

# EASTERN UPPER PENINSULA INTERMEDIATE SCHOOL DISTRICT

## **GUIDELINES**

## **FOR**

## **OCCUPATIONAL &**

## **PHYSICAL THERAPY**

## TABLE OF CONTENTS

Purpose .....	3
Definitions of Therapy .....	4
EUPISD Mission Statement.....	5
Qualifications of OT, COTA, PT, PTA .....	6
Specific Roles of OT .....	7
Specific Roles of PT .....	8
Intervention Process Flowchart.....	9
Suggested Intervention Activities .....	10
Student Assistance Teams.....	11
Response to Intervention.....	12
Initial Referral Process.....	13
Evaluation Process .....	14
Special Education & Early On® Eligibility .....	15
IEP / IFSP Team .....	16
Continuum of Services.....	17
Scope of Practice for OT.....	18
Scope of Practice for PT .....	19
Services Provided by the Therapist Versus the Assistant.....	20
Termination of Services .....	21
Therapy Caseload and Workload.....	22

## **PURPOSE**

The purpose of these guidelines is to define the practice of school-based occupational therapy (OT) and physical therapy (PT) services in order to support the educational goals of students with disabilities in the Eastern Upper Peninsula Intermediate School District. It has been determined that guidelines will help outline delivery of OT/PT services to eligible students and provide a flexible, consistent, and unified approach for Eastern Upper Peninsula Intermediate School District public schools.

These guidelines are written for providers of occupational and physical therapy services, special education administrators, building administrators, and all school personnel responsible for service plan delivery within the Eastern Upper Peninsula Intermediate School District. In addition, it may also benefit parents, teachers, and other professionals. This handbook is written as a source of information and suggestions for implementing occupational and physical therapy services. The intent is to supplement, not replace, the Individuals with Disabilities Education Improvement Act of 2004, the Michigan Revised Administrative Rules for Special Education, and local school board policies.

## **DEFINITIONS OF THERAPY**

**Occupational therapy** is defined by the Individuals with Disabilities Education Act (IDEA) of 2004;

§300.34(c)(6) Occupational therapy means:

- (i) Services provided by a qualified occupational therapist; and
- (ii) 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.

and the Michigan Revised Administrative Rules for Special Education of 2002

R 340-1701b(d) “Occupational therapy” means therapy provided by a therapist who has been registered by the American occupation therapy association or an occupational therapy assistant who has been certified by the American occupational therapy association and who provides therapy under the supervision of a registered occupational therapist.

**Physical therapy** is defined by the Individuals with Disabilities Education Act (IDEA) of 2004;

§300.34(c)(9) Physical therapy means services provided by a qualified physical therapist.

and the Michigan Revised Administrative Rules for Special Education of 2002

R 340-1701b(g) “Physical therapy” means therapy prescribed by a physician and provided by a therapist who is licensed by the state of Michigan under 1978 PA 368, MCL 333.1101 et seq. or a physical therapy assistant who provides therapy under the supervision of a licensed physical therapist.

**Eastern Upper Peninsula  
Intermediate School District**

**MISSION STATEMENT**

**It is the mission of the  
Eastern Upper Peninsula  
Intermediate School District  
To serve, support, and lead its constituents**

## **QUALIFICATIONS**

### **Occupational Therapist, Registered (OTR)**

- As of January 7, 2007 – all entry level programs – a Master’s degree is required
- If an occupational therapist was certified prior to January 7, 2007 they are “grandfathered in”
- Successful completion of a national occupational therapist registration exam
- Every three years renewal with National Board for Certification in Occupational Therapy (NBCOT)
- State of Michigan Licensure every two years
- Physician’s prescription is not necessary for assessment or treatment in an educational setting. However, a physician’s prescription is required for Medicaid billing

### **Certified Occupational Therapist Assistant (COTA)**

- Associate’s degree from an approved and accredited occupational therapy assistant program with certification exam (certification) must be renewed every two years
- Works under the supervision of a registered occupational therapist
- Every three years renewal with National Board for Certification in Occupational Therapy (NBCOT)
- State of Michigan Licensure every two years

### **Physical Therapist (PT)**

- All physical therapists require a Bachelor’s through Doctorate in PT
- Successful completion of national physical therapy licensure examination – license renewed every two years
- Physician’s prescription is necessary to begin treatment in the educational setting

### **Physical Therapist Assistant (PTA)**

- Associate’s degree from an approved and accredited physical therapy assistant program
- Works under the supervision of a Physical Therapist

## **SPECIFIC ROLES OF OCCUPATIONAL THERAPY**

Occupational therapy staff evaluate, consult, monitor and/or treat students in the following ways:

**Educational Training** – The goal is to build capacity in the educational setting with ongoing educational training to empower families, teachers, and other school staff to meet the educational needs of all students.

**Sensory Processing Skills** – Include (but may not be limited to): sensory integration, perceptual motor, reflex development/integration, oral motor, self-regulatory, and readiness abilities as foundations for sensory processing skills as appropriate to the learning environment.

**Accommodations in the Educational Setting** – Assessment and implementation of strategies which accommodate the learning needs as well as the physical environment, such as in classrooms, hallways, restrooms, lockers, playgrounds, and cafeterias.

**Components of Movement** – Development of head and trunk control for fine motor and bilateral skills, motor planning, and coordination of body parts for purposeful and skilled movement as appropriate to the learning environment.

**Assistive Technology** – OTs work with a team to assist in the educational setting to adapt and/or make recommendations for low tech and high tech equipment for the purpose of educational benefit.

**Self-Care Skills** – Include (but may not be limited to): feeding, dressing, hygiene, toileting, oral-motor, communication, and regulatory skills to participate in activities as appropriate to educational goals and objectives.

**Adaptation of Equipment** – Design, construction, and modification of splints and equipment for functional use (i.e. writing, dressing, feeding), and training in use of upper extremity prostheses; recommendations for positioning, wheelchairs, hand splints, upper extremity braces, transportation, and seating devices as appropriate to the learning environment.

**Pre-Vocational/Vocational Skills** – Manual dexterity, strength, endurance, physical capabilities, adaptive methods, and equipment as appropriate to the learning environment.

\*Note: The practice of occupational therapy does not include identifying underlying medical problems or etiologies, establishing medical diagnoses, or prescribing medical treatment.

## **SPECIFIC ROLES OF PHYSICAL THERAPY**

Physical therapists assess, treat and/or make recommendations to improve or maintain a student's level of functioning by addressing the following areas:

**Educational Training** – The goal is to build capacity in the educational setting with ongoing educational training to empower families, teachers, and other school staff to meet the educational needs of all students. Staff training in safe transfer and lifting techniques to prevent injury to both students and staff to and from chairs, wheelchairs, floors, toilets, cars, buses, and beds.

**Musculo-Skeletal Development/Posture** – Assessment of deformities of the musculo-skeletal system (such as scoliosis or leg length discrepancy) and postural asymmetry. Provision of exercise programs to improve posture when appropriate to support functional performance in the educational setting. Exercises and activities are designed to increase muscular strength and endurance, reduce abnormal muscle tone, maximize desired joint motion, and prevent deformity in order to facilitate participation in the educational setting.

**Functional Mobility** – Weight bearing and balance activities are designed to maximize mobility. Gait training in use of braces, orthotics, and lower extremity prostheses may include assistive devices (such as crutches, walkers, and canes) to negotiate all surfaces including stairs, ramps, and playgrounds. Training in wheelchair use for independent mobility is also provided as appropriate to the learning environment.

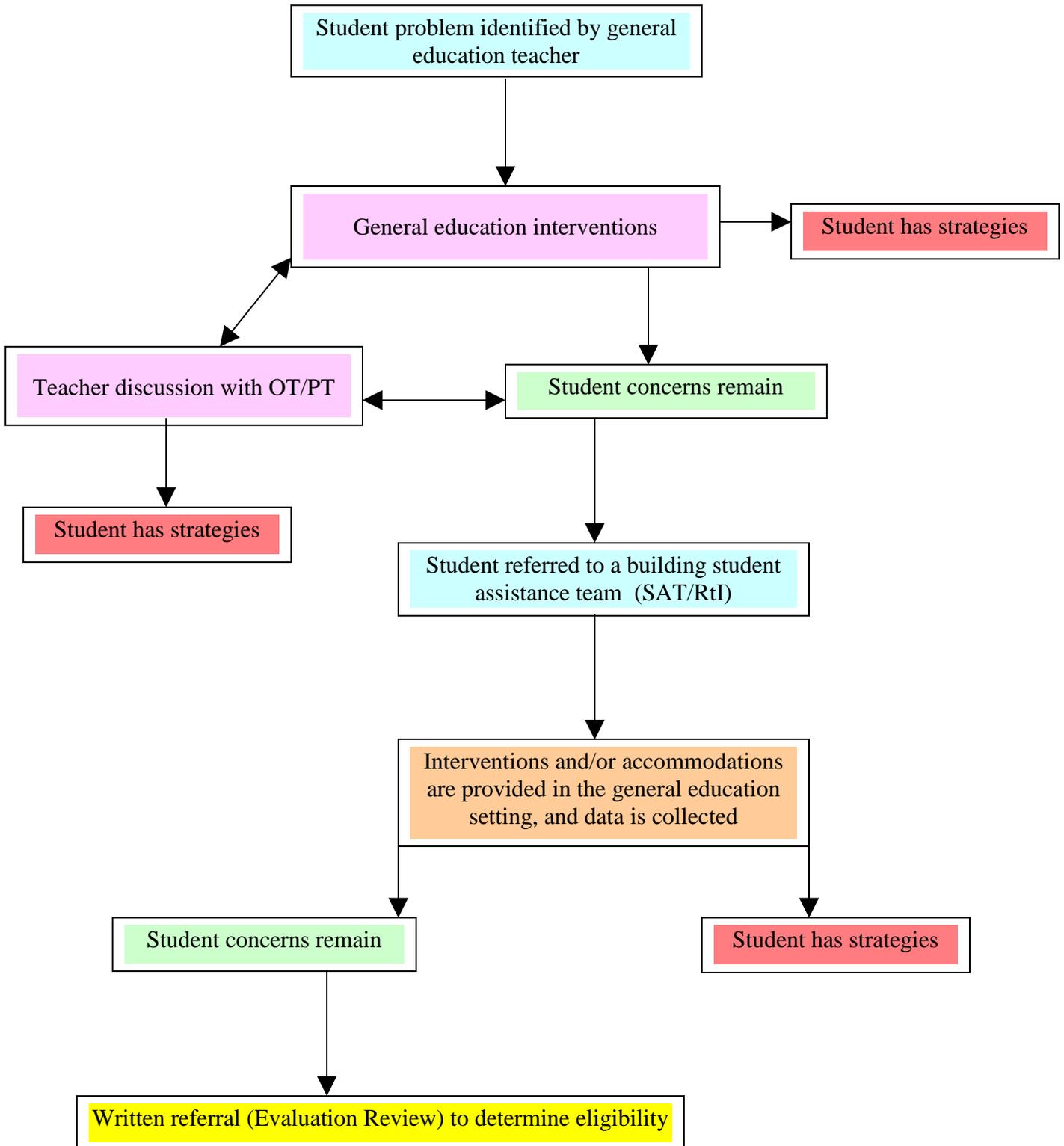
**Components of Movement** – Development of head and trunk control for general stability and coordination, gross motor skills, balance and equilibrium reactions, reflex development, and integration of basic senses to support functional performance in the educational setting.

**Adaptive Equipment Needs** – Recommendation, design, construction, and/or modification of equipment such as positioning devices, wheelchairs, adaptive seating, mobility aids, braces, orthotics, and other specialized needs to support functional performance in the educational setting.

**Environmental Adaptations** – Recommendation and design of equipment which adapts the instructional environment (such as entrances, restrooms, classrooms, and/or transportation) to minimize obstacles which may prevent student participation. Assist classroom teacher in developing goals and programs for student mobility in the community as appropriate to the learning environment.

\*Note: The practice of physical therapy does not include identifying underlying medical problems or etiologies, establishing medical diagnosis, or prescribing medical treatment.

# INTERVENTION PROCESS FLOWCHART



## **SUGGESTED INTERVENTION ACTIVITIES**

Therapists can be involved at several levels within general education intervention approaches (i.e., SAT, RtI, etc.). Therapists are expected to work within the general education classroom setting/natural environment to provide and model suggested interventions. Therapeutic activities prior to a special education referral may include, but are not limited to:

1. Participate in team brainstorming for strategies/techniques/programs that improve instructional outcomes and enhance learning for ALL students.
2. Provide the teacher(s) with suggestions and strategies based on best practice for fine/gross motor activities to facilitate participation in the educational setting.
3. Provide training and resources to teachers, paraprofessionals, families, bus drivers, building principals, and other ancillary personnel on strategies to enhance self-regulation in the learning environment.
4. Observe a student's access to and use of educational supplies and provide suggestions to the team.
5. Recommend low technology and/or assistive technology materials/methods to facilitate participation in, and/or access to, the educational setting.
6. Provide the staff with techniques and strategies for positioning and handling of students to facilitate participation in the educational setting.

IDEA, 2004 § 300.302 supports therapists' involvement in general education intervention processes. It states, "Screening for instructional purposes is not evaluation. The screening of a student by a teacher or specialist to determine appropriate instructional strategies for curriculum implementation shall not be considered to be an evaluation for eligibility for special education and related services. (Authority: 20 U.S.C. 1414(a)(1)(E))

Additionally, related services are specifically included in §300.208 of the IDEA regulations as possible early intervention services which can occur at all levels of prevention.

## **STUDENT ASSISTANCE TEAMS (SAT), definition**

The pre-referral process for occupational therapy and/or physical therapy follows the same procedures as for other special education services. It is recommended that intervention strategies are tried in the general education environment for an appropriate period of time prior to an evaluation referral. Each school district in EUPISD has building Student Assistance Teams (SAT), or Response to Intervention (RtI) practices.

A good school-based SAT will provide interventions that (a) provide high-quality instruction/intervention matched to student needs and (b) use learning rate over time and level of performance to make important educational decisions. This could include activities for the student in the school setting and/or a screening by a therapist.

After the intervention/screening data collection period, the Student Assistance Team will determine whether the concern has been addressed, if more/other interventions are needed, or if more formal assessment is needed. If an evaluation is required, the local district will follow their referral and/or evaluation process in accordance with the Michigan Administrative Rules for Special Education (MARSE) of 2009.

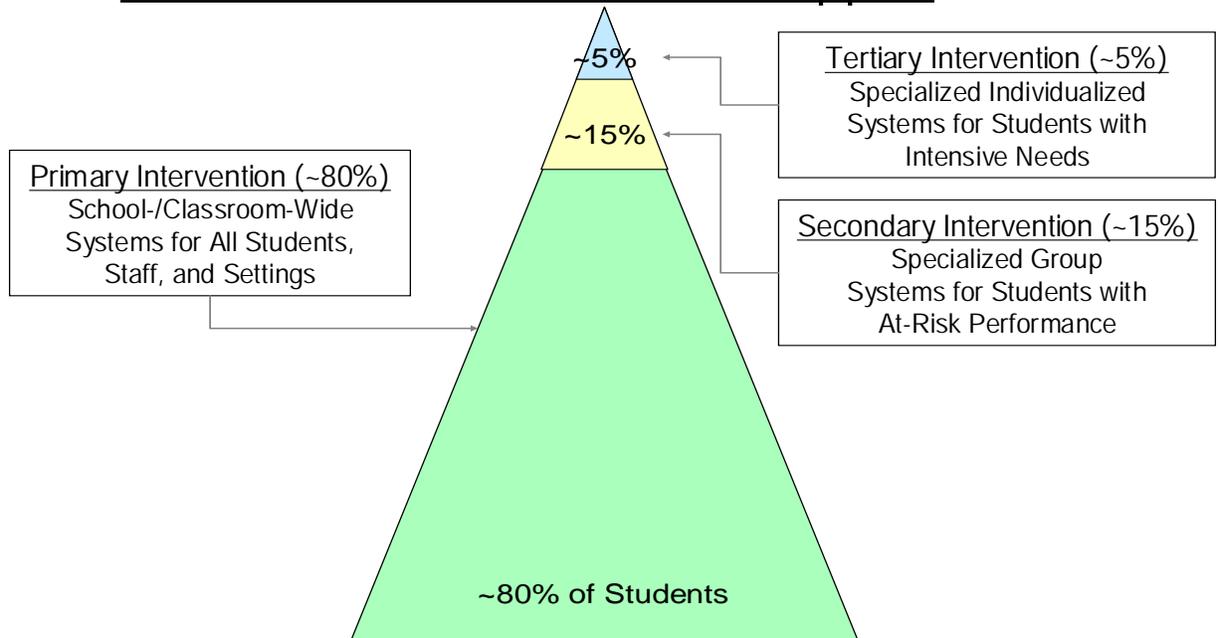
Note: Although all buildings in the EUPISD have a SAT, they may not be specifically named SAT. Some buildings call it child study, or teacher support teams, or something else entirely. Whatever the name, the process remains as defined above.

## RESPONSE TO INTERVENTION (RtI), definition

Response to Intervention is unique since it is unlike traditional special education interventions that assume learning or behavioral problems lie within the student. RtI looks first at the curriculum and how it is being taught for remediation. The main objective of RtI is not to identify students for special education, but rather to help all students achieve at a proficient level. Although some students may need special education and related services, many students are helped without needing a referral.

A visual example of RtI is explained in the three-tiered model below. This is a visual representation of the continuum goal for the RtI practice. Tier 1 (which should be 80% of students), includes the primary interventions, or core instruction, for all students in general education. Tier 2 (approximately 15% of the students) includes the secondary interventions, which may include remediation, implementation of alternative instructional methodologies, or more intensive instruction. Tier 3 (should leave no more than 5% of the students) involves more specialized interventions such as a special education referral, or Title 1 services. Tier 3 includes intensive interventions for students who did not respond sufficiently to Tier 1 and Tier 2 interventions.

### Continuum of School-Wide Support



*Adapted from "What is School-Wide PBS?"*

Note: Not all buildings in the EUPISD are working towards an RtI model.

## INITIAL REFERRAL PROCESS

Requests for eligibility may result from different entities, but are not limited to the following:

### SAT /RtI recommendation:

1. A SAT /RtI representative will discuss with the therapist specific concerns and review any interventions used.
2. Concerned staff must complete the forms that are part of the district/building’s intervention process in order to have the specific therapist(s) attend the student’s **Review of Existing Evaluation Data (REED)** meeting.

### Parent request for referral:

If the parent requests any evaluation, the special education legal requirements should be followed. The school will initiate the REED meeting. Written parental consent is needed on the REED form prior to conducting an evaluation.

### Physician’s request for referral:

A physician’s request/prescription must be treated as a recommendation to be considered during the evaluation process. The REED team analyzes the request/prescription and any other relevant data to determine the educational need that may or may not be associated with the request, and determines if an evaluation will be completed. If *written* parent permission has been given through a release of records, OTs, PTs, and other professionals may communicate with the physician during the evaluation process.

It is important to note that school-based therapy is different from clinically-based therapy in terms of its intent, roles of the therapist, and the types of support available. Refer to the chart below to compare:

	<b>Clinical Therapy</b>	<b>School-based Therapy</b>
<b>Intent</b>	Prescription driven	IEP driven
	Therapy goals are primary	Educational goals are primary
	To treat acute and chronic conditions	To reduce the effects of acute and chronic conditions so the student can benefit from his/her educational program
<b>Characteristics</b>	Services tend to be discipline-based	Services are collaborative with time allotted to communicate with other service providers, parents, and teachers
	Focus is on developmental milestones, components of movement, and performance	Focus is on functional skills and adaptations that promote attainment of educational objectives
	Clients come to the clinic to receive one-on-one therapy from the therapist	The therapist goes to the students in the educational setting and provides a variety of services based on educational need; which may include individual or small group therapy, and consultation with other educational professionals who work with the student



## EVALUATION PROCESS

The evaluation process for OT/PT begins with a **Review of Existing Evaluation Data (REED)** meeting. Evaluations are conducted by qualified therapists and should be comprehensive and objective. Parental consent is required with a signature on the REED form before an evaluation may begin. The nature of the evaluation and the selection of evaluation tools are determined by the therapist and are dependent on the difficulties the student exhibits that affect his/her participation in the educational setting.

Evaluations may include the following:

- Review of pertinent medical and educational records
- Review of the current IEP (if applicable)
- Interviews with student, parent/guardian, teacher
- Observations in a variety of school environments
- Evaluation of activity demands that impact educational performance
- Administration of informal evaluation tools, such as self-care, functional, and behavioral checklists
- Administration of standardized and/or non-standardized assessments
- Assessment of the student's neurological, musculoskeletal, cardiopulmonary, and integumentary systems as they relate to the educational setting
- Analysis of the evaluation findings for IEP team consideration

A written report must be completed at the end of each evaluation, prior to the eligibility recommendation at the Multidisciplinary Evaluation Team (MET) and/or IEP Team meeting. When using medical/educational terms in written evaluation reports; terms should be explained in language parents can understand by definition and by application to the educational setting.

In Michigan, each school system shall identify, locate, and evaluate students with suspected disabilities from birth through age 25. The provision of services shall be determined at the IEP Team meeting, using the input of the OT and/or PT and the results and recommendations of the therapy assessment. The continuation of services shall be determined at the annual IEP review using input of the therapist.

## **SPECIAL EDUCATION ELIGIBILITY**

Criteria for provision of OT services → **both A and B** must be met:

- A. The student is classified and eligible for special education services under at least one of the disability areas outlined in the *Michigan Administrative Rules for Special Education*. There must be documented evidence that occupational therapy is required to assist the student to access and benefit from the general education curriculum or special education curriculum.
- B. The student demonstrates a functional skill impairment in at least one of the following categories: developmental, motor, visual motor, visual perceptual, sensory processing, self-care/activities of daily living, or psychosocial.

Criteria for provision of PT services → **A, B, and C** must be met.

- A. The student is classified and eligible for special educational services under at least one of the disability areas outlined in the *Michigan Administrative Rules for Special Education*. There must be documented evidence that physical therapy is required to assist the student to benefit from the general education or special education curriculum.
- B. The student demonstrates gross motor impairment in either the developmental or motor function category.
- C. For physical therapy services, a current physician's prescription is required, specifying duration. Prescriptions must be renewed for continued service. This is a legal requirement for delivery of PT services within the school setting.

## **EARLY ON® ELIGIBILITY**

Criteria for provision of OT or PT services → **both A and B** must be met:

- A. The child is classified and eligible for Early On® services as Part C or Part C/B. There must be documented evidence of an established condition and/or developmental delay in at least one of the following categories: motor, visual motor, visual perceptual, sensory processing, self-care/ADL, or psychosocial.
- B. OT and/or PT is necessary to assist the student to access and benefit from their natural environment. (In the case of PT, a doctor's prescription is required).

## **INDIVIDUALIZED EDUCATIONAL PLANNING (IEP) TEAM**

The EUPISD , in an on-going effort to improve the delivery of ancillary and related services, has explored a variety of new approaches and related concepts. A number of these concepts have been combined into the collaborative service delivery model. This approach utilizes the following elements:

- Team decision on method of service delivery of support services
- Increased emphasis on integrated therapy in the student's natural environment
- Therapy provided in the context of the demands of the educational setting
- Multidisciplinary team approach (team takes ownership of total program not individual discipline orientation)
- Significant emphasis on situational evaluation of the student within the classroom
- Collaborative team development and progress reporting of goals and objectives (discipline free goals) resulting in a significant reduction in IEP goals and objectives
- Collaborative team development and implementation of supplementary aids and supports, including accommodations, modifications, and/or resources needed to achieve goals and objectives

The Multidisciplinary Team approach views the student in a holistic manner emphasizing team ownership of a student's educational program. OT and PT goals, objectives, and services are integrated into, rather than isolated from, a student's total educational program.

## **INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)**

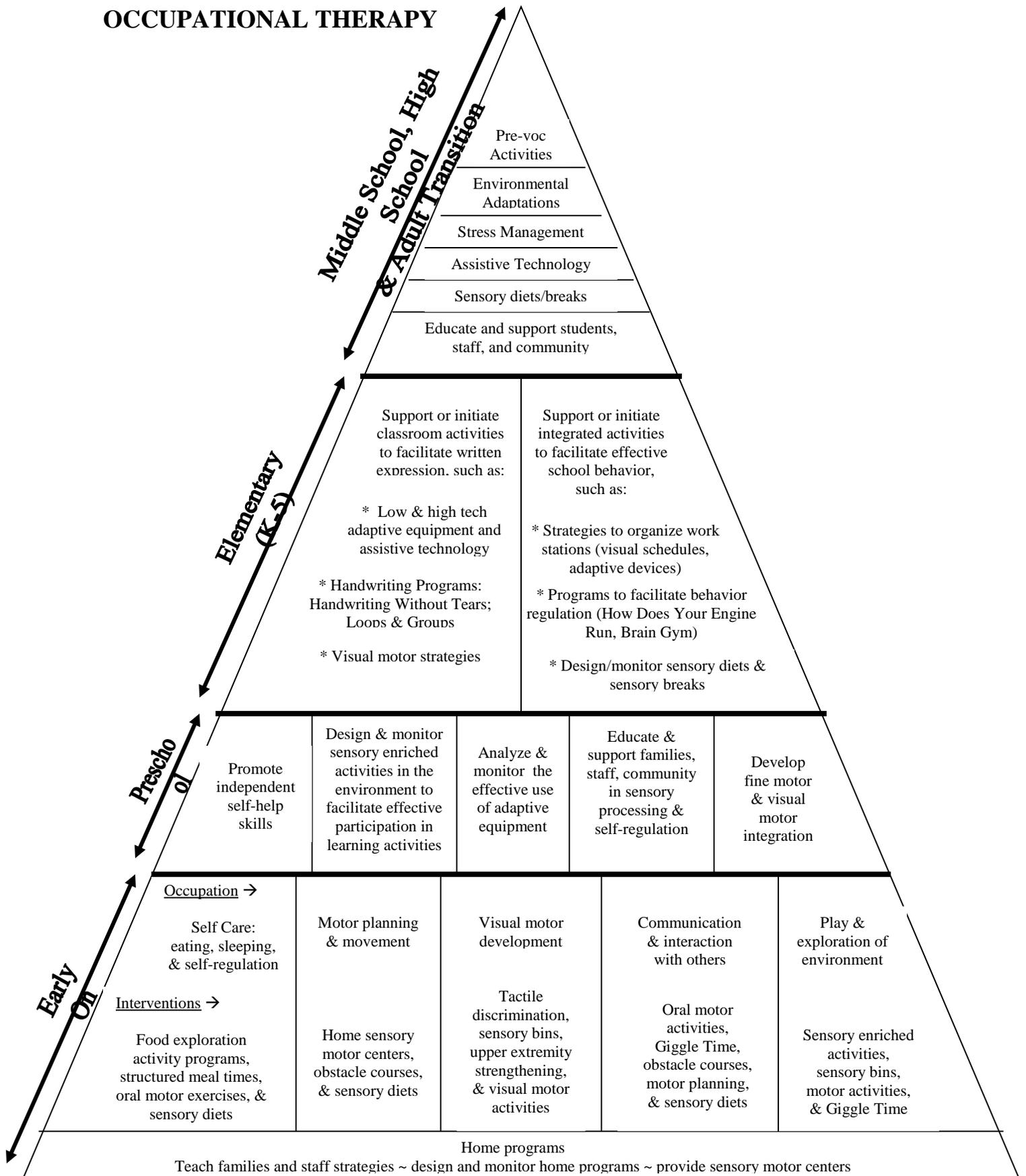
When the child is eligible for Early On services for children ages 0-36 months, an IFSP is developed. The IFSP addresses the child's developmental needs as well as connecting families with community resources. An IFSP is a written plan that guides everything that will be done while a child and family are involved with Early On. It lists what activities, supports, and services are needed by a child and family. The IFSP:

- Spells out what the parent and the team will do
- Explains what is needed to support the child's growth and learning
- Is individualized for each family and child

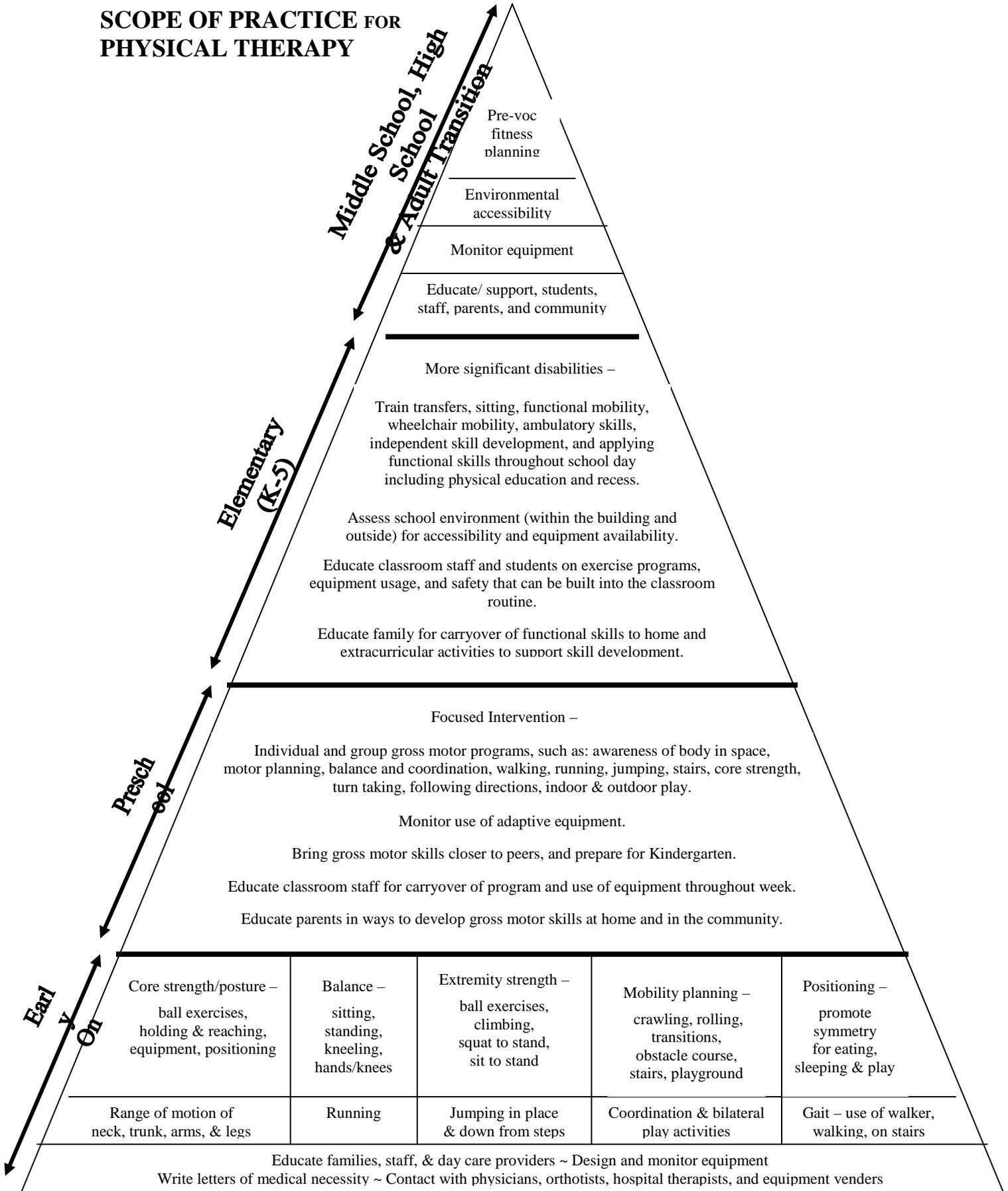
## **CONTINUUM OF SERVICES**

Therapy in the educational environment should be viewed as a continuum that encompasses a variety of service delivery models and intervention strategies. Research has shown that interventions embedded in class routines using functional life skills increase the achievement of specific goals. The knowledge and expertise of an OT and/or PT can be utilized to determine and design intervention strategies that can be integrated into a student's daily routine and implemented by school-based personnel. The student's needs may vary from year to year and are dependent on multiple factors, including the student's present level of performance, overall development, and educational program.

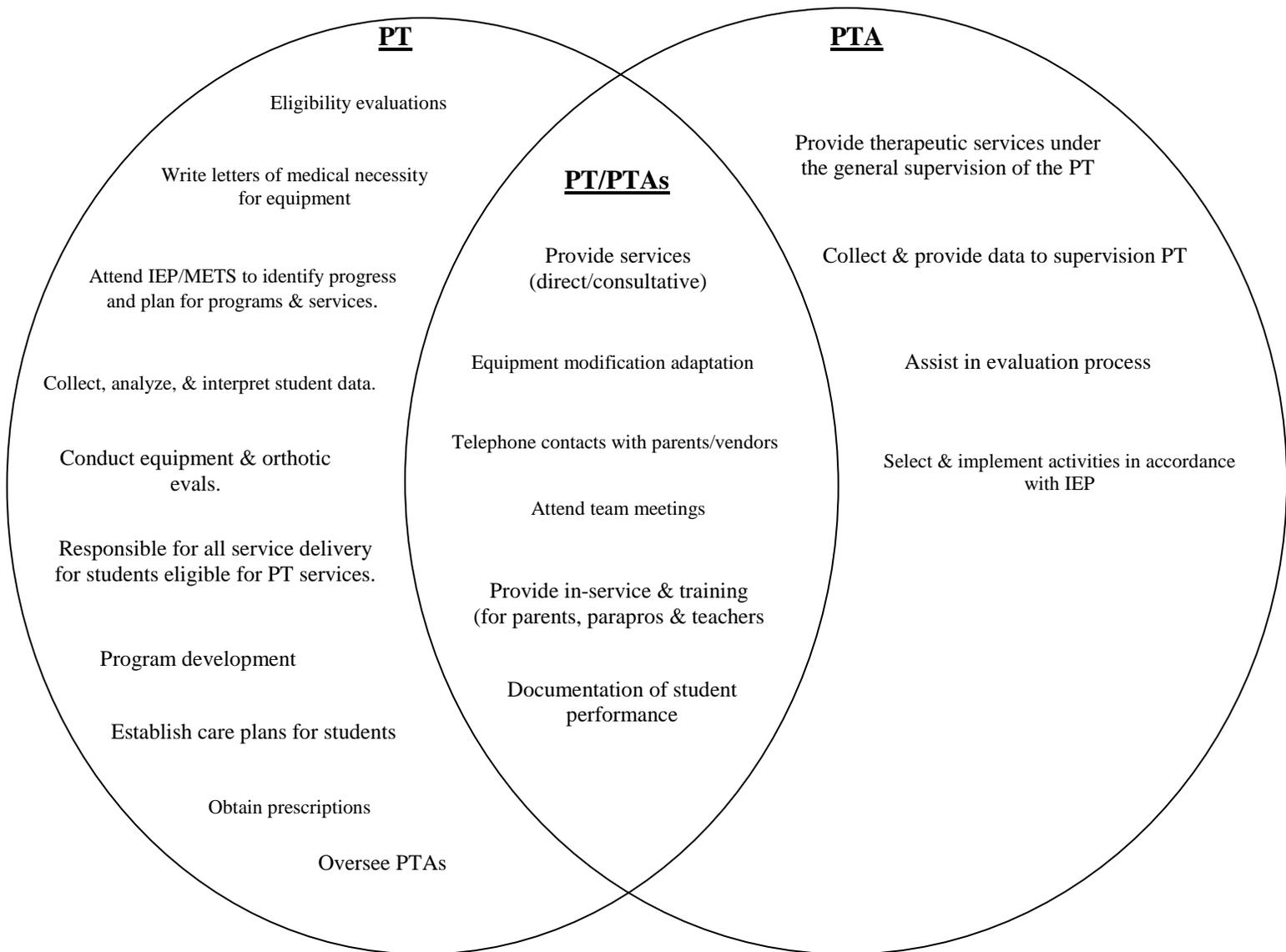
# SCOPE OF PRACTICE FOR OCCUPATIONAL THERAPY



# SCOPE OF PRACTICE FOR PHYSICAL THERAPY



**SERVICES PROVIDED BY THE THERAPIST VERSUS THE ASSISTANT**





- The student has accomplished all goals of the IEP that require OT and/or PT intervention.
- The student no longer requires OT or PT to make educational progress or change, and special and/or general education teachers or staff are able to provide maintenance of function in order for the student to participate in his/her educational setting.
- The student is no longer eligible as a student with a disability.
- The problem ceases to be educationally relevant.
- The parent/guardian provides a written request for termination of services.
- In the case of **Physical Therapy**, a prescription is not provided by a medical doctor.

### **THERAPY CASELOAD AND WORKLOAD**

A therapist's caseload is uniquely individual. Variables which will influence a therapist's caseload may include, but are not limited to, service delivery model, travel time, severity of student disability, supervisory responsibilities, and individual program needs. Consideration of caseload is a cooperative effort between the therapist, teaching staff, and administration. Flexible scheduling can be used to allow for a combination of delivery models (i.e., direct, monitoring, consultative) and to respond to the varying needs as students enter, progress, or exit the program.

The therapist's workload refers to the accumulation of all of the responsibilities of an OT/PT. These activities include, but are not limited to, service delivery, addressing the student's needs, consulting with parents and teachers, conducting evaluations, report writing, attending IEP Team meetings, completing Medicaid billing, travel between buildings, and informing school teams, families, and administrators of the student's individual needs. The OT/PT workload activities are outlined in the graphic organizer below.