as Specialized Academic Instruction) that the OT or PT are supportive to.

### ISSUES TO CONSIDER:

1. Is therapy likely to improve the student's ability to function in his/her educational environment?
2. Is there a significant discrepancy in the student's gross motor, fine motor, sensory motor, visual motor, or oral motor ability compared to his ability level in the areas of cognition, communication, social and or self help skills?
3. Are the instructional strategies and interventions designed at the appropriate level for the student, i.e. task analyzed into small enough steps with appropriate cues?
4. Does the student need training in the use of environmental adaptations or equipment?
5. Does the student need an assistive device in order to participate in an educational program? Who has the expertise to determine the need? Who has the expertise to train the student in the use of the device?

6. Does the teacher know what activities, interventions, or procedures to provide to address the student's areas of assessed need? If not, who has the expertise to assist her/him?

See sample Student Information and Services page with OT and PT noted.

# STUDENT INFORMATION AND SERVICES

## Ventura County Special Education Local Plan Area (SELPA) Individualized Education Program (IEP)

Student Jennifer  
 Parent/Guardian/Surrogate \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
 E-mail: \_\_\_\_\_

D.O.B. 12/23/2011 Age 4 yr. 9 mo. Grade PRS Sex F  
 Case Manager \_\_\_\_\_  
 Case Manager Phone \_\_\_\_\_  
 Case Manager Email \_\_\_\_\_  
 School Attending Dwire (COE)  
 Home School Mcauliffe (christa) Elementary  
 Residency Parent or legal guardian  
 Native Language Spanish  
☐ EO ☐ IFEP ☒ EL (see ELD page) ☐ RFEP

Meeting Date 10/16/2016  
 Meeting Purpose Annual Review  
 Teacher (Elem. only) \_\_\_\_\_  
 Student ID # 12232011  
 SSID# 9735894911  
 District of Service (DOS) County Office of Education (VCOE)  
 District of Responsibility Oxnard Elementary  
☐ Eligible for Migrant Program

<b>Dates</b> Initial Entry (0-22) <u>2/10/2012</u> Next Review <u>10/16/2017</u> Initial IEP <u>12/10/2014</u> Next Triennial <u>12/10/2017</u> Implementation (this plan)* <u>10/17/2016</u> Exit Date _____ Exit Reason _____ * Contingent upon full IEP team approval of plan.		<b>Agency Services</b> (outside of IEP) <input type="checkbox"/> None <input checked="" type="checkbox"/> Regional Center (RC) <input type="checkbox"/> CCS <input type="checkbox"/> Mental Health (DMH) <input type="checkbox"/> Social Services <input type="checkbox"/> Rehabilitation (DR) <input checked="" type="checkbox"/> Other Agency <u>Behavioral Serv</u>	<b>Ethnicity/Race</b> Hispanic/Latino <u>Yes</u> Race: <u>White</u>	<b>In General Education</b> <u>0</u> Percent of the school day that the student is in the general education classroom/setting (ages 3-22). <b>Physical Education</b> <input type="checkbox"/> General <input type="checkbox"/> Adapted <input type="checkbox"/> Modified General <input type="checkbox"/> Exempt <input type="checkbox"/> Specially Designed <input checked="" type="checkbox"/> N/A
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<b>Eligibility</b> (Check Primary) <input checked="" type="checkbox"/> Intellectual Disabilities <input type="checkbox"/> Other Health Impairment <input type="checkbox"/> Deafness (LI) <input type="checkbox"/> Speech/Language Impairment <input type="checkbox"/> Multiple Disability <input type="checkbox"/> Visual Impairment (LI) <input type="checkbox"/> Specific Learning Disability <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Orthopedic Impairment (LI) <input type="checkbox"/> Autism <input type="checkbox"/> Established Medical Disability <input type="checkbox"/> Hard of Hearing (LI) <input type="checkbox"/> Emotional Disturbance <input type="checkbox"/> Deaf/Blindness (LI) (3-4 year olds) LI = Low Incidence Secondary (If any) <u>Orthopedic Impairment</u> <input type="checkbox"/> Not Eligible (explanation/comments)	<b>Health / Behavior</b> <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Specialized Physical Health Care Service(s) <input type="checkbox"/> Health &/or Emergency Care Plan Date _____ <input type="checkbox"/> Behavior Intervention Plan Date _____ <b>Special Transportation</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify level: <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Special Requirements: _____ Emergency Drop off: _____	<b>Out of District Transfer</b> Transfer to: _____ Date: _____ <b>Dismissed From</b> Service: _____ Service: _____ Service: _____ Service: _____
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Special Education Services and/or Related Services		Begin Date	End Date	Location	Frequency	Total Minutes	Provider
All services on this IEP will continue until next review unless otherwise specified under End Date.		(current yr)	(optional)				
1. Primary Individual & small group instruction (preschool only)		10/17/2016		Special ed class	Daily	300	VCOE
2. Speech and Language		10/17/2016		Special ed class	Monthly	120	VCOE
3. Occupational therapy		10/17/2016		Special ed class	Monthly	120	VCOE
4. Physical therapy		10/17/2016		Special ed class	Yearly	900	SELPA
5. Intensive individualized services		10/17/2016		Special ed class	Daily	300	VCOE
6.							
7.							
8.							
9.							
10.							
11.							
12.							

**Note:** Services will only be provided on regular school days, per the student's school calendar, unless otherwise specified. For services with a frequency of "weekly," services may not be provided if school is not in session on the day(s) student is scheduled to receive services. For services with a frequency of "monthly" the total minutes will be prorated for months with less than 4 weeks of school. Services with "yearly" frequency include minutes provided during ESY.

# Service Delivery



## Service Delivery- Overview

Types of service delivery in the schools:

### **DIRECT**

- 1:1 or group
- Educational setting
- Integrated (within context of regular classroom activities) or isolated (playground, back of classroom)
- Home or hospital setting

### **REGULAR, ONGOING CONSULTATION**

- Suggestions to the teachers/support staff
- Environmental accommodations or adaptations
- Suggestions for activities
- Training staff on lifting/transfers

### **CONSULTATION “AS NEEDED”**

- Consultation with the teacher or parent upon request
- Consultation on skill maintenance or minor educational adjustments

The first two must have at least one IEP goal with the OT or PT listed as **one** of the responsible disciplines. OT or PT **must** be listed on the cover page of the IEP under “services”, with a specific frequency noted. Consultation “As Needed” can be noted on the “Least Restrictive Environment” page of the IEP and provided upon request of teacher or parent.



## Treatment

The IEP specifies the services necessary for the student to achieve the established goals and gain access to and make progress in the general education curriculum. When OT and PT are identified as necessary related services as part of the IEP, the OT and PT recommend how and where the services will be provided, including the frequency, duration, and location of services. This will be noted on the Student Information and Services page. The delivery models can include consultation, direct intervention, and other types of professional services.

No one service delivery method is exclusively better than another. Direct service delivery involves treatment services by the OT or PT working directly with the child, either in a pull out setting or in the classroom environment. Consultation means sharing of expert knowledge with other team members depending on the currently identified need. Rather than being in an authoritarian position, consultation reflects the collegial nature of the team. Consultative services have proven equally effective for some students and have increased teachers' appreciation of occupational therapy's contributions to education (Dunn, 1990).

Research has shown that interventions that are set in natural environments and embedded in class routines that use functional life skills increase the efficacy of intervention, the achievement of IEP goals, and the motivation to participate (Dunn, 1991; Dunn & Westman, 1995; Giangreco, 1986). This research has provided an impetus to move from isolated therapy provision to integrated therapy services. Along with this shift come changes in:

- (a)** the site of service delivery from the therapy room to the community site or school campus;
- (b)** the focus of therapy outcomes, from improving postural and balance responses to improving sitting during dining; and
- (c)** the personnel involved, from only the practitioner and child to several team members and the child.

By bringing the interventions into the classroom, lunchroom, gym, and home or community site, integrated services increase the opportunities for collaboration and skill building among team members, along with practice opportunities for the student or young child.

Integrated and cooperative interventions in educational and therapy provide essential practice opportunities for students with severe disabilities and enhance the effectiveness of therapy (Campbell, McInerney, & Cooper, 1984; Dunn, 1991; Sternat, Messina, Nietupski, Lyon, & Brown, 1977). It is important to recognize when deciding on service delivery that the IFSP or IEP determines team configurations but not the method of delivery.

## **Treatment Approaches**

A specific approach to treatment should not be noted in the IEP. Rather, the IEP team sets the goals that it is hoped the student will attain, and the therapist uses his/her professional expertise to determine the treatment approach. This may change over time.

A therapist may need to try a number of different approaches before finding one that seems best for the learner, and as the student advances and matures, others may become more appropriate.

## **Home/Hospital Treatment**

Occasionally, OT or PT will be provided to a student via the IEP in a home or hospital setting. The treatment will still be educationally-based addressing IEP goals that will assist the student in accessing their educational program, which most likely also takes place in the home. It is important that the therapist collaborate frequently with the other members of the IEP team, which may include the special education teacher and other therapist. The therapist may also suggest and model strategies to be implemented by parents or other care providers.

## **Changes in Provision of Services**

IDEA requires that the IEP service provision system be driven by the child's individual needs. Changes in service delivery (such as changes in frequency, duration, location, or discontinuation of services) must therefore be determined on an individual basis. For this reason no specific entrance and exit criteria are given as a part of this document. The team may consider the following conditions when determining that a student no longer needs OT or PT to benefit from the education program when the:

- Student needs being addressed by OT or PT no longer negatively affect his/her educational performance in the general education or Special Education program.
- Student is functional in the educational environment.
- Student consistently demonstrates behaviors that inhibit progress in OT or PT, such as lack of cooperation, motivation, or chronic absenteeism. The IEP team may need to explore alternative services or strategies to remedy the interfering behaviors or conditions.
- Student needs are better served by an alternative program and/or service, as determined by the IEP team.
- Therapy is contraindicated because of the change in medical or physical status.
- Other educational personnel are able to safely and successfully assist student in areas of concern previously addressed by OT or PT.
- The student's goals related to OT or PT intervention have been met.
- Student performance remains unchanged despite multiple efforts by the therapist to remediate concerns or assist student in compliance

OTs and PTs may support a change in service delivery through collaboration, communication and implementation of intermediary steps to facilitate student success. For example, a student

moving from elementary to middle school may need intensive services at the beginning of the school year that are not necessary once that student has mastered skills, and program supports are in place that allow him/her to be successful in school.

One way of “fading” direct ongoing OT or PT support is to change to consultation or “consultation as needed” on the IEP. If the student continues to make progress, s/he can eventually be discharged.

Although not legally required, many districts require an assessment before discharging a student from OT or PT on the IEP. If so, an Assessment Plan must be generated, with reason of “consideration of need for OT or PT services”. An Assessment Report with all legal requirements must be produced and shared at an IEP meeting.

If the district does not require new assessment, the recommendation to discharge must still be presented at an IEP meeting with final decision made by the team. Some districts require that a Discharge Summary be developed to document the decision when OT or PT is no longer to be provided at all. Check with the administrator in your district. If required, the summary would be shared at an IEP meeting and kept in the student’s permanent file.

Although IEP development uses a consensus process, school-based therapists need to keep in mind that the final agreement about services is made by the parent and the representative of the district (usually an administrator). Therefore, the recommendations by the OT or PT may not always be adopted by the IEP team, and a therapist may continue to provide services to a student for whom discharge was recommended.

It is recommended that the OT or PT review reasons for recommending discharge with the representative of the district and the Special Education Case Manager (and parent, if appropriate), prior to the IEP team meeting so they are aware of your perspective.

If the team recommends continuation of services despite the therapist’s recommendation for discharge, at least one annual goal must be developed for the therapist to address.

Please remember that discharging a child from intervention can be emotional for all parties. Children and practitioners become attached to each other, and practitioners can easily lose perspective on what goals have been reached and what goals are still to be met. Additionally, parents generally see intervention as important to the child’s growth. Continued intervention frequently indicates to them that the child has potential for growth and change. Therefore, the decision to discontinue a child’s services may not be well received. The OT or PT must have an appropriate rationale for the change in service and be able to back up the decision with data, either through testing, observation, or both. Information from the teacher and other professionals working with the student should contribute to the decision to discontinue services.

From AOTA (1999). Occupational Therapy Services for Children and Youth under the Individuals with Disabilities Act (IDEA), page 47. Bethesda, MD: American Occupational Therapy Association, Inc. Reprinted with permission.



Mary E. Samples, Assistant Superintendent

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_

Dear Physician:

This student, \_\_\_\_\_ is currently not ambulatory and we believe he/she will benefit from standing activities during school hours. As we know, standing activities for non- ambulatory students improve bone density, the respiratory, digestive, and cardiovascular systems, as well as alertness. Students with specific physical/medical limitations may vary and we need to affirm the student's ability to be able to tolerate standing activities in the educational setting. Please complete the information below so that we may provide the student with an appropriate program. Please attach any additional health/medical information to assist us.

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Contact Information

Please initial on of the following:

Student can tolerate:

\_\_\_ Standing upright (90°) without restrictions

\_\_\_ Standing less than 90° with precaution due to \_\_\_\_\_

\_\_\_ No standing due to non-weight bearing on lower extremity due to \_\_\_\_\_

Diagnosis of Student: \_\_\_\_\_

Comments/Health or Medical Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Completed by: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone number: \_\_\_\_\_ Date: \_\_\_\_\_

Release of Information:

I hereby give my consent to the release of information from the attending physician to the school and release of pertinent data from the school to the physician.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# Documentation & Progress Reports



## Overview

It is important that data be collected in order to reflect delivery of services as well as progress toward the functional outcome (goal) being worked on. This is necessary before any discussion of change or termination of services; whether for lack of progress or adequate progress toward goals. Check with your district to determine where therapy logs should be filed and stored. Remember that these files must be locked when you are not using them as they are confidential.

Goals should be written in ways that are measurable and quantifiable so that outcomes can be demonstrated. The method of documentation should be agreed upon, as well as persons responsible for data collection (teacher, OT, paraeducator, etc.)

The OT or PT must “probe” periodically on the goal to gauge progress. This is particularly important in preparing for Progress Reports. Progress Reports must be made at the time of regular report cards in the district, and the OT or PT must provide progress data for each goal for which OT or PT is the first responsible discipline, in the SIRAS system. Report accuracy and consistency in same terms as the goal using the measurement method described in the goal. Note comments if appropriate. If there is “back up” for the data (i.e. worksheets or checklists) keep in the student file.

Following are sample “logs” for documenting services. Also sample Progress Reports.

# VENTURA COUNTY SELPA OCCUPATIONAL THERAPY RECORD

**Name:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **School Year:** \_\_\_\_\_  
**School:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **IEP TX Time:** \_\_\_\_\_  
**Teacher:** \_\_\_\_\_ **Rm#** \_\_\_\_\_ **Therapist:** \_\_\_\_\_ **Title:** \_\_\_\_\_

<b>Date</b>					Note Date _____
<b>Teacher's Initials</b>	*	*	*	*	
<b>Total Time</b>					
Direct					
Group					
Consult					
Assessment					
IEP					Note Date _____
Other Team Meeting					
<b>Sensory</b>					
Oral					
Proprioception					
Tactile					
Vestibular					
Other					Note Date _____
<b>Gross Motor</b>					
Bilateral Skills					
Motor Planning					
Obstacle Course					
Other (mobility, positioning, etc.)					
<b>Fine Motor</b>					
Bilateral Skills					Note Date _____
Coloring					
Cutting					
Handwriting/HWT					
Manipulation Skills					
Pre-writing					
Other (visual motor skills, etc)					
<b>ADL</b>					Note Date _____
Dressing					
Grooming					
Other (backpack, etc.)					
<b>Adaptive Technology</b>					
<b>Attentional Skills</b>					
<b>Visual Perceptual Skills</b>					

## REASON(S) FOR TREATMENT:

**IEP Goal** \_\_\_\_\_ **Accuracy:** \_\_\_\_\_ **Consistency:** \_\_\_\_\_

<b>Accuracy:</b> I - Independent HOH - Hand Over Hand PP - Physical Prompts VP - Verbal Prompts VC - Visual Cues	Date: _____   Continue TX _____	Date: _____   Continue TX _____	Date: _____   Continue TX _____	Date: _____   Continue TX _____
---	--	--	--	--

**IEP Goal** \_\_\_\_\_ **Accuracy:** \_\_\_\_\_ **Consistency:** \_\_\_\_\_

<b>Accuracy:</b> I - Independent HOH - Hand Over Hand PP - Physical Prompts VP - Verbal Prompts VC - Visual Cues	Date: _____   Continue TX _____	Date: _____   Continue TX _____	Date: _____   Continue TX _____	Date: _____   Continue TX _____
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# PHYSICAL THERAPY NOTES

Name: \_\_\_\_\_ School Year: \_\_\_\_\_ Service Time: \_\_\_\_\_  
 Therapist: \_\_\_\_\_ School: \_\_\_\_\_ IEP Date: \_\_\_\_\_

Date										
Teacher's Initials										
Total Time										
Direct										
Consult										
IEP										
Documentation										
Sensory										
Proprioception										
Gross Motor										
Balance										
Gait Training										
Motor Planning										
Obstacle Course										
Passive/Active Range of Motion										
Postural Stability										
Stair Training										
Strengthening										
Transfers										
Wheelchair Mobility										
Other										
Positioning										
Wheelchair										
Other										

<b>Goal #1</b> _____ Accuracy _____ Consistency _____									
Date: _____									
Measurement: _____									
<b>Goal #2</b> _____ Accuracy _____ Consistency _____									
Date: _____									
Measurement: _____									
<b>Goal #3</b> _____ Accuracy _____ Consistency _____									
Date: _____									
Measurement: _____									



## PHYSICAL THERAPY NOTES (cont'd)

[illegible]

Oxnard Elementary

**Educational Progress Report**

Student:	Tomas Student	Last IEP Date:	4/20/2015
Case Manager		Grade:	Kindergarten
School Attending:			
Dates reports sent:	6/20/2015	11/20/2015	3/20/2016
Grading period:			<input type="checkbox"/>

Goals	Benchmarks and Progress
<b>1. Language/Communication</b> (Language L 0.1b) <i>Baseline: Currently, Tomas can use 3 word utterances when speaking in 2 of 10 opportunities for 2 consecutive trials as measured by observation record.</i> <b>By 3/20/2016, in the special education classroom, Tomas will use 3 word utterances when speaking in 8 of 10 opportunities for 3 consecutive trials as measured by observation record.</b>	By 6/20/2015, in the special education classroom, Tomas will use 3 word utterances when speaking in 5 of 10 opportunities for 3 consecutive trials as measured by observation record. Progress sent 6/20/2015 Accuracy: 5 of 10 Consistency: 3 consecutive trials Comments: Attained objective
	By 11/20/2015, in the special education classroom, Tomas will use 3 word utterances when speaking in 6 of 10 opportunities for 3 consecutive trials as measured by observation record. Progress sent 11/20/2015 Accuracy: 6 of 10 Consistency: 3 consecutive trials Comments: Attained objective
	By 3/20/2016, in the special education classroom, Tomas will use 3 word utterances when speaking in 7 of 10 opportunities for 3 consecutive trials as measured by observation record.
<b>2. Language/Communication/ELD</b> (Language L 0.1e) <i>Baseline: Currently, Tomas can use the most frequently occurring prepositions (e.g. to, from, in, out, on, off, for, of, by, with) in 3 of 10 opportunities for 2 consecutive trials as measured by observation record.</i> <b>By 3/20/2016, in the special education classroom Tomas will use the most frequently occurring prepositions (e.g. to, from, in, out, on, off, for, of, by, with) in 8 of 10 opportunities for 3 consecutive trials as measured by observation record.</b>	By 6/20/2015, in the special education classroom, Tomas will use the most frequently occurring prepositions (e.g. to, from, in, out, on, off, for, of, by, with) in 5 of 10 opportunities for 3 consecutive trials as measured by observation record. Progress sent 6/20/2015 Accuracy: 4 of 10 Consistency: 3 consecutive trials Comments: Making progress
	By 11/20/2015, in the special education classroom, Tomas will use the most frequently occurring prepositions (e.g. to, from, in, out, on, off, for, of, by, with) in 6 of 10 opportunities for 3 consecutive trials as measured by observation record. Progress sent 11/20/2015 Accuracy: 5 of 10 Consistency: 3 consecutive trials Comments: Making good progress
	By 3/20/2016, in the special education classroom, Tomas will use the most frequently occurring prepositions (e.g. to, from, in, out, on, off, for, of, by, with) in 7 of 10 opportunities for 3 consecutive trials as measured by observation record.
<b>3. Motor Skills Development</b> (Locomotor Skills) <i>Baseline: Currently, Tomas can Play safely and independently, on his kindergarten playground for 0/5 days, as measured by observation record, over a 1 week period.</i> <b>By 4/20/2016, Tomas will be able to Play safely and independently, on his kindergarten playground for 5/5 days, as measured by observation record, over a 1 week period.</b>	By 6/20/2015, Tomas will be able to Play safely and independently, on his kindergarten playground for 2/5 days, as measured by observation record, over a 1 week period. Progress sent 6/20/2015 Comments: Has not attended kindergarten yet
	By 11/20/2015, Tomas will be able to Play safely and independently, on his kindergarten playground for 3/5 days, as measured by observation record, over a 1 week period. Progress sent 11/20/2015 Accuracy: independently Consistency: 2/ 5 Comments: Making progress
	By 3/20/2016, Tomas will be able to Play safely and independently, on his kindergarten playground for 4/5 days, as measured by observation record, over a 1 week period.

Goals	Benchmarks and Progress
<p><b>4. Motor Skills Development</b> (Bilateral Motor Control)</p> <p><i>Baseline: Currently, Tomas can use non-dominant hand for an assist during writing tasks stabilizing paper on desk without prompts/assistance for 0 out of 4 opportunities as measured by observation record.</i></p> <p><b>By 4/20/2016, when given a clip board or slant board, Tomas will use non-dominant hand for an assist during writing tasks stabilizing paper on desk without prompts/assistance for 4 out of 4 opportunities as measured by observation record.</b></p>	<p>By 6/20/2015, when given a clip board or slant board, Tomas will use non-dominant hand for an assist during writing tasks stabilizing paper on desk without prompts/assistance for 1 out of 4 opportunities as measured by observation record.</p> <p>Progress sent 6/20/2015 Accuracy: 2 verbal prompts Consistency: 1/4 Comments: Making progress</p> <p>By 11/14/2015, when given a clip board or slant board, Tomas will use non-dominant hand for an assist during writing tasks stabilizing paper on desk without prompts/assistance for 2 out of 4 opportunities as measured by observation record.</p> <p>Progress sent 11/20/2015 Accuracy: without prompts/ assistance Consistency: 2 out of 4 opportunities Comments: Attained objective</p> <p>By 3/20/2016, when given a clip board or slant board, Tomas will use non-dominant hand for an assist during writing tasks stabilizing paper on desk without prompts/assistance for 3 out of 4 opportunities as measured by observation record.</p>
<p><b>5. Academic- Writing</b> (Penmanship S 0.1.4)</p> <p><i>Baseline: Currently, Tomas can write student's first name in manuscript using pencil and paper with fewer than 10 formation errors for 4 consecutive trials as measured by work samples.</i></p> <p><b>By 4/20/2016, given verbal cues, Tomas will write his first name in manuscript using pencil and paper with fewer than 2 errors for 4 consecutive trials as measured by work samples.</b></p>	<p>By 6/20/2015, given verbal cues, Tomas will trace/copy student's first name in manuscript using pencil and paper with fewer than 4 errors for 4 consecutive trials as measured by work samples.</p> <p>Progress sent 6/20/2015 Accuracy: 9 errors Consistency: 2/4 Comments: Making progress</p> <p>By 11/20/2015, given visual/picture cues, Tomas will copy student's first name in manuscript using pencil and paper with fewer than 6 errors for 4 consecutive trials as measured by work samples.</p> <p>Progress sent 11/20/2015 Accuracy: 5 errors Consistency: 4 consecutive trials Comments: Attained objective</p> <p>By 3/20/2016, given verbal cues, Tomas will write student's first name in manuscript using pencil and paper with fewer than 4 errors for 4 consecutive trials as measured by work samples.</p>
<p><b>6. Motor Skills Development</b> (Object Manipulation)</p> <p><i>Baseline: Currently, Tomas can cut in a forward fashion to develop and refine scissors skills using appropriate hand positioning with fewer than 3 errors (more than 1/4 inch from line) for 0 consecutive trials as measured by work samples.</i></p> <p><b>By 4/20/2016, given adapted equipment, Tomas will cut in a forward fashion to develop and refine scissors skills using appropriate hand positioning with fewer than 3 errors (more than 1/4 inch from line) for 4 consecutive trials as measured by work samples.</b></p>	<p>By 6/20/2015, given adapted equipment, Tomas will cut in a forward fashion to develop and refine scissors skills using appropriate hand positioning with fewer than 3 errors (more than 1/4 inch from line) for 1 consecutive trials as measured by work samples.</p> <p>Progress sent 6/20/2015 Accuracy: 3+ errors Consistency: 1 trial Comments: Skill recently introduced</p> <p>By 11/20/2015, given adapted equipment, Tomas will cut in a forward fashion to develop and refine scissors skills using appropriate hand positioning with fewer than 3 errors (more than 1/4 inch from line) for 2 consecutive trials as measured by work samples.</p> <p>Progress sent 11/20/2015 Accuracy: 3 errors Consistency: 2 consecutive trials Comments: Making good progress</p> <p>By 3/20/2016, given adapted equipment, Tomas will cut in a forward fashion to develop and refine scissors skills using appropriate hand positioning with fewer than 3 errors (more than 1/4 inch from line) for 3 consecutive trials as measured by work samples.</p>

Goals	Benchmarks and Progress
<p><b>7. Academic- Reading</b> (Reading: Alphabetics &amp; Word/Print Recognition S 1.14)</p> <p><i>Baseline: Currently, Tomas can match all consonant &amp; short vowel sounds to appropriate letters of the alphabet in 0 of 5 opportunities for 3 consecutive trials.</i></p> <p><b>By 4/20/2016, In a special education classroom, Tomas will match all consonant &amp; short vowel sounds to appropriate letters of the alphabet in 4 of 5 opportunities for 3 consecutive trials as measured by observation record.</b></p>	<p>By 6/20/2015, In a special education classroom, Tomas will match all consonant &amp; short vowel sounds to appropriate letters of the alphabet in 1 of 5 opportunities for 3 consecutive trials as measured by observation record.</p> <p>Progress sent 6/20/2015 Accuracy: 1 of 5 Consistency: 2 consecutive trials Comments: Making good progress</p>
	<p>By 11/20/2015, In a special education classroom, Tomas will match all consonant &amp; short vowel sounds to appropriate letters of the alphabet in 2 of 5 opportunities for 3 consecutive trials as measured by observation record.</p> <p>Progress sent 11/20/2015 Accuracy: 2 of 5 Consistency: 3 consecutive trials Comments: Attained objective</p>
	<p>By 3/20/2016, In a special education classroom, Tomas will match all consonant &amp; short vowel sounds to appropriate letters of the alphabet in 3 of 5 opportunities for 3 consecutive trials as measured by observation record.</p>
<p><b>8. Academic- Math</b> (Algebra &amp; Functions: Repeating Patterns MRP 2.1)</p> <p><i>Baseline: Currently, Tomas can recognize and duplicate simple repeating an AB pattern in 0 of 5 opportunities for 3 consecutive trials as measured by observation record.</i></p> <p><b>By 4/20/2016, In a special education classroom, Tomas will recognize and duplicate simple repeating AB pattern in 4 of 5 opportunities for 3 consecutive trials as measured by observation record.</b></p>	<p>By 6/20/2015, In a special education classroom, Tomas will recognize and duplicate simple repeating AB pattern in 1 of 5 opportunities for 3 consecutive trials as measured by observation record.</p> <p>Progress sent 6/20/2015 Accuracy: 1 of 5 Consistency: 2 consecutive trials Comments: Making good progress</p>
	<p>By 11/20/2015, In a special education classroom, Tomas will recognize and duplicate simple repeating AB pattern in 2 of 5 opportunities for 3 consecutive trials as measured by observation record.</p> <p>Progress sent 11/20/2015 Accuracy: 2 of 5 Consistency: 3 consecutive trials Comments: Attained objective</p>
	<p>By 3/20/2016, In a special education classroom, Tomas will recognize and duplicate simple repeating AB pattern in 3 of 5 opportunities for 3 consecutive trials as measured by observation record.</p>
<p><b>9. Social/ Emotional</b> (Social Interaction: Peers SIP 2.1)</p> <p><i>Baseline: Currently, Tomas can interact easily with peers in shared activities that occasionally become cooperative efforts in 0 of 5 opportunities for 3 consecutive trials.</i></p> <p><b>By 4/20/2016, In a special education classroom, Tomas will interact easily with peers in shared activities that occasionally become cooperative efforts in 4 of 5 opportunities for 3 consecutive trials as measured by observation record.</b></p>	<p>By 6/20/2015, In a special education classroom, Tomas will interact easily with peers in shared activities that occasionally become cooperative efforts in 1 of 5 opportunities for 3 consecutive trials as measured by observation record.</p> <p>Progress sent 6/20/2015 Accuracy: 1 of 5 Consistency: 3 consecutive Comments: Attained objective</p>
	<p>By 11/20/2015, In a special education classroom, Tomas will interact easily with peers in shared activities that occasionally become cooperative efforts in 2 of 5 opportunities for 3 consecutive trials as measured by observation record.</p> <p>Progress sent 11/20/2015 Accuracy: 2 of 5 Consistency: 3 consecutive trials Comments: Attained objective</p>
	<p>By 3/20/2016, In a special education classroom, Tomas will interact easily with peers in shared activities that occasionally become cooperative efforts in 3 of 5 opportunities for 3 consecutive trials as measured by observation record.</p>

**Overall Comments**

Tomas is making great progress. Tomas is attentive and enjoys the activities during his speech time. He is imitating after the therapist and follows directions 60% of the time.

# COTAs & PTAs



## **COTAs and PTAs- Overview**

- Therapy may be provided only by a certified OT or PT, or Certified Occupational Therapy Assistant (COTA) or licensed Physical Therapy Assistant (PTA).
- Ongoing consultation and mentoring of the COTA or PTA's activities by the OT or PT is necessary. (see Supervision next)
- COTAs and PTAs never conduct assessments or develop assessment reports without the OT and PT.
- COTAs and PTAs will not establish Special Education eligibility.
- COTAs and PTAs may provide therapy activities without the OT or PT present.
- COTAs and PTAs may collect data on progress toward goals.
- COTAs and PTAs may develop new Annual Goals in collaboration with OT or PT and draft in SIRAS.
- COTAs and PTAs may attend IEP review meetings and discuss progress toward goals.

## **Typical Duties of COTAs and PTAs**

- Assist OT/PT with data collection and assessments
- Assist OT/PT with development of treatment goals
- Implement interventions under supervision of OT/PT
- Adapt intervention environment, tools, and materials under supervision of OT/PT
- Contributing member of the multidisciplinary IEP team
- Maintain treatment area, equipment and supply inventory as needed
- Maintain records and documentation required by work setting and under the supervision of OT/PT

## **Supervision of COTAs**

The supervising OT shall at all times be responsible for all OT services provided by a COTA. The supervising OT has continuing responsibility to follow the progress of each student, provide direct care to the student, and assure that the COTA does not function autonomously.

Appropriate supervision of a COTA by the OT includes, at a minimum:

- a) The weekly review and inspection of all aspects of OT services provided by the COTA,
- b) Documentation of the supervision process by signature of the supervising OT,
- c) Being readily available in person or by telecommunication to the COTA at all times while the COTA is providing OT services, and
- d) Providing periodic on-site supervision and observation of the assigned treatment rendered by the COTA.

The supervising OT must document weekly supervision by signature on each student's Notes/Log. At least once a month, supervision must include on-site observation of the COTA conducting treatment.

(See Sample Monthly Supervision log in this section)

The IEP Annual Goals page and OT Record for each student will be reviewed and discussed with supervising OT:

- At the beginning of each school year
- At time of each IEP review
- At other times as necessary

An OT shall not supervise more COTAs, at any one time than can be appropriately supervised in the opinion of the OT board. Two COTAs shall be the maximum number of OT assistants supervised by an OT at any one time, but the board may permit the supervision of a greater number by an OT if, in the opinion of the board, there would be adequate supervision and the students' health and safety would be served. In no case shall the total number of COTAs exceed twice the number of OTs regularly employed by a facility at any one time.

## **Supervision of PTAs**

A licensed PT shall at all times be responsible for all PT services provided by the PTA. The supervising PT has continuing responsibility to follow the progress of each student, provide direct care to the student and to assure that the PTA does not function autonomously. A PT may supervise no more than two PTAs at a time. Adequate supervision shall include all of the following:

(a) The supervising PT shall be readily available in person or by telecommunication to the PTA at all times while the PTA is treating students. The supervising PT shall provide periodic on site supervision and observation of the assigned treatment rendered by the PTA.

(b) The supervising PT shall initially evaluate each student and document in the student record, along with his or her signature, the evaluation and when the student is to be reevaluated.

(c) The supervising PT shall formulate and document in each student's record, along with his or her signature, the treatment program goals and plan based upon the evaluation and any other information available to the supervising PT. This information shall be communicated verbally, or in writing by the supervising PT to the PTA prior to initiation of treatment by the PTA. The supervising PT shall determine which elements of the treatment plan may be assigned to the PTA. Assignment of these responsibilities must be commensurate with the qualifications, including experience, education and training of the PTA.

(d) The supervising PT shall reevaluate the student as previously determined, or more often if necessary, and modify the treatment, goals and plan as needed. The reevaluation shall include treatment to the student by the supervising PT. The reevaluation shall be documented and signed by the supervising PT in the student's record and shall reflect the student's progress toward the treatment goals and when the next reevaluation shall be performed.

(e) The PTA shall document each treatment in the PT service log, along with his or her signature. The PTA shall document in the student record and notify the supervising PT of any change in the student's condition not consistent with planned progress or treatment goals. The change in condition necessitates a reevaluation by a supervising PT before further treatment by the PTA.

(f) Within seven (7) days of the care being provided by the PTA, the supervising PT shall review, cosign and date all documentation by the PTA or conduct a weekly case conference and document it in the student record. Cosigning by the supervising PT indicates that the supervising PT has read the documentation, and unless the supervising PT indicates otherwise, he or she is in agreement with the contents of the documentation.

(g) There shall be a regularly scheduled and documented case conference between the supervising PT and PTA regarding the student. The frequency of the conferences is to be determined by the supervising PT based on the needs of the student, the supervisory needs of the PTA and shall be at least every thirty calendar days.

*Business and Professions Code Section 1398.44*



**Ventura County SELPA**  
**MONTHLY OTR/COTA, PT/PTA SUPERVISION LOG**

(At least once a month, supervision must include observation of treatment.)- Note in log.

OT/PT: \_\_\_\_\_ COTA/PTA: \_\_\_\_\_ Date: \_\_\_\_\_

Issues discussed:

Students discussed:

OT/PT: \_\_\_\_\_ COTA/PTA: \_\_\_\_\_ Date: \_\_\_\_\_

Issues discussed:

Students discussed:

OT/PT: \_\_\_\_\_ COTA/PTA: \_\_\_\_\_ Date: \_\_\_\_\_

Issues discussed:

Students discussed:

OT/PT: \_\_\_\_\_ COTA/PTA: \_\_\_\_\_ Date: \_\_\_\_\_

Issues discussed:

Students discussed:

## Expectations for COTAs and PTAs

### By Experience Level

	Entry	Intermediate	Advanced
<b>Evaluation</b>			
Initiates the evaluation questions in clarifying the child's current performance in the areas of concern; documents the modifications or the attempts that have been made to solve the problem.	A	A	A
Evaluates the child to determine significance of the discrepancy between the child's performance and expected developmental performance. Identifies possible interfering factors.  Collects information from multiple settings and sources regarding the child's performance using various methods, which may include observation; record review; interview of parent, caregiver, teacher, and pertinent others; and communication with other agencies.  Determines child's current functional abilities in performance areas, components, and in contexts compared with expected development.	A	A	A
Using evaluation methods (observation, child's products, and assessment tools) that focus on the initial problem, provides input that can be used to develop intervention strategies and that considers the child's performance in the educational setting using the ecological model.	A	A	A
Synthesizes and summarizes information in a report to document referral, interpret evaluation results, describe current level of the child's performance, and provide recommendations and strategies relating to the initial evaluation question(s).	A	A	A
<b>Program Planning</b>			
Participates in the IEP process through oral or written communication or both.	A	A	A
Attends IEP meetings in which no change in services is proposed to current levels of performance and goals.	A	I	I
With educational team, determines child's needs, develops goals related to academic and nonacademic performance, and recommends OT/PT service delivery when educationally necessary.	A	A	A
With other members of the team, develops activities that reflect the child's needs in the educational setting.	A	A	A
Develops OT/PT intervention plan.	A	A	A
Determines skills the child needs to possess for OT/PT services to be terminated.	A	A	A
<b>Intervention</b>			
Plans for and delivers OT/PT services according to the frequency and duration listed on the IEP.	A	A	A
Develops and implements a plan of data collection to provide objective basis for making decisions (ongoing evaluation).	A	A	I
Provides intervention that considers child's performance within contextual aspects (temporal and environmental).	A	A	A
Alters intervention plan as indicated by child's performance (documents in record).	A	A	A
Implements the use of and adapts basic technology solutions as needed (slant boards, pencil grips, classroom tools).	A	I	I
Contributes information in meetings, conferences, and informal interactions.	A	I	I
Determines need for reevaluation.	A	A	A
Provides appropriate training and supervision to classroom staff and non-OT/PT personnel who supply activities in the daily educational routine.	A	I	I
Critically analyzes and applies current research related to school practice.	A	A	A
Conducts studies to determine effectiveness of OT/PT services in early intervention.	A	A	A
Identifies and addresses ethical issues that may develop.	I	I	I
Documents child's performance in treatment, phone calls, meetings, etc., in child's OT/PT record.	I	I	I
After establishing service competency, administers standardized assessments assigned by the supervising therapist.	A	A	I
Tracks child's record to determine when reviews are scheduled.	I	I	I
Demonstrates awareness of legislation and current trends in school and early intervention.	I	I	I
Participates in consumer or advocacy activities related to school and early intervention practice on an individual, community, state, or national basis.	I	I	I

**Key: A= Assists    I= Independently performs**

# Equipment & Supplies



## **Overview**

Many students with motor needs require specialized equipment at school to benefit from OT or PT. Many pieces of equipment (wheelchairs, walkers, braces, etc.) will be provided by medical providers and brought to school each day. The IEP team can develop goals and services that incorporate the use of those devices to access the educational program. OTs and PTs in the schools should work with the family and their health professionals regarding the use, fit and function of these devices for their effectiveness at school. OTs and PTs can assist classroom staff in supporting the student in the safe use of the equipment. For students with equipment for whom CCS facilitated the purchase, the OT or PT must work with the parents in accessing the equipment vendor for any needed repairs.

## **Equipment Shed**

There is a “store” of used motor equipment that is kept by the SELPA in a warehouse in Camarillo. Any school-based OT or PT may access the equipment to be used with any Special Education student in the SELPA at no cost. This includes walkers, standers, vestibulators and positioning chairs that can be used for access at school. If there is equipment stored in the shed that can meet the child’s needs, it must be utilized rather than requesting the purchase of new equipment.

Call the SELPA at (805) 437-1560 to make an appointment to visit the warehouse. The equipment must be returned when no longer needed by the student.

If equipment is needed to facilitate IEP goals, and not available at the SELPA warehouse, it must be purchased by the school district. (It is advisable to have the student use the equipment for a trial period or “demo” in order to determine if it is appropriate for him or her, before indicating on the IEP.) Work with the IEP team lead to make sure any equipment indicated in the IEP is ordered in a timely fashion.

## **Low Incidence Funds**

Children with low incidence disabilities (hearing, vision or orthopedic impairments) may qualify for purchase of equipment under Low Incidence funding. Each school district receives an allocation of funds every year. If the student you are working with has a low incidence disability listed on the IEP as primary or secondary, speak to the administrator about accessing these funds. However, lack of funding may never be used as a reason for not ordering something needed by the student. If it is on the IEP, it legally must be provided.

## **Equipment on the IEP**

The need for equipment must be noted on the Least Restrictive Environment (LRE) page under “Assistive Technology Devices and Services”. New equipment to be purchased with Low Incidence funds as a result of the IEP meeting must be noted under “Low Incidence Equipment to be Acquired”. – see sample LRE page. Use of the equipment would also be noted on the Accommodations and Modifications page and in the IEP goals.

See IEP Section for more details about goals and equipment.

# California Children Services (CCS)



## Overview

California Children Services (CCS) is a program administered by the California Department of Health Services for medical services and OT and PT for eligible children. In the past, the services were provided as part of the IEP, but this is no longer the case. In Ventura County, CCS is administered by the County of Ventura, Public Health Department.

There are two main programs offered by CCS: The Medical Services and the Medical Therapy Unit (MTU) programs.

**Medical Services Program**- provides medical services to income-eligible children such as hearing aids, surgeries, medication, treatments, etc. School-based therapists would collaborate with medical providers of the services with parent permission as for any other medical service.

**Medical Therapy Unit (MTU) Program**- provides occupational and physical therapy services to legal residents 0-22 years old with eligible conditions which include:

- A. Cerebral palsy, a motor disorder with onset in early childhood resulting from a non-aggressive lesion in the brain
- B. Neuromuscular conditions that produce muscle weakness and atrophy, such as poliomyelitis, myasthenias, and muscular dystrophies
- C. Chronic musculoskeletal and connective tissue disease or deformities such as a osteogenesis imperfecta, arthrogryposis, rheumatoid arthritis, amputations, spina bifida and contractures resulting from burns
- D. Other conditions manifesting findings such as ataxias, degenerative neurological disease, or other intracranial processes

The following conditions occurring alone are not Medical Therapy Unit Program eligible:

- A. Learning disabilities
- B. General medical problems requiring routine pediatric care
- C. Single orthopedic conditions (Legg Perthes disease, congenital dislocated hips, club feet, flat feet, tibial torsion)
- D. Developmental delay due to chromosomal defects such as Down Syndrome
- E. Autism

In addition, children 0-36 months who demonstrate neurological findings that suggest a high probability of physical disability may be eligible. They must demonstrate two or more of the following:

- A. Exaggerations of or persistence of primitive reflexes beyond the normal age (corrected for prematurity)
- B. Increased Deep Tendon Reflexes (DTRs) (3+ or greater)
- C. Abnormal posturing
- D. Hypotonicity with normal or increased DTR's in infants below one year of age (above one year must meet criteria of 3 through 21 years)
- E. Asymmetry of neurologic motor findings of trunk and/or extremities

## Referral to MTU Program

Prior to making the referral to the CCS MTU Program, the school district will give the parent/legal guardian a CCS brochure.

In order for a referral to be complete, it must contain:

- 1) *A New Referral CCS/GHPP Client Service Authorization Request.* - which requires:
  - Child's Name
  - Parent's/Legal Guardian's Name
  - Child's Address
  - Birthdate
  - Telephone Number/Contact Number
  - Suspected CCS Eligible Condition
  - Service Requested (i.e. occupational therapy or physical therapy)
- 2) Medical reports (less than 1 year old) with physical findings related to the CCS-eligible diagnosis
- 3) Signed *Consent for Release of Information* to exchange information between agencies
- 4) Completed *Application to Determine CCS Eligibility*

School staff may assist the parent/legal guardian in forwarding the completed consent and records to the County CCS Administrative Office, if necessary. School district staff who have made a referral can call the CCS central number and inquire about status of eligibility for MTU services at any time. (805) 981-5281.

If the student does have a CCS eligible condition and is eligible for the MTU program, the school district will invite CCS to the IEP or IFSP meeting with notification of at least 10 days prior to the meeting.

School district staff may refer the parents/legal guardian of any child with an impairment above who has previously received services through CCS but is no longer being served whenever there is a suspected need for resumption of services.

See CCS information and referral forms next:

- Brochures- CCS and Medical Therapy – Att1
- Information Sheet – Att2
- New Referral form and Instruction – Att3
- Consent for Release of Information to CCS – Att4
- Application to Determine CCS Eligibility and Instruction – Att5

## **Collaboration with CCS**

Due to long-standing agreements between the Ventura County SELPA and the County of Ventura, most of the MTUs are located on school facilities within the county, to assist families in accessing services. The SELPA pays for facilities and some equipment costs for the MTUs.

According to the agreement between the SELPA and CCS school and MTU staff will collaborate together to make referrals to each agency and coordinate services. If a school-based OT or PT is serving a student who may be CCS eligible and is not, the therapist should assist the family in applying for services.

For student who are receiving CCS services, school-based OTs and PTs should collaborate with CCS doctors, social workers, OTs and PTs regarding services. Some medically necessary therapy will coincide or overlap with school-based services. (See section on Medically & Educationally necessary services).

## **Equipment**

CCS may assist families in accessing medically necessary equipment for their clients such as wheelchairs, walkers and other adaptive devices. If the student uses the equipment while at school, the school-based therapist can assist classroom staff in understanding and monitoring fit and function. CCS and school-based therapists should collaborate to problem solve issues related to the equipment, including assisting the family in obtaining needed repairs as necessary from their vendor. CCS-based therapists may be consulted regarding fit and function of school-supplied equipment, but will not be responsible for maintenance or repair. Ultimately, the school-based therapist is responsible for school-supplied equipment. (See section on Equipment).



## How do we apply?

Fill out a CCS application and return it to your county CCS office. You can get an application from your county CCS office or download from:  
[www.dhs.ca.gov/ccs](http://www.dhs.ca.gov/ccs)

Fill out your application carefully so CCS will have all the information they need to see if you qualify.

## Can a child apply for CCS?

If your child is 18 or older, or an emancipated minor they can apply on their own.

## What if I need more information about CCS?

For more information, or help in filling out your application, contact your county CCS office. Find their address and phone number in the government section of your phone book. Look under *California Children's Services* or *County Health Department*.

Or, look for your CCS local office at:  
[www.dhs.ca.gov/ccs](http://www.dhs.ca.gov/ccs)

# California Children's Services



Edmund G. Brown, Jr.  
Governor, State of California

**Caring for Children with  
Special Medical Needs**

## What is California Children's Services (CCS)?

CCS is a state program that helps children with certain diseases, physical limitations, or chronic health problems.



### Can our child get CCS?

If you or your child's doctor think that your child has a medical problem that CCS covers, CCS can pay for an exam to see if CCS can cover your child's problem.

If CCS covers your child's problem, CCS pays for or provides services like:

- Doctor visits
- Hospital stays
- Surgery
- Physical and occupational therapy
- Lab tests and X-rays
- Orthopedic appliances and medical equipment.

### What else can CCS do for our child?

CCS can manage your child's medical care. This means CCS can get the special doctors and care your child needs.

Sometimes, CCS refers you to other agencies, like public health nursing and regional centers so you can get the services your child needs.

CCS also has a Medical Therapy Program (MTP). MTPs are in public schools and give physical and occupational therapy to eligible children.

### Are there other requirements?

To get CCS, your child must:

- Be under 21 years old; and
- Have or may have a medical problem that CCS covers; and
- Be a resident of California; and
- Have a family income under \$40,000 (your adjusted gross income on the state tax form).

### What if my family's income is more than \$40,000?

You can still get CCS if:

- You have Medi-Cal (full scope, no cost);
- You have Healthy Families insurance;
- Your out-of-pocket medical expenses for your child's care is more than 20% of your family income;
- You only want MTP services;
- You need to see a doctor to see if your child is eligible for CCS; or
- You adopted your child with a known medical problem that made them eligible for CCS.

## What medical problems does CCS cover?

CCS doesn't cover all problems. CCS covers most problems that are physically disabling or that need to be treated with medicines, surgery, or rehabilitation. There are other factors, too.

CCS covers children with problems like:

- congenital heart disease
- cancers, tumors
- hemophilia, sickle cell anemia
- thyroid problems, diabetes
- serious chronic kidney problems
- liver or intestine diseases
- cleft lip/palate, spina bifida
- hearing loss, cataracts
- cerebral palsy, uncontrolled seizures
- rheumatoid arthritis, muscular dystrophy
- AIDS
- severe head, brain, or spinal cord injuries, severe burns
- problems caused by premature birth
- severely crooked teeth
- broken bones

### Can we use any doctor or provider we want?

No. CCS must approve the provider, services and equipment *first*.

**MISSION STATEMENT**

The Medical Therapy Program (MTP) provides occupational and physical therapy to children who have chronic, long-term physically handicapping conditions. MTP therapists are pediatric specialists.

**MISSION:** Our mission is to collaborate with the child and family to maximize the child's functional independence with life skills.

**VISION:** We utilize an integrated team approach that includes the child, family, MTU conference team, teacher, and primary care physician. We develop comprehensive therapy programs through cooperation, communication and mutual respect of all team members. We incorporate integral components of the child's life as they relate to therapy goals.

**If you have questions...**

If you have questions about your child's therapy program, ask your child's therapist. If you have questions about the Medical Therapy Unit or CCS procedures, talk with the unit supervisor. Any questions about financial eligibility or medical treatment other than therapy should be directed to your case manager at the CCS main office.

**Children's Medical Services  
(CMS)  
California Children's Services  
(CCS)**

**Medical Therapy  
Program**

\_\_\_\_\_  
Therapy Unit (MTU)

\_\_\_\_\_  
MTU Telephone

\_\_\_\_\_  
MTU FAX

\_\_\_\_\_  
MTU Supervisor

\_\_\_\_\_  
Physical Therapist

\_\_\_\_\_  
Occupational Therapist

\_\_\_\_\_  
Office Manager

\_\_\_\_\_  
CCS Case Manager/Phone



**Parent Guide**

## THE MEDICAL THERAPY PROGRAM

The Medical Therapy Program (MTP) staff includes physical and occupational therapists and emphasizes a team approach. Services provided by the MTP change as your child changes. Because it is a medical based program, therapy requires a physician's prescription.

### MEDICAL THERAPY UNIT (MTU) CONFERENCE

Children receive therapy under direction of a private physician or the MTU Conference team physicians. Although your child's primary care physician will continue to provide routine health care, your child's therapy program and related special needs will be managed by a team that includes the child, parents or care providers, physician specialists, orthotist, physical therapist, occupational therapist, nutritionist, and social worker. School personnel may also attend. Team conferences (also known as "clinics") are held regularly at the MTU to coordinate therapy services. You may be asked to attend once or twice a year depending on the therapy needs of your child.

As a parent or caregiver, you must accompany your child to the conference. You will have the opportunity to discuss your child's program, and bring up any questions you may have.

The following are some areas that may be addressed by the conference team:

- Reviewing diagnoses
- nutrition and/or medication
- assessment of therapy needs, including setting goals
- recommendations for equipment
- other resources which may be able to offer assistance

For families covered by a health maintenance organization (HMO), this conference may serve as a consultation.

### General Information

**Evaluation:** This is the process by which you and your child's therapist look at what your child can do, what therapy can do to help, and set functional goals. Depending on your child's needs, evaluations take place once every 6 or 12 months.

**Treatment:** The frequency and type of therapy depends on your child's needs. Services are provided on an individual, group, monitor, or consultation basis, or a combination of these. How services are provided depends on your child's physical functional needs and stage of life.

**Equipment:** When braces and/or durable medical equipment are recommended by the physician, the therapist and parents will determine what best fits the needs of the child.

The MTU therapists will:

- evaluate your child's therapy needs
- provide appropriate treatment in accord with goals
- develop a personal home program
- conduct a home visit if appropriate
- consult with your child's school and other care providers
- recommend adaptive or positioning equipment
- notify you when therapy appointments must be changed

Physical therapy may include:

- gait or walking
- gross motor skills
- balance

Occupational therapy may include:

- feeding
- fine motor skills
- self help skills
- sensory processing skills
- splinting
- assistive technology

As a parent or care provider with a child in the CCS Medical Therapy Program, you will:

- participate in setting treatment goals for your child
- carry out the therapeutic home program provided by the MTP therapists
- share your concerns and expectations for your child
- have your child followed regularly by a physician familiar with your child's disability
- keep your scheduled appointments or contact the MTU if you are unable to attend
- keep informed on equipment your child uses
- communicate with your CCS case manager.



## INFORMATION ABOUT CALIFORNIA CHILDREN'S SERVICES (CCS)

### What is California Children's Services?

CCS is a statewide program that treats children with certain physical limitations and chronic health conditions or diseases. CCS can authorize and pay for specific medical services and equipment provided by CCS-approved specialists. The California Department of Health Care Services manages the CCS program. Larger counties operate their own CCS programs, while smaller counties share the operation of their program with state CCS regional offices in Sacramento, San Francisco, and Los Angeles. The program is funded with state, county, and federal tax monies, along with some fees paid by parents.

### What does CCS offer children?

If you or your child's doctor think that your child might have a CCS-eligible medical condition, CCS may pay for or provide a medical evaluation to find out if your child's condition is covered.

If your child is eligible, CCS may pay for or provide:

- Treatment, such as doctor services, hospital and surgical care, physical therapy and occupational therapy, laboratory tests, X-rays, orthopedic appliances and medical equipment.
- Medical case management to help get special doctors and care for your child when medically necessary, and referral to other agencies, including public health nursing and regional centers; or a
- Medical Therapy Program (MTP), which can provide physical therapy and/or occupational therapy in public schools for children who are medically eligible.

### Who qualifies for CCS?

The program is open to anyone who:

- is under 21 years old;
- has or may have a medical condition that is covered by CCS;
- is a resident of California; and
- has a family income of less than \$40,000 as reported on the adjusted gross income on the state tax form **or** whose out-of-pocket medical expenses for a child who qualifies are **expected** to be more than 20 percent of family income; or the child has Healthy Families coverage.

Family income is not a factor for children who:

- need diagnostic services to confirm a CCS eligible medical condition; or
- were adopted with a known CCS eligible medical condition; or
- are applying only for services through the Medical Therapy Program; or
- have Medi-Cal full scope, no share of cost; or
- have Healthy Families coverage.

### What medical conditions does CCS cover?

Only certain conditions are covered by CCS. In general, CCS covers medical conditions that are physically disabling or require medical, surgical, or rehabilitative services. There also may be certain criteria that determine if your child's medical condition is eligible. Listed below are categories of medical conditions that may be covered and **some examples** of each:

- Conditions involving the heart (congenital heart disease)
- Neoplasms (cancers, tumors)
- Disorders of the blood (hemophilia, sickle cell anemia)
- Endocrine, nutritional, and metabolic diseases (thyroid problems, PKU, diabetes)
- Disorders of the genito-urinary system (serious chronic kidney problems)
- Disorders of the gastrointestinal system (chronic inflammatory disease, diseases of the liver)
- Serious birth defects (cleft lip/palate, spina bifida)
- Disorders of the sense organs (hearing loss, glaucoma, cataracts)
- Disorders of the nervous system (cerebral palsy, uncontrolled seizures)
- Disorders of the musculoskeletal system and connective tissues (rheumatoid arthritis, muscular dystrophy)
- Severe disorders of the immune system (HIV infection)
- Disabling conditions or poisonings requiring intensive care or rehabilitation (severe head, brain, or spinal cord injuries, severe burns)
- Complications of premature birth requiring an intensive level of care

- Disorders of the skin and subcutaneous tissue (severe hemangioma)
- Medically handicapping malocclusion (severely crooked teeth)

Ask your county CCS office if you have questions.

### **What must the applicant or family do to qualify?**

Families (or the applicant if age 18 or older, or an emancipated minor) must:

- complete the application form on page 3 and return it to their county CCS office;
- give CCS all of the information requested so CCS can determine if the family qualifies;
- apply to Medi-Cal if CCS believes that a family's income qualifies them for the Medi-Cal program. (If a family qualifies for Medi-Cal, the child is also covered by CCS. CCS approves the services; payment is made through Medi-Cal.)

### **How is my privacy protected?**

California law requires that families applying for services be given information on how CCS protects their privacy.<sup>1</sup>

To protect your privacy:

- CCS must keep this information confidential.<sup>2</sup>
- CCS may share information on the form with authorized staff from other health and welfare programs **only** when you have signed a consent form.

You have the right to see your application and CCS records concerning you or your child. If you wish to see these records contact your county CCS office. By law, the information you give CCS is kept by the program.<sup>3</sup>

### **Do I have a right to appeal a decision?**

You have the right to disagree with decisions made by CCS.<sup>4</sup> This is called an appeal. The appeal process gives the parent/legal guardian or applicant a way to work with the CCS program to find solutions to disagreements. For information on the appeal process, contact your county CCS office.

### **Where can I get more information about CCS?**

For more information, or help in filling out this application, please contact your county CCS office. Their phone number is usually listed in the government section of your local telephone directory. Look under California Children's Services or county Health Department.

### **Notes**

1 Civil Code, Section 1798.17

2 In accordance with Section 41670, Title 22, California Code of Regulations and the California Public Records Act (Government Code, Sections 6250–6255)

3 Section 123800 et. seq. of the California Health and Safety Code

4 California Code of Regulations, Title 2, Chapter 13, Sections 42702–42703

## NEW REFERRAL CCS/GHPP CLIENT SERVICE AUTHORIZATION REQUEST (SAR)

### Provider Information

1. Date of request	2. Provider name	3. Provider number
4. Address (number, street)		State      ZIP code
5. Contact person	6. Contact telephone number (      )	7. Contact fax number (      )

### Client Information

8. Client name—last		first	middle
9. Alias (AKA)		10. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	11. Date of birth (mm/dd/yy)
12. CCS/GHPP case number	13. Contact phone number (      )		14. Medical record number (hospital or office)
15. Residence address (number, street) (DO NOT USE P.O. BOX)		City	State      ZIP code
16. Mailing address (if different) (number, street, P.O. box number)		City	State      ZIP code
17. County of residence	18. Language spoken	19. Name of parent/legal guardian	
20. Mother's first name	21. Primary care physician (if known)	22. Primary care physician telephone number (      )	

### Insurance Information

23. a. Enrolled in Medi-Cal? <input type="checkbox"/> Yes <input type="checkbox"/> No		23. b. If yes, client index number (CIN)	23. c. Client's Medi-Cal number
24. Enrolled in Healthy Families <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of plan		
25. Enrolled in commercial insurance plan <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, type of commercial insurance plan <input type="checkbox"/> PPO <input type="checkbox"/> HMO <input type="checkbox"/> Other	Name of plan	

### Diagnosis

26. Diagnosis (DX)/ICD-9: _____	DX/ICD-9: _____	DX/ICD-9: _____
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### Requested Services

27.* CPT-4/ HCPCS Code/NDC	28. Specific Description of Service/Procedure	29. From (mm/dd/yy)	To (mm/dd/yy)	30. Frequency/ Duration	31. Units	32. Quantity (Pharmacy Only)

\* A specific procedure code/NDC is required in column 27 if services requested are other than ongoing physician authorizations, hospital days, or special care center authorizations.

33. Other documentation attached <input type="checkbox"/> Yes	34. Enter facility name (where requested services will be performed, if other than office).
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### Inpatient Hospital Services

35. Begin date	36. End date	37. Number of days
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### Additional Services Requested from Other Health Care Providers

38. Provider's name		Provider number	Telephone number (      )	Contact person
Address (number, street)		City	State	ZIP code
Description of services		Procedure code	Units	Quantity
Additional information				

39. Provider's name		Provider number	Telephone number (      )	Contact person
Address (number, street)		City	State	ZIP code
Description of services		Procedure code	Units	Quantity
Additional information				

40. Signature of physician/provider or authorized designee	41. Date
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## Instructions

1. Date of the request: Date the request is being made.

### Provider Information

2. Provider's name: Enter the name of the provider who is requesting services.
3. Provider number: Enter billing number (no group numbers).
4. Address: Enter the requesting provider's address.
5. Contact person: Enter the name of the person who can be contacted regarding the request; all authorizations should be addressed to the contact person.
6. Contact telephone number: Enter the phone number of the contact person.
7. Contact fax number: Enter the fax number for the provider's office or contact person.

### Client Information

8. Client name: Enter the client's name—last, first, and middle.
9. Alias (AKA): Enter the patient's alias, if known.
10. Gender: Check the appropriate box.
11. Date of birth: Enter the client's date of birth.
12. CCS/GHPP case number: Enter the client's CCS/GHPP number. If not known, leave blank.
13. Contact phone number: Enter the phone number where the client or client's legal guardian can be reached.
14. Medical record number: Enter the client's hospital or office medical record number.
15. Residence address: Enter the address of the client. Do not use a P.O. Box number.
16. Mailing address: Enter the mailing address if it is different than number 15.
17. County of residence: Enter residential county of the client.
18. Language spoken: Enter the client's language spoken.
19. Name of parent/legal guardian: Enter the name of client's parent/legal guardian.
20. Mother's first name: Enter the client's mother's first name.
21. Primary care physician: Enter the client's primary care physician's name. If it is not known, enter NK (not known).
22. Primary care physician telephone number: Enter the client's primary care physician phone number.

### Insurance Information

- 23a. Enrolled in Medi-Cal? Mark the appropriate box. If the answer is yes, enter the client's index number in box 23.b. and the client's Medi-Cal number in box 23.c.
24. Enrolled in Healthy Families: Mark the appropriate box. If the answer is yes, enter the name of the plan.
25. Enrolled in a commercial insurance plan? Mark the appropriate box, if the answer is yes, mark the type of insurance plan and enter the name of the commercial insurance plan on the line provided.

### Diagnosis

26. Diagnosis and/or ICD-9: Enter the diagnosis or ICD-9 code, if known, relating to the requested services.

### Requested Services

27. CPT-4/HCPCS code/NDC: Enter the CPT-4, HCPCS code or NDC code being requested. This is only required if services requested are other than ongoing physician authorizations or special care center authorizations. Also not required for inpatient hospital stay requests.
28. Specific description of procedure/service: Enter the specific description of the procedure/service being requested.
29. From and to dates: Enter the date you would like the services to begin. Enter the date you would like the services to end. These dates are not necessarily the dates that will be authorized.
30. Frequency/duration: Enter the frequency or duration of the procedures/service being requested.
31. Units: For NDC, enter total number of fills plus refills. For all other codes, enter the total number/amount of services/supplies requested for SAR effective dates.
32. Quantity: Use only for products identified by NDC. For drugs, enter the amount to be dispensed (number, ml or cc, gms, etc.). For lancets or test strips, enter the number per month or per dispensing period.
33. Other documentation attached: Check this box if attaching additional documentation.
34. Enter facility name: Complete this field with the name of the facility where you would like to perform the surgery you are requesting.

### Inpatient Hospital Services

35. Begin date: Enter the date the requested inpatient stay shall begin.
36. End date: Enter the end date for the inpatient stay requested.
37. Number of days: Enter the number of days for the requested inpatient stay.

### Additional Services Requested from Other Health Care Providers

38. and 39. Provider's name: Enter name of the provider you are referring services to.
- Provider number: Enter the provider's provider number.
- Telephone: Enter provider's telephone number.
- Contact person: Enter the name of the person who can be contacted regarding the request.
- Address: Enter address of the provider.
- Description of services: Enter description of referred services.
- Procedure code: Enter the procedure code for requested service other than ongoing physician services.
- Units: For NDC, enter total number of fills plus refills. For all other codes, enter the total number/amount of services/supplies requested for SAR effective dates.
- Quantity: Use only for products identified by NDC. For drugs, enter the amount to be dispensed (number, ml or cc, gms, etc.). For lancets or test strips, enter the number per month or per dispensing period.
- Additional information: Include any written instructions/details here.

### Signature

40. Signature of physician or provider: Form must be signed by the physician, pharmacist, or authorized representative.
41. Date: Enter the date the request is signed.



**CHILDREN'S MEDICAL SERVICES  
CALIFORNIA CHILDREN'S SERVICES**

2240 E. Gonzales Road Suite 260  
Oxnard, Ca 93036  
(805) 981-5281 Fax (805) 658-4580

**CONSENT FOR RELEASE OF INFORMATION TO CCS**

**Re:** \_\_\_\_\_  
Client Name
Date of Birth

I, the undersigned, hereby consent to, request and authorize any and all persons or agencies providing or having provided services to or for the above named client, to provide to Ventura County CCS any and all medical, billing related information pertaining to the above named client as may be requested by Ventura County CCS. This information will be used for the purpose of determining eligibility for the CCS program, and/or to conduct CCS case management activities, and/ or for provision of services by providers in connection with the CCS program, including but not limited to Medical Therapy Program (MTP) services. The information supplied shall be restricted to that specified above.

I understand that all such information provided to CCS will become part of the CCS records relating to the above named client and will be used as set forth above.

I understand that I have the right to revoke this authorization at any time, except to the extent that action has been taken in reliance on it, by sending written notification to CCS at the above address.

I understand that California law prohibits the recipient of my health information from making further disclosures of it without obtaining an additional authorization from me, except in cases in which a further disclosure is permitted or required by law. However, if the recipient of my healthy information is not located in California, I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or by the law of the state in which the recipient is located.

This consent shall be come effective immediately and shall remain in full force and effect, unless revoked earlier as provided above, (1) while CCS eligibility is being determined and, (2) if the above named client is found to be eligible, for as long as the above named client remains medically eligible for and/or is receiving services under or in conjunction with the CCS program. A photocopy of this "Consent for Release of Information to CCS" shall be as valid as the original.

I acknowledge that I have received a copy of this authorization.

\_\_\_\_\_  
 Client Signature or authorized representative if under age 18

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Relationship to client or authority to act for client

**APPLICATION TO DETERMINE CCS PROGRAM ELIGIBILITY**

This application is to be completed by the parent, legal guardian, or applicant (if age 18 or older, or an emancipated minor) in order to determine if the applicant is eligible for CCS services/benefits. The term **"applicant"** means the child, individual age 18 or older, or emancipated minor for whom the services are being requested. For instructions on completing this form, please see page 4. Please type or print clearly.

**A. Applicant Information**

1. Name of applicant (last) (first) (middle)		Name on birth certificate (if different)		Any other name the applicant is known by	
2. Date of birth (month, day, year)		3. Place of birth—county and state		Country, if born outside the U.S.	
4. Applicant's residence address (number, street) (do not use a P.O. box)		City		County	ZIP code
5. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		6. Race/ Ethnicity		7. Social security number (optional)	
8. What is the applicant's suspected eligible CCS condition or disability?					
9. Name of applicant's physician				10. Physician's phone number ( )	

**B. Parent/Legal Guardian Information (Applicants age 18 or older, or emancipated minors skip items 11 and 13.)**

11. Name(s) of parent or legal guardian		12. Mother's first name (if not identified in 11) Maiden name	
13. Residence address (number, street) (do not use a P.O. box)		City	County ZIP code
14. Mailing address (if different from 13)		City	ZIP code
15. Day phone number ( )	16. Evening phone number ( )	17. Message phone number ( )	18. What language do you speak at home?

**C. Health Insurance Information**

19. Does the applicant have Medi-Cal? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is the applicant's Medi-Cal number?		Is there a share-of-cost? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what amount do you pay per month? \$	
20. Is the applicant enrolled in the Healthy Families program? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is the name of the plan?					
21. Does the applicant have other health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is the name of the insurance plan or company?					
Type of insurance plan or company <input type="checkbox"/> Preferred Provider (PPO) <input type="checkbox"/> Health Maintenance Organization (HMO) <input type="checkbox"/> Other: _____							
22. Does the applicant have dental insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No				23. Does the applicant have vision insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**D. Certification (Initial and sign below. Your signature authorizes the CCS program to proceed with this application.)**

\_\_\_ I am applying to the CCS program in order to determine eligibility for services/benefits. I understand that the completion of this application does not assure acceptance of the applicant by the CCS program.

\_\_\_ I give my permission to verify my residence, health information, or other circumstances required to determine eligibility for CCS services/benefits.

\_\_\_ I certify that I have read and understand the information or have had it read to me.

\_\_\_ I also certify that the information I have given on this form is true and correct.

Signature of person completing the application		Relationship to the applicant	Date
Signature of witness (only if the person signed with a mark)			Date

*Mail this form to your county CCS office.*

## INSTRUCTIONS FOR COMPLETING THE CALIFORNIA CHILDREN'S SERVICES APPLICATION FORM (DHCS 4480)

Please print clearly so your application can be processed as quickly as possible.

Please fill out each section completely. If you do not provide all the information, CCS will not be able to proceed with your application. If you need help filling out this form, please contact your county CCS office.

Once the application is completed, mail it to your county CCS office (see page 6). Remember to sign and date the form.

**Section A: Applicant Information** ("Applicant" means the child, individual age 18 or older, or emancipated minor for whom the services are being requested.)

1. **Applicant's name:** Fill in the applicant's last, first, and middle name. In the next box, write the applicant's full name as it appears on his/her birth certificate if different from his/her name. If the applicant is known by any other name, please include that name in the last box.
2. **Applicant's date of birth:** Write the month, day, and year of the applicant's birth.
3. **Place of birth:** Write the county and state where applicant was born. Include the country if the applicant was born outside the U.S.
4. **Address:** Write the street number, street name, apartment number, city, county, and ZIP code of the applicant's current residence in this space. Please do not use a P.O. box.
5. **Applicant's gender:** Place a checkmark or an X in the correct gender box (male or female).
6. **Race/Ethnicity:** Please enter the category from the following list which best describes the applicant's primary race/ethnicity:
 

<ul style="list-style-type: none"> <li>• Alaskan Native</li> <li>• Amerasian</li> <li>• American Indian</li> <li>• Asian</li> <li>• Asian Indian</li> <li>• Black/African American</li> <li>• Cambodian</li> </ul>	<ul style="list-style-type: none"> <li>• Chinese</li> <li>• Filipino</li> <li>• Guamanian</li> <li>• Hawaiian</li> <li>• Hispanic/Latino</li> <li>• Japanese</li> <li>• Korean</li> </ul>	<ul style="list-style-type: none"> <li>• Laotian</li> <li>• Samoan</li> <li>• Vietnamese</li> <li>• White</li> <li>• Other</li> </ul>
--	---	---
7. **Applicant's social security number (optional):** Please write the applicant's nine-digit social security number.
8. **Suspected CCS condition or disability:** Write down the applicant's disability or special health care need that would be treated by CCS. The enclosed description of CCS eligible conditions may help you (see "What medical conditions does CCS cover" on page 1). If you don't know, ask the applicant's doctor or leave the space blank. CCS will follow up with the applicant's physician if more information is needed.
9. **Name of applicant's physician:** Write the name of the applicant's physician.
10. **Physician's phone number:** Write the phone number for the physician listed in number 9.

**Section B: Parent/Legal Guardian Information (Applicants age 18 or older, or emancipated minors skip items 11 and 13.)**

11. **Parent/guardian name(s):** Write the name(s) of the applicant's parent(s) or the name(s) of the applicant's legal guardian(s).
12. **Mother's first name and maiden name:** Write the applicant's mother's first name and maiden name.
13. **Address:** Write the street number, street name, apartment number, city, county, and ZIP code of your current residence. Please do not use a P.O. box.
14. **Mailing address:** If this address is different from number 13, please write the street number, street name, city, and ZIP code.
15. **Daytime phone number:** Please write the phone number where you can be reached during the day.
16. **Evening phone number:** Please write the phone number where you can be reached during the evening.
17. **Message phone number:** Please write your message phone number if applicable.
18. **Language(s) spoken:** Write down the language you speak at home.

**Section C: Health Insurance Information**

If CCS thinks you may qualify, they will ask you to apply for Medi-Cal if you are not currently receiving Medi-Cal health care benefits.

19. If the applicant does not receive Medi-Cal, check "No" and go to number 20. If the applicant receives Medi-Cal, check "Yes" and fill in the applicant's Medi-Cal number. If you pay a portion of the cost of your Medi-Cal insurance, check "Yes" and fill in the amount of your shared cost. If you don't, check "No" and go to number 20.
20. If the applicant receives health insurance from the Healthy Families program please check "Yes" and fill in the name of the plan. If the applicant does not, check "No." Healthy Families is a special health insurance program for moderate to low income families. If you think you might qualify, you can ask your county CCS program about how to apply for the Healthy Families program.
21. If the applicant does not have other health insurance, check "No" and go to number 22. If the applicant has health insurance, check "Yes" and fill in the name of the insurance plan or company. Then check the appropriate box depending upon what type of insurance it is. Your insurance forms will tell you what type of health insurance you have. If you are not sure, you can call your health insurance company and ask them.
22. If the applicant has dental insurance, check "Yes." If the applicant does not have dental insurance, check "No."
23. If the applicant has vision insurance, check "Yes." If the applicant does not have vision insurance, check "No."

**Section D: Certification**

Be sure to sign and date in ink. If signature is signed with a mark, please have a witness sign his or her signature and fill in the date.

Under "Relationship to the applicant," enter father, mother, legal guardian, or self (in the case of individuals age 18 or older, or emancipated minors).

**Submitting Your Application**

Mail or deliver your application to your county CCS office. To find your county CCS office, go to [www.dhcs.ca.gov/services/ccs](http://www.dhcs.ca.gov/services/ccs) or look in the government section of your local telephone directory under California Children's Services or county health department.

# Early Start



## Overview

OTs and PTs may serve infants and toddlers 0-36 months and their families, if served by a public school district. This includes evaluation and eligibility determination, assessment and service planning, Individualized Family Service Plan (IFSP) development, and transition to preschool services.

This program is mandated by IDEA 2004, Part C Early Intervention Services for infants and toddlers (individuals under three years of age). Mandated in California as the Early Intervention Services Act, it is known locally as the Ventura County Early Start Program and administered by four regional serving districts in the SELPA: Ventura, Oxnard, Simi Valley, and Conejo.

Under IDEA 2004, early intervention services are “designed to meet the developmental needs of an infant or toddler with a disability meeting eligibility requirements, in the areas of:

- (i) physical development;
- (ii) cognitive development;
- (iii) communication development;
- (iv) social or emotional development; or
- (v) adaptive development” (20 USC § 1432(4)(C))

In addition, early intervention services are required to assist the family to facilitate their infant’s or toddler’s development. Services are selected in collaboration with the parents and other IFSP members and are provided by qualified early intervention personnel. Services are provided at no cost to the family, except where federal or state law provides for a system of payments.

The California Early Intervention Services Act., states that “there is a need to provide appropriate early intervention service individually designed for infants and toddlers from birth through two years of age who have disabilities or are at risk of having disabilities, to enhance their development and to minimize the potential for developmental delay. . . early intervention services for infants and toddlers with disabilities maximize the potential to be effective in the context of daily life and activities, including the potential to live independently, and exercise the full rights of citizenship. The earlier the intervention is started, the higher is the educational attainment and quality of life achieved by children with disabilities.

“The family is the constant in the child’s life, while the service systems and personnel within those systems fluctuate. Because the primary responsibility of an infant or toddler’s well-being rests with the family, services should support and enhance the family’s capability to meet the special developmental needs of their infant or toddler with disabilities” (14 CCR § 95001(a)(3)). “Meeting the complex needs of infants with disabilities and their families requires active state and local coordinated, collaborative and accessible service delivery systems that are flexible, culturally competent and responsive to family identified needs” (14 CCR § 95001(a)(5)).

The Early Start program aims “to enhance the development of infants and toddlers with disabilities and to minimize their potential for developmental delay. . .” and under IDEA, “. . . to recognize the significant brain development that occurs during the child’s first three years of life” (20 USC § 1431(a)(1)). The Department of Developmental Services (DDS)(known as “Tri-Counties Regional Center” and “North LA County Regional Center” in Ventura and North LA Counties, respectively) is the lead agency to provide Early Start services to eligible infants and toddlers and their families (GC § 95004). The Regional Centers collaborate with the California Department of Education and school districts for provision of Early Start services. The districts are designated as the lead agency for those infants and toddlers who meet the criterion for a solely “low-incidence disability” (i.e., vision, hearing, and orthopedic disabilities). See Att. 1 for regional provision of Early Start Services by district in the Ventura County SELPA at end of chapter.

### **Dual Agency Review Team- (DART)**

There is a complex system in place between the Regional Centers and the four regional districts to review every Early Start referral. The system is called “Dual Agency Review Team” (DART) and the school district Early Childhood Special Education Teachers for Early Start participate on an ongoing basis (12 months a year). OTs and PTs working with a school district for Early Start will be collaborative partners in this process.

For children with the suspected Solely Low Incidence (SLI) disability of Orthopedic Impairment, the OT or PT may consult with the school district Early Start staff to determine whether the child should be assessed for SLI. (See att. 2 Early Start Inquiry form).

### **Eligibility**

Infants and toddlers eligible for receiving Early Start services are those who have been evaluated (and/or diagnosed) by qualified personnel as part of a multidisciplinary team, including the parents, and found to have one of the following three conditions:

- **Developmental delay:** Infants and toddlers who display a significant difference between the expected level of development for their age and their current level of functioning in one or more of five areas: cognitive development; physical and motor development, including vision and hearing; communication development; social or emotional development; or adaptive development (GC § 95014(a)(1)).
- **Established risk condition:** Infants and toddlers with “. . . conditions of known etiology or conditions with established harmful developmental consequences [that are] diagnosed by qualified personnel recognized by, or part of, a multidisciplinary team, including the parents. The condition shall be certified as having a high probability of leading to developmental delay if the delay is not evident at the time of diagnosis” (GC § 95014(a)(2)). In addition, an established risk condition also exists when an infant or

toddler has a solely low-incidence disability (17 CCR § 52022(b)(2)), which includes orthopedic impairment, visual impairment or blindness, and hearing impairment or deafness.

- High risk: Those infants and toddlers “at high risk of having substantial developmental disability due to a combination of biomedical risk factors, the presence of which is diagnosed by qualified clinicians recognized by, or part of, a multidisciplinary team, including the parents” (GC § 95014(a)(3)). Specifically, if the multidisciplinary team determines that an infant or toddler has a combination of two or more of factors that require early intervention services based on evaluation and assessment Title 17 of the California Code of Regulations Section 52022(c)(1)(A) –(N)] or if the team determines that the parent of the infant or toddler is a person with a developmental disability and the infant or toddler requires early intervention services.

It is also specified that a developmental delay shall not be determined based on a temporary physical disability, cultural or economic factors, the normal process of second language acquisition, or manifestation of dialect and sociolinguistic variance (17 CCR § 52022(d)(1) – (4)). The schools are required to serve all eligible infants/toddlers with SOLELY Low Incidence disabilities (hearing, visual or orthopedic impairment). See Att. 3 for eligibility requirements and Statement of Eligibility form. See Att. 4 for checklist for eligibility as SLI-Orthopedic Impairment.

### **“Dually Served”**

If the schools have room in their case load after serving all solely Low Incidence infant/toddlers, they may serve some children as “dually served” with the Regional Center. Regional Center and school districts must work collaboratively and communicate effectively with families to ensure that services are coordinated and delivered smoothly. The California regulations also state that “no agency or multidisciplinary team . . . shall presume or determine eligibility, including eligibility for medical services, for any other agency” (GC § 95014(d)).

### **Service Coordination**

The Service Coordinator is responsible for facilitating the exchange of information between all persons and agencies involved in providing services for the infant or toddler, including service providers, health providers, and medical managers. The Service Coordinator assists families in procuring resources for their child and facilitates the development of the transition steps in the IFSP. For children with Solely Low Incidence disabilities, the school district Early Childhood Special Educator will be the Service Coordinator. For Dually Served, the Regional Center staff will be the Service Coordinator.

### **Evaluation and Assessment**

Evaluation procedures are designed to determine an infant’s or toddler’s eligibility for Early Start services. Assessment procedures are ongoing and are designed to determine the:



- Infant's or toddler's unique strengths and needs and level of development
- Family's resources, priorities, and concerns
- Early intervention services to meet the needs of the infant or toddler
- Supports and services needed by the family to enhance the capacity to meet the developmental needs of the infant or toddler

Each discipline has its own perspective and definitions for the evaluation and assessment procedures used within their scope of practice. However, under Part C of IDEA 2004, the definitions of these procedures may differ from those used in other practice settings; therefore, providers must be well informed about the definitions under Part C. See Att. 5 for Assessment Requirements in Early Start and sample Assessment Report.

OTs and PTs utilize a variety of evaluation and assessment procedures and methods, including standardized and criterion-referenced measures, interviews, questionnaires and ratings scales, and skilled clinical observations. The evaluation measures may focus on overall development, or specific areas of development such as motor development, or specific skills areas and processes (e.g., reflexes, postural control, oral-motor skills and sensory aspects of feeding and eating, sensory processing and self-regulation, gross motor skills, fine motor skills, play, perceptual-motor skills, self-care skills, etc.).

Assessment findings will be given to the Service Coordinator in the form of a written report that synthesizes all the information for informed eligibility decisions and identifies needs and services. This report is presented at an Individualized Family Service Plan (IFSP) meeting with the family. Although OTs and PTs, as well as other members of the team, may use the same evaluation measures (e.g., developmental tests) and even assess some of the same skills or areas of development, they will interpret results and findings from their unique professional perspectives. When working together as part of a team, the OT, PT, Early Childhood Special Education Teacher, and parent can share and integrate multiple perspectives to arrive at a comprehensive picture of the child's functioning in order to meet the common objective of determining eligibility for early intervention services and planning for them (AOTA 2004; APTA 2008).

## **Natural Environments and Family-Centered Care**

Two important practice considerations for OT and PT in early intervention are the concepts of natural environment and family-centered care. As defined in the current California regulations, "Natural environment means settings that are natural or typical for the infant's or toddler's age peers who have no disability including the home and community settings in which children without disabilities participate" (17 CCR § 52000(35)).

Current California regulations provide examples of natural environment settings that include home, child care, school program, or private programs. Early intervention services must be provided , when possible, in a natural environment by qualified personnel to meet the

identified developmental needs of an infant or toddler, based on results of comprehensive evaluation and assessment (20 USC § 1435(16)(A) & (B)).

Early intervention services provided under IDEA 2004, including OT and PT, strongly encourage collaboration with families, through family-centered care, so that the family, infant, or toddler can develop and learn in family environments and through routines. Services in this population are carried out through integrated service delivery models designated in the IFSP, respectful of the family needs and priorities (AOTA 2004; APTA 2008).

## **Individualized Family Service Plan (IFSP)**

The IFSP is a written plan for providing early intervention services to an infant or toddler with a disability and his or her family (GC § 95020; 17 CCR § 52100 and §§ 52102–52108). It includes statements of the decisions and actions of the multidisciplinary team and parents or caregivers at the initial IFSP meeting, as well as at subsequent annual meetings, and periodic reviews of progress (34 CFR § 303.20). As a written document, the IFSP defines a process for putting into practice services for infants or toddlers and their families who meet eligibility criteria. To fully participate in the IFSP process, OT and PT practitioners need to be aware of their role and contributions to content, procedures, and timelines to develop and carry out the IFSP.

OTs and PTs can perform several different roles at the IFSP meetings. For example, a practitioner might participate in the meeting after conducting an initial evaluation of the infant or toddler or providing services to the infant or toddler, or both. Along with other members of the multidisciplinary team and family, OTs and PTs contribute to the written statements of the infant's or toddler's present levels of development and the results or outcomes expected to be achieved "based on peer-reviewed research to the extent practicable" (20 USC § 1436(d)(3) and(4)). If a member of the multidisciplinary team, including the OT and PT, cannot attend an initial or annual IFSP meeting, or a periodic review meeting, the team member should make arrangements to contribute through other means, including participating in a telephone conference call, asking a knowledgeable representative to attend, or by making records and information available for the meeting. The Ventura County Early Start Program has an IFSP form that meets legal requirements. (See Att. 6).

## **Timelines and Reviews**

IDEA 2004 and California regulations related to Early Start provide specific guidelines for initial, periodic, annual, and transitional IFSP meeting timelines.

- Parents of children birth to three in California suspected of having special needs must be contacted within two days after a referral has been made to identify the lead agency and plan for assessment.
- An initial IFSP is developed by the Regional Center or schools or both agencies within 45 days of an oral or written referral.

- A periodic review is conducted at least every six months; however, a review is conducted more frequently when a change of service is indicated for the infant or toddler, or the parent requests a review. The multidisciplinary team and parents may, but do not have to, meet to document a periodic review of an infant's or toddler's progress toward achieving outcomes or a modification to services, if another form of communication is acceptable to the participants of the team, including the parent.
- An annual IFSP meeting is held at least annually to document progress and revise any provisions in the document. At the time of the meeting, the team and parent review ongoing assessments, revise the IFSP and the outcomes of the IFSP, and determine the appropriate services to be provided or continued.
- Six months before the toddler's third birthday, the parent is notified that his/her toddler may be eligible for special education and related services under Part B of the IDEA and that transitional planning will occur within three to six months.

## **Early Start Services**

OT or PT must be provided as determined necessary on the IFSP, for all children with Solely Low Incidence disabilities. For children "dually served" with the Regional Center, School-based OTs and PTs are required to provide consultation only. Regional Center must provide any needed direct OT or PT services and dually served children. (See Att. 7)

The IFSP must also identify medical or other services for which the child is eligible that will be or are being provided by other private or public agencies. The services include residential care, family reunification services, Head Start, Supplemental Security Income, Medi-Cal, Temporary Assistance to Needy Families, and food stamps. "Nonrequired" services are "those community services that may be provided to an eligible infant or toddler or his/her family but are not required under the California Early Intervention Services Act, such as child care, employment, housing, immunizations, medical services such as surgery or medication, marital counseling unrelated to the infant or toddler's development, and substance abuse counseling, etc. The granting or denial of non-required services by any public or private agency is not subject to appeal under this title" (GC § 95020(e)(3)).

Ideally, a team of professionals from several disciplines, which may include OT and PT, are involved in integrating infant and toddler intervention services so that families benefit from coordinated and diverse services from different professionals. Following the guidelines set out by the IFSP team, the degree and amount of involvement of each professional, including direct and consultative support, may vary and change over time as the family and child's needs change.

## **Transition from Early Intervention Services**

“The transition from early intervention services is a key event for families and their toddlers who have been receiving early intervention services” (California Department of Education 2005). For many parents and caregivers, there is some degree of uncertainty about the changes that will occur and how these changes will affect their children’s functioning (after the age of three years) upon entering the preschool stage of their development. As indicated previously, the content of the IFSP must include transition services and a plan for implementation to ensure that the transition process is coordinated between the regional center and the school district, as specified in the regulations. Depending on the evaluation and assessment of the infant or toddler, the possible transition outcomes are as follows:

- 1) The child exits the California Early Start Program and enters general education preschool.
- 2) The child makes the transition from Part C early intervention services to Part B special education services under IDEA.
- 3) The child makes the transition from Part C early intervention services to regional center services under the Lanterman Act.
- 4) The child makes the transition from Part C early intervention services to both Part B special education and regional center services.

The OT and PT will play a key role on the team assisting the family with this transition.

# Intra-SELPA Program Chart

## Early Intervention Services (0-2 year olds)

SERVICE COORDINATION REGION	Speech/Language	Assistive Technology Assessment	Audiological Services	Orientation & Mobility	Nutrition*	Respite*	Transportation to educational services	Physical Therapy*	Occupational* Therapy	Vision Services	Vision Therapy	Counseling and Guidance Services	Psychological Services (Non Assessment)	Parent training	Health and Nursing	Social Work Services	Recreation Services	Deaf	Hard of Hearing Services	Parent Counseling
Conejo Valley USD (C)	C	SELPA	VC	C	SELPA	SELPA	SELPA	CCS/ SELPA	CCS/ SELPA	C	C	C/BH	C/BH	SELPA/ FRC	C	C/BH/RC/ SELPA	RD	SV		C/RC/BH/ SELPA
Oxnard Elementary SD (OE)	OE	SELPA	VC	H	SELPA	SELPA	SELPA	CCS/ SELPA	CCS/ SELPA	OE	OE	OE/BH	OE/BH	SELPA/ FRC	OE	OE/BH/RC/ SELPA	RD	OE		OE/RC/ BH/ SELPA
Ventura Unified SD (V)	V	SELPA	VC	H	SELPA	SELPA	SELPA	CCS/ SELPA	CCS/ SELPA	V	V	V/BH	V/BH	SELPA/ FRC	V	V/BH/RC/ SELPA	RD	V		V/RC/BH/ SELPA
Simi Valley Unified SD (SV)	SV	SELPA	VC	C	SELPA	SELPA	SELPA	CCS/ SELPA	CCS/ SELPA	SV	SV	SV/BH	SV/BH	SELPA/ FRC	SV	SV/BH/RC /SELPA	RD	SV		SV/RC/ BH/ SELPA

Hueneme (H)

California Children Services (CCS)

City Recreation Department (RD)

Family Resource Center (FRC)

Regional Center (RC)

Ventura County Behavioral Health (BH)

Ventura County Special Education Local Plan Area (SELPA)

Ventura County Office of Education (VC)

\* Services provided to Solely Low Incidence only

<sup>1</sup> Except Somis & Pleasant Valley - served by Simi

## DISTRICTS EACH REGION SERVES:

**Conejo**  
Conejo Valley Unified School District  
Las Virgenes Unified School District  
Oak Park Unified School District

**Oxnard Elementary**  
Hueneme School District  
Mesa Union School District  
Pleasant Valley School District  
Rio School District  
Ocean View School District  
Oxnard School District  
Somis Union School District

**Simi Valley**  
Moorpark Unified School District  
Simi Valley Unified School District  
Somis & Pleasant Valley (Deaf only)

**Ventura Unified**  
Briggs School District  
Fillmore Unified School District  
Mupu School District  
Ojai Unified School District  
Santa Paula Elementary School District  
Ventura Unified School District

# Ventura County Early Start Program

## EARLY START INQUIRY

Att 2

Initial Intake Date: _____		IFSP Due Date: _____		SSN# _____		UCI# _____		
Child's name: _____			Date of Birth: _____		Age: _____		Gender: _____	
Last		First		MI				
Mother/Guardian: _____			Maiden Name: _____		Father: _____			
Parent Consent to Referral: <input type="checkbox"/> Yes <input type="checkbox"/> No		Do Parents live together? _____		Primary Language: _____		Interpreter? _____		
Mailing/Home Address: _____								
Phone: _____		Message Phone: _____		School District of Residence: _____				

Inquirer's Name: \_\_\_\_\_ Relationship to the Family: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Has applicant ever applied for services from any regional center? ☐ Yes ☐ No Where? \_\_\_\_\_

Primary physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Other agencies involved: \_\_\_\_\_ Medical Info Attached: \_\_\_\_\_

Parent was informed that Early Start is a partnership between DDS and Dept of ED and information will be shared between TCRC and the LEA, and parents agreed to proceed. ☐ Yes ☐ No

### HISTORY AND CONCERNS:

Birthplace: \_\_\_\_\_ Hospital: \_\_\_\_\_ Gestational Age: \_\_\_\_\_ Birth weight: \_\_\_\_\_

Present weight: \_\_\_\_\_ Medications and Equipment: \_\_\_\_\_

Medical Confirmation/Diagnosis: \_\_\_\_\_ Specialist(s) Involved: \_\_\_\_\_

Developmental Concerns	Description of Concerns:
<input type="checkbox"/> <u>Vision</u>	
<input type="checkbox"/> <u>Hearing * see checklist</u>	
<input type="checkbox"/> <u>Physical * see checklist</u>	
<input type="checkbox"/> <u>Self-Help * see checklist</u>	
<input type="checkbox"/> <u>Behavioral</u>	
<input type="checkbox"/> <u>Social</u>	
<input type="checkbox"/> <u>Communication</u>	
<input type="checkbox"/> <u>Cognitive</u>	

**Physical Checklist:** (Circle all that apply): rolls tummy to back, sits unsupported, belly crawls, crawls, pulls to stand, cruises furniture, walks, grasps toy, releases toy

**\*Self Help Checklist** (Circle all that apply) : holds a bottle with both hands, finger feeds, drinks from open cup, uses a spoon to feed

**\*Newborn Hearing Screening Passed:** ☐ Yes ☐ No

Inquiry taken by: \_\_\_\_\_ Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_

Regional Center Service Coordinator assigned: \_\_\_\_\_ Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_

Date of follow up – phone call to family (if appropriate): \_\_\_\_\_ How did you hear about Early Start: \_\_\_\_\_

Actions taken: ☐ Appears SLI-sent to LEA ☐ Faxed to LEA for consideration for dual Date \_\_\_\_\_

School District Response: \_\_\_\_\_ Possible Dates for Joint Intake: \_\_\_\_\_

LEA Early Start Coordinator:	LEA Response Date:
<input type="checkbox"/> Yes- agree to serve as SLI (Pending evaluation results)	<input type="checkbox"/> No- does not appear appropriate for dual/no available openings at this time
<input type="checkbox"/> Yes- agree to dual intake	<input type="checkbox"/> No- reconsider at later date when more information is available
Concerns/ Need More Info: _____	

## ELIGIBILITY

### Eligibility for Solely Low Incidence (SLI):

1) Meets CCR Title 5 Section 3030 disability for Hearing Impairment, Deaf/ Blind, Visual Impairment or Orthopedic Impairment:

- Hearing Impairment- A pupil has a hearing impairment, whether permanent or fluctuating, which impairs the processing of linguistic information through hearing, even with amplification, and which adversely affects educational performance. Processing linguistic information includes speech and language reception and speech and language discrimination.
- Deaf/Blind- A pupil has concomitant hearing and visual impairments, the combination of which causes severe communication, developmental, and educational problems.
- Visual Impairment- A pupil has a visual impairment which, even with correction, adversely affects a pupil's educational performance.
- Orthopedic Impairment- A pupil has a severe orthopedic impairment which adversely affects the pupil's educational performance. Such orthopedic impairments include impairments caused by congenital anomaly, impairments caused by disease, and impairments from other causes.

– and –

2) Is identified as requiring intensive special education and services by meeting one of the following CCR Title 5 Section 3031 criteria:

(A) The child has a developmental delay as determined by a significant difference between the expected level of development for their age and their current level of functioning in one or more of the following five developmental areas:

1. cognitive development;
2. physical and motor development, including vision and hearing;
3. communication development;
4. social or emotional development; or
5. adaptive development.

A significant difference is defined as a 33 percent delay in one developmental area before 24 months of age, or, at 24 months of age or older, either a delay of 50 percent in one developmental area or a 33 percent delay in two or more developmental areas

- or -

(B) The child has a disabling medical condition or congenital syndrome which the IFSP team determines has a high predictability of requiring intensive special education and services.

## Ventura County Early Start Program STATEMENT OF ELIGIBILITY FOR EARLY START

Name \_\_\_\_\_ DOB \_\_\_\_\_ UCI \_\_\_\_\_

### REGIONAL CENTER

**ELIGIBLE under California Early Intervention Services Act**

Reasons (*mark and describe*)

- ☐ Developmental delay:
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Motor            | <input type="checkbox"/> Communication | <input type="checkbox"/> Adaptive/Self Help |
| <input type="checkbox"/> Social/Emotional | <input type="checkbox"/> Cognitive     |   |

- ☐ Established risk: \_\_\_\_\_ Dx \_\_\_\_\_  
ICD-9 Codes \_\_\_\_\_

Designee	Service Coordinator Date	Date	Branch Manager or
Date	Physician	Date	Psychologist

### NOT ELIGIBLE

Reasons (*describe*): \_\_\_\_\_

Designee	Service Coordinator Date	Date	Branch Manager or
Date	Physician	Date	Psychologist

### SCHOOLS

**ELIGIBLE under California Code of Regulations, Title 5, Sections 3030 and/or 3031**

Reasons (*describe*): \_\_\_\_\_

Designee	Service Coordinator Date	Date	Administrator or
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### NOT ELIGIBLE

Reasons (*describe*): \_\_\_\_\_

<i>Sign Here</i>	Service Coordinator Date	Date	Administrator or
------------------	-----------------------------	------	------------------



VENTURA COUNTY SELPA  
EARLY START PROGRAM  
SOLELY LOW INCIDENCE ELIGIBILITY CHECKLIST  
FOR CHILDREN WITH ORTHOPEDIC IMPAIRMENT

Does the child have a severe orthopedic impairment which adversely affects performance, including impairments caused by congenital anomaly, impairments caused by disease, and impairments from other causes? (Does not require a medical diagnosis.) [CCR 3030(e)]. ***If so, child may qualify if other conditions are met.***

Is there another Early Start eligible condition such as cognitive impairment, speech-language delay, prenatal substance exposure, prematurity, failure to thrive, etc? ***If so, child may not qualify as solely low incidence.***

Does the child present with delays in his development?

If yes, note areas & percent delay:

- ☐ Cognitive \_\_\_\_\_
- ☐ Physical & Motor (including vision & hearing) \_\_\_\_\_
- ☐ Communication \_\_\_\_\_
- ☐ Social or Emotional \_\_\_\_\_
- ☐ Adaptive \_\_\_\_\_

***Child must present with at least a 33%delay (under 24 mos.) in one area or 33% delay in 2 areas or 50% delay in one area (over 24 mos.) in order to qualify under low incidence/orthopedic impairment.***

Do the delays appear to be directly attributed to the orthopedic impairment, ***child would qualify for low incidence/orthopedic impairment***, or are they part of a separate condition or impairment? ***Child would NOT qualify for solely low incidence and would need to be Re-DARTed.***

Provide rationale:

Describe how the delays require special education services. [CCR 3030-first paragraph]. ***If not, child would not be eligible.***

After the initial evaluation, you may contact the physical or occupational therapist for a consultation and/or assessment in order to assist the team in deciding whether or not the child is eligible for the Early Start program as a child with a solely low incidence eligibility - orthopedic impairment.

## **ASSESSMENT**

The assessment process must be multidisciplinary, and both agencies should collaborate together to assess potential dually served infants. The parents must give consent to assessment using the Parent Consent form (previous section). The assessment may be completed in conjunction with the Early Start Intake Interview Worksheet.

The school district ECSE may include as part of their multidisciplinary team a school nurse, psychologist, speech therapist, vision or hearing specialist. Additional assessments may be conducted by specialized staff as recommended by the ECSE. Proof that a multidisciplinary team was used is demonstrated by:

- Signatures on Summary of Assessment report
- A separate report submitted by a team member(s)
- Names listed on Family Approval page of the IFSP

Assessments must be completed within the 45 day timeline, and an IFSP meeting held.

The Assessment report will include:

- Family/Child Information
- Background Medical Information
- Assessment Purpose and Location
- Assessment Information – Indicate assessment tools used. Also include a statement regarding validity and cultural appropriateness of assessment tool(s) and if the infant/ toddler's response is a reliable predictor of his/ her development.
- Assessment results – must address these areas:
  - Gross Motor Skills
  - Perceptual/ Fine Motor Skills
  - Cognitive Development
  - Communication Development (Receptive and Expressive)
  - Adaptive/ Self-help Development
  - Social/ Emotional Development
- Summary
- Recommendations (including statement of eligibility)

When choosing an assessment tool consider the following:

- Use of a normed or standardized tool
- Assessment procedures that are not racially or culturally discriminatory
- Tool(s) that are considered to be valid for the suspected disability of the child

Use the attached form "Summary of Assessment/ Present Levels of Development" form or the attached Assessment Report Template.

<b>ASSESSMENT REPORT TEMPLATE</b>
-----------------------------------

Ventura County Early Start Program

**Child's Name:**  
**Birthdate:**  
**Chronological Age:**  
**Assessor:**

**Date of Report:**  
**Date of Assessment:**  
**Parent Name:**  
**UCI Number:**

### **Background/Medical Information**

### **Assessment Purpose and Location**

### **Assessment Information**

### **Assessment Results**

**Gross Motor:** *Refers to large body movements, balance, and coordination. Coordinate motor tasks build the foundation for exploration and learning, and are crucial to the ability to vocalize and speak.*

**Perceptual/Fine Motor:** *Refers to small body movements, and ability to manipulate items in the environment.*

**Cognitive Development:** *Refers to the hierarchy of the child's typical level of play to include attention and exploration, functional understanding of objects, awareness of routines and sequences.*

**Communication Development:** *Refers to responses and understanding demonstrated by a child to directions and requests that involve actions such as pointing, facial expression, tone of voice and words.*

**Adaptive/Self Help:** *Refers to the ability to initiate and perform age appropriate tasks moving to independence. This includes maintaining attention and the ability to determine what to attend to and what to screen out, eating patterns, sleeping patterns, self motivation and personal responsibility.*

**Social/Emotional Development:** *Refers to the ability to form attachment and interact with adults and peers, expression of feelings, affect self-concept, coping and awareness of social role.*

## Summary

## Recommendations

### Staff contributing to this report

#### Early Childhood Special Educator

_____ Name	_____ Phone Number	_____ Email Address
---------------	-----------------------	------------------------

#### School Psychologist

_____ Name	_____ Phone Number	_____ Email Address
---------------	-----------------------	------------------------

#### Occupational Therapist

_____ Name	_____ Phone Number	_____ Email Address
---------------	-----------------------	------------------------

#### Physical Therapist

_____ Name	_____ Phone Number	_____ Email Address
---------------	-----------------------	------------------------

#### Speech Language Pathologist

_____ Name	_____ Phone Number	_____ Email Address
---------------	-----------------------	------------------------

#### Deaf/Hard of Hearing Specialist

_____ Name	_____ Phone Number	_____ Email Address
---------------	-----------------------	------------------------

#### Teacher of Students with Visual Impairments

_____ Name	_____ Phone Number	_____ Email Address
---------------	-----------------------	------------------------

#### Teacher of Students with Orthopedic Impairments

_____ Name	_____ Phone Number	_____ Email Address
---------------	-----------------------	------------------------

**INDIVIDUALIZED FAMILY SERVICE PLAN**  
**PLAN INDIVIDUALIZADO DE SERVICIOS FAMILIAR**

**IDENTIFYING INFORMATION (INFORMACION)**

Child's name / Nombre Infant Baby Male X Female \_\_\_\_\_  
First (primer) Middle (segundo) Last (apellido) (masculino) (femenino)

SS# \_\_\_\_\_ Birth date (fecha de nacimiento) 5/19/08

Home language (Idioma usado en casa) English Interpreter needed? (¿Necesita interprete?) ☐ yes (si) ☒ no

Translated IFSP needed? (¿Necesita traducción del plan?) ☐ yes (si) ☒ no Language (idioma) \_\_\_\_\_

Parent/Guardian (padre/tutor) Mom and Dad Baby

Street address (dirección) 1234 Main St. Camarillo, CA 93012

Mailing address (domicilio) Same as above

Home phone (teléfono) 805-555-1212 Work phone \_\_\_\_\_ Message phone \_\_\_\_\_  
(de casa) (del trabajo) (para mensajes)

IFSP TYPE: (tipo de plan) Check appropriate box (Use MM/DD/YY)

☐ Initial (inicial) ☐ Transition Planning (planeamiento de transición) This IFSP meeting (esta reunión) 5-19-10  
☐ Annual IFSP (plan anual) ☐ Periodic Review (revisión periódica) Projected review (revisión) 11-19-10  
☐ Semi-Annual (6 meses o menos) ☐ Final (months or before) [6 months or before] (6 meses o

Projected annual review 5-19-11  
(revisión anual proyectada)

Service Coordinator Your Name Agency Your school district Case Number \_\_\_\_\_  
(cordinador/a de servicios) (agencia) (número de caso)

**Summary of early intervention services (RS=required service; NRS=Non required service; O=Other services)**  
**Resumen de los servicios de intervención temprana (RS=servicios requeridos, NRS=servicios no requeridos, O=otros servicios)**

Service or Activity [Designate type of service] (servicio o actividad-designar un tipo)	Frequency & Amount Intensity (frecuencia y cantidad- Intensidad)	Individual or group (individuo o grupo)	Agency and/or Provider (agencia y/o proveedor)	Start/End Dates (fechas de comienzo/ fin) (M/D/YY)	Location * (localidad)	Funding source (origen de financiamiento)
<i>Service Coordination</i>	<i>Ongoing</i>	<i>?</i>	<i>Your school district</i>	<i>5-19-10 – 11-19-10</i>	<i>Phone/ Home/ Group</i>	<i>Your school district</i>
<i>Specialized instruction</i>	<i>30 min. 1x a week</i>	<i>?</i>	<i>Your school district</i>	<i>5-19-10 – 11-19-10</i>	<i>Home</i>	<i>Your school district</i>
<i>Family, Counseling, and home visits</i>	<i>30 min. 1x a week</i>	<i>?</i>	<i>Your school district</i>	<i>5-19-10 – 11-19-10</i>	<i>Home</i>	<i>Your school district</i>
<i>Infant/ Toddler playgroup</i>	<i>Your program time</i>	<i>?</i>	<i>Your school district</i>	<i>5-19-10 – 11-19-10</i>	<i>School Site</i>	<i>Your school district</i>
<i>Include any referrals made (CCS, Rainbow, Hearing Conservation)</i>	<i>One time only</i>	<i>?</i>	<i>Your school district</i>	<i>5-19-10 – 5-19-10</i>	<i>Home</i>	<i>Your school district</i>

\* Justification if not in natural environment (Justifique el porqué de no en un ambiente natural) Access to specialized equipment not available in the home OF  
parents do not want services in the home.

**SAMPLE-**

Ventura County Early Start Program  
 Programa de Servicios de Intervención Temprana del Condado de Ventura  
**INDIVIDUALIZED FAMILY SERVICE PLAN**  
**PLAN INDIVIDUALIZADO DE SERVICIOS FAMILIAR**

**OUTCOMES AND SERVICES**  
**RESULTADOS Y SERVICIOS**

Child's Name (nombre): Infant Baby Date of Birth (fecha de nacimiento): 5/19/08

IFSP Type and date (tipo de plan y fecha): Check appropriate box and fill in meeting date (M/D/YY)

- ☐ Initial (inicial) \_\_\_\_\_ ☐ Semi-Annual (semi-anual) \_\_\_\_\_ ☐ Annual(anual) \_\_\_\_\_
- ☐ Transition Planning (plan de transición) \_\_\_\_\_ ☐ Other/Periodic (otro/enmienda) \_\_\_\_\_

**Note: Use as many copies of this page as necessary to complete all outcomes.**

**MAJOR OUTCOMES (in parents' words) / Resultados Mayores (con las palabras de los padres)**

*We want Infant to play like his friends.*

**ACTION PLAN / METHOD (Criteria, procedures, and time lines to determine progress) / Plan de acción/método (criterio, procedimiento y límite de tiempo para determinar el progreso)**

*Infant Baby and family will receive home visits, one time per week to address the following outcomes:*

*Infant Baby will:*

- *Cooperatively play ball games with peers*
- *Engage in finger plays and nursery rhymes*
- *Propel self forward on tricycle or ride-on-toy*

*Progress determined by parent/teacher/ therapist observation(s) by 11/19/10.*

Date (fecha): \_\_\_\_\_  
 (update in parents' words):  
 (revisela con las palabras de los padres)

*When reporting progress at each semi and annual review, copy each previous 'Outcomes and Services' page and complete this section using the parent's words. Have parent sign or initial below. Attach copies to new IFSP.*

Date (fecha): \_\_\_\_\_  
 (update in parents' words):  
 (revisela con las palabras de los padres)

Parent signature or initial (firma del padre ó inicial)

Parent signature or initial (Firma del padre ó /inicial)

**SAMPLE-****Ventura County Early Start Program***Programa de Servicios de Intervención Temprana del Condado de Ventura***INDIVIDUALIZED FAMILY SERVICE PLAN****PLAN INDIVIDUALIZADO DE SERVICIOS FAMILIAR**Child's Name (Nombre) Infant Baby Birth date (Fecha de nacimiento) 5-19-08**MEDICAL SERVICES** (servicios médicos):Child's doctor, insurance provider, etc.**Assistive technology has been considered for this child** (Ayuda tecnológica ha sido considerada para este niño/a):Write N/A -or- if applicable include.**FAMILY SERVICES** (servicios familiares):WIC, church, extended family, etc.**OTHER IFSP PARTICIPANTS** (otros participantes del plan):

The following individuals/agencies participated in the development of the IFSP either by attending the meeting or giving input and agree to carry out the plan as it applies to their role in the provision of entitled Early Intervention Services. (Los siguientes individuos/agencias participaron en el desarrollo de este plan ya sea asistiendo a las juntas o proveendo información y acuerdan de llevar a cabo el plan como se aplica a sus cargos escrito en el suministro de servicios autorizados de intervención temprana)

*Include names of each service provider.*

Name/ Title (nombre/título)	Agency/ Phone (agencial/teléfono)	Date (fecha)
<u>Parent(s)</u>		<u>5/19/10</u>
<u>Your Name/ SC/ ECSE</u>	<u>Your school district and phone</u>	<u>5/19/10</u>

Person providing input by telephone or writing: \_\_\_\_\_  
(persona dando información por teléfono ó por escrito)

**IFSP FAMILY APPROVAL** (aprobación de la familia) **Have parent initial individual statements below.**

\_\_\_\_\_ I had the opportunity to help develop this Individualized Family Service Plan (IFSP) of \_\_\_\_\_ (total) pages.  
(Tuve la oportunidad de ayudar con el desarrollo de este plan de \_\_\_\_\_ páginas.)

\_\_\_\_\_ I have received a copy of my rights under the Early Start program at this meeting.  
(He recibido una copia de mis derechos en esta junta.)

\_\_\_\_\_ I understand my rights, the plan, and give permission of the service providers listed to carry out the plan with me, leading toward the agreed upon outcomes.  
(Entiendo mis derechos, el plan y doy permiso a los proveedores de servicios mencionados para desempeñar el plan conmigo, llegando a los resultados de común acuerdo.)

\_\_\_\_\_ A copy of the program calendar has been provided which shows breaks in service for holidays or vacations.  
(He recibido una copia del calendario mostrando las fechas de descanso referente a los días festivos y vacaciones.)

Parent/ Guardian Signature (firma del padre/tutor)

Date (fecha)

Parent/ Guardian Signature (firma del padre/tutor)

Date (fecha)

*Programa de Servicios de Intervención Temprana del Condado de Ventura*

### PLAN INDIVIDUALIZADO DE SERVICIOS FAMILIAR (IFSP)

*IFSP REPASO SEMI ANNUAL/ANUAL*

Name/Nombre Infant Baby Date/Fecha 5-19-10

(including current resources, priorities and concerns/*incluyendo recursos actuales, prioridades y preocupaciones*)

*Use this page at a review to update current family information, including but not limited to, medical, hearing and vision information.*



Att 7

**Ventura County Early Start Program**  
*Programa de Servicios de Intervención del Condado de Ventura*  
**INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)**  
PLAN INDIVIDUALIZADO DE SERVICIOS FAMILIAR (IFSP)

**CHANGES OR ADDITIONS**

*CAMBIOS O ADICIONES*

Amends IFSP of: \_\_\_\_\_  
*Cambios o adiciones enmienda del IFSP de*

**IFSP TYPE: (TIPO DE PLAN)**

- ☐ Periodic Review (*Revisión periódica*)  
☐ Information Change (*Cambio de información*)  
☐ Parent Request (*Petición del padre*)  
☐ Other (*Otro*): \_\_\_\_\_

**STATUS: (SITUACIÓN)**

- ☐ Continue IFSP (*Continuar con el IFSP*)  
☐ Modify IFSP (*Modificar IFSP*)  
☐ End IFSP (*Terminar IFSP*)

This IFSP meeting (*Esta reunión*) (date): \_\_\_\_\_  
Projected Review: 6 months or before \_\_\_\_\_  
(*Revisión proyectada: 6 meses o menos*)  
Annual (*Anual*) \_\_\_\_\_  
Projected IFSP Exit (*Término proyectado del IFSP*) \_\_\_\_\_

Translated IFSP needed? (*¿Necesita traducción del plan?*) ☐ yes/ *sí* ☐ no Language (*Idioma*) \_\_\_\_\_  
Service Coordinator (*Coordinador/a de servicios*) \_\_\_\_\_ Agency (*Agencia*) \_\_\_\_\_ Phone (*Teléfono*) \_\_\_\_\_  
Child Social Security Number (*Número de seguro del niño/a*) \_\_\_\_\_ Child Case Number, if applicable (*Número de caso del niño/a, si aplica*) \_\_\_\_\_

**IDENTIFYING INFORMATION (DATOS DE IDENTIDAD)**

Child's name (*Nombre*) \_\_\_\_\_  
First (*primer*) \_\_\_\_\_ Middle (*segundo*) \_\_\_\_\_ Last (*apellido*) \_\_\_\_\_  
Birth date (*Fecha de nacimiento*) \_\_\_\_\_ Age (*Edad*) \_\_\_\_\_ Gender (*género*) \_\_\_\_\_  
Home Language (*Idioma usado en casa*) \_\_\_\_\_ Interpreter needed? (*¿Necesita interprete?*) ☐ yes (*sí*) ☐ no  
Parent/Guardian (*Padre/tutor*) \_\_\_\_\_  
Street address (*Dirección*) \_\_\_\_\_  
Mailing address (*Domicilio*) \_\_\_\_\_  
Home phone (*Teléfono*) \_\_\_\_\_ Work phone (*del trabajo*) \_\_\_\_\_ Message phone (*para mensajes*) \_\_\_\_\_

**CHILD STATUS CHANGE (Cambio de la Situación del Niño/a)**

(check those that apply) (*marque los que correspondan*)

- (check areas revised, added, or deleted and attach new pages)

(*indique las áreas modificadas, añadidas, tachadas y adjunte las páginas nuevas*)

- ☐ Identifying Information (*Record changes above*) *Información de identidad (registre cambios de arriba)*  
☐ Summary of Services (*Resumen de servicios*)  
☐ Family Concerns, Priorities, Resources (*Preocupaciones familiar, prioridades, recursos*)  
☐ Assessment, Present Levels of Performance (*Medical, niveles actuales de desarrollo*)  
☐ Outcomes and Services (*Resultados y servicios*)  
☐ Other, specify (*Otro, especifique*) \_\_\_\_\_

- ☐ No longer eligible (*Ya no es elegible*)  
☐ Moved out of county to (*Se mudó fuera del condado hacia*): \_\_\_\_\_  
☐ Agency withdrawal (*Retiro de la agencia*)  
☐ Parent withdrawal (*Retiro por parte del padre*)  
☐ Whereabouts unknown (*Paradero desconocido*)  
☐ Transition to (*Transición a*): \_\_\_\_\_  
☐ Other, specify (*Otro, especifique*) \_\_\_\_\_

Comments (*Comentarios*): \_\_\_\_\_

**MODIFIED BY** (*to include parent*): **Modificado por** (*incluir a un padre*):

Name/Title <i>Nombre / título</i>	Signature/or Other Verification of Authorization <i>Firma / otra forma de verificación</i>	Agency <i>Agencia</i>	Phone <i>Teléfono</i>	Date <i>Fecha</i>
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Name-Parent(s) <i>Nombre-padre(s)</i>	Signature/or Other Verification of Authorization <i>Firma / otra forma de verificación</i>	Phone <i>Teléfono</i>	Date <i>Fecha</i>
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<b>CC:</b> _____
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## Early Start Services

### **Early Intervention Services-Part C (34 CFR 303.12)**

#### Required

- Assistive Technology
- Audiology
- Family training, Counseling and Home Visits
- Health Services
- Medical Services only for Diagnostic or Evaluation Purposes
- Nursing Services
- Nutrition Services
- Occupational Therapy
- Physical Therapy
- Psychological Services
- Service Coordination
- Social Work Services
- Special Instruction
- Speech-Language Pathology
- Transportation to a required early intervention service
- Vision Services

For “Dually Served” children, the district will be responsible for the following Special education and related services, as determined by need as specified on the IFSP.

### **Related Services – Part B (34 CFR 300.13) (as it read on April 1, 1986) EC 56426.3**

- Audiology
- Counseling Services
- Early Identification
- Medical services (for diagnostic or evaluation purposes)
- Occupational Therapy – consultation only
- Parent Counseling and Training
- Physical Therapy – consultation only
- Psychological Services
- Social Work Services in Schools
- Speech Pathology
- Transportation
- Specialized Instruction

# Transition to Adult



## Overview

Formal planning for students with IEPs to make the transition to adulthood begins no later than sixteen years of age, but may begin when the student is younger if deemed appropriate by the IEP team. It should be a collaborative process among the education professionals, including therapist, family, and the student. The process begins with an initial IEP meeting to begin planning for the student's move away from school and into adulthood.

Appropriate measurable goals are developed from transition assessments providing information related to training, education, employment, and independent living skills (34 CFR § 300.320(b) and (c); 20 USC § 1414(d)(1)(A)(i)(VIII)). The activities developed are "based on the individual's needs, taking into account their strengths, preferences and interests" (34 CFR § 300.43). The student is invited to participate in the meeting and express his/her interests and/or needs.

Self-determination—making one's own choices in the world with the expectation of success—encompasses the willingness and the motivation to "go to the next step", to build on past successes and to learn from past mistakes (Boomer 2010, Ryan and Deci 2000). When assisting individuals with special needs, OTs and PTs take into consideration the many influential factors that build autonomy, competence, and confidence in one's own ability to achieve. OTs and PTs play important roles in developing self-determination by working closely with students and families to discover hidden potential. OTs and PTs provide in-depth activity analysis based upon personal, environmental, physical, and cultural factors in order to identify opportunities and reduce barriers to success. The hope is to lead a student to a more empowered vision of possibilities for the future, which includes a close look at opportunities for postsecondary education.

The transition plan is developed and reviewed for progress and changes each year until graduation or exit at age 22. This process typically entails choosing a path, whether academic or vocational, that the student will take and developing the educational plan to support transition into adulthood. The plan developed emphasizes the social, vocational, and life skills needed to make the transition to adulthood. IDEA 2004 states that activities related to transition services include instruction, related services, community experiences, the development of employment and other post-school adult living objectives, and, when appropriate, acquisition of daily living skills and functional vocational evaluation (34 CFR § 300.43). Once a plan is put into motion, IDEA 2004 strongly encourages the LEA to assist the student and family in connecting with a variety of state and local agencies that will support the transition into adult services post-school.

The law delineates many of the activities needed to support a successful transition to adulthood: planning around the student's interests, developing skills for adulthood, consideration of the post-school environment (e.g., work or postsecondary education) and cultural and linguistic needs, and connecting the family with support agencies for post-school needs. Many high schools throughout California provide course work to support skills needed for transition to work, independent living, or postsecondary education.

## **OT and PT Participation in the Secondary Transition Process**

OTs' and PTs' knowledge of diagnostic and prognostic parameters related to participation can support students' transition beyond high school in a variety of ways. OTs and PTs have experience with adaptive equipment, analysis of activities, and functional living skills, as well as knowledge of the roles and resources of related agencies. Their background in health, fitness, and the prevention of further impairment may assist in the transition process and address the future needs of student and their families (deFur and Patton 1995). Therapists working closely with student and their families can support the development of self-determination and personal interests through successful adaptation and assistive technology that lead to higher learning experiences and goals for the future.

Therapists consider the following factors regarding transition to adult life:

- Individual values, interests, strengths, challenges, and goals
- Self-advocacy and self-determination
- Environmental access
- Participation in daily activities
- Adaptive equipment
- Technology
- Adaptive transportation
- Interagency collaboration and community of service

These factors may need to be expanded to meet the individual and unique needs of student. Additional supports and related agencies may also be considered at the campus for higher learning.

## **IEP Pages**

Transition language must be written into the IEP, prior to a student's sixteenth birthday, and at every IEP thereafter. Transition service language is a required component of the IEP. The Ventura County SELPA IEP program contains three forms which meet requirements for transition services in the IEP. The forms highlight the assessments taken, the student's desired post-school outcomes, and activities to support the achievement of these goals. There is also a page to describe courses the student needs to take to graduate and/or obtain vocational training and experiences. Every activity will have a corresponding annual goal. If OT or PT are necessary as related services to address these all comes, the "Related Services" box is checked on the form.

## **Agencies Involved in Transition**

A single agency may not possess the expertise to cover all the necessary transition services. The IDEA encourages interagency and interdisciplinary collaboration with a variety of agencies to promote the design and delivery of transition services. While a student is in school, adult service agencies are not mandated to provide services. However, collaborating with adult

services will ensure that the student has access to services that will best meet his/her needs post-school. Page 2 of the transition portion of the IEP addresses intra agency linkages. CCS is an agency that provided services up to age 22, so OTs and PTs may collaborate with CCS as an adult agency. The SELPA has a handbook of Adult Agencies which may be helpful for IEP teams, located on the website at: [www.vcselpa.org](http://www.vcselpa.org) >Information for Families > Transition

## **The Post-School Environment**

Students with special needs and their parents may require the expertise of OTs and PTs to help them prepare for college and competitive employment. One of the roles of the OT and PT may be to help identify a student's potential educational strengths, physical needs and need for adaptive devices, and facilitate solutions to any anticipated barriers in applying to and eventually attending college. OTs and PTs, by training, are equipped to identify these challenges and can be an instrumental member of the IEP team identifying modifications, special training, and assistive technology needed for success. Those services can help an individual with special needs to reach ever higher levels of education and, ultimately, professional competitive employment.

Students who choose to leave public education after graduation and seek employment often have educational plans that emphasize preparation for entering the workforce. OTs and PTs can be instrumental in identifying needed adaptations and support for services in the workplace.

## **Conclusion**

A review of literature related to educational transition services reveals support for inclusion of OT and PT in transition programming (deFur and Patton 1999; Effgen 2000; Orentlicher and Michaels 2003; Spencer 2010; Spencer, Emery, and Schneck 2003). When deemed appropriate, relevant support services should be utilized to further promote a successful transition to adulthood.

Services for a student early in school should focus on building life skills relevant to the next life stage, ultimately leading into adulthood (Clark 1993; Poole 1983). Support services may not be required at all developmental stages; however, OT and PT may be supportive in adapting activities, ensuring appropriate access, defining strengths and skills relevant to the transition goals, facilitating skills to support the transition into community, postsecondary education, and vocational life skills (Effgen 2000; Spencer, Emery, and Schneck 2003). When goals relevant to transition are developed, it is important to consider cultural and/or environmental factors that may influence how the transition plan is executed and the support services that are needed (California Department of Education 2007).

Therapists may find a unique niche in their school district to develop programs supporting student life skills and transition to adulthood. A multidisciplinary approach will limit duplication of services and encourage success for all students.

## TRANSITION TO ADULT LIFE

(This page must be completed no later than the student's 16th birthday and every year thereafter.)

### Ventura County SELPA IEP

Student Name \_\_\_\_\_ D.O.B. 4/11/2000 Meeting Date \_\_\_\_\_

☒ Student was invited to IEP meeting. *If student was not present at the IEP meeting, note how his/her input was obtained:*

☐ Conference ☐ Interview ☐ Other: \_\_\_\_\_

☒ **Age appropriate Transition Assessments (must be done prior to age 16 – update annually as appropriate):**

Career Interest tool: California Career Zone Interest Profiler Date: 09/9/2015

*Use results along with skills/aptitude tools below to assist in determining preferences and interests.*

Skills/Aptitude tool: Career Zone Abilities Quiz Date: 09/9/2015

*Use results to determine needs related to transition goals.*

Other: \_\_\_\_\_ Date: \_\_\_\_\_



**Based on preferences and interests, the student has identified the following Outcomes for Adult Life (after leaving high school or postsecondary program):** *There must be Outcomes in the first two areas with a related Annual Goal for each. If appropriate, address Independent Living and develop an Annual Goal.*

☒ **Training/Education** (i.e., technical school, college) Within 1 years of exiting school, will attend college

☒ See Annual Goal # 3 to address needs related to the above Outcome.

☒ **Employment** (supported or independent) Within 4 years of exiting school, will be employed in retail

☒ See Annual Goal # 1 to address needs related to the above Outcome.

☐ **Independent Living** Within \_\_\_\_\_ years of exiting school, will \_\_\_\_\_

☐ See Annual Goal # \_\_\_\_\_ to address needs related to the above Outcome.

☒ Outcomes above were updated for this IEP based on new assessment and/or student interview.

☒ **Transition services that will reasonably enable student to meet the above Outcomes:** *There must be at least one service to address each of the Outcomes noted above. Services may include development of employment and other post-school adult living objectives, instruction, community experiences, related services, daily living skills, or functional vocational evaluation.*

Services	Activities	Location	Frequency	Minutes	Provider
College Awareness	Online exploration of colleges	Special ed class	Yearly	35	District of Service
Other Transition Services	Cash register and inventory skills	Special ed class	Yearly	60	District of Service

☒ Additional Related Services to support attainment of the above Outcomes are on the Student Information and Services page.

### Notice of Transfer of Rights

☐ Family/student were informed that all rights will be/were transferred to the student at age 18. *See Adult Student Rights.*



**TRANSITIONING FROM PUBLIC SCHOOL TO ADULT AGENCIES**  
(This page must be completed no later than the student's 16th birthday and every year thereafter.)

Student Name \_\_\_\_\_ D.O.B. 4/11/2000 Meeting Date \_\_\_\_\_

**GRADUATION/EXIT CONSIDERATIONS**

☒ Diploma  
☐ Certificate of Achievement/Completion ☐ Other \_\_\_\_\_

*Note: Graduation from high school with a regular diploma is a change of placement that ends the district's obligation to provide a Free Appropriate Public Education (CFR 300.102(a)(3)(1)).*

Plans for continued participation in public school after gr. 12: None- will graduate with diploma Anticipated date of exit from public school: 06/2018

**LINKING TO ADULT AGENCIES SERVING PEOPLE WITH DISABILITIES**

Adult Agency currently serving: California Children's Services Contact name: Mary Mary

Contact email: Mary.Mary@ventura.org Contact phone: 805-XXX-XXXX

**Adult Agency representative(s) invited to this IEP (Check one):**

- ☐ N/A – Reason: ☐ Too early to determine or unlikely to need outside agency involvement for transition.  
☐ Parent/Adult Student did not give permission to invite agency.  
☐ No – Reason: A participating agency is likely to provide/pay for transition services & parent gave consent to invite them to the IEP, but an invitation was not sent.  
☒ Yes – Enter agency information below:

Agency	In attendance	If not in attendance, note how agency input was obtained:	For next IEP:	
			Invite	Literature
California Children's Services	Yes		Yes	
College Programs for Students with Disabilities	No	Sent Literature	No	Yes

**Adult Agencies which may provide/assist with transition services in the future:**

Name	Service(s)	For next IEP:	
		Invite	Literature
Department of Rehabilitation	Assistance with obtaining/retaining employment for people with disabilities	No	Yes
Social Security	Financial and medical supports for persons with disabilities	No	Yes

Referral(s) to be made to:	Person(s) responsible	By date

Note: Transition Fairs are offered annually by the Ventura County SELPA to provide information for students and families about services for young adults with disabilities.  
For more information go to [www.VenturaCountySELPA.com](http://www.VenturaCountySELPA.com) under Transition to Adult Life or contact your student's Case Manager

# Managing Your Workload



## Overview

OTs and PTs working in the schools are usually full or part time employees or contractors of a school district. You will be given a caseload of students with OT and/or PT services on their Individualized Education Program (IEP), and you are required to provide the minimum number of minutes of service per week, month or year specified on the IEP. You must carefully document the provision of services that you provided. Services on the IEP will be direct, consultative, or “as needed”.

## Direct Services

Direct services require working with the student present, either individually, in a small or large group, or working with another staff (usually a teacher or paraeducator) who is working with the student. Some IEPs will specify whether services are to be individual or group. You may not include in minutes of direct service time spent in preparing lessons, writing notes, traveling to school sites or communicating with teachers or parents. However, you may count as minutes of direct service regularly scheduled minutes in which you were available, if the student with absent. You may not count times when you were absent, for any reason.

## Consultation/Collaboration

If the Student Information and Services (SIS –“Front Page”) of the IEP indicates regularly scheduled consultation/collaboration with the teacher or others, this service must be provided and documented. Consultation “as needed” indicated on the Least Restrictive Environment (LRE) page of the IEP can be provided as needed, but should also be documented. (Some districts do not allow “consultation as needed”).

## Scheduling

One of the challenges of school therapy is scheduling the required amount of services at varying school sites, and accommodating for teachers’ class schedules, other specialists’ schedules, the student’s alertness and availability, etc. The schedule will also be impacted by scheduled meetings, field trips, trainings you may attend and other interruptions. One best practice is to “over serve” a student by 10 to 15 minutes each time (if possible) to “bank” minutes in case of schedule challenges. Another is to see a non-scheduled student at the school when another student is unavailable, to maximize your time.

Making scheduling even more challenging is the fact that students need to be assessed upon intake and at least every three years and sometimes more frequently. OTs and PTs will need to work in assessment time in addition to direct treatment.

Many therapists and administrators consider that a therapist needs 2 - 2.5 hours of paperwork and meeting time for each 5.5 to 6 hours of direct student treatment. This usually works out well in the school setting, as most students are unavailable for therapy after 2:30 to 3:00 PM.

See the next page for a model of Workload Allocation which may be used to balance workloads among a number of therapists working for a district.

It is the therapist's responsibility to develop a schedule that meets the requirements of implementing the IEP of each student on his her caseload. You must work with your supervisor to ensure that you are able to accomplish this in the hours that you are employed.

Occasionally, some administrators may consider paying overtime for assessment reports that need to be completed beyond regular working hours.

## Sample Workload Allocation Form

**Time Codes**  
 15min.= .25  
 30min.= .50  
 45min.= .75  
 60min.= 1.0  
 Round to the nearest  
 fourth of a percent

Therapist Name: \_\_\_\_\_ Month/Year: \_\_\_\_\_

Employee Number: \_\_\_\_\_ Assigned Location: \_\_\_\_\_

### Daily Data

Day of week	M	T	W	T	F		M	T	W	T	F		M	T	W	T	F		M	T	W	T	F		M	T	W	T	F		
Date of Service																															
I. PREVENTION AND PRE-REFERRAL	M	T	W	T	F		M	T	W	T	F		M	T	W	T	F		M	T	W	T	F		M	T	W	T	F		Totals
Consultation																															
Screening																															
Intervention																															
Total hours																															
II. SPECIAL EDUCATION	M	T	W	T	F		M	T	W	T	F		M	T	W	T	F		M	T	W	T	F		M	T	W	T	F		Totals
Screening (Number of children not on workload or workload)																															
Screening (hours/day)																															
Assessments (#per day)																															
Assessments (hours/day)																															
IEP meeting (# per day)																															
IEP meeting (hours/day)																															
Meeting totals																															
Total hours																															
III. 504 ACTIVITIES	M	T	W	T	F		M	T	W	T	F		M	T	W	T	F		M	T	W	T	F		M	T	W	T	F		Totals
Number of meetings																															
Hours of meetings																															
Time spent in making 504 accommodations																															
Total hours																															

WEEKLY DATA		MONTHLY DATA	
A: Total treatment hours (per week)		Pending assessments	
B: Regularly assigned treatment hours (per week)		Schools on caseload	Schools on workload
C: Compensatory hours (per week)		Children on caseload	Children on workload
D: Stay-put treatment hours (per week)			

Source: Los Angeles Unified School District 2008

# LEA Medi-Cal



## LEA Medi-Cal

The Local Educational Agency (LEA) Medi-Cal Billing Option Program provides the federal share of reimbursement for health assessment and treatment for Medi-Cal eligible children and family members within the school environment (including home or hospital). A school district provider (generally a school district or county office of education) employs or contracts with qualified medical practitioners to render certain health services.

As an Occupational or Physical Therapist working with students in the school, you may be asked to participate in billing the government for this program. The revenue generated is very beneficial to school districts, and can be used to purchase much-needed services and or resources for Special Education students.

The procedures and guidelines for record keeping and submission of invoices for this program vary greatly district by district. Check with your administrator for guidelines and training in these processes. In general, a district will only be able to bill for costs related to assessment, and *individual* service delivery (not groups or consultation). There is a form in SIRAS that can be sent home, or given to parents to sign at the end of an IEP meeting, which allows parents to give permission for their student's name and services to be utilized in this process. See permission for use of LEA Medi-Cal Insurance page.

It is appropriate to inquire of your administrator how the revenues from this program are being spent, and whether/how staff may have input on the decisions. Some districts have an LEA Medi-Cal committee, and others have a process for participating staff to have input as to its use.

PERMISSION FOR USE OF MEDI-CAL INSURANCE

Ventura County Special Education Local Plan Area (SELPA)

34 CFR 300.154 (d) (2) (i)-(iii)

Date \_\_\_\_\_

Student \_\_\_\_\_

DOB \_\_\_\_\_

District \_\_\_\_\_

Dear Parent:

The federal Medicaid program allows school districts and county offices of education to apply for reimbursement for certain health-related services which are provided to eligible children within the school environment. In California, school districts are able to access "Medi-Cal" benefits. Any income from this program is used by the district to offset costs of providing special education related services. The school district must get your permission before it can access your public benefits.

**It will not affect your child's individual benefits, and there will be NO cost incurred by you.**

You may withdraw your permission for the district to access Medi-Cal funds at any time. Withdrawing consent will not affect your child's special education services in any way. See "Use of Medicaid/Medi-Cal Public Benefits" section of the *Parent and Adult Student Rights and Procedural Safeguards for Special Education (Full Version)* available at [www.venturacountyselpa.com](http://www.venturacountyselpa.com) (Home page, Special Education Parent Rights) for more information about this program.

Permission is given for the type and amount of services specified in the current IEP. For more information about the school district Medi-Cal program, please contact the district Special Education Director or Coordinator.

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I do ☐ do not ☐ give permission to the school district to bill the LEA Medi-Cal Billing Option Program and/or Targeted Case Management for health related services provided to my son/daughter. Permission is given for any assessments conducted as well as any services specified in my child's current IEP, until revoked by me in writing. I understand if the type or amount of services change, I must give permission again.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Coaching & Mentoring



## Coaching and Mentoring

School-based OTs and PTs are frequently asked to provide support, supervision and/or mentoring to other professionals who are considering the field, getting their certification or who are new in the field. This is an important role because OTs and PTs in the schools are rare, and there are very few who can provide the appropriate mentoring.

However, the additional burden of checking in and training another person may cause a great deal of strain and extra responsibilities to the veteran therapist. OTs and PTs are encouraged to accept these extra professionals into their daily responsibilities as much as possible, while maintaining the integrity of their own workload and a manageable level of stress. By providing quality supervision and mentoring, we can “raise up” colleagues who understand and embrace the model of school-based services, and guide those for whom it is not a good fit to pursue other options.

If you take on another person to support and the person is competent and organized, it may provide extra support and assist you in managing your duties more easily. However, if they are not initially competent and need lots of assistance, it may actually cause you more work than ever. Communicate closely with your supervisor to ask for extra time or assistance if a trainee is causing a great deal of extra effort on your part. Remember, doing this job well not only assists the candidate in improving their skills as well as the district in finding or keeping staff who are a good fit for the job.

**Observations-** These are usually under graduate school students who require a certain number of hours in various aspects of the field as a prerequisite to enter the program. By having a school-based experience, they will have an opportunity to observe the daily demands of a school-based workload and the joys and challenges of working with an educational team. It is in all of our best interests to make sure that these students have a positive exposure of therapy in the schools. Keep in mind, these candidates are only permitted to observe with direct supervision by the OT or PT.

**Field Work Students-** These are usually post-grad students who are obtaining their supervised hours toward their licensure. These people may have already made a decision to pursue employment in educationally based treatment. The supervising OT or PT will give them opportunities to train and get experience in all aspects of the job, including assessments, reports, treatment planning and the IEP process, always under close supervision.

Candidates who fall in love with pediatric treatment in an educational milieu will be hooked for life, and those who prefer a more static, clinical workload with full decision making authority may choose to specialize in another area.

The OT or PT working with the Field Work student should give the student appropriate opportunities to interact with the students, but always under close supervision. It is important to be honest in assessing the person’s skills and aptitudes, to assist them in finding the right position for them in the long run.

The OT or PT should be very honest in assessing the Candidate's skills and aptitudes. Based on your recommendation, you will be contributing to the certification of someone to have a life-long profession in the field. Making sure the candidate has the appropriate clinical and organizational skills as well as temperament to work in the school environment is an important task.

**New Staff-** Because of frequent turnover in therapy staff, veteran OTs or PTs may often be asked to mentor new staff who have come into the district or school. This is an important duty because providing the information and support that they need when they are ready to receive it can make a huge difference in the success of a new employee. Although they may attend some training at the district level, the one-to-one mentoring that is provided by a same-discipline colleague is invaluable. Priorities for new therapists might be:

- The assessment process- tools, forms, templates, manipulatives
- The IEP process- being able to navigate the software, draft measurable goals, make suggestions for accommodations and equipment, and contribute to progress reports
- School-based treatment
- Treatment supplies and equipment- where are they and/or how can they be ordered
- Key people in the district- Special Ed Directors, Program specialists, principals, teachers and office staff- who to go to for what
- Office supplies, desk space, laptop, etc.
- Managing the caseload with required treatments and assessments
- Data collection- how, when and tools

### Checklist for mentoring new OT or PT to the District

New Therapist ("Trainee") \_\_\_\_\_ Job Title \_\_\_\_\_

District \_\_\_\_\_

Mentor Therapist \_\_\_\_\_ Email/Phone \_\_\_\_\_

School(s) \_\_\_\_\_

Main office site for New Therapist \_\_\_\_\_

Direct Supervisor \_\_\_\_\_ Email/Phone \_\_\_\_\_

#### Record of training:

Date	Hours	Topic	Trainee initials	Mentor Initials
		Assessment- tools, forms, templates, manipulative		
		IEP process- software, goals, accommodations, progress reports, team participation		
		Supplies and Equipment- where/how to access, order		
		Managing the caseload/scheduling		
		School-based treatment		
		Documentation of services		
		Data collection on student progress- how and when		
		Who's who in the district and sites		
		Office supplies, desk space, laptop, etc		
		Personnel procedures- time card, sick leave, mileage etc.		
		LEA Medi-Cal billing (does not apply to all districts)		
		Billing for services (does not apply to all districts)		
		NCPI training/First Aid training		
		Low Incidence supplies		
		Other:		
		Other:		
		Other:		
		Other:		

# Glossary



## Glossary

**Access** is the opportunity to engage in educational curriculum, programs, and activities.

**Adaptive development** means the acquisition of skills that are required to meet environmental demands. Adaptive development includes, but is not limited to, activities of self-care, such as dressing, eating, toileting, self-direction, environmental problem solving, and attention arousal (17 CCR 52000(34)).

**Annual review** is a yearly review, for a child with an IEP, to determine progress made on past IEP goals, the child's present needs, and goals, placement, and services for the next year.

**Assistive Technology (AT) Services** are any service that directly assists an individual with a disability in the selection, acquisition, or the use of an assistive technology device (20 USC 1401(2)).

**Assistive technology device** is any item, equipment, or product system that is used to increase, maintain, or improve the functional capabilities of a child with disabilities, not including medical devices that are surgically implanted (20 USC 1401(1)).

**Best practice** is a collection of exemplary principles and actions, supported by current professional research and philosophy, used to deliver services at the highest standard.

**California Children's Services (CCS)** is a division of California Medical Services, (CMS), an agency of the State Department of Health. CCS provides OT and PT services as part of the medical services provided to children who qualify based on medical diagnosis and functional need.

**Certified Occupational Therapy Assistant (COTA)** is a person who is certified by the California Board of Occupational Therapy (CBOT) and provides OT services under the supervision of a licensed occupational therapist.

**Clinical skilled observations** are part of the assessment process or ongoing monitoring of intervention. The observations are seen and interpreted by a trained professional.

**Collaboration** is working cooperatively, with frequent communication, in a team approach to address student need.

**Complaint procedures** are initiated by a written signed statement alleging that a local public agency has violated a federal or state law or regulation.

**Confidentiality** is maintaining a person's right to privacy as stated by law.

**Consent** is voluntary permission expressed in writing for a certain activity to be carried out and is given after a parent or guardian is fully informed of all relevant information related to the activity being sought consent for.

**County Office of Education (COE)** means the office of the county superintendent of schools.

**Criterion-referenced assessment** is an assessment that has established standards of performance (often related to age or expectations of a developmental level) that the child is measured against.

**Critical appraisal** is evaluating current research articles expressly determining quantitative and qualitative values of the research.

**Data collection** is written documentation of some action or response, often used to establish a baseline or to measure progress.

**Documentation** is written record of assessments, services, and communications.

**Dual eligibility** is used in early intervention services designating that a child is eligible to receive services through both the local educational agency and the regional center. The responsibility of each agency is defined in *Government Code* Section 95014 (c).

**Due process hearing** is the process for resolving disagreements between a local public agency and a parent regarding IEP and IFSP issues including, but not limited to, eligibility, placement, and services.

**Free Appropriate Public Education (FAPE)** means special education and related services provided in conformity with the IEP, at public expense, and under public supervision and direction (20 USC 1401(9)).

**Early intervening services** are services provided to a student in general education that is struggling but has not been identified as qualifying for special education. Early intervening services are part of RtI2 and precede assessment for special education. The state may use a portion of federal funds for IDEA to provide the services.

**Early intervention services** are designed to meet developmental need of infant and toddlers with disabilities under IDEA Part C and are documented on the IFSP (Also known as “Early Start Services”).

**Educational Framework for Child Success (EFCS)** is an expansion of the Ecological Model of Student Performance that focuses on child success in the educational context.

**Educationally necessary OT and PT related services** are services specified on an IEP as needed in order for a child to benefit from his or her special education program.

**Established risk** refers to infants and toddlers with conditions of known etiology or conditions, including low-incidence disabilities, having a high probability of leading to developmental delays (GC 95014(2); 17 CCR 52022(b)).

**High risk** refers to infants and toddlers who have a combination of biomedical risk factors placing the infant or toddler at “high risk” of substantial developmental delays (GC 95014(3)).

**Independent Education Evaluation (IEE)** may be provided at public expense when parents disagree with a school district's evaluation. The parent is entitled to only one IEE each time the district conducts an evaluation. (The school district, however, may choose to defend its own assessment in due process rather than provide an IEE (34 CFR 300.502)).

**Individuals with Disabilities Education Act (IDEA)** is the federal educational law of 1997 (which amended PL 94-142 and PL 101-476 and included updated regulations) that delineated and governed special education services.

**Individuals with Disabilities Education Improvement Act (IDEiA)** is the federal educational law (which updated IDEA 1997 and includes updated regulations) that delineates and governs special education services. IDEiA, however, is commonly referred to as IDEA or IDEA 2004.

**IDEA Part A** refers to the first part of IDEA, which addresses general provisions and refers to the use of high-quality personnel who have the necessary knowledge and skills to effectively teach children with disabilities and intervene with them.

**IDEA Part B** refers to the second part of IDEA, which specifies assistance for education of all children with disabilities (i.e., special education and services for children three to twenty-one years of age).

**IDEA Part C** refers to the third part of IDEA, which specifies the program and services for infant and toddlers with disabilities, at one time called Part H.

**IDEA Part D** refers to the fourth part of IDEA, which includes national activities to improve the education of all children with disabilities. It covers professional development, personnel preparation, parent training and information centers, technical assistance, dissemination of information, and special education research.

**IEP team** refers to all the members, including the parents, who meet and/or provide services to the special education child as part of a free and appropriate educational program. The IEP meeting is where the IEP is discussed and formulated (34 CFR 300.23).

**Individualized Education Program (IEP)** is a working document for the special education child that documents eligibility for services, the level of present functioning by the child, appropriate



goals, objectives, services, and service providers as well as other specific details. When the IEP is signed, which signifies acceptance by the parent or legal guardian, the IEP becomes the legal document that satisfies the requirement that special services be provided for the child with special needs (34 CFR 300.22).

**Individualized Family Service Plan (IFSP)** is a written plan for providing early intervention services to a child, eligible under Part C, and the child's family. It must be reviewed every six months and updated yearly. It must include information about t (34 CFR 300.24).

**Medically necessary** occupational therapy or physical therapy services are those services directed at achieving or preventing further loss of functional skills or reducing the incidence and severity of physical disability (2 CCR 60300(n)).

**Multidisciplinary team** means two or more professionals from different disciplines, and the parent, who participate in provision of integrated and coordinated services (17 CCR 52000(34)).

**Natural environment** carries the concept of least restrictive environment for those children under age three. Natural environments include home and community settings in which children without disabilities participate (20 USC 1432(4)(G)).

**Needing related services** means that an assessment shows the need for a service related to special education for a child identified as a special education student.

**No Child Left Behind (NCLB) Act of 2001** is a federal program to ensure that all children have a fair, equal and significant opportunity to obtain a high-quality education and reach proficiency on state academic achievement standards and academic assessments.

**Nonpublic Agency (NPA) or Nonpublic School (NPS)** is a nonsectarian agency or school that has applied, met state criteria, and paid fees to be recognized as a provider of special education or related services or both.

**Occupational Therapy (OT)**, as outlined in the Occupational Therapy Practice Act, *Business and Professions Code* Section 2570.2(k), means therapeutic use of purposeful and meaningful goal-directed activities (occupations), which engage the individual's body and mind in meaningful, organized, and self-directed actions that maximize independence, prevent or minimize disability, and maintain health.

**Physical Therapy (PT)**, [according to the American Physical Therapy Association Physical Therapy Scope of Practice] means services provided under the direction and supervision of the PT and includes examining (history, system review, and tests and measures) individuals with impairments, functional limitations, and disability or other health-related conditions for diagnosis, prognosis, and intervention; alleviating impairments and functional limitations and

disability, including the maintenance of fitness, health, and quality of life in all populations and engaging in consultation, education, and research.

**Physical Therapist Assistant (PTA)** is a person who meets the legal qualifications and provides PT services under the supervision of a licensed PT.

**Postsecondary education** is the period of education after high school.

**Private assessment** is an assessment obtained privately without authorization from the school district.

**Qualifying for special education** means a child shows eligibility consistent with one or more of the federally identified 13 categories defining special education.

**Regional Center** is a diagnostic, counseling, and service coordination center for persons with developmental disabilities and their families. It is a contractor of the Department of Developmental Services (17 CCR 52000(43)).

**Related service** is defined as a service that may be required in order for a child to benefit from his/her special education program. OT and PT are defined in both federal regulation and state regulations as related services (34 CFR 300.34). (Formerly known as Designated Instruction and Services)

**Relevant practice question** is the question developed and proposed to start a literature search on evidence-based practices.

**Response to Instruction and Intervention (RtI2)** is a general education approach based on providing scientific, research-based interventions for a child struggling in general education. In RtI2 the child's response is documented before referral to special education.

**Scientifically based research** (A) is research that involves the application of rigorous, systematic, and objective procedures to obtain reliable and valid knowledge relevant to education activities and programs; and (B) includes research that (i) employs systematic, empirical methods that draw on observations or experiment; (ii) involves rigorous data analyses that are adequate to test the stated hypotheses and justify the general conclusions drawn, (iii) relies on measurements or observational methods that provide reliable and valid data across evaluators and observers, across multiple measurements and observations, and across studies by the same or different investigators; (iv) is evaluated using experimental or quasiexperimental designs in which individuals, entities, programs, or activities are assigned to different conditions and with appropriate controls to evaluate the effects of the condition of interest, with a preference for random-assignment experiments, or other designs to the extent that those designs contain within-condition or across condition controls; (v) ensures that experimental studies are presented in sufficient detail and clarity to allow for replication or, at a minimum,

offer the opportunity to build systematically on their findings; and (vi) has been accepted by a peer-reviewed journal or approved by a panel of independent experts through a comparably rigorous, objective, and scientific review (20 USC 7801(37)).

**Screening** to determine the appropriate instructional strategies for curriculum implementation is not considered to be an assessment for eligibility for special education and related services. This would be part of early intervening services, which occur, before referral to special education.

**Section 504** of the Rehabilitation Act of 1973 and Amendments of 1992, is the civil rights law prohibiting discrimination against handicapped children for the use of public services. The term “504 accommodations” refers to the measures to accommodate the child’s disability written into a 504 Plan, which becomes part of the child’s general education program

**Special Education Local Plan Area (SELPA)** provides special educational services to children in the designated area. A SELPA may include more than one local educational agency.

**Standardized assessment** (also called norm-referenced assessment) is an assessment that ranks the child’s performance based on normative population test results; thus average performance and performance outside the average range can be determined.

**State standards** are a collection of established target learning outcomes, based on NCLB, that provide information and guidelines for each grade level to ensure quality education and child achievement.

**Student Success Team (SST)** is a part of the general education program. Referral to an SST precedes a referral to special education. A team of different professionals and parents help problem-solve issues and monitor progress of a student struggling in the school environment.

**Supplementary aids and services** are those aids, services, and other supports provided in general education and other education-related settings to enable children with disabilities to be educated with nondisabled children (20 USC 1401 (33)).

**Transition or transition services** refers to a time period when a child is getting ready to enter a new phase or life role and the services directed toward that period. In the educational system, when a child in the early intervention program is going to turn three or is being discharged from all early intervention services, the IFSP team must create a transition plan (17 CCR 52112). When a special education child is sixteen years old or younger, if appropriate, the term “transition services” refers to a coordinated set of activities for a child with a disability that is designed to be within a results-oriented process, that is focused on improving the academic and functional achievement of the child with a disability to facilitate the child’s movement from school to post-school activities, including postsecondary education, vocational education, integrated employment (including supported employment). The child must have an

individualized transition plan (ITP) for entering adulthood when the services provided by the public school are no longer available (20 USC 1401(34)).

**Trans-disciplinary team** is a team of different professionals who work together in assessing the child and often report findings in one integrated report so that team decisions can be made.

**Triennial/Reevaluation** is a process conducted every three years to determine whether the child continues to be eligible for special education services.

## Frequently Asked Questions

### **1. Who may provide OT and/or PT?**

Only a licensed OT or PT including COTAs and licensed PTAs under the supervision of an OT or PT, respectively, may provide therapy. Other educational professionals and paraprofessionals, such as instructional assistants may, at the discretion of the OT or PT, carry on the recommended activities following training by the OT or PT. Consultation and monitoring by an OT or PT is necessary under all circumstances.

### **2. When is a referral for an OT or PT assessment appropriate?**

A referral for OT and/or PT is appropriate when a child is not able to participate in the educational curriculum at the expected level of ability, when modifications and accommodations have not been effective, and when the areas of concern are in the domain of OT and/or PT practice.

### **3. Does an assessment to determine the need for OT or PT need to be completed by a licensed OT or PT?**

Yes. No other service provider possesses the same licensing, qualifications, educational background, or training. *Note:* A PT may conduct an assessment in accordance with the referral without a specific medical diagnosis. Although a referral for PT can come from any source, a PT cannot perform treatment intervention without a diagnosis from a physician or other duly licensed practitioner.

### **4. May a district require an adapted physical education (APE) teacher to do an assessment before an OT or PT evaluation is considered?**

No. A District may not require an APE assessment or APE services before considering an assessment by an OT or PT.

### **5. If it has been determined by a physician or an outside agency that a student may benefit from OT or PT, is the school district responsible for providing these services?**

No. However, an IFSP/IEP meeting should be held to review the outside report and determine if additional supports and/or services are necessary for the student to benefit from his/her educational program. Whenever OT and PT services are considered, those professionals with the qualifications should attend the IFSP/IEP meeting. An IFSP/IEP team must determine whether a student requires OT or PT in order to benefit from the instructional program. The district is not responsible for OT and/or PT unless it can be demonstrated that the student has an educationally related need that only OT or PT or both can address.

**6. Do OT and/or PT assessments alone, determine that the student meets eligibility as an individual with exceptional needs?**

No. The need for OT and/or PT alone does not make a student (based on the eligibility criteria) qualified to be considered an individual with exceptional needs. The IEP team determines eligibility for special education on the basis of assessments in all areas of suspected disability (5 CCR § 3030).

**7. When does a student receive OT and/or PT as a related service?**

The IEP team determines that OT or PT or both services are included as a related service when assessment results show an educational need that only OT or PT or both can address. A student's diagnosis or disability alone does not indicate a need for therapy. However, the team considers the potential impact of the disability on the student's education.

**8. How are the amount and mode of therapy service provision determined in an IFSP/IEP?**

If the student is determined eligible as an individual with exceptional needs, goals are developed. The IFSP/IEP team determines which team member(s) has the expertise to achieve desired outcomes. If it is determined that OT or PT is appropriate to meet the identified goal, the OT and/or PT, based on professional frameworks, determines the methodology, intensity, and frequency of therapy required for the child to meet the identified IFSP/IEP goal(s). OT or PT or both services may include direct services (individual or small group) and/or a consultation to the IEP team.

**9. Are there any regulations prohibiting a school district from providing OT and/or PT services to a student without special education eligibility?**

No. There are no federal mandates prohibiting the provision of OT or PT services to a student without Special Education eligibility. Each district makes a determination to provide OT or PT based on the student's needs. OT and PT are provided as a related service under IDEA 2004. Some school districts provide OT and/or PT as an accommodation under Section 504 of the Rehabilitation Act of 1973 and develop a 504 Plan.

**10. What does IDEA 2004 require regarding the least restrictive environment as it relates to the provision of OT and PT services in public schools?**

IDEA 2004, Part B, requires "that to the maximum extent appropriate, children with disabilities are educated with children who are not disabled" (34 CFR § 300.114(A)(2)(i)). There is a requirement to educate children with special needs with children who are not disabled to the maximum extent possible. The "least restrictive environment" clause in the law was aimed at preventing a school from segregating students with disabilities from the general student body. The IDEA explicitly states that mainstreaming is not appropriate "when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily" (20 USC § 1412(5)(B)). The goal and intent of OT and PT as related services is to support a student's ability to participate and be successful in the least restrictive environment. Services are provided in a setting that best meets this goal.

**11. What is the intent and meaning of the term “natural environment” in IDEA 2004 Part C?**

“To the maximum extent appropriate, early intervention services are provided in natural environments, including the home, and community settings in which children without disabilities participate (34 CFR § 303.12(b)).” The IFSP must contain “A statement of the natural environments in which early intervention services will appropriately be provided, including a justification of the extent, if any, to which the services will not be provided in a natural environment;” (20 USC § 1436(d)(5)). By definition, natural environments mean settings that are natural or normal for the child's age peers who have no disabilities” (34 CFR § 303.18). This includes a variety of settings, including but not limited to, homes, community parks, and recreation family program settings, community toddler preschool and early intervention programs, baby gyms, and playgrounds.

**12. If a student is receiving medically necessary therapy from CCS, may he or she also receive therapy from the LEA?**

Yes, a child may receive OT and PT from an outside agency such as CCS and still qualify for OT and PT as a related service through the LEA if therapy is educationally necessary (2 CCR § 60325(e) and (f)).

**13. Why does an LEA determine whether therapy is educationally necessary or medically necessary?**

The federal regulations do not differentiate between medically necessary and educationally necessary therapy. The law mandates that a referral to the school district for an assessment of gross and fine motor skills shall be considered by either the district or by CCS, depending on the information contained in the referral and the pupil's documented physical deficit pursuant to Section 7572 of the *Government Code*. In California, CCS is obligated to provide therapy under the Interagency Responsibilities for Providing Services to Handicapped Children for children who are determined to be medically in need of therapy services and meet CCS criteria (2 CCR § 60310). Children may have medical *and* educational needs related to OT and PT services. Educational needs are determined at the IFSP or IEP meeting. Medically necessary therapy is determined by CCS, and a determination must be made by the district as to whether additional educationally related OT or PT is also necessary. If therapy is needed for the child to benefit from his education, it is the responsibility of the school district to provide it.

**14. How do children with mental health needs obtain services in the public school setting?**

Students with mental health needs may obtain services through the early intervening services such as Response to Intervention approaches in general education as well as through the Special Education process. In Ventura County SELPA mental health services provided by the IEP are known as “Intensive Social/Emotional Services”- (ISES). Referrals for ISES are made by the IEP team. There are two eligibility requirements that must be met for students to receive ISES at school. The student must be eligible for Special Education, and the student must need ISES in order to benefit from Special Education. Student with emotional or behavioral needs at home which are affecting educational performance may be referred for COEDS- Collaborative Educational Services- which provides intensive ISES supports in the home.

**15. Is it necessary that each student who has been assessed and determined to need help in gross and fine motor skills development receive occupational therapy, physical therapy, or adapted physical education from a specialist?**

No, not every student with gross motor and fine motor needs will require special services. The IFSP or IEP team makes the determination of the appropriate strategies and services based upon the identified needs. In some cases, the general education or Special Education program can meet the student's needs. In other cases, students will need direct services or consultation (or both).

**16. How do OT and PT goals relate to a student's future educational outcomes?**

OTs and PTs collaborate with the IEP team to improve a student's performance and participation at school, help to build confidence and self-determination to go to college, find competitive employment, and live an independent, satisfying life. OTs and PTs support the development of the underlying foundational skills (body functions and structures) that influence learning and behavior. Therapists also scaffold a student's participation in educational activities to address meaningful and relevant educational outcomes.

**17. What is the responsibility of the OT and PT in providing services in an Extended School Year?**

Extended School Year (ESY) services are defined as Special Education and related services that are provided to a student with a disability beyond the normal school year in accordance with the student's IEP and as a necessary part of a free appropriate public education (34 CFR § 300.309(b)). The determination of whether a student requires an extended school year and OT and/or PT during an extended school year is made on an individual basis.

**18. What should a school district do if the student's parents present recommendations for OT, PT, or AT from an outside evaluator and ask the school district to pay for services or purchase technology, but the rest of the IEP team does not believe the recommended services/devices are needed?**

The school district must develop an appropriate educational program for the student and must indicate in the student's IEP the nature and amount of services required by the student to receive a FAPE (free appropriate public education). The student's IEP must be developed at the meeting with the parents, school personnel, and others as needed. If the IEP team determines that the student requires OT, PT, or AT, the student's IEP must include a statement identifying the nature and amount of such services needed by that student (McEwen 2000).

The school district is not required to implement all the recommendations provided by the independent evaluator, but "If the parent obtains an independent educational evaluation at private expense, the results of the evaluation must be considered by the public agency, if it meets agency criteria, in any decision made with respect to provision of FAPE to the child" (34 CFR § 300.502(c)(1)).



If the IEP team can show, on an individual basis, by using IDEA Part B procedures for evaluation, IEP development, and placement, that the student does not require the recommended OT, PT, or AT to receive FAPE, then the district does not have to provide the requested service. However, the IEP team should document that it discussed the independent evaluator's report and recommendations. The IEP team should also document why the services recommended are not necessary to provide the child with FAPE (McEwen 2000).

## References

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