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Frequently Asked Questions about School-based OT and PT Practices

Question: *My school district is trying to clarify decision-making approaches for educationally relevant therapy services under IDEA 97. Are there guidelines that other districts use?*

Response: There are a variety of therapy service guidelines and decision-making formats in practice across the country and their application is controversial. These systems range from use as resource to a protocol, either in isolation or in conjunction with other stages of IEP planning. Many rely on, or incorporate, specific criteria or qualification standards that reference test scores, child's age, therapy history, and other factors that aren't based upon any research support or sound clinical reasoning. Some systems base therapy decision-making on specific practitioner procedures, such as test administration or traditional discipline-specific roles - "PT is indicated because the student has a gross-motor problem". The use of standardized test results (which is not required under IDEA) seems to add an objective element when personnel are unsure about what to do. Many rely on this data and tell families, "the test results show... so the IEP should include....." These approaches foster isolated and fragmented services that are not unified by a team-generated set of educational goals. Further, decisions made this way are subject to question as they aren't based on principles of individualization which are required under IDEA 97.

Question: *I need some help to determine when children need school-based therapy. Where do I begin?*

Response: Both IDEA 97 and best practice decision-making approaches require team members work together to make these decisions. They need to gather and use assessment data to identify the child's strengths, needs and present level of performance, along with individualized educational outcomes and goals.

After that, the team determines the least restrictive educational environment and *then* identifies what related services are needed to support the student. Useful evaluations from therapists and other

team members are important in the decision-making process. Take another look at IDEA 97's requirements for evaluations (see the implementing regulations, sections 300.532 and 300.533. You can access these in a user-friendly format on the Internet at www.ideapractices.org Look under "Law and Regulations"). Some of IDEA's considerations for evaluation include the expectation that the team:

- ensure that tools and strategies that directly assist in determining child's educational needs are used;
- use a variety of tools and strategies to gather relevant functional and developmental information related to enabling the child to be involved in, and progress in, the general education curriculum.

A related article on school-based decision-making was featured in the December 4th & 11th, 2000 issue of OT Practice, published by the American Occupational Therapy Association.

Question: *Now that we're implementing changes under IDEA 97, my supervisor says that we shouldn't write separate IEP goals related to our concerns as OTs and PTs. Is this really the case?*

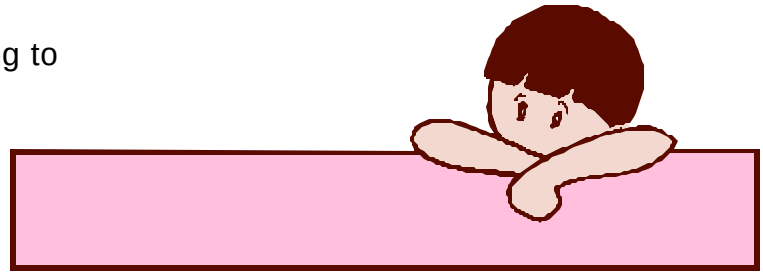
Response: The IEP is a process and document that leads to and describes an individualized program of special education services and strategies that a student requires in order to achieve their team-generated goals. The IEP doesn't belong to the service providers and IDEA never intended that each discipline create their own portion or own versions of the IEP. There should be one set of student-focused goals in the IEP. The team is responsible to identify the services that are needed to help the student accomplish this set of annual goals. Special education and related service providers contribute different areas of expertise and strategies toward the specific IEP objectives related to annual goals - for example,

> "Susan will produce legible written/drawn responses for 80% of items on weekly math and language arts worksheets."

The OT supporting this outcome devises adapted tools and systems that Susan needs in order to produce lasting and understandable responses to the worksheet items, while the resource room teacher addresses the academic concepts that are required for Susan's participation.

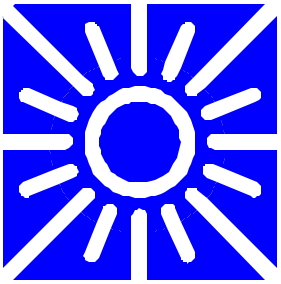
Question: *Once I evaluate a child who is already receiving special education and has a current IEP, can we simply amend the "services page" to add therapy when my evaluation is complete, or does the team need to meet again?*

Response: The addition of therapy services should not occur based only on a therapist's assessment and recommendations. Team participation is required and there needs to be an IEP meeting to review your evaluation and develop recommendations for a coordinated plan. Parent participation is a part of this and team members need to agree that:



- OT or PT as a related service is required in order for the student to achieve the existing IEP goals and objectives, or
- The student's IEP goals and objectives need to be changed and OT or PT needs to be added, or
- OT or PT is not required, with or without a change in annual goals or objectives.

Question: *My IEP team wants me to use normative test scores and age-equivalents when the we consider a child's need for therapy, but many times the numbers don't seem to help us agree on a plan. Why is this?*



Response: Program planning is a major purpose of school therapy evaluations and IEP development. There are several problems when analyzing a student's performance in relation to norm-referenced data and using that information to help make decisions when you are in a program planning phase of service provision.

When you use norm-referenced tests you are comparing the student's behaviors/ responses to a given set of tasks, under specified conditions, at a moment in time - to the way the normative group of children without disabilities performed under the same circumstances. The specific task in which the performance was measured may not be remotely important in the child's current (or even anticipated) circumstances. Anyway, all you can reasonably conclude from the score is whether your student's performance is different from the normative sample, and you probably knew that before you administered the test!

A child who can't sit, crawl or walk at eighteen months will score some number of standard deviation points below the mean on a norm-referenced measure of gross motor performance. The standard deviation value tells you how far away they are, or how different they are, from the standardization sample - which is a group of healthy, able-bodied toddlers around eighteen months of age.

Now take that same child at three - she is able to sit and has clearly made progress. BUT, when that same test of gross motor performance is re-administered to a 3 year old who doesn't crawl or walk, she is ranked further away from the mean because her performance is MORE DIFFERENT than that of 3 year olds without disabilities. The lower standard score at 3 years is often interpreted as regression - which it isn't - it only means that the difference between the child and her same-aged peers without disabilities is greater now than it was when she was eighteen months old.

Even if you are to explain all of this to the child's parents and other team members, it's hard to move away from what the numbers appear to say. For many children with special needs, the differences on norm-referenced tests only increase with their age. Take that same student at 12 – she doesn't crawl or walk - her standard score is off the charts because a 12 year old who isn't able to crawl or walk represents the smallest minority of the general population in that age group. What help is that piece of data for the team that needs to plan a current and future educational program that is intended to prepare this child for lifelong learning and independent living? And what about the impact on parents who want to see their child make some kind of progress?

Decisions to include school-based therapy services in an IEP should not be based on "how different from the norm" a child's performance ranks, but rather on whether or not the student NEEDS therapy to help them accomplish their own identified educational goals in the specific program the IEP team has recommended for the student.

Here's where you need to rely upon assessment procedures that provide information about the child's current strengths and needs in relation to a projected vision of what he or she wants and needs to do. This focus on the unique circumstances and goals of the student, along with the collective resources and wisdom of the team, contribute to relevant goal setting and effective service plans.

Question: *Why do I need to submit progress notes if there aren't any specific therapy goals on the student's IEP?*

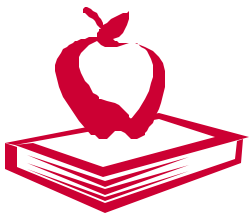
Response: Goals and objectives in the IEP map out the student's anticipated outcomes and reflect the interventions from every service provider who contributes to the child's program.

Here's Section 300.347(a)(7) from IDEA 97, related to progress reporting:

> *General. The IEP for each child with a disability must include - A statement of -*
> *(i) How the child's progress toward the annual goals described in paragraph (a)(2) of this section will be measured; and*
> *(ii) How the child's parents will be regularly informed (through such means as periodic report cards), at least as often as parents are informed of their nondisabled children's progress, of -*
> *(A) Their child's progress toward the annual goals; and*
> *(B) The extent to which that progress is sufficient to enable the child to achieve the goals by the end of the year.*

All on the team need to work together to generate data that reports student progress toward goal attainment. The law does not say there should be an OT's impression, PT's impression, teacher's impression, and so on. All of these perspectives should be integrated into a team report of the student's progress toward goal achievement. And this reporting should be based on data that's collected regularly during the student's participation in programming - rather than on summaries that are written following a retrospective review of one's own anecdotal notes, or based upon one's recollection of events and student participation/performance over time.

Under IDEA 97 progress reporting takes on a new emphasis as an accountability and outcome strategy. The team is expected to USE the results of this reporting. When the data indicates that the child's rate of progress is not sufficient to enable him/her to achieve goals by year's end - the team needs to reconvene and determine what to do - replace? modify? refer? other options?



Send your questions to me through FAX at 610.933.9151 or by email to mary@kidsot.com

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