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Implications of the 1997 Reauthorization of IDEA for School-Based Occupational Therapy

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Change. For many, that simple word creates fear. We like to stay within the comfortable cocoons that we have created for ourselves. We enjoy the security of knowing what to expect on a daily basis. As school-based occupational therapy practitioners, we have created our "box" within which we practice, and we are good at

what we do. The current Reauthorization of the Individuals With Disabilities Education Act of 1990 (IDEA, Public Law 105-17) has many occupational therapy practitioners wondering what the future will bring. Representatives of the federal government have gone to each state to provide initial information and training on the 1997 amendments to IDEA. Although there are rumors regarding specific implications of the changes, we are unsure of what will be required of us. School districts have thus responded in various ways. Some are taking a "wait-and-see" attitude, whereas others are going forward at full speed by requiring that all paperwork be revised by Spring 1998. Many are in a state of confusion and are unsure of how to proceed. On April 28, 1998, the Department of Education issued a memorandum that clarified that full implementation of the new legislation should be attempted by July 1, 1998. Individualized education programs (IEPs) in place by that date can remain unchanged until next year's review; however, new IEPs or changes must be completed according to the new requirements.

In the midst of all this, many occupational therapy practitioners are wondering how the new law will affect occupational therapy practice in the schools. In this article, we will examine some changes in the current legislation and discuss their potential effect on school-based occupational therapy. Although there are many details that could be included, we chose to address only three key issues:

1. The change in purpose of IDEA
2. Changes that must be incorporated into the IEP
3. The effect of changes on evaluation procedures

The Purpose of IDEA Reauthorization

After more than 2 years of in-depth study, discussion, and review by numerous stakeholders concerned with education for children with disabilities, the U.S. Congress approved amendments to reauthorize and improve the federal government's special education law. On June 4, 1997, President Clinton signed the IDEA Amendments of 1997. This law created the fifth set of amendments to the country's landmark education legislation, the Education for All Handicapped Children Act of 1975 (Public Law 94-142).

The general provisions of reauthorization of IDEA include findings from a congressional review of more than 20 years of federal government involvement in education programs for children with disabilities. Among the conclusions that influenced lawmakers were the beliefs that education for children with disabilities can be made more effective by

- Enabling students with disabilities to gain access to the general education curriculum in the least restrictive environment and having high expectations for their participation and success
- Ensuring that families have opportunities to participate in their children's education
- Supporting professional development to ensure that school personnel have the requisite knowledge and skills to educate chil-

From the Guest Editor

It has been a pleasure to serve as guest editor for this special issue on the Reauthorization of the Individuals With Disabilities Education Act (IDEA, 1997, Public Law 105-17). The article in this issue is a joint effort of our School System Special Interest Section (SSSIS) Chairperson, Mary Muhlenhaupt, and members of the Standing Committee. It provides important information about the implications of IDEA for occupational therapy practitioners in the schools and is a timely update to the guidelines recently developed by the American Occupational Therapy Association (AOTA) School System/Early Intervention Guidelines Revision Task Force (Maruyama et al., 1997). Additional resources can be found through the SSSIS section of the AOTA home page, which has links to sites that provide the text of IDEA legislation.

We hope that you will be able to attend the third annual AOTA 1998 Special Interest Section Practice Conference, which will be held in Boston, November 20-22, 1998. Yvonne Swinth, SSSIS Education/Research Liaison, reports that "We have an exciting school systems track for the fall SIS conference. There will be sessions covering topics such as the current IDEA reauthorization, handwriting, and consultation. In addition, we have an exciting roundtable discussion on inclusion and inclusive services for the final lunch. There will also be several sessions within either the developmental disabilities or sensory integration track that may be of interest to school-based therapists, including one covering the new School Function Assessment. We look forward to seeing all of you there for an exciting time of sharing, learning, and networking." ■

Angela Scoggin, PhD, OTR/L

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- Directing resources to teaching and learning while reducing paperwork requirements that are not related to improving educational results
- Encouraging whole-school approaches and prereferral interventions to address children's learning needs

Although IDEA retains the basic educational rights guaranteed to children with disabilities, its new focus on improving results is incorporated throughout the statute. The statement of purpose in IDEA reflects this shift because it addresses both access to programs and the outcomes of services provided [new IDEA information is highlighted in italics]:

Section 601 (d) Purposes. The purposes of this title are (1)(A) to ensure that all children with disabilities have available to them a free appropriate public education that emphasizes special education and related services designed to meet their unique needs *and prepare them for employment and independent living...*(3) to ensure that educators and parents have the necessary tools to improve educational results for children with disabilities by supporting systemic-change activities; coordinated research and personnel preparation; coordinated technical assistance, dissemination, and support; and technology development and media services...(4) to assess and ensure the effectiveness of efforts to educate children with disabilities. (IDEA, 1997)

Implications for Occupational Therapy Practitioners

Occupational therapy practitioners offer a unique and valuable contribution when working with other members of the IEP team to implement IDEA. Through evaluation and program planning methodologies, school-based occupational therapy practitioners can assist the team in identifying the child's learning needs and planning services to achieve realistic lifelong learning, employment, and independent living outcomes. Practitioners can be involved in the creation and adoption of data-gathering methods to accurately document progress and overall outcomes.

School-based occupational therapy practitioners may find a greater need to communicate regularly and effectively with parents and others to gather important information that is relevant to each child's IEP and progress. Some practitioners may have to engage in study and review for improved understanding of the general curriculum adopted within their school district. With the law's attention to outcomes and results, there is an opportunity for occupational therapy practitioners to be involved in new areas of district-wide program evaluation. Under IDEA, students with disabilities are now included in districtwide and statewide evaluations. For those students who cannot participate in these measures with individualized accommodations and modifications, the state education agency and local districts must develop alternative evaluation measures by the year 2000. Districts are responsible for developing performance goals and indicators for children with disabilities and to report to the public regarding their progress toward achieving those goals.

Changes to the IEP

The IEP is the legal document that describes the unique plan designed

for a student who qualifies for special education and related services under IDEA (1990, Public Law 101-476). Although the requirement for the creation of an IEP for students with disabilities remains unchanged, the process and the content have been modified under the reauthorization:

The IEP provisions added by the Pub. L. 105-17 are intended to provide greater access by children with disabilities to the general curriculum and to educational reforms, as an effective means of ensuring better results for these children in preparing them for employment and independent living. The [House] Committee wishes to emphasize that, once a child has been identified as being eligible for special education, the connection between special education and related services and the child's opportunity to experience and benefit from the general education curriculum should be strengthened. (IDEA, 1997, § 300.347, p. 55091)

Some of the changes most relevant to occupational therapy practitioners are the following:

- The IEP must still include present levels of performance but must now include a statement of how the child's disability specifically affects involvement and progress in the general curriculum.
- The IEP may now include a statement of measurable annual goals with either short-term objectives or benchmarks that address the needs that result from the child's disability. Benchmarks are statements that are related to the annual goals and define where you believe a child will be at a certain period of time (possibly at the end of each grading period).
- Progress toward the completion of the child's annual goals must be reported as frequently as the progress of peers without disabilities.
- The frequency, duration, and location of the services and modifications provided are included on the IEP. Services to be provided outside of the general education environment must be specified and justified.
- Technology needs must be addressed in the IEP process.
- The regular education teacher (and appropriate related-service providers at the request of the parents or school) are expected to attend meetings and participate in IEP development and revision.
- A statement of the special education, related services, and supplementary aids and services for the child are written on the IEP.
- If the IEP team determines that the child will not participate in statewide or districtwide evaluation, the team must write justifications for not testing and describe what methods will be used to evaluate progress in place of those tests.
- Transition services are addressed beginning at 14 years of age. By 16 years of age, a statement of transition services, including a statement of interagency responsibilities, is added.

Implications for Occupational Therapy Practitioners

The implications for occupational therapy services are many. First, there is a much clearer emphasis on delivering services within the general education environment. Any services that will be delivered elsewhere must be specified and explained. To provide appropriate services within the curriculum, occupational therapy practitioners may take on a much greater role as consultants. Services may include recommendations and adaptations for the entire classroom or school and incorporating curriculum changes where appropriate. Second, occupational therapy practitioners may become involved in determining a student's ability to participate in districtwide evaluations and then in either adapting existing assessments or assisting in the creation of new methods of testing for certain students. Third, occupational therapy practitioners may become even more involved in technology evaluations and adaptation as technology needs are given greater emphasis. Fourth, for many occupational therapy practitioners who have not been in attendance at IEP meetings in the past (due to contractual arrangements or scheduling conflicts), the new law may provide the impetus for attendance in the future. Finally, the need to specify exactly how a child's disability affects his or her involvement in the general education curriculum requires that practitioners are familiar with the curriculum. Practitioners must relate their services to this curriculum. This may increase the use of the collaborative and consultative models of service delivery and could have a major effect on the

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way in which occupational therapy practitioners complete evaluations and choose specific assessments.

Changes in Evaluation Practices

Occupational therapy practitioners working in the public schools have used various assessments during their evaluations (Crowe, 1989). Many of these assessments examine component skills out of the context of the environment in which they will be used. Many occupational therapy practitioners have recommended the use of observations and functional assessments with a reduction in the use of standardized testing. However, in many state or local interpretations of federal law, occupational therapy practitioners have been required to demonstrate a specific amount of delay or deviation from the mean to “qualify” a child for occupational therapy services. To get these necessary “scores,” standardized assessments have often been used in abundance, and classroom observations may have been minimized. The changes in IDEA should help to reinforce the importance of classroom observations and the occupational therapy practitioner’s skills of activity analysis and observation of function within the context of the student’s curriculum. The law now states that “each LEA shall ensure that... assessment tools and strategies that provide relevant information that directly assists persons in determining the educational needs of the child are provided” (IDEA, 1997, p. 55068).

The information gathered during an evaluation must specifically address the discrepancies between the child’s environment and his or her performance abilities in the general education curriculum and classroom. Special education is not a place; rather it is adaptations and services provided for the unique needs of a child. Evaluation must help to create a plan for those adaptations and services and assist in the design of the student’s special education plan. Therefore, merely completing an evaluation and reporting scores will no longer qualify a student for services. To achieve “best-practice” standards, an occupational therapy practitioner must complete functional observations and determine present levels of performance within the general education curriculum. Evaluation must be directly relevant to planning. This type of data gathering will require a specific knowledge base and greater expertise than simply completing standardized assessments.

There are other changes in the evaluation process in IDEA. The new law provides for greater parent involvement in evaluation that is consistent with this emphasis throughout IDEA. Parental consent must be obtained before each evaluation and reevaluation. To reduce paperwork and limit the amount of testing to be completed by the child, team members will be able to use existing data, including evaluation data from other facilities, and classroom-based assessments. Triennials will be streamlined. Existing data will be used first, and if the team, including the parents, believes that no further data are needed to determine continued eligibility for special education, then a full triennial reevaluation will be deemed unnecessary. Another change in the process is that the “developmental delay” category can now be used until 9 years of age at the state and local education agency’s discretion. The intent is to decrease the use of eligibility “labels” during the transition from preschool to school-age services.

Implications for Occupational Therapy Practitioners

Overall, there is an emphasis on limiting testing and increasing the development of functional information helpful in program planning. This shift away from many practitioners’ traditional methods of evaluation will require additional skills and knowledge for some but only a change in method for others. Practitioners may need to perform self-evaluation to determine their own need for continuing education or mentoring relationships with more experienced occupational therapy practitioners. There is an opportunity for practitioners to become involved in the development of classroom-based observation guides to assist practitioners who are less experienced in this area.

Occupational therapy practitioners will be asked different questions now. Rather than being asked “What is wrong?” to which we might respond with several performance component issues (e.g., weakness, tactile sensitivity, low muscle tone, no in-hand manipulation skills), we will now be asked, “What can we do in the classroom to help this child succeed in this curriculum?” Our current standardized tests do not easily allow us to answer that question, and we will be required to use different methods for obtaining that information, depending on the unique needs of the child.

Along with this change in the way we gather information, there must be a change in the way information is reported. Present levels of performance should be written to highlight abilities and any discrepancies between abilities and the environment by discussing the relevance to performance in the general education curriculum. Statements attributing difficulties to the child should be discarded. Specifically, statements must be included that address how these discrepancies affect the child’s ability to function within the general education curriculum. Additional information should be available regarding suggestions for support and services found during the evaluation. It is then up to the team to decide which services and supports are needed to minimize those discrepancies.

Finally, practitioners may need to become involved at the state and local level to promote changes in policies that go against the intent of IDEA. Policies that restrict access to services on the basis of test scores are clearly not intended in IDEA. In addition, local or administrative policies that restrict practitioner attendance at IEP meetings may need to be challenged as well. With the changes in IDEA, it will be increasingly important that related service providers are in attendance because the types of information they gather and convey will become more complex. Practitioners must address these issues in their contracts with their educational agencies. Attendance will be necessary for the team to discuss planning and implementation ideas.

Conclusion

This is an exciting time for occupational therapy practitioners working in the schools. The current reauthorization of IDEA is a reflection of the change in our educational system. This is partially a result of a paradigm shift that is happening regarding how we educate children in the United States. This shift is reflected not only in IDEA, but also in the education reform that is happening across the nation. For example, if a child is not learning, adaptations may need to be made to his or her environment, or professionals in the school setting must address all possible adaptations, modifications, and accommodations to the general education environment for every child. The philosophical reasoning behind this paradigm shift is concurrent with the core values of occupational therapy in the United States. Occupational therapy practitioners who work in the school setting must be informed and become involved in this change process. We have the background, training, and expertise to be active change agents rather than passive recipients of the changes.

So, how can we respond? First, it is important to realize that what we are calling “changes” really have been the intent of the law since its inception. IDEA has simply clarified many intents that were previously implied (e.g., that all children should have an opportunity to succeed within the general education curriculum). IDEA is simply requiring school districts and professionals to grow and become better at what we are already doing. Madeline Hunter stated in one of her workshops that “any growth requires a temporary loss of security” (personal communication, 1993). Thus, the second way we can respond is to recognize that feelings of insecurity are normal. Finally, occupational therapy practitioners can experience stability during this time of uncertainty by developing an understanding of the principles of change. Three principles to consider are the following:

1. Change is a process, and ownership of this process can facilitate success. Therefore, occupational therapy practitioners must find ways to be involved in the change process in their school districts. This may include helping develop IEP addendums or new IEP forms. It could likewise include working with the therapy team and school district to redefine how evaluations are completed or how students qualify for therapy. This may include participation on a general education curriculum committee or working on a state committee that is addressing the current IDEA changes as well as education reform. We must become conversant with our school district’s curriculum and be able to refer back to it when talking about therapeutic activities.
2. Planning is critical during times of change, and everyone must be involved at some level. Change is a highly personal experience, and the need for change must be validated by all those potentially affected (Emily Dickinson School and Silver Ridge School Staff, 1992). Occupational therapy practitioners have a wealth of information to add to the planning process. We are experts in adapting environments, settings, curriculums, tasks,

and activities. We must become involved at a school, district, or state level in planning how the changes will take place and what they will look like. Conversely, as we consider making changes in the way services are delivered in the school setting, we must ensure that we have involved the other professionals (e.g., teachers, administrators) in the decision making.

3. To be successful with change, we must learn and practice new skills. Barth (1996) encouraged those who work in the educational setting to be learners rather than assume that we are learned. He quoted Eric Hoffer, "In times of change, learners inherit the earth, while the learned find themselves beautifully equipped to deal with a world that no longer exists" (p. 30). We do not have to discard all that we have done so well in the school setting. Rather, we must perceive and articulate differently what we do already, and we must expand on our skills and consider different ways to get to the same results. For example, we may need to teach a handwriting curriculum to the staff members of an entire school and then provide support to the teachers on ways to adapt activities rather than have 15 students on our caseloads for poor handwriting. Or, we may need to write a column in the parent-teacher organization newsletter on fine motor development activities that can be done at home rather than write five different home programs for individual students.

Change fails when there is a lack of skills or coordination; there is a threat to the balance of power; there is not a sense of trust with others, so we are unwilling to take risks; there is a lack of sense of ownership; there are improperly defined roles; and there are too many suggestions at one time. However, all these concerns are easily overcome with planning, communication, and coordination. Here are a few more thoughts on systems-level change:

- Recognize that change is accomplished by individuals. It can be imposed, but lasting change must be owned.
- Allow time for change to happen—time to plan, time to think, time to digest new ideas, time to talk, and time to create together.
- Set priorities—do not try to change too many things at once.
- Develop a system for communicating all aspects of the change process.

- Stay flexible and creative (Emily Dickinson School and Silver Ridge School Staff, 1992).

During this period, we have the expertise to become active agents within this paradigm shift and systems change. Therefore, we must become educators not only to the students with whom we work, but also to the other professionals who work in the school system. It is more critical than ever that we educate our administrators and teachers regarding our skills and the role we can play in the implementation of IDEA. We must become advocates for student needs and, in doing so, adjust our current ways of performing evaluations, completing paperwork, and delivering services. We must make ourselves valuable members of the team that is driving the changes. Change can be positive if it is embraced and if we enter the change process with a vision and a plan. ■

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