Education Reform Initiatives and School-Based Practice

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In order to work effectively in school and early childhood settings, occupational therapy practitioners need to understand the federal and state regulations as well as general education initiatives that affect the services and supports available to children with and without disabilities (American Occupational Therapy Association [AOTA], 2011). In this article, the Early Intervention & School Special Interest Section (EISSIS) Standing Committee presents five education reform initiatives that school-based practitioners should understand, get involved with, and ensure that they are included in, by advocating for their role. Although these initiatives are most relevant to practitioners working in schools and have a direct impact on practice there, they may also have implications for early childhood settings.

Common Core State Standards

The Common Core State Standards (CCSS) are learning standards that have been developed by state leaders to provide a framework to prepare children for college and the workforce in a manner that ensures consistency and quality across states. The CCSS are not a federally developed or mandated curriculum, but a reform effort initiated by the National Governors Association and state education commissioners. The state-led effort to establish the standards, the CCSS Initiative (CCSS-I), has the following mission:

> The Common Core State Standards provide a consistent, clear understanding of what students are expected to learn, so teachers and parents know what they need to do to help them. The standards are designed to be robust and relevant to the real world, reflecting the knowledge and skills that our young people need for success in college and careers. With American students fully prepared for the future, our communities will be best positioned to compete successfully in the global economy. (CCSS-I, n.d.b)

To date, the CCSS have been voluntarily adopted by 45 states, the District of Columbia, four territories, and the Department of Defense Education Activity. The standards are designed to provide clear expectations for educators so they may effectively prepare students. The CCSS include standards for English language arts and mathematics. These standards clearly identify what is expected from students at each grade level, from grades K to 12. The CCSS apply to all students, including those with disabilities who achieve access to the general curriculum through the provision of a range of additional supports and accommodations that allow for multiple means of learning and demonstrating knowledge (CCSS-I, n.d.a, n.d.b). Occupational therapy practitioners work collaboratively to facilitate access to the CCSS (general education curriculum) for all students through the use of universal design for learning techniques, and the design of individualized student supports and accommodations such as differentiated instruction and assistive technology.

In order to effectively facilitate student access and participation in the curriculum, occupational therapy practitioners must be knowledgeable about the CCSS and the curriculum that supports those standards and understand the expectations the CCSS place on students. Occupational therapy practitioners are positioned to utilize their understanding of disability, skill in task and environmental analysis, and knowledge of universal design for learning and assistive technology to work collaboratively with the educational team to provide supports and services that facilitate student access to and participation in the general education curriculum within the natural contexts of the educational program.

Response to Intervention (RtI)

The idea of addressing the needs of students at risk of poor learning outcomes and behavioral issues when problems initially appear is at the core of Response to Intervention (RtI). In their 2010 report, the National Center on Response to Intervention (NCRTI) defined RtI as follows:

> Response to Intervention integrates assessment and intervention within a multi-level prevention system to maximize student achievement and to reduce behavioral problems. With RTI, schools use data to identify students at risk for poor learning outcomes, monitor student progress, provide evidence-based interventions and adjust the intensity and nature of those interventions depending on a student's responsiveness, and identify students with learning disabilities or other disabilities. (p. 2)

Most RtI models share a set of common elements (NCRTI, 2010). They usually include three or four *tiers of support*, which are delivered in general education settings; RtI is considered a general education initiative often supported by special education components or systems (NCRTI, 2010; Walker Tileston, 2011). RtI models include processes for *screening* all students on a regular basis throughout the school year in order to identify those who are struggling before they fall too far behind. When students are identified as struggling, RtI provides a framework for intervening as early as possible to benefit the student,

increasing support, monitoring that support, adjusting the support, and determining the benefit from that support. Data collection and ongoing progress monitoring are essential components of RtI; the data lead to decision making about the progression of the tiered supports and, in some states, these data provide a body of evidence leading to identification of students with educational disabilities.

Awareness of and participation in RtI is important for occupational therapy practitioners working in educational settings. First, RtI can help to increase access to occupational therapy expertise that can potentially benefit all students, such as incorporating motor or movement breaks throughout the school day. Additionally, it allows occupational therapy practitioners to support students and teachers at the first signs of difficulty, eliminating the need to wait for a student to be referred to special education before occupational therapy becomes involved. The field of education is moving toward models of shared responsibility, seamless supports, and success for every child, which fit well with the core principles of occupational therapy (AOTA, 2012). Occupational therapy practitioners can be part of that mix to further engage students, parents, teachers, and administrators in recognizing the benefits of occupational therapy.

Positive Behavior Intervention and Supports (PBIS)

Another type of early intervening that is supported by federal law and good practice is Positive Behavior Intervention and Supports (PBIS). PBIS is a

> Data driven, team-based framework for establishing a continuum of effective behavioral practices and systems that (1) prevents the development or worsening of problem behavior; and (2) encourages the teaching and reinforcement of prosocial expectations and behavior across all environments for all students by all staff (Sugai, Simonsen, & Horner, 2008, p. 5).

Based on the same tiered model as RtI, PBIS is most effective when teachers, administrators, school professionals such as occupational therapy practitioners, and parents work collaboratively to create systems of behavioral expectations and interventions in three levels: for the school as a whole, for classrooms, and for individual students (Janney & Snell, 2008). School-wide, or universal interventions include preventative methods consisting of discipline policies, effective academic instruction, and social skills development. Classroom, or selected interventions include strategies such as self-management supports or environmental modifications geared towards students who exhibit risk behaviors such as poor social skills or affiliation with antisocial peer groups. Individual or specialized interventions are geared towards students who display chronic and severe problem behaviors (Walker, Ramsey, & Gresham, 2004). Specific goals include helping students develop communication, social, self-determination, and self-control skills, and form positive relationships (Janney & Snell, 2008). The overarching goal of PBIS

is to cultivate a safe and positive school culture. Current research consistently shows significantly improved academic and behavioral outcomes of all students when schools implement PBIS (Bradshaw, Mitchell, & Leaf, 2010; Didden, Korzilius, van Oorsouw, & Sturmey, 2006; Good, McIntosh, & Gietz, 2011; Horner et al., 2009).

PBIS is based on several assumptions. First is the underlying principle that problem behavior always serves a function. A student will use a problem behavior to obtain something, such as quiet time outside of the classroom, or to avoid something, such as completing a difficult assignment. Behaviors are also affected by the environment. Thus, identifying and preventing the function of the negative behavior and modifying the environmental elements that cause the negative behaviors are the most effective strategies. Additional effective strategies include teaching appropriate replacement behaviors, increasing reinforcement for appropriate behaviors, and reducing reinforcement for problem behaviors. Implementing an effective PBIS program results in improvements in quality of life, acquisition of valued skills, and access to valued activities (Anderson, Brown, & Scheurmann, 2007).

Because of their specialized training, occupational therapy practitioners are in a strong position to facilitate PBIS efforts. Occupational therapy practitioners can:

- Create quiet and soothing places throughout the school where students can go to calm down.
- Help teachers reduce stress during transitions by applying strategies such as creating visual schedules, using timers, and allowing students to choose their next activity when possible.
- Modify assignments and introduce a variety of learning strategies such as multisensory approaches.
- Foster appropriate functional and social skills and self-management techniques and develop systems for reinforcement of positive behaviors.
- Help create sensory friendly classroom environments.
- Assist in creative scheduling that incorporates motor or movement breaks, combines both academically challenging and fun activities, and provides opportunities for choice.

Literacy Achievement

The No Child Left Behind Act of 2001 initiated an increased emphasis on literacy achievement. School districts were required to implement instructional practices based on scientific research and to make adequate yearly progress in student achievement. More recently, Congress has authorized grant funds through the Striving Readers Comprehensive Literacy program to help states "pursue a comprehensive approach to improving literacy outcomes for all children from birth through grade 12, including limited-English-proficient students and students with disabilities" (U.S. Department of Education, 2011).

The term *literacy* describes not only the "basic ability to read and write (or functional literacy), required in everyday life" but also "advanced literacy, reflecting knowledge of significant ideas, events, and values of a society" (Henry, 2003, p. 3). Literacy learning begins at a very early age with emergent literacy activities that involve exposure to and informal exploration of all aspects of literacy, including reading, writing, speaking and listening (Hanser, 2010). Formal literacy instruction typically begins in the primary grades and includes research-based instruction in foundational skills such as phonemic awareness, word decoding, spelling, and handwriting as well as reading fluency, comprehension, and written expression (Learning First Alliance, 2000). Older students need to develop advanced literacy skills so they can "use reading to gain access to the world of knowledge, to synthesize information from different sources, to evaluate arguments, and to learn totally new subjects" (Mernane, Sawhill, & Snow, 2012, p. 3).

It is important for occupational therapy practitioners to understand the requirements of the literacy initiatives and consider

literacy as they plan their intervention approaches in school-based settings. Occupational therapy practitioners who work in educational settings help children to engage in meaningful occupations and participate in learning activities (AOTA, 2011). The literacy skills of written communication and reading are essential components of a student's occupational performance in school-based settings (Swinth & Handley-More, 2004). Engagement in early literacy activities can foster school readiness (Im, Osborn, Sánchez, & Thorp, 2007), and literacy skills not only support success in school but also support success later in life (Henry, 2003).

Occupational therapy practitioners can support literacy by intervening at the systems level (i.e., supporting school-wide and district-wide decisions) and at the individual level (i.e., designing interventions for individual students that support access to and engagement in literacy activities) (Bell & Swinth, 2005). Examples of systems-level interventions include helping districts to select a literacy curriculum that is accessible to children with disabilities (Bell & Swinth) and providing professional development regarding handwriting instruction as a foundational literacy skill (Learning First Alliance, 2000). Examples of individual interventions include identifying ways for children with disabilities to "easily access and explore reading and writing" (Hanser, 2010, p. 20) and identifying a student's strengths and interests that could support motivation and engagement in literacy activities (National Council of Teachers of English, 2007).

Staff Accountability

Federal school reform initiatives including the Elementary and Secondary Education Act (also known as the No Child Left Behind Act of 2001) and the Race to the Top competition (U.S. Department of Education, 2010) emphasize teacher accountability in order to prepare children for life in the 21st century. These initiatives also offer incentives to states that commit to revising and increasing the rigor of teacher evaluations. Evidence suggests that effective teachers are the most important factor affecting student achievement (Goldhaber, 2010). States and districts are encouraged to focus their efforts on developing teacher evaluation systems that include a method for measuring teacher effectiveness by looking at student learning outcomes.

States are developing systems for measuring the effectiveness of teachers and other school-based professionals in different ways. For example, in 2009 the District of Columbia Public Schools launched IMPACT, a teacher evaluation system to measure the effectiveness of *all* school-based personnel, including a version developed specifically for the evaluation of related services providers. The Colorado Department of Education has established a group of occupational therapists who are developing a modified version of their State Model Evaluation System for teachers that is appropriate for evaluating the contributions of occupational therapy practitioners to student learning outcomes. In Massachusetts, the state Department of Elementary and Secondary Education has introduced an evaluation system for teachers as well as a version for specialized support personnel along with guidelines for how the evaluation can be customized and/or adapted for different roles and responsibilities. A group of occupational and physical therapy practitioners from around the state have assembled to form a taskforce in order to develop a customized version of the state evaluation system that will effectively evaluate the value and contributions of occupational and physical therapy. AOTA has also joined these efforts by establishing a workgroup to develop a paper on Performance Appraisal and Value Added assessment of occupational therapy practitioners. It is targeted for completion by the end of 2013.

It is critical that occupational therapy practitioners and state associations are involved in these processes to ensure that the value of occupational therapy practitioners is clearly identified and accountability systems are developed that accurately reflect and recognize occupational therapy's unique role in contributing to the success of students. Occupational therapy practitioners are also encouraged to dialogue with their school district administrators in order to find out how they can get involved to ensure that occupational therapy is accurately represented and included in district evaluation systems.

Implications for Occupational Therapy Practitioners

The educational initiatives discussed in this article may vary in level of implementation and form from state to state and between school districts. In order to participate and contribute to these initiatives, occupational therapy practitioners should:

- Learn about the initiatives. Many online resources are available in the Children and Youth section of the AOTA Web site, and from the IDEA Partnership.
- Check state practice acts and special education laws to determine specific regulations.
- Talk to school district administrators about how occupational therapy can become involved and contribute to these initiatives within their schools. (See AOTA's Brochure for School Administrators in the Children and Youth section of the Web site.)
- Advocate for a role in prevention, promotion, and intervention within academics (RtI and early intervening) and school mental health (PBIS).
- Share information and start conversations in the Early Intervention & School SIS forum on OT Connections (www.otconnections.org). ∎

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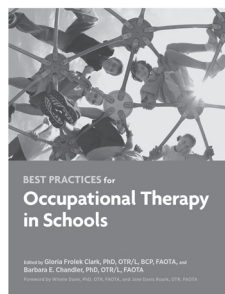
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