
Louisiana's Criteria of Eligibility for Occupational Therapy Services in the Public School System

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Since the enactment of the Education for All Handicapped Children Act of 1975 (Public Law 94-142), occupational therapists in the public schools have been responsible for determining the occupational therapy needs of special education students. In Louisiana, therapists and special educators, in cooperation with the Louisiana Department of Education, have developed the criteria of eligibility for occupational therapy. These criteria do not alter the descriptive standards established in Public Law 94-142; instead, they provide an objective method for the selection of students in need of occupational therapy. The criteria, which have been revised and refined since 1981, were adopted recently by the Louisiana Board of Elementary and Secondary Education. This paper presents these criteria and examples of their implementation.

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The occupational therapy literature contains few references on entrance and exit criteria for occupational therapy in public schools. Yet, school-based occupational therapists must determine whether children need occupational therapy to benefit from their special education programs. The current guidelines on this subject (American Occupational Therapy Association [AOTA], 1987; Clark & Allen, 1985; Hopkins & Smith, 1988; McKee et al., 1982) are written interpretations of the standards defined in the Education for All Handicapped Children Act of 1975 (Public Law 94-142). Occupational therapists must rely on their own understanding of these written interpretations and on their professional judgment to determine whether a student needs occupational therapy.

The *Criteria of Eligibility for Occupational Therapy* (Louisiana Department of Education [LDE], 1987a) were passed by the Louisiana Board of Elementary and Secondary Education with support from occupational therapists, special educators, and administrators. These criteria provide occupational therapists in Louisiana's public schools with an objective method by which they can determine if a student will receive occupational therapy. The criteria also enable the therapist to determine when a student no longer needs therapy to benefit from a special education program.

Background

Before the implementation of Public Law 94-142 which requires states to provide special education and related services to disabled children, some school districts were already employing occupational therapists. The East Baton Rouge Parish Schools hired their first full-time occupational therapist in 1978. Because the occupational therapy services were so in demand, therapists and administrators began searching for an objective method by which to select the students most in need of these services. Evolving criteria for selection have been used in the East Baton Rouge Parish Schools since 1981.

Similar demand problems occurred throughout Louisiana as occupational therapists were hired. A task force formed by the Louisiana Department of Education, which comprised special educators, occupational therapists, and physical therapists, drafted *Guidelines: Occupational Therapy and Physical Therapy in the Schools* (LDE, 1980). These guidelines included a revision of the original criteria of the East Baton Rouge Parish Schools. Several drafts served to refine the criteria, and the most recent draft includes input from professional associations, parent groups, individual therapists, and advocacy groups. In December 1987, after a yearlong field test conducted by

the Louisiana Department of Education in selected parishes, the Louisiana board formally adopted the *Criteria of Eligibility for Occupational Therapy* (LDE, 1987a) for statewide implementation. In addition, the *Criteria of Eligibility for Physical Therapy* (LDE, 1987b), a similar document, was adopted.

Criteria of Eligibility

The *Criteria of Eligibility for Occupational Therapy* (LDE, 1987a) defines occupational therapy. As detailed in Public Law 92-142, the student must be "classified and eligible for a special education program. There is documented evidence that occupational therapy is required to assist the student to benefit from special education" (LDE, 1987a, p. 1). The criteria address the needs of students aged 3 years through 21 years, but, at the time of this paper, did not address the needs of children under the age of 3 years. To receive services, the special education student must demonstrate fine motor impairment as evidenced by either motor function impairment or developmental delay.

Motor Function Impairment

Motor function impairment is defined as "neuromuscular limitations, joint limitations, or inability to effectively integrate sensory stimuli which affect [the child's] physical functioning in the educational setting" (LDE, 1987a, p. 2). A student with impaired motor function is thought to need occupational therapy because impaired neuromuscular function interferes with the student's ability to participate in and profit from his or her special education program (LDE, 1987a).

The areas of performance addressed by the occupational therapy evaluation are fine motor, sensorimotor, visuomotor, oral motor, and self-help skills. In addition, there must be current information on file indicating that the student has the ability to: (a) improve motor function with occupational therapy intervention, (b) maintain motor function with therapeutic intervention (if the student can maintain motor function without therapeutic intervention, school-based occupational therapy is not required), or (c) slow the rate of regression of motor function with therapeutic intervention (if the student has a progressive disorder) (LDE, 1987a).

Developmental Delay

Developmental delay includes students with fine motor, sensory motor, visual motor, oral motor, or self-help delays but with no interfering neurophysiological impairment. To receive services, a child with a developmental delay must meet one of the following criteria:

1. Disabled students aged 3 years to 5 years must demonstrate a delay of 6 months or more below the level of their functional abilities.
2. Disabled students aged 6 years to 9 years must demonstrate a delay of 12 months or more below the level of their functional abilities.
3. Disabled students aged 10 years to 21 years must demonstrate a delay of 18 months or more below the level of their functional abilities (LDE, 1987).

The criteria define functional abilities as "the students' overall educational performance in the areas of cognition, communication, social, self-help, and gross motor" scores (LDE, 1987a, p. 2). The occupational therapist compares the student's occupational therapy scores with the overall functional scores obtained from other pupil appraisal team members.

Occupational Therapy Assessment

To implement the Louisiana criteria effectively, the occupational therapist must use as many standardized tests as appropriate, from which age scores can be obtained or converted. To supplement these tests, the therapist may use clinical data; file reviews; consultations with teachers and parents; and observations made in the classroom, playground, and school cafeteria. A revised draft of *Guidelines: Occupational Therapy and Physical Therapy in the Schools* (LDE, 1984) includes useful guidelines on the areas to be covered in the assessment. The occupational therapist must evaluate visuomotor, perceptual motor, upper extremity motor, and sensory integrative performance, and individual and environmental adaptation. With preschool children, the occupational therapist must also determine their developmental level in self-care and fine motor skills (LDE, 1984).

Levels of Service

In the following examples, three of Louisiana's levels of service—direct intervention, consultation, and tracking—are discussed. These levels differ both in content and in terminology from AOTA's models of service (AOTA, 1987; Dunn, 1988) (see Table 1 for a comparison of these services). The level of service is determined at the Individual Education Plan (IEP) meeting and is unrelated to the assessment process and the criteria. Determinations of criteria eligibility and levels of service are provided in these examples.

Example 1. Trey is a 34-month-old boy who had been brought to the early intervention program at 3 months of age. His exceptionality is Orthopedically Handicapped. He has right hemiplegia that is more severe in the upper than in the lower extremities. He has received occupational therapy for most of his life

Table 1
Comparison of Louisiana's Levels and the American Occupational Therapy Association's (AOTA's) Models of Service for Occupational Therapy

Louisiana's Levels	AOTA's Models
Direct intervention: The therapist provides individual or group services once or twice a week. The site may be the classroom or elsewhere in the school. Consultation with the teacher is part of this service.	Direct service: Similar to Louisiana's direct intervention. This is the only service that needs an occupational therapist's continual input and interaction and ongoing clinical judgments. Service is provided once or twice a week.
Consultation: The therapist consults once or twice a month with the teacher or parents while the student is present. The goal is one that can be met in the classroom or at home. A daily program is carried out by the teacher or parents with the therapist's supervision.	Monitoring: Similar to Louisiana's consultation. The occupational therapist identifies and designs a program to meet the student's Individual Education Plan. This usually involves a routine skill or one needing practice. The student's teacher or another person is taught to implement the program.
Tracking: The therapist monitors the student once a marking period (every 6 or 9 weeks) to assure that prior progress is maintained or that more intense service is provided for a progressive disorder.	None comparable at this level.
Technical assistance: This service is offered to any teacher (not just a special education teacher) who requests assistance in solving an environmental or equipment problem.	Consultation: Specialized expertise is used to develop an effective educational environment for the child, to assist another professional in increasing his or her skills, or to assist the school district in addressing the needs of groups.

and now uses his right arm and hand to stabilize objects and paper, although he cannot use his right hand to manipulate or grasp objects. He functioned at the 24-month level on the Fine Motor/Self-Care section of the Harris County Developmental Evaluation (McKee et al., 1982). Trey demonstrates good pincer and pencil grasp with his left hand. His function is age appropriate in self-care tasks.

On the Battelle Developmental Inventory (Newborg, Stock, Wnek, Guidubaldi, & Svinicki, 1984), Trey scored between the 18- and 24-month levels. Trey meets the motor function criteria for occupational therapy. At the IEP meeting, the occupational therapist recommended the consultation level of service. At this level, the therapist consults with the parent or teacher and with the student twice a month. In addition, the parent or teacher, with therapist supervision, follows a daily program.

Example 2. Latasha is a 10-year-old girl with Friedreich ataxia. She has been receiving occupational therapy since her condition was diagnosed 1 year ago. Her exceptionality is Other Health Impaired. Latasha is doing well in school. To conserve her strength, Latasha uses a wheelchair to move between classes. Latasha's scores were age appropriate on the Developmental Test of Visual-Motor Integration (Berry, 1982), the Test of Visual-Motor Skills (Gardner, 1986), and the Test of Visual-Perception Skills (Gardner, 1982). Latasha exhibits some weakness in the upper extremities, but this weakness interferes little with her functional ability in school. She will receive occupational therapy services under the motor function criteria for as long as she is enrolled in school or until her motor delay no longer impairs her ability to benefit from her special education program. At the IEP meeting, the occupational therapist recommended the tracking level of service. At this level, the therapist monitors the student's progress once per marking period and will increase the student's level of service if necessary.

Example 3. Chad is 5 years old and his exceptionality is Severe Mentally Handicapped. His mother has cared for him at home, but now has decided to enroll him in school. Chad spends his days lying in bed. His mother sits him on her lap to feed him with a spoon, and he is able to swallow mashed food and drink from a small cup. Chad has no volitional movement, and although he gazes into space, his attention is unfocused. Chad's educational scores ranged between the birth and three-month levels. His score on the Harris County Developmental Evaluation (McKee et al., 1982) was commensurate with his educational scores. He will receive no occupational therapy under the Louisiana criteria because his occupational therapy performance is commensurate with his overall performance.

Example 4. Missy is 6 years, 8 months old and her exceptionality is Learning Disabled. Her score on the Developmental Test of Visual-Motor Integration (Berry, 1982) was at the 4-year, 5-month level. On the Test of Visual-Motor Skills (Gardner, 1986), she scored at exactly the 4-year level. On the Motor-Free Visual Perception Test (Colarusso & Hammill, 1972), Missy scored at the 7-year, 6-month level. On the Harris County Developmental Evaluation (McKee et al., 1982), she scored at the 4-year, 5-month level. Missy uses an ineffective radial grasp and an inconsistent pincer grasp bilaterally. She has difficulty following directions, tracking, and reproducing the simplest block patterns. Missy's mother said that Missy has a short attention span and was surprised that Missy scored well on the Motor-Free Visual Perception Test. The psychologist reported that Missy's performance score was 18 points below her verbal score on an

intelligence test. Missy's other educational performance scores were high in tests of math, reading, and spelling, but these scores were commensurate with her occupational therapy performance in the same subjects when writing and manipulation tasks were involved. Missy was found to need occupational therapy under the developmental delay criteria, but she will not receive services through the schools because she is enrolled in a private school. Her mother is considering moving her to a public school, and Missy will receive therapy if and when that occurs.

Example 5. Dustin is 8 years old, his exceptionality is Learning Disabled, and he has received occupational therapy for 3 years. He initially received direct intervention services. He was moved to the consultation service level as he improved, and he just recently began receiving tracking services. At Dustin's 3-year occupational therapy reassessment, he was found to be functioning between the levels of 7 years and 7 years, 6 months, commensurate with his overall academic scores. After his mother is notified that Dustin will be discharged from therapy, a meeting will be held to remove occupational therapy from his IEP, and Dustin will be presented with a certificate for his achievement in occupational therapy.

Discussion

As an occupational therapist employed by Pupil Appraisal Services in a large Louisiana parish, I have applied the Louisiana criteria several times daily for 5 years and have found that the positive aspects of the criteria outweigh the negative aspects. The comments in this discussion are based on my professional opinion developed from my observations and those of my co-workers.

The criteria are time efficient because they give therapists standards by which to make clear-cut decisions without second thoughts and doubts. The criteria do not allow for the treatment of children whose cognitive scores are below their motor scores, thus lessening the chance that a child will be taught skills that can never be applied in daily living. The criteria allow therapists to opt for professional judgment over the criteria, if necessary. The determinations made under the criteria seem to be more acceptable to parents because they are objective. In addition, the consistency of determinations made by therapists is greater, even when protocols differ. In the East Baton Rouge Parish Schools, the use of these criteria has encouraged the initiation of a peer review process among occupational therapists and physical therapists on the basis of increasingly standardized practices. Perhaps the most important effect of the criteria is the increased use, by all therapists, of standardized tests, more consistent protocols, and standard clinical observations.

Summary

The *Criteria of Eligibility for Occupational Therapy* (LDE, 1987a), which is applicable to all special education students assessed for occupational therapy in Louisiana, is over 1 year old. These criteria have added a quantifying factor to formerly published guidelines. Some therapists used the criteria in draft form for several years. Now, all therapists in Louisiana use the criteria to make service determinations. Although positive outcomes have been observed in one large parish, ongoing studies are needed to assess the criteria's success statewide. I encourage all school-based therapists making eligibility determinations to use the Louisiana criteria to help them objectively assess clinical data.

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