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An Education-Based Reasoning Model to Support Best Practices for School-Based OT Under IDEA 97

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In the greater Houston, Texas area, the Therapy and Psychological Services Division at Harris County Department of Education (HCDE) is the provider of choice for many of the independent school districts, early intervention programs, and other education-based programs for children and youth under the Individuals With Disabilities Education Act Amendments of 1997 (IDEA 97). HCDE is a tax-assisted local education agency that serves its clients through fee-for-service contracts negotiated annually. Fees are typically lower than other market providers. In their administrative support role, Therapy and Psychological Services managers provide clinical support and practice expertise to HCDE staff and clients. As part of their quality assurance commitment, HCDE managers work collaboratively with clients to ensure compliance with IDEA and state regulations in all facets of service delivery.

Since the implementation of the Education for All Handicapped Children's Act in the mid-1970s, HCDE has delivered special education and related services to students in Harris County. HCDE professionals include occupational therapists (OTs), physical therapists, speech language pathologists, speech therapists, counselors, specialists in school psychology, music therapists, and art therapists. Occupational therapists and occupational therapy assistants are the largest group of professionals among those employed by HCDE to work in local special education programs.

The education-based reasoning model described in this article was originally developed to provide guidance for all HCDE related services professionals. It has been adapted here for occupational therapy audiences. It is consistent with the International Classification of Impairments, Disabilities and Handicaps-2 (ICIDH-2, 2000), emphasizing enablement and participation, and with best practices as described in AOTA's *Occupational Therapy Services for Children and Youth under the Individuals with Disabilities Education Act*. The model serves as a guide for HCDE practitioners as they assist in the development of Individualized Education Programs (IEPs) for students receiving special education. The guide includes the referral and evaluation process, collaborative planning with members of the student's IEP, the formulation of recommendations for OT services, and the service array available to meet the student's educational needs.

Access to Services in Schools—Referral and Evaluation

Parents, teachers, and other service providers generate referrals to occupational therapy through the special education contact person at the student's campus. (The term campus refers to the student's school building environment) If parents do not initiate the referral, OT practitioners must ensure parent notice is provided and that consent is granted in accordance with IDEA 97 and state laws. Therapists then respond to the referral by an initial evaluation process to determine the nature and extent of occupational therapy evaluation necessary to meet the student's individualized needs. (This process is often referred to as "screening" in many OT practice acts and literature references. However, according to IDEA, what is referred to as screening in the medical model is part of the evaluation process in the educational model.) This initial process includes observation of the student engaged in school activities, review of student records, interviews with teachers and parents regarding the reason for referral and their perceptions of what might be contributing to difficulties with performance or participation. Data is recorded in the areas of positioning, mobility and locomotion, and self-help skills needed for school.

Upon completion of this initial process, the OT decides whether further evaluation is required to determine what is interfering with the student's ability to learn and participate in school activities. The evaluation is implemented in accordance with district procedures and state regulatory statutes. State licensure rules for physician referral must be followed. Assessment data is gathered from a variety of sources, including a review of existing evaluation data. In Texas, licensed occupational therapy assistants can and do contribute to the data-gathering process, but licensed occupational therapists must interact with the student during data-gathering, and are responsible for scoring of standardized assessments as well as for clinical recommendations resulting from the evaluation. HCDE occupational therapy evaluations follow a top-down framework (Trombly, 1993), are conducted in the student's natural learning environments, and focus on the barriers to learning and participation. If standardized tests are needed, assessments that encourage team participation in data collection are recommended. Assessments such as the School Function Assessment (Coster, Deeney, Halltiwinger, & Haley, 1998) and the Sensory Profile (Dunn, 1999) are particularly advantageous as they facilitate teamwork, are standardized using populations of children with disabilities, and focus on meaningful participation. Consensus regarding educational priorities and needed supports develop naturally when teachers, families, and other related service providers contribute to the evaluation process.

Based on the occupational therapy evaluation, the occupational therapist formulates recommendations to the IEP team regarding whether there is an educational need for occupational therapy services. The reasoning process involved in determining what to recommend is not done in isolation from the IEP. Interactions with other IEP team members at this time initiate the collaborative process emphasized in IDEA 97 for development and implementation of the IEP.

OT Evaluation Process—Data Gathering

- Observation of performance where problems are occurring
- Comparison of work to peers in same instructional environment
- Teacher interviews (What do they think is interfering with learning and participation?)
- Parent interviews (What do they think is interfering with learning and participation?)
- Review of educational program and special education supports in place
- Standardized testing, if indicated.

Occupational Therapy and the IEP Process

HCDE therapists attend planning meetings (sometimes called staffings) and IEP team meetings at the team's request. Planning meetings are held prior to the official IEP team meeting, with invitations extended to all involved in the process. This provides an opportunity to share preliminary findings about a student's present level of performance and begin a discussion of program directions for consideration. Decisions are not made at the planning meeting. The environment is typically informal. This forum facilitates team collaboration that is important for IEP development which will occur later.

In accordance with IDEA 97, the student's IEP is developed at the IEP meeting. When assessment data is being reviewed, the occupational therapist reports his or her findings to the committee. Therapists listen to the deliberations for any previously unknown information from parents or other team members, and for better understanding of the education program and special education supports planned for the student. Therapists contribute to the discussion as appropriate. Final recommendations for related services such as OT are made after a comprehensive understanding of the academic, social, self-help, or other participation goals and objectives has been realized.

Determination of Educational Need: Question Sequence

- What is the educational program and curriculum (e.g., the demands on the student)?
- What special education supports are in place (e.g., co-teaching, modifications)?
- Are the supports meeting the student's educational needs (e.g., level and type appropriate)?
- If not, is occupational therapy expertise needed to provide the needed support?
- What strategies and solutions can you offer the student, the teachers, and others?
- What intensity of services is needed from you (e.g., time, frequency, duration, location)?

When special education is needed, goals and objectives are written collaboratively by the IEP team. Goals and objectives are student-centered and reflect the desired educational outcome or behavior. Separate goals and objectives for related service support are not usually necessary. "OT" can be written in the margin beside the goal or objective OT will support, or on the line indicating the person(s) responsible, beside "teacher." An example might be a second grader struggling to produce handwriting that is legible. His IEP goal may read, "Johnny will produce written work required for second grade within the time allotted for the class." The primary person responsible for the IEP is indicated on the paperwork as Johnny's second grade teacher, with OT listed as a support service. The OT's role is to help the teacher to identify and provide alternative approaches to handwriting and any modified materials Johnny may need. After working with Johnny to determine an approach that works for him, the OT consults with the teacher regarding the strategies that appear most effective. They discuss how the new techniques and strategies can be incorporated into the daily routine. The therapist listens carefully for opportunities where greatest contextual application and generalization may occur, and for times when the teacher is best able to help Johnny. When they have agreed on appropriate opportunities, the teacher then assists Johnny with daily practice and with use of the strategies in completing required class work. With each visit, the OT asks the student and teacher how the program is working in the student's day, reviews progress, and makes suggestions and adaptations as needed. The therapist identifies any additional materials that may assist in the process. When problems occur, it is important that the therapist visit with the student and teacher to determine their perceptions of how things might work better in their routines.

When OT is recommended as a related service for a student fully participating in the general education curriculum, a goal with objectives may need to be written to address the learning or participation outcomes where OT is the primary facilitator. A case example from our files is a kindergarten student who does well academically, but exhibits sensory defensiveness around and in the mouth limiting her food choices and lengthening eating time beyond the allotted 25 minutes. Family and school personnel believe better nutrition is important for Brittany, but desire a feeding program that does not significantly differentiate her from her peers or take time from instruction. Brittany's goal might read, "Brittany will self-feed a variety of foods, completing her meal during the kindergarten lunch period." Although the OT designs the feeding program and visits at regular intervals to oversee its implementation, instructional staff and the family are included among those supporting the goal. Team involvement is needed to ensure the program developed is consistent with the family's cultural norms, to see that appropriate food textures are sent from home, and to make sure feeding strategies are carried out at school lunchtime on a daily basis. Consistent communication and collaboration with all stakeholders is imperative for Brittany to achieve success with the program.

The Occupational Therapist's Role in Developing the IEP

- Along with the IEP team, determine the present level of performance.
- Along with the IEP team, identify the desired educational outcomes.
- Along with the IEP team, determine which goals and objectives need OT support.
- Ensure OT is clearly documented in the IEP on the goals and objectives needing OT support.

Documentation in the IEP should ensure that an array of service approaches is available for the student. IDEA 97 supports services provided directly to the child, or provided on behalf of the child. These services may include training for teachers and parents "to help them to more effectively work with the child . . ." (A Guide, 2000). An array of service approaches, including working with the child, providing consultative services and the monitoring of equipment, is provided, as needed, to help the student be successful. If district forms are designed with boxes or lines requiring specificity as to service, the HCDE therapist requests that all be checked or included so as not to unnecessarily restrict the dynamic flow of service delivery. Considering the individualized needs of each student, the OT may find it necessary to work directly with the student for a given week. However, by the next week, inservice training provided to his teachers on behalf of the student may be the most appropriate model in the array of services to support the IEP goals and objectives.

Greatest flexibility in service time is achieved when time and fre-

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quency are written in hours per month, per 6 weeks, or per semester (i.e., 2 hours a month, 1 hour per grading period). Weekly visits may not be appropriate. In some instances, a large block of OT time may be needed initially but not continuously. For example, a high school student may need 3 hours the first month to set up a prevocational program and to train the instructional team. Much smaller periods of time, such as 1 hour per month, may be needed when the OT returns in subsequent weeks to evaluate the effectiveness of the program and revise as needed. Similarly, when a student is transitioning from one instructional environment or arrangement to another, it may be appropriate to dedicate significant time during the first weeks of school, but less time once the student adjusts to the new environment and those providing instruction are comfortable with handling, materials set-up, etc. An example of this kind of program might be 2 hours of OT the first month of the school year when the student enters middle school, then one-half hour per month thereafter.

Recommendations for duration of services are typically written in terms of specific beginning and ending dates, or until the next annual IEP meeting. Location of services may include the classroom, cafeteria, playground, restrooms, the hallways, or a general recommendation that all school environments be included. Under IDEA 97, the IEP team makes final decisions regarding time, frequency, duration, and location of services.

Provision of Occupational Therapy Services

Once the IEP is in place, service provided to the student is documented in accordance with district policy and state requirements. Documentation is typically through attendance sheets marked at each OT visit, and through progress reports sent home at the same time other students in the district receive them. As previously mentioned, OT services are most often indicated in a support capacity for goals and objectives with the teacher indicated in the primary position of responsibility. This is a collaborative IEP. The progress report sent by the instructional staff is usually sufficient, but OTs should make sure they know the content of the report and are in agreement with the report. If there are goals and objectives for OT separate from those of the instructional team, the therapist sends a progress note home reflecting the child's progress on those goals and objectives.

Students who need OT services receive and benefit from a wide array of intervention methodologies drawn from the developmental and theoretical frameworks of pediatric occupational therapy and applied to the context of the educational environment. HCDE therapists work collaboratively with other members of the IEP team to integrate OT services into the student's daily routine. To support a student's IEP, suggestions for alternative approaches to classroom material or activities may be made by the occupational therapist. Strategies may be provided for adapting the school or curriculum to remove barriers or to enhance access to learning materials and activities.

Although therapists may pull students out of the classroom for brief periods to explore strategies or to introduce a new skill, time away from instruction is minimized. To the greatest extent possible, HCDE therapists work in the classroom, applying strategies, accommodations and modifications to curriculum content, using materials available in the student's classroom environment. Consultation with the teacher is part of each visit. If concerns are identified in math, the therapist attends math class with the student to model strategies for student and teacher. If problems occur in physical education, the therapist arrives at PE time and problem solves with the student and teacher involved. Difficulties with transitions between activities, between classes, or going to lunch or recess may require the OT to accompany the student before, during, and after the transition. This allows for direct incorporation of techniques for self-regulation of behavior as part of the student's daily routine.

Periodic checks of students' equipment and environmental adaptations are also provided as part of occupational therapy services to ensure adaptation is made for developmental growth and/or changes in educational need. Training at the district, campus, or classroom level is frequently provided. Family training may also be important. Home/school programs to reinforce mastery of needed skills are an integral part of any OT service.

As part of the service array provided to students with special education needs, HCDE therapists also provide programmatic and group services. Students in Preschool Programs for Children with Disabilities (PPCD) serving 3- to 5-year-olds may receive motor labs designed by the HCDE occupational therapy and physical therapy staff. Motor labs are structured sensorimotor activities that address the developmental needs of students in this age group. Vestibular, kinesthetic, and proprioceptive experiences are included in each session. Collaborative planning with the classroom teacher is ideal so that current themes from the curriculum can be incorporated into the activities (e.g., fall leaves, space themes, letter or shape identification). Therapists introduce the motor lab at weekly or twice-monthly intervals, demonstrating activity adaptations for children needing them. The classroom teacher then carries out motor lab activities on a daily basis. The activities fulfill the gross motor requirements of the PPCD curriculum, and ensure the students receive developmentally appropriate motor foundations for learning.

In elementary and secondary grades, group activities may be led by OTs in both general and special education settings. These are most often seen when handwriting, sensory processing, or motor planning difficulties exist for a few of the students in the class or building. OTs may also provide support to groups participating in community based instruction or going to job sites. Groups are inclusive with the teacher helping to identify student needs. Students with and without special education services may participate in the activities. One such program is an 8-week cursive handwriting group held in a third-grade class. The program is introduced by the OT and carried out daily by the classroom teacher during language arts, while other students are also working on language arts activities. Another program is a 12-week social skills program for five seventh-grade students focusing on appropriate interaction, implemented by the OT and school counselor. Students included in this program are those with behavior problems receiving special education and other students the staff identifies as being in need of social skills training. This kind of program could occur before or after school, or during part of the students' homeroom time. By including others with similar difficulties in the group, children with special education needs experience less isolation, and are often more motivated to achieve.

Collaborative and Integrative Services

- Therapists are consultants to educators and parents.
- Service array includes direct, consultation and equipment monitoring services.
- Intervention is provided in natural settings so solutions are applied to problems where they are occurring, and so that handling, positioning, and adaptations can be modeled for the educators.
- Intervention methodologies use classroom materials and curriculum content to the greatest extent possible to allow for maximum contextual integration.
- Intervention includes other students.
- Services span preschool, elementary, secondary and transition into post-graduation settings.

Discontinuing Occupational Therapy Services

Discontinuation of OT services may occur when needed skills have been acquired and incorporated into school routines, when needed supports are in place without the addition of OT services, or when OT services have failed to assist in achieving the desired educational outcomes despite the numerous approaches and lengthy attempts. In recommending discharge from services, therapists consider factors including the student's present levels of performance, the goals and objectives, and the special education supports available. Current data such as samples of class work, teacher and therapist progress notes, informal assessment, and IEP updates are reviewed. Parents and teachers need to be involved in developing recommendations for discharge so that adequate consideration can be given to the change in related service support. It is important for all team members to understand that discharge does not mean services will never be needed again. A need may arise during times of transition or when changes occur in medical, developmental, or functional status.

Conclusion

Through the use of an education-based reasoning process such as the HCDE model described in this article, school-based OTs can gain confidence in their role as part of decision-making teams for students

with special needs under IDEA 97. The process generated by HCDE and the examples provided should assist OTs in meeting IDEA 97 requirements in their own locales. Further assistance can be found in resources developed by the U.S. Department of Education and the Council for Exceptional Children (see Related Readings), and through Web sites at the end of this article.

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Helpful Web Sites

www.ideapractices.org
www.nichcy.org
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