

# Informal Resource Guide: The Role of Occupational Therapy in the Schools



This presentation was developed by Region 11 School-Based Occupational Therapists participating as Community of Practice members, supported by the MN Low Incidence Projects and the Metropolitan Educational Cooperative Service Unit (Metro ECSU).

The MN state Specialist for School-Based Occupational Therapy & Physical Therapy, a technical assistance support of the MN Low Incidence Projects, provided guidance in the development of this resource.

# The Role of Occupational Therapy in the Schools

The use of this informational resource as a staff development tool was reviewed and approved by the Special Services/Special Education Director in this district.

*The content of this resource does not necessarily represent the policy of the federal Department of Education or the state Department of Education, and you should not assume endorsement by the federal or state government. Funding for the MN Low Incidence Projects is made possible with a grant from the MN Department of Education. The source of the funds is federal award Special Education – Programs to States, CFDA 84.027A.*

# School-Based Occupational Therapy Practitioners

- Support academic achievement, functional performance, and social participation by promoting occupation within all school routines, including recess, classroom, bathroom, cafeteria time and provide specialized services to increase independence within the educational setting.
- Through purposeful activity, help students with disabilities acquire their greatest level of mental/physical function and independence in order to fulfill their role as students and prepare them for: college or other post high school learning and training experiences, transition to employment and work/career opportunities, and community integration.

# Occupational Therapists

Occupational Therapists provide specialized services for students with disabilities who demonstrate needs in the areas of:

- Environmental adaptations and supports to increase independence within the educational setting
- Fine motor function/motor coordination
- Functional written communication
- Self-help skills
- Sensory processing skills
- Social-emotional development
- Visual perceptual skills

*Continued on next page*

# Occupational Therapists *(continued 2/2)*

Occupational Therapists can provide expertise in the following areas:

- Adaptations and modifications to increase performance in the least restrictive environment.
- Family education/coaching for the Birth to 3 population specific to medical diagnosis and developmental progression, and family driven needs.
- Input regarding appropriate assistive technology and adaptive equipment to increase access to the general curriculum.
- Skilled observation to identify strategies that promote participation in the educational environment.
- Support transition towards employment and community integration.

# Differentiating Between Medical and Educational Service Models

While the focus of a medically based OT model is to improve the health of the patient, the focus of an educational OT model is to facilitate the student's access to the educational curriculum and support his/her progress toward IEP/IFSP goals, objectives and outcomes.

# Medical Model



- Focuses on medical diagnosis
- Follows doctor's orders
- Includes rehabilitation and maintenance issues
- Patients receive service for any area of need as determined by doctor's orders and insurance coverage

# Educational Model



- Addresses educationally relevant needs identified through the comprehensive educational evaluation process
- For students who have met criteria for a categorical disability
- Provides strategies and support as it relates to the IEP/IFSP
- Therapists are required to follow their state practice regulations:  
OT Practitioner Regulations  
[MN Statutes](#)



# School-Based Therapy

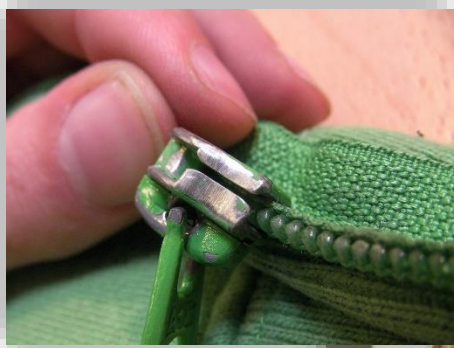
While the focus of a medically based OT model is to improve the health of the patient, the focus of an educational OT model is to facilitate the student's access to the educational curriculum and support his/her progress toward IEP/IFSP goals, objectives and outcomes.

# Occupational Therapy

Occupational Therapists can support the educational team in addressing the student's needs in the following areas:

*Continued on next page*

# Fine Motor/Motor Coordination Skills



- Fine motor skills involve our ability to use our fingers, hands & arms together to reach, grasp, manipulate small objects & use tools like forks, spoons, pencils, crayons, scissors, classroom tools and assistive technology. Motor coordination skills involve the ability of several muscles or muscle groups to work together to perform movements.

# Self-Help Skills



- Skills used in everyday life including feeding/ eating, dressing or toileting that impact a student's day in the school setting.



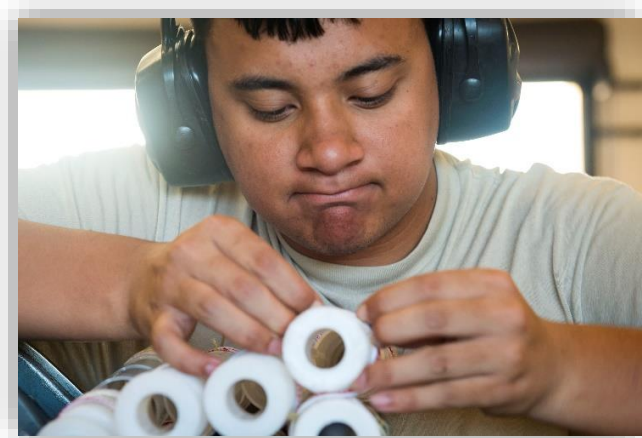
# Positioning & Task Modification



- Making tasks accessible within the school setting through adaptation, equipment and modification of tasks.



# Sensory Processing/Self Regulation



- Sensory processing refers to a person's ability to take in information through their senses (touch, hearing, sight, taste, smell, body awareness/movement and balance), organize and interpret that information, and make a meaningful response. Difficulty with processing sensory input can interfere with a student's ability to complete activities, transition between activities/settings, stay on task, and directly impacts behaviors and the ability to make choices.



# Visual Motor Integration/ Visual Perceptual Skills

- Visual motor integration is the ability to integrate visual input with a motor output to perform eye-hand tasks. Visual motor integration is an underlying skill required for refined tasks such as handwriting. It influences a student's ability to reproduce letters and numerals, color within the lines, trace objects, keep letters/words on the writing line, organize written work on paper, and complete classroom projects and written work on time. Visual perception refers to the brain's ability to make sense of what the eyes sees. Good visual perceptual skills are needed for reading, writing, cutting, drawing, and completing math problems.



# Handwriting

A common misconception is that Occupational Therapists are 'handwriting teachers.' While an occupational therapist is an important team member in addressing the foundational skills which include visual perception/motor function and cognitive readiness needed to be successful in handwriting, they are not a replacement for academic handwriting instruction.

Occupational Therapists are experts at analyzing the task of handwriting and breaking it down into multiple skill components in order to address students needs. Specific skill components that support foundational writing skills include:

- Appropriate surface positioning and posture
- Appropriate writing tools (pencil grips, weighted pencils, etc.), materials (i.e. paper)
- Hand strength and endurance
- Pencil grasp



# The Therapist's Role in Screening/ Pre-Referral Interventions

When the student's teacher and/or parent(s) present concerns in areas of performance relative to the domains typically addressed by a therapist:

- The therapist is notified of the meeting to discuss concerns
- The team, including therapist, reviews the student's educational file, discusses the concerns presented, and determines at least 2 regular education instructional strategies, alternatives, or interventions (based on scientific, research based instruction and intervention)
- Team members (including therapist) may conduct classroom observation(s) as a screening activity, for purposes of gathering data to substantiate pre-referral interventions

*Continued on next page*

# The Therapist's Role in Screening/ Pre-Referral Interventions *(continued 2/2)*

When the student's teacher and/or parent(s) present concerns in areas of performance relative to the domains typically addressed by a therapist:

- Pre-referral interventions are implemented by the student's regular education teacher, for a time frame established by the district, and are subsequently reviewed for effectiveness
- Appropriate documentation of the pre-referral process takes place according to district established procedures

# The Therapist's Role in Pre-Evaluation Review & Comprehensive Evaluation Planning/Implementation

- OTs are not typically involved in an initial comprehensive educational evaluation of a K-12 aged student, unless it is known that the student has (or is suspected to have) a medically diagnosed condition or impairment that is associated with physical/motor dysfunction. When considering the need for therapist involvement in an initial evaluation for a K-12 student, it is essential to include the therapist in the Pre-Evaluation review process.
- When considering a comprehensive educational re-evaluation, the team (which may include the therapist) conducts a review of present levels, any current adaptations or modifications are reported, existing data is examined, and the team considers what, if any, additional data may be needed.

*Continued on next page*

# The Therapist's Role in Pre-Evaluation Review & Comprehensive Evaluation Planning/Implementation (continued 2/4)

- During the evaluation determination process, it should not be assumed that a therapist "owns" sole responsibility for addressing a particular area of student performance.
- Informal screening procedures used by the therapist (record review, staff interview, examination of work samples/analysis of curriculum demands, classroom observations), may be sufficient existing data, and as such, additional evaluation procedures on the part of the therapist, are not needed. This is summarized on the evaluation plan.

*Continued on next page*

# The Therapist's Role in Pre-Evaluation Review & Comprehensive Evaluation Planning/Implementation (continued 3/4)

- If, during the pre-evaluation review, the therapist determines there is need for additional data, gathered through other evaluation procedures involving structured interactions or administering formal assessment tools/testing measures, then those procedures are documented on the evaluation plan.
- Following completion of the evaluation, an evaluation summary report is generated. The therapist contributes a summary of their findings (based on screening procedures and/or other evaluation procedures) within the appropriate area(s) of performance in the evaluation report, along with the assessment findings of staff who may have also addressed those areas.

*Continued on next page*

# The Therapist's Role in Pre-Evaluation Review & Comprehensive Evaluation Planning/Implementation (continued 4/4)

- The evaluation summary report (ESR) does not contain recommendations regarding the need for therapy service. The student's "educational" needs are identified in the ESR.
- There is no state criterion to qualify for OT service. Determining the need for therapy service is an outcome of the IEP process, based on the student's need for specialized service in order to access the educational environment and make progress on their educational goals.

# Therapist's Role in Supporting the IEP

The therapist assists the team in determining:

- student strengths and educational needs
- appropriate goal areas, and any associated objectives relevant to therapy
- whether Occupational Therapy services are required for the student to meet educational needs and/or related goals and objectives
- service levels based upon student's educational need in the least restrictive environment

# Therapist's Role in Supporting the IEP

*(continued 2/3)*

Occupational Therapists support IEP needs/goals/objectives through:

- Environmental modifications
- Indirect services / Direct services
- Interventions/supports provided by a therapist, are aligned with each profession's scope of practice and associated areas of student function defined previously (refer to slides 4 and 5), and are based on educational needs in those areas.
- Staff development and trainings

*Continued on next page*



# Therapist's Role in Supporting the IEP

*(continued 3/3)*

- Task analysis and modification of the student's instructional program/curriculum
- The consideration and provision of assistive technology such as adaptive materials/visual aids to support instruction, and adaptive equipment/strategies to support positioning and mobility needs

**Note:** Occupational Therapy are related services and therefore need to relate to a special education categorical disability and associated special education services. Therefore, OT should not have stand alone goals. Therapists support educational goals that are developed by the team to address relevant needs.

# Therapy Service Delivery Options

DIRECT services means special education services provided by a teacher or a related service professional when the services are related to instruction, including cooperative teaching.

DIRECT service is considered when:

- A therapist needs to work directly with the student in order to identify strategies that may be implemented by other team members
- Interventions cannot be safely/effectively applied by others
- The student's rate of change will require continuous modification of strategies and techniques used by the therapist

*Continued on next page*

# Therapy Service Delivery Options

*(continued 2/4)*

- Direct service must always be accompanied by indirect services
- Direct service is often "episodic" or of shorter duration (start/stop dates) than the student's IEP year

**Note:** Direct intervention may occur as one-on-one time with a student, or as small group instruction. Considering LRE, it is preferable for the therapist to provide support in primary settings of instruction (e.g. main classroom, resource rooms, physical education/DAPE) or naturally occurring routines during the student's day, as opposed to pull-out/isolated services.

*Continued on next page*

# Therapy Service Delivery Options

*(continued 3/4)*

INDIRECT service means special education services (provided by a teacher or a related service professional) which include cooperative planning; consultation; in-services; modifications and adaptations; and direct contact with the student to monitor student progress/needs.

INDIRECT service is considered when:

- Interventions can be taught to others (staff or the student), but regular input from the therapist is required
- Interventions can be safely/effectively applied by others
- Indirect service could be determined to be the most appropriate form of service provided

*Continued on next page*

# Therapy Service Delivery Options

*(continued 4/4)*

**Note:** Occupational Therapists can also provide building wide support through environmental adaptations, staff in-service on select topics of therapist knowledge, and consultation regarding innovative learning spaces, specific curriculums and incorporating “Brain Break/movement” strategies for all students.

# Staff Training

Training staff in the use of strategies that support the student's function in school is an important component of therapy service. Therapists utilize a “coaching” approach when demonstrating hands on techniques for others to use when working with a student.

Occupational Therapists provide general staff training regarding optimal positioning for table/desk top activities, access to and organization of learning materials, sensory friendly learning environments, and the development of writing readiness relative to curriculum demands. OTs work with staff and student to demonstrate positioning/ movement techniques to improve the student's access and response to learning opportunities, and to optimize the performance of personal care activities.

# Discontinuing Therapy Services

Reasons why a student may be dismissed from therapy:

- Interventions have been taught to and are carried out by other service providers, no longer requiring the expertise of a therapist; staff demonstrate proficiency in implementing strategies of intervention and/or accommodations to address student needs.
- The student has met therapy supported educational goal(s)/objective(s), and no new needs/goals/objectives are identified.

*Continued on next page*

# Discontinuing Therapy Services

*(continued 2/3)*

Reasons why a student may be dismissed from therapy:

- The student has attained a maximum level of function expected for their condition; no changes in the condition are expected; strategies of intervention and/or accommodations provided by the student's primary service providers address the student's educational needs; no changes in the student's educational setting are anticipated.
- If the team determines the therapy will be discontinued, no final comprehensive special education reevaluation is required.

*Continued on next page*



# Discontinuing Therapy Services

*(continued 3/3)*

Reasons why a student may be dismissed from therapy:

**Note:** The rationale for adding, continuing/changing or discontinuing therapy service should be discussed following a comprehensive evaluation, and at progress review/IEP development meetings. Changes in service are documented on a Prior Written Notice of Proposed Action/Denial.

# Resources

Bathke, L., PT, MPH, Bohmert, J., PT, DPT, MS, & Lillie, L., OTR/L. (2014). *OCCUPATIONAL THERAPY AND PHYSICAL THERAPY IN EDUCATIONAL SETTINGS: A MANUAL FOR MINNESOTA PRACTITIONERS* [PDF]. Minnesota Low Incidence Projects.

[http://www.mnlowincidenceprojects.org/documents/otpt/OTPTinEducationalSettings\\_2014\\_ThirdEdition\\_Manual\\_AccessibleVersion.pdf](http://www.mnlowincidenceprojects.org/documents/otpt/OTPTinEducationalSettings_2014_ThirdEdition_Manual_AccessibleVersion.pdf)



# Thank you!

## Occupational Therapists Community of Practice

This initiative is made possible in whole with a grant from the Minnesota Department of Education using federal funding, CFDA 84.027A, Special Education – Grants to States. This event does not necessarily represent the policy of the federal Department of Education or the state Department of Education. You should not assume endorsement by the federal or state government.