Guidance For Occupational Therapy In Arkansas Public Schools

Easterseals Outreach Program & Technology Services
Arkansas Collaborative Consultants
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In memory of
Meg Clevenger, OTR/L
1962-2018

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INTRODUCTION

Public Law (PL) 94-142, signed into law in 1975, provided the foundation for the education of children with disabilities in the United States. U.S. legislators and Arkansas Division of Elementary and Secondary Education Unit leaders recognized the need for specific expertise in the provision of related services, such as occupational therapy.

Arkansas has traditionally provided guidance, consultation, and technical assistance to school-based occupational therapy practitioners and administrators from the Arkansas Division of Elementary and Secondary Education-Special Education Unit (DESE-SEU). Local Education Agencies (LEA) and occupational therapists have sought to implement best practice in occupational therapy services to students with disabilities.

Occupational therapy (OT) practitioners contribute to educators' understanding of the dynamic relationship between learners, educational content, instruction, activity demands, and the environment. Occupational therapy practitioners are increasingly solicited for their strengths in problem-solving, task analysis, and critical and flexible thinking. This manual seeks to clarify roles and scope of practice for occupational therapy practitioners working in Arkansas public education settings.

Guidance for Occupational Therapy in Arkansas Public Schools is intended to be a working, growing, largely web-based document. Therapists, educators, administrators, and other professionals are encouraged to use the document as a guide for planning, implementing, and evaluating the quality of occupational therapy services, programs, and personnel. This document will be routinely updated to keep practitioners and Individualized Education Program (IEP) teams current with changes in federal and state policies as well as emerging research that informs occupational therapy practice in schools. Questions or comments about the Guidelines can be directed to the Easterseals Outreach Program and Technology Services affiliates of the DESE-SEU.

OVERVIEW OF OCCUPATIONAL THERAPY

The *Occupational Therapy Practice Framework: Domain and Process, 3rd Edition* describes central concepts that guide occupational therapy practice. Education is one area of occupation included in the occupational therapy domain of practice. The OTPF-3 defines education as "activities needed for learning and participating in the educational environment" (AOTA, 2014a).

"Occupational therapists and occupational therapy assistants work with children and youth, parents, caregivers, educators, team members, and district and agency staff to facilitate children's and youth's ability to participate in their *occupations*, which are daily life activities that are purposeful and meaningful to the person (AOTA, 2014a). Occupations are based on meaningful social or cultural expectations or peer performance. Examples include social interactions with peers on the playground, literacy activities (e.g., writing, reading, communicating, listening), eating school lunch, opening the locker combination to access books and coat, and managing transportation needed to get to school. Occupational therapists apply their knowledge of biological, physical, social, and behavioral sciences to evaluate and intervene with people across the lifespan when physical, adaptive, cognitive, behavioral, social, and mental health concerns compromise occupational engagement" (AOTA, 2017b).

"The practice of occupational therapy means the therapeutic use of occupations (everyday life activities) with persons, groups and populations for the purpose of participation in roles and situations in the home, school, workplace, community and other settings" (AOTA, 2015).

Occupational therapists (OT), including school-based practitioners, are certified, licensed professionals. Occupational therapists apply for and are granted a license to practice through the Arkansas State Medical Board (ASMB) state statute that describes what occupational therapy practitioners can and cannot do in their capacity as licensed practitioners. The ASMB defines and delineates the roles of occupational therapists and occupational therapy assistants within the relevant sections of the **Arkansas Medical Practices Act and Regulations.**

The ASMB requires occupational therapy practitioners to complete ten hours of continuing education every year in order to maintain their license. For further information on licensing and continuing education requirements for Arkansas occupational therapy licensure, refer to **https://www.armedicalboard.org/Professionals/pdf/mpa.pdf.**

To learn more about occupational therapy's scope of practice, please refer to the American Occupational Therapy Association at **https://www.aota.org/Practice/Manage/Official.**

OVERVIEW OF OCCUPATIONAL THERAPY IN SCHOOL

Occupational therapists and occupational therapy assistants are key contributors within the education team. School occupational therapy practitioners work with students with and without disabilities in general and special education environments and provide supports to educational staff to assist with student engagement and participation in daily living activities (AOTA, 2017b). As professionals dedicated to inclusive practices, occupational therapy practitioners help struggling learners by supporting academic achievement and promoting positive behaviors necessary for learning and for successful relationships with others. School occupational therapy practitioners support positive student outcomes in social skills and self-help skills, as well as academic content areas (reading and written expression, math, recess, extracurricular activities, prevocational/vocational participation, transportation, and more).

Because of their expertise in engagement and participation, as well as in environmental modifications and task analysis, occupational therapy practitioners contribute to student academic progress and social and emotional learning in systemic efforts such as Universal Design for Learning (UDL), social-emotional learning (SEL), and Positive Behavioral Interventions and Supports (PBIS). Additionally, they can play a valuable role in educating parents, educators, administrators, and other staff members about child development and the impact of developmental delay and disability. They offer services along a continuum of prevention, promotion, and intervention and serve individual students, groups of students, classrooms, schools, and school system initiatives.

Occupational therapists working in schools must be familiar with and respond to educational laws. Laws and regulations relevant to school occupational therapy services include the Every Student Succeeds Act of 2015 (ESSA), the Rehabilitation Act of 1973, as amended (2008), and the ADA Amendments Act of 2008 (ADAAA; Pub.L.110-325), and the Individuals with Disabilities Education Improvement Act of 2004 (IDEA). These laws assure students are able to access and participate in their educational program. Table 1 offers a brief summary of laws that influence occupational therapy practice in schools.

Table 1: Summary of Laws that influence Occupational Therapy in Schools

Individuals With Disabilities Education Improvement Act of 2004 (IDEA), Parts B and C	Part B mandates access to occupational therapy as a related service for eligible students with disabilities ages 3–21 years, if services are needed for a student to benefit from special education. Part B is administered through state education agencies. Part C is voluntary at the state level and lists occupational therapy as a primary service for infants and toddlers ages 0–3 years who are experiencing developmental delays or have identified disabilities. Part C services are administered through the Department of Human Services.
Every Student Succeeds Act of 2015 (ESSA), a reauthorization of the Elementary and Secondary Education Act of 1965	ESSA ensures equal opportunity for all students in Grades K–12 and builds on previous legislation focusing on educational achievement. The Act includes occupational therapy as "specialized instructional support personnel" (SISP). SISPs should be included in state, local, and schoolwide planning activities as well as certain school-wide interventions and supports. ESSA is administered through state and local education agencies.
Section 504 of the Rehabilitation Act Amendments of 2004; Americans With Disabilities Act Amendments Act of 2008 (ADAA)	These civil rights statutes prohibit discrimination on the basis of disability for places that are open to the general public (ADAA) or programs receiving federal funds (504). Disability is defined more broadly than in IDEA. Children who are not eligible for special instruction under IDEA may be eligible under Section 504 or the ADAA for services including environmental adaptations and other reasonable accommodations.
Medicaid (Title XIX of the Social Security Act of 1965)	Medicaid is a federal–state matching program that provides medical and health services for low-income children and adults. Occupational therapy is an optional service under state Medicaid plans but is mandatory for children and youth under the federal Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program. Although state Medicaid programs do not cover the costs of providing all services under IDEA in schools (e.g., services on behalf of the child), costs associated with providing medically necessary occupational therapy services provided directly to the child in Early Intervention (EI) and school settings can be reimbursed by Medicaid for students who are enrolled in the Medicaid program.

Family Educational Rights and Privacy Act of 1974 (FERPA) and Health Insurance Portability and Accountability Act of 1996 (HIPAA)	FERPA is a federal law that protects the privacy of education records, including health records, for children with disabilities in programs under IDEA Parts B and C. The law applies to all EI programs and schools that receive funds under an applicable program of the U.S. Department of Education. Service providers, school districts, and educational agencies billing Medicaid are also subject to HIPAA rules under protected health information provisions.
Improving Head Start for School Readiness Act of 2009	Head Start and Early Head Start are federal programs that provide comprehensive child development services to economically disadvantaged children ages 0–5 years, including children with disabilities, and their families. Early Head Start serves children up to age 3; Head Start serves children ages 3 and 4. Occupational therapy may be provided under Head Start requirements or through IDEA.
Assistive Technology Act of 2004 (Tech Act)	The Tech Act promotes access to assistive technology to enable people with disabilities to more fully participate in education, employment, and daily activities.
Healthy, Hunger-Free Kids Act of 2010	The National School Breakfast and Lunch Programs are required to provide food substitutions and modifications of school meals for students whose disabilities restrict their diets, as determined by their health care provider.
State education codes and rules	In compliance with IDEA Part B, state education codes and rules must include policies and procedures for administration of instruction and for special education. Local education agencies further define these policies for their specific school communities.

State Part C EI	If the state chooses to use federal funds for EI services (Part C), it must provide statewide, comprehensive, coordinated, multidisciplinary, interagency EI systems with a designated lead agency. The lead agency determines policies and procedures for implementation and monitoring within the state.
State practice acts and rules (licensure)	Practice acts and rules provide stipulations for occupational therapy service delivery, including evaluation, intervention, documentation, and supervision of occupational therapy assistants. Ethical and behavioral expectations for professional conduct are often included.

American Journal of Occupational Therapy, 2017

Occupational therapy practitioners utilize the *Occupational Therapy Practice Framework, 3rd Edition* (OTPF) to guide them in all aspects of their practice, including collaboration, informal and formal evaluation, and intervention. Examples of intervention approaches include education and training of other team members, fostering safe access, facilitating the acquisition of skills, adapting equipment, modifying the environment, and promoting student mental health. "Providing a client-centered delivery of services using evidence-based practices is inherent to occupational therapy practice. In addition to providing individual services to the child or youth, the occupational therapy practitioner may focus on family structure and resources; specific groups or populations (e.g., co-teaching in general education classroom); the school system or district (e.g., serving on curriculum or playground committees); and the community (e.g., school health and wellness initiatives)" (AOTA, 2017b).

Note: The ASMB Occupational Therapy Practice Act and the ASMB Regulations Governing the Licensing and Practice of Occupational Therapists do not specifically define nor limit the role of school occupational therapy practitioners in school settings. The specific roles of occupational therapy practitioners in schools are defined through federal education legislation and regulations, state statutes and regulations, local procedural requirements*, current published evidence and AOTA reference documents.

**While local procedural requirements can be broader in scope than state and federal requirements, it should be noted that local procedures cannot be used to limit the scope of occupational therapy practice in schools.*

OCCUPATIONAL THERAPY IN PUBLIC EDUCATIONAL SYSTEMS

I. OT Role in Early Intervening Services: MTSS/RTI

According to Cahill in *Best Practices for Occupational Therapy in Schools* (2019), "The primary aims of a Multi-tiered Systems of Support/Response to Intervention (MTSS/RTI) framework are to identify students who are struggling, to provide students with the supports they need to address learning and behavioral needs, and to promote student success in general education." District-wide programs such as Positive Behavioral Interventions Supports (PBIS), and Universal Design for Learning are often employed to benefit all students. Figure 1 depicts the framework for RTI and a model from RTI Arkansas.

Figure 1: Framework for RTI Arkansas

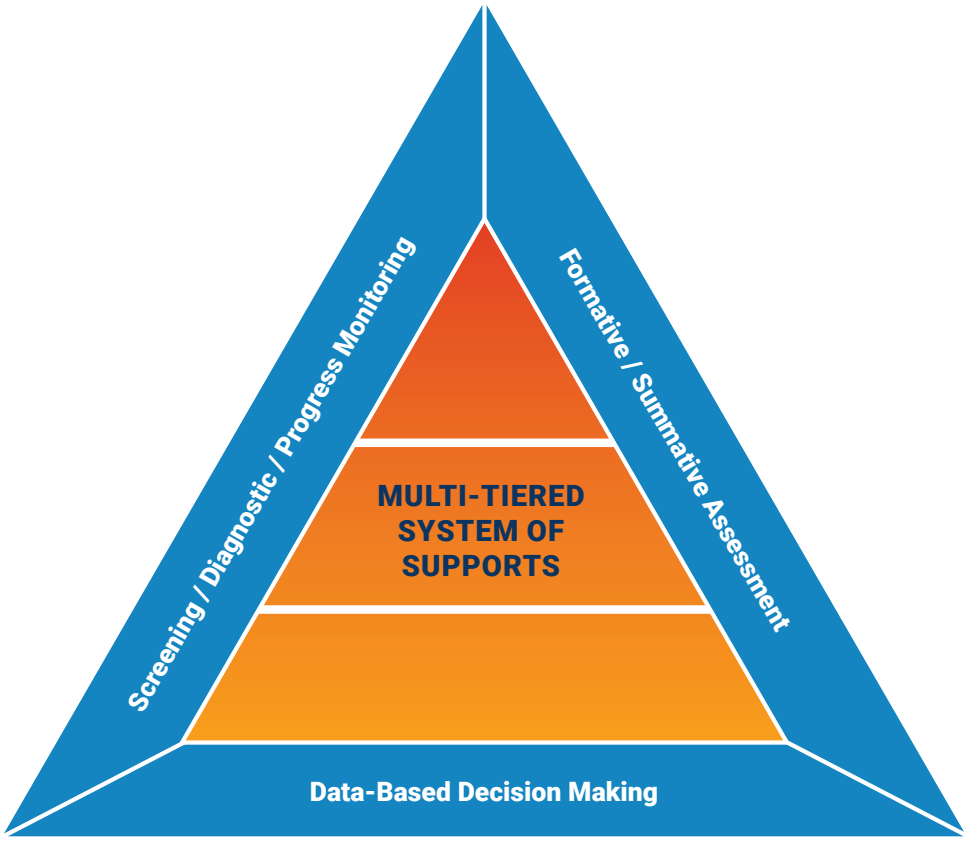
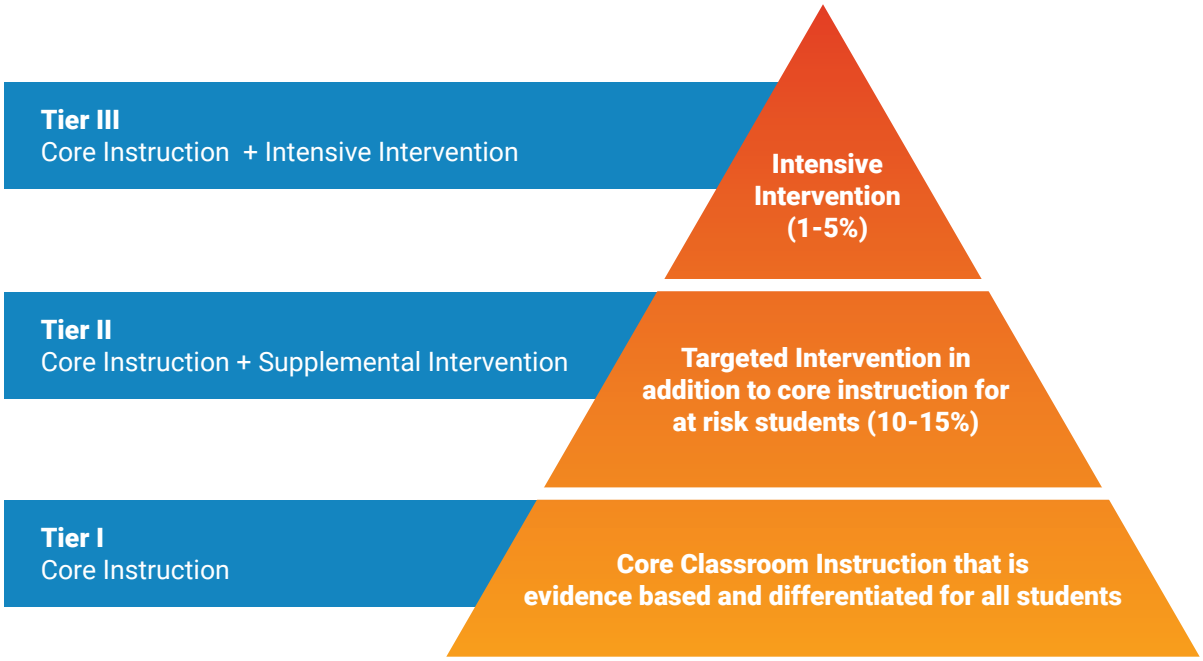


Figure 2: RTI Arkansas



Common RTI practices include universal screening of academics and behavior, continuous progress monitoring, high-quality general education instruction based on scientific evidence, and the use of multiple tiers of instruction (typically 3 tiers, although there may be 4 or 5) that offer progressively more intense interventions based on the student's response.

According to the National Association of State Directors of Special Education, or NASDE (2006), scientific evidence demonstrates that approximately 80% of students in general education are successful when provided with an evidence-based curriculum, high-quality instruction, behavioral support, and social-emotional support at Tier 1.

Students identified to be struggling in Tier 1 (core instruction; grade-level standards) are identified through screening, though many times identification includes a combination of screening and in-class formative and summative assessments that are given based on classroom instruction. When data indicates students are making inadequate progress at Tier 1, schools frequently make Tier 2 intervention decisions during grade-level or content-level collaborative team meetings. Team members then review the data and recommend appropriate targeted academic interventions at Tier 2, such as differentiated instruction, small group activities, or tutoring to reinforce curriculum. Tier 2 behavioral interventions may include social skills training and exploration of self-regulation strategies in a small-group setting.

Approximately 95% of those students receiving intervention at Tiers 1 and 2 will demonstrate success with the strategies employed (NASDE, 2006). For the remaining 5% of students whose data indicate inadequate measurable progress or a rate of progress that is unsatisfactory, more intensive individualized interventions at Tier 3 are considered through a problem-solving or student intervention team. Referrals may be made for a Section 504 or special education evaluation under IDEA at this juncture.

The DESE provides a more detailed look at how RTI is implemented in the instructional module found at: **www.arkansased.gov/public/userfiles/RTI/RTI_Presentation_Module_1_Overview_PPT.pdf.**

Occupational therapy practitioners can, and do, contribute to RTI frameworks in schools nationwide. The Every Student Succeeds Act (ESSA) was passed in December 2015, replacing the No Child Left Behind Act of 2001. This legislation was passed in an effort to provide all students with an opportunity to receive a high-quality education and to close achievement gaps. Under ESSA, occupational therapy practitioners are among the group of professionals identified as ***specialized instructional support personnel*** (SISP), and are expected to consult with other professionals to support students' academic achievement and engage in the provision of RTI. Stated another way, "the ESSA sanctions the involvement of occupational therapy practitioners to provide supports in general education" (Cahill, 2019).

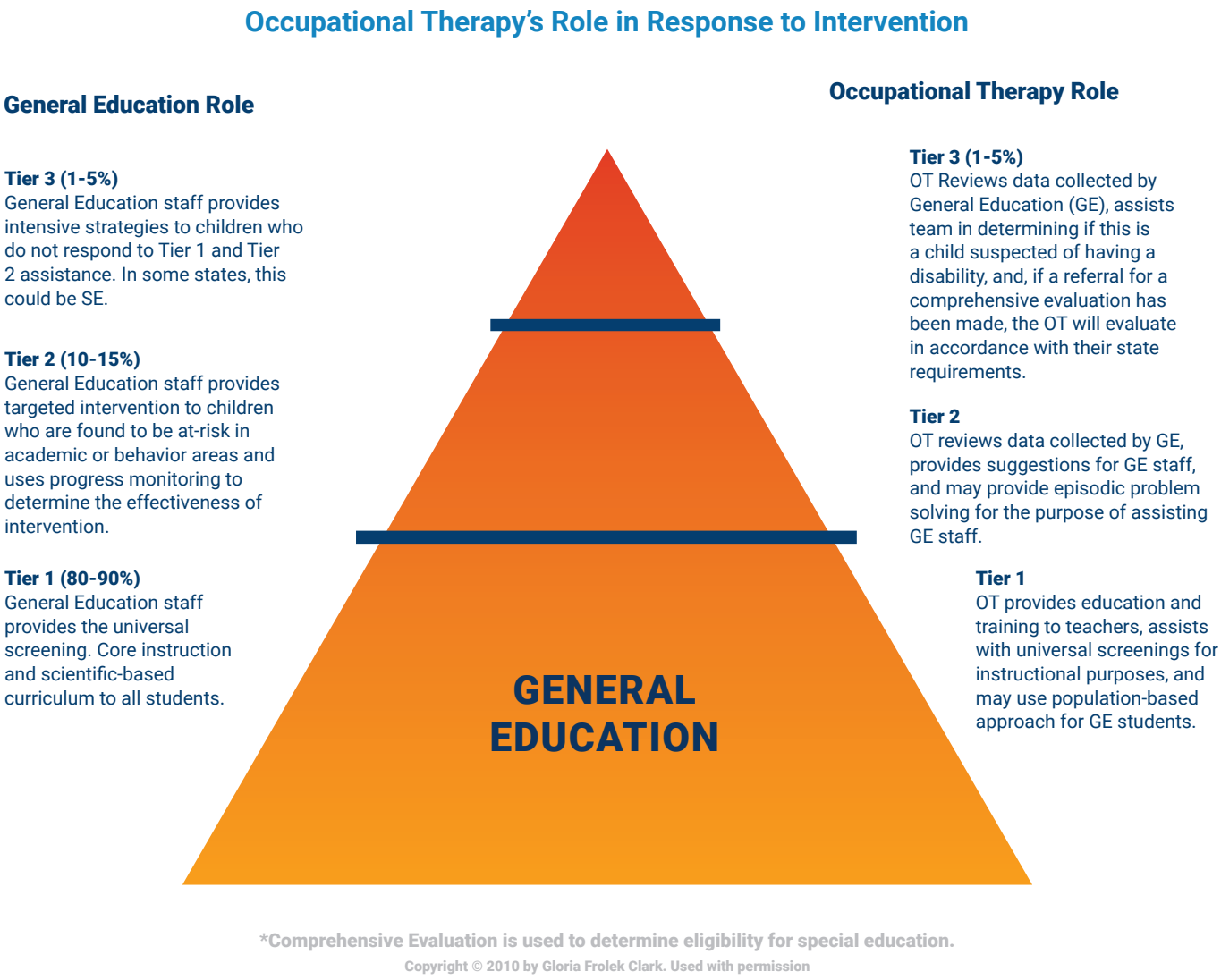
The National Alliance of Specialized Instructional Support Personnel identifies some of the critical tasks for the SISP:

- Consulting with teachers and families to promote effective teaching and assessment practices that support student learning,
- Developing a safe and positive school climate,
- Designing behavioral supports and intervention to support classroom management and promote students' positive mental health,
- Providing a continuum of services for all students,
- Engaging in collaborative professional development to promote student outcomes, and
- Supporting the integration of general education and special education programming. (Cahill, 2019)

When contributing to MTSS/RTI, Handley-More and colleagues (2013) note that "occupational therapy practitioners can provide resources to school districts that support the physical and emotional needs, mental health, and social competence of all students and contribute to school-wide initiatives (e.g., anti-bullying, social-emotional learning, positive behavior interventions and supports) to enhance student health and well-being."

Figure 3 depicts a graphic of occupational therapy's role in RTI.

Figure 3: Graphic of Occupational Therapy's Role in Response to Intervention



OT Role in Universal Screening

An essential component to RTI is ***universal screening***, a proactive effort to ensure students are making the anticipated progress on grade-level academic and behavioral indicators. It typically involves screening groups of students at the whole class or grade level (Cahill, 2019). The purpose of screenings within a MTSS/RTI framework is "to identify students at risk," and "is used to determine appropriate instructional strategies for curriculum implementation" (Clark and Rioux, 2019). In this context, screening is a process to identify or gather information to help predict children who are at risk for poor learning outcomes. Screening is generally brief and conducted with all children at grade level and may include additional diagnostic testing or short-term progress monitoring (DESE-SEU, 2017).

In supporting the universal screening process, occupational therapy practitioners may assist with data collection by observing student behaviors and motor skills associated with classroom activities, by observing sensory features of the environment or routine, and by interviewing school staff or joining teachers in administering standardized tests (such as developmental testing of kindergartners to identify kindergarten readiness). Practitioners may also assist with scoring and data analysis. Screenings (sometimes called screens or probes) are administered at regular intervals during the school year to monitor progress and provide a quick response with intervention should a student fall behind.

OT in Action

The school-based occupational therapist at Concord Elementary School identified the need for implementation of a research-based handwriting curriculum. As a Tier 1 support, the occupational therapist provided an optional professional development opportunity during the summer months for district employees. Following the course, many of the teachers purchased and implemented the Handwriting Without Tears® curriculum within their classrooms. The Handwriting Without Tears Screener Tool® was administered in August and then again in December. The following scores outline those results for grades 1 and 2:

Grade 1

- Beginning of Year Assessment (Expected score: 77%): 60% of students were noted to be at or above the level of expectation.
- Mid-Year Assessment (Expected score: 80%): 96% of students were noted to be at or above the level of expectation.

Grade 2

- Beginning of Year Assessment (Expected score: 92%): 23% of students were noted to be at or above the level of expectation.
- Mid-Year Assessment (Expected score: 93%): 84% of students were noted to be at or above the level of expectation.

OT Role in Problem-Solving Teams

In most cases, districts use a grade-level collaborative teaming process to review initial screening data. This team can include educators, administrators, and SISP who will review the results of the universal screening. This team engages in a collaborative process to make decisions regarding intervention options within the multi-tiered support system. Data analysis, formulation of hypotheses, plan development, and continuous progress monitoring of each at-risk student are central to the problem-solving team process and the implementation of the team's plan. When desired progress is not evident at the first tier, the team doesn't wait for the student to fail, but rather begins the problem-solving process again in order to develop a new plan (Cahill, 2019). Occupational therapy practitioners are among the SISP who are members of these teams.

OT in Action

The school-based occupational therapist in a north central Arkansas school district was part of a problem solving team that examined behavioral referrals for 5th grade. After reviewing the data, the team recommended recess time for 5th grade students take place before lunch, which lead to a significant decrease in disciplinary referrals for insubordination, disorderly conduct, excessive detention, bullying, and fighting.

OT Role in Tiered Interventions

In their role as SISP, occupational therapy practitioners supporting RTI assume the role of a resource to instructional personnel and other SISP, providing the team the benefit of their unique occupational perspective. Because interventions in a multi-tiered system are typically provided to groups or populations at the classroom, building, or systems level, there is no professional requirement for formal occupational therapy evaluation of the individual students

involved. Because there are no individual evaluations, occupational therapy practitioners must take care not to provide individualized recommendations. For example, during a Professional Learning Community (PLC) meeting, a teacher may ask the occupational therapist for help with strategies for a particular student who is unable to sit still in class and seems distracted by the students around him. To ensure compliance with Arkansas regulations, the occupational therapy practitioner must point out that the student has not been evaluated and therefore the practitioner cannot make individualized recommendations. However, the occupational therapy practitioner can make generalized suggestions for activities that have been helpful to students with similar challenges, such as seating at the front of the classroom, frequent movement breaks, and breaking down activities into a series of shorter tasks. Table 2 depicts some examples of ways a school-based occupational therapist supports RTI.

Table 2: Examples of OT Support for Academic and Behavioral Instructional Interventions in an MTSS/RtI Framework

	Instructional Interventions	**OT Supports** **General (not individualized) support:**
Tier 1: classroom(s) or school-wide interventions for all students	• Research-based curriculum • Evidence-based instruction • Professional development • Universal Design for Learning (UDL) • Assistive Technology • Positive Behavioral Interventions and Supports (PBIS) • Universal Screening • Progress Monitoring • Problem-solving team(s) • High Leverage Practices	• Assist with screenings and progress monitoring (data-collection and analysis) • Professional development on typical development, universal design, etc. • Suggest/train on research-based handwriting program • Strategies for inclusion, engagement and/or participation of all • Strategies for increasing attention to task • Strategies for organization and time management • Strategies for social inclusion; suggestions for social stories • Strategies to promote sensory-friendly environments • Suggest adaptive or assistive technologies for universal use • Serve on problem-solving teams, playground or curriculum committees

Tier 2: interventions for groups of students needing more intense interventions	**In addition to Tier 1 interventions** • Supplemental Instruction such as small groups and/or tutoring • Supplemental Behavior Programs • Peer mentoring programs for behaviors	**In addition to Tier 1 interventions, general (not individualized) support** • Model, teach, or coach general education staff on strategies for use in a classroom or small group • Suggestions for alternative and/or adaptive materials or technology • Train instructional staff on task analysis for instructional activities • Strategies to foster student engagement or increase student motivation • Explore environmental triggers to behaviors in daily routines • Offer suggestions for meaningful use of classroom leisure time
Tier 3: small groups needing more intense interventions or individualized interventions	**In addition to Tier 1 and 2 interventions** • Individual or small group instruction using the most intensive instructional interventions • Referral to Section 504 Committee or Special Education for Comprehensive Evaluation	**In addition to Tier 1 and 2 interventions, individualized interventions as allowed in state license laws** • Strategies as above with a small group focus • Formal OT individual evaluation when educationally necessary • OT intervention under Section 504 or IDEA

Sources: Cahill (2019); Clark (2016); Clark & Polichino (2011).

OT in Action

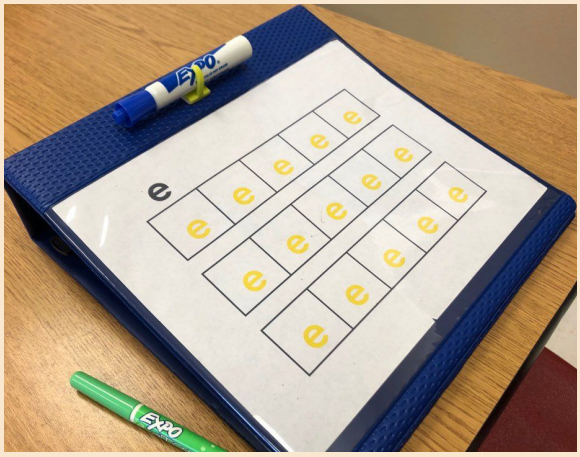
Lakeside School District created a Response to Intervention Program that includes the school-based OT. Some examples of the role of the OT include:

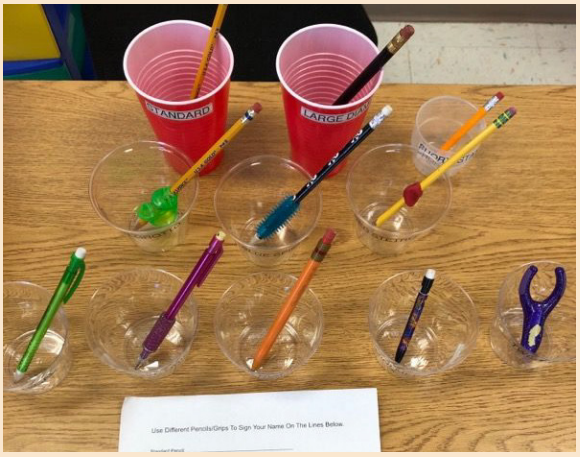
- **Tier 1:** Whole group fine motor and pencil grasp lessons in the first two weeks of school, a monthly yoga-based activity as part of the Conscious Discipline® program, professional development for teachers, book/video study groups, handwriting screeners
- **Tier 2:** Movement strategies, handwriting screeners, analyzing data, Social Thinking groups, fine motor groups
- **Tier 3:** OT evaluations (including consideration of a 504 plan), direct treatment for identified students, small groups in need of more intensive interventions

Note: There is significant evidence supporting the use of MTSS/RTI for implementing general education academic and behavioral interventions for struggling learners. However, according to the U.S. Department of Education (Memorandum, 2011), "state and local education agencies have an obligation to ensure that evaluations of children suspected of having a disability are not delayed or denied because of implementation of an RTI strategy."

OT in Action

A school-based OT provides fine motor boxes and “writing binders” to general education classrooms in a northwest Arkansas school district. Materials provided in the fine motor boxes include small items and games that target grasp, coordination, and hand strength. The binders can be used as a slant board and include various types of writing paper and pencil grips. Teachers use these boxes in a variety of ways including assessment. After one year of increased student performance, a middle school teacher has her entire class use the “writing binder” for self-assessment of their writing needs. Some kindergarten classrooms use the “writing binders” at a writing station.





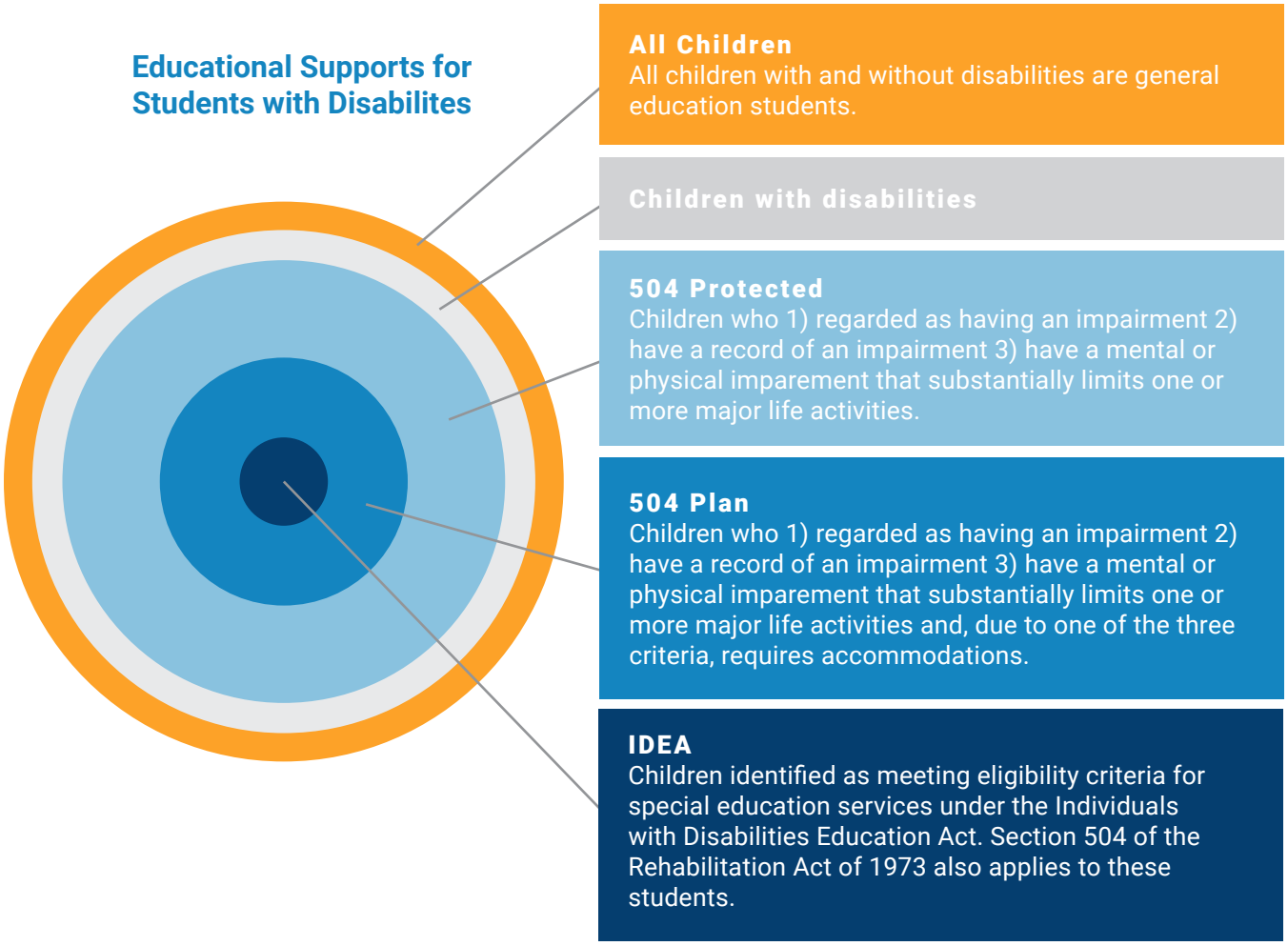
II. OT Role for Students under Section 504 of Rehabilitation Act of 1973

According to Jackson (2019), students with eligible disabilities who do not need special education, defined as specialized instruction under IDEA, may find available supports and accommodations under Section 504 of the Rehabilitation Act of 1973, as amended (2008), and the ADA Amendments Act of 2008 (ADAAA; Pub.L.110-325). Section 504 is a civil rights law that prohibits any organization that receives federal funding from discriminating against people with disability.

The definition of disability under Section 504 is individualized to each student and depends on whether the student has a physical or mental impairment that substantially limits a major life activity. The list of major life activities under Section 504 includes, but is not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working and the operation of major bodily functions (such as the immune system, etc.) (U.S. DOE, 2016).

Like IDEA, Section 504 contains requirements for a Free and Appropriate Public Education (FAPE), but in this case, the supports and services "are designed to meet individual educational needs of persons with disabilities as adequately as the needs of persons without disabilities are met and…based on adherence to specified procedures" (U.S. DOE, 2016).

Figure 4. Illustrates eligibility for Section 504 and IDEA.



Once a disability is suspected, school staff seek evaluation to determine whether a student has a mental or physical impairment that is interfering with a major life activity at school. Data points are gathered from a variety of sources (e.g., student's grades, student's social and cultural background, pediatrician's report, aptitude tests, etc.). A team of people who are knowledgeable about the student (such as the school nurse, the student's teachers, the counselor, the school psychologist, the school occupational therapist, speech-language pathologists, physical therapists, school administrators, social workers, doctors, etc.) review and analyze the data gathered and make a determination regarding needed supports in order to ensure the student an equal opportunity to participate in his or her education. While Section 504 does not require parent participation in development of the plan, the school must notify the parents that a plan has been developed (Jackson, 2019).

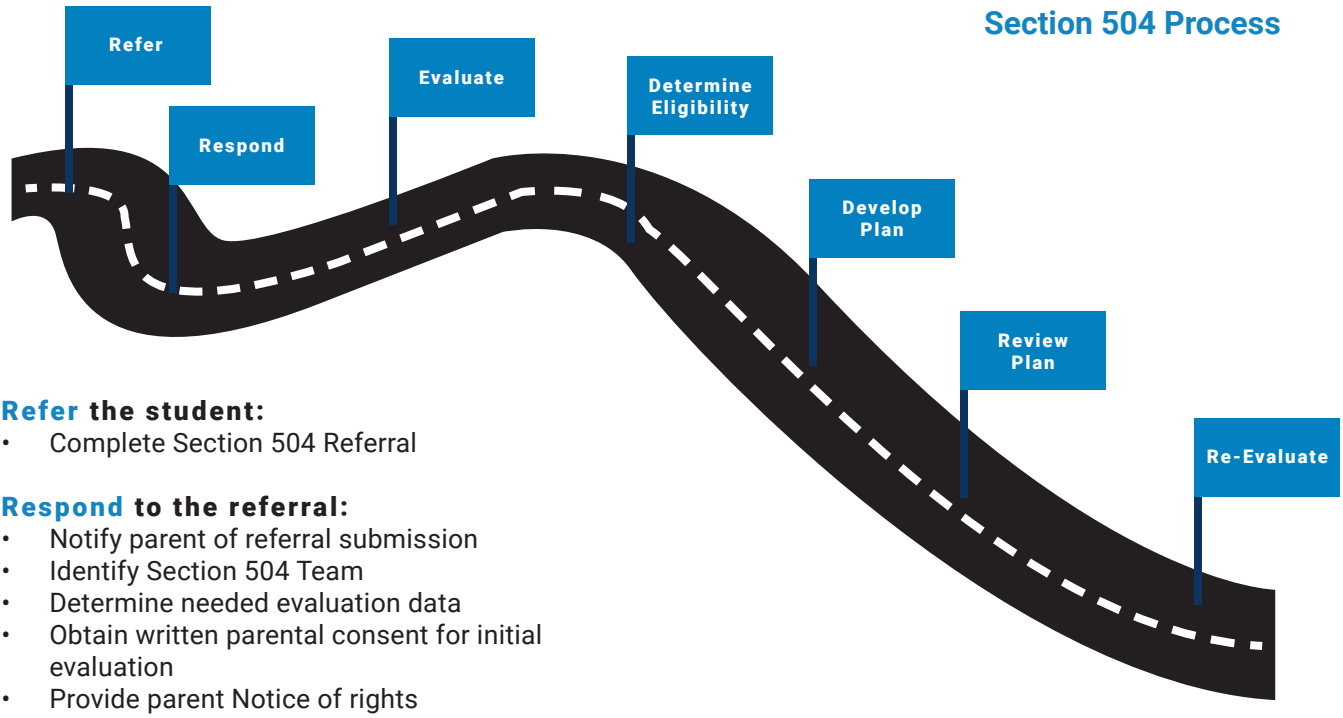
"Occupational therapy practitioners' deep understanding of engagement and participation in learning-related occupations, activities and routines makes them a natural fit to help schools provide equal educational opportunities for students with disabilities that allow them to both

access and benefit from the general education environment" (Jackson, 2019).

Referral for OT under Section 504

Referrals for Section 504 services may originate from the parent, a teacher, or another interested individual in or outside of the school. Occupational therapists receive referrals for a Section 504 evaluation from the district administrator responsible for this function or from the administrative leader of a campus 504 team. The committee may be seeking assistance from the occupational therapist to identify whether one or more disabilities is present, or if a disability has previously been identified, the committee may desire an occupational therapy

Figure 5. Illustrates the 504 Process, beginning with the initial referral



Refer the student:
- Complete Section 504 Referral

Respond to the referral:
- Notify parent of referral submission
- Identify Section 504 Team
- Determine needed evaluation data
- Obtain written parental consent for initial evaluation
- Provide parent Notice of rights

Evaluate the student:
- Assess specific areas of the student's educational needs & not diagnose a disability

Determine Eligibility:
- Review evaluation results
- Determine "substantial" limitation
  Provide parent eligibility meeting day/time & Notice of Rights

Develop a Section 504 Plan:
- May combine with Eligibility Meeting
- Use evaluation data to develop targeted supports
- Train & notify persons with implementation responsibilities
- Provide parent copy of plan & Notice of Rights

Review Section 504 Plan:
- Review Progress monitoring data
- Revise plan if ineffective
- Provide parent Notice of Rights & copy of plan

Re-evaluate the student:
- Before a significant change in placement
- At least every 3 years
- Review evaluation results to determine "substantial" limitation
- Revise plan if ineffective
- Provide parent Notice of Rights & copy of plan

Source: AR DESE Equity Assistance Center Section 504 Manual

evaluation to help the group make decisions regarding interventions needed by the student.

OT Role in Evaluation under Section 504

Upon receipt of a referral, occupational therapists conduct student evaluations under Section 504 using multiple data sources "to identify the child's performance in his or her occupations, the affordances and barriers to successful engagement, and expectations for the child's development and participation" (AOTA, 2017b), so that he or she can access and participate in the general education program. The focus of the evaluation should be on activities and occupations at school (e.g., self-care, performing required tasks, reading, concentrating, communicating, listening, etc.). The occupational therapist may be asked to identify aspects that are contributing to occupational dysfunction. Data collection includes what the client wants or needs to do (i.e., occupations), the supports and barriers to occupations, and occupational risks (AOTA, 2014a, Coster, 1998).

Following the process articulated for evaluation in the OTPF-3 (AOTA, 2014a), creating an occupational profile followed by an analysis of performance will help identify student strengths as well as student factors and environmental factors contributing to his or her difficulties with occupational participation and performance at school. These data provide the occupational therapist with a basis for making recommendations for interventions to help ensure full participation in and equal access to the general education curriculum, to all learning environment(s) and extracurricular school activities (Jackson, 2019).

OT in Action

A 504 team was convened in order to assess the needs of Joe, a student with a recent thumb amputation of his dominant hand, as he returned to high school. The school-based OT created the occupational profile through a thorough chart review, which included reviewing the occupational therapy evaluation from the hospital and outpatient settings and interview with the student and his teachers. The Canadian Occupational Performance Measure (COPM) was administered. The assessment and interview indicated that writing was the most challenging educational task post-injury. The OT observed the student in multiple settings and administered a comparative analysis of handwriting using different modalities. The OT used range of motion and strength testing to further analyze his occupational performance. The OT compiled data in an evaluation report and presented the findings to the student's educational team.

The school-based occupational therapist collaborated with stakeholders to create a 504 plan that included appropriate accommodations, including the use of a Chromebook with word prediction for writing assignments. This plan allowed the student to fully participate within his school environment. The OT provided direct services during the student's literacy block to ensure he could independently use the software. After 1 month, data showed that the student was independent. The 504 team reconvened, discontinued direct OT, and placed on OT consult.

Documenting the OT Evaluation under Section 504

Based on current data from the occupational profile and the analysis of performance, the occupational therapist's evaluation report includes:

- Student's demographic information (legal name, date of birth, school, district, teacher, dates data points were collected, etc.)
- Reason for referral
- Precautions and/or contraindications
- Sources of information (including interviews and observations, with dates and locations)
- Background information from review of records, interviews and observations, including pertinent medical and educational history
- Present levels of access, participation, and performance in school occupations
- Report on quantitative and/or qualitative assessment results
- Summary of the occupational profile and data analysis in terms of the implication for access, participation, and performance (strengths and areas needing support)
- Identification of areas needing support with suggested interventions
- Recommendations regarding the educational need for OT services (and if not OT, any suggestions for the team to consider)
- If OT is needed, suggested goals for consideration and recommendations for time and frequency of services
- Therapist's signature and the date the report was completed

The structure and flow of information in the evaluation report should result in a clear, concise, professional report that is easily understood by instructional personnel, administrators and the family. Professional jargon should be avoided. While recommendations are an appropriate part of the evaluation, final determinations regarding goals to be addressed by the Section 504 Plan should be defined by the team before a final determination regarding occupational therapy services is made.

OT Role in Developing the Section 504 Plan

The U.S. DOE Office of Civil Rights does not provide a specific format for Section 504 Plans. Therefore, they will vary depending on each individual student's needs, abilities and medical condition or disability (Jackson, 2019). The Section 504 Plan is developed to specify the student's individualized educational goals (e.g., desired student outcomes) as well as the accommodations, modifications, and/or services that will be provided to the student. **Accommodations** such as extended time, preferential seating and noise-cancelling headphones increase access and participation for students with disabilities without changing the learning expectations. **Modifications** alter the learning expectations in regard to the academic curriculum, and may include shortened assignments, simplified reading passages, or less demanding math problems.

Based on the evaluation data from all sources, an occupational therapist who has contributed to the evaluation process participates as a member of the team in the development of the Section 504 Plan. Once the team has developed goals, the occupational therapist makes recommendations for accommodations before modifications (Jackson, 2019). Recommendations may include adaptive equipment or assistive technology for increasing engagement and participation. Direct services to the student may also be needed in addition to the accommodations and/or modifications. If that is the case, occupational therapists make time and frequency recommendations to the Section 504 team. Occupational therapy may be the sole service provided in the Section 504 Plan or one of several services.

An extensive list of possible accommodations and modifications for consideration by Section 504 teams can be viewed at the following link:

http://www.warmlinefrc.org/uploads/5/9/5/8/5958794/section_504_accomodations.pdf

OT Intervention Under the Section 504 Plan

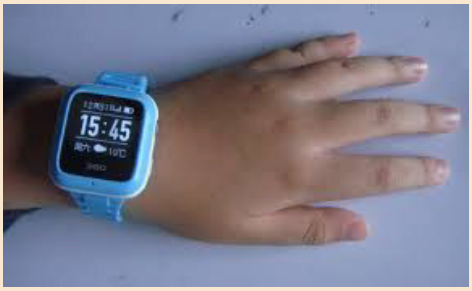
When providing interventions to students with occupational therapy specified in their Section 504 Plan, occupational therapy practitioners support 504 Plan goals with intervention strategies designed to ensure educational access for the student.

Occupational therapists use professional documents as well as the best available evidence to guide their interventions in alignment with their profession, federal and state education policies, and state regulatory requirements. Intervention methodology is designed and implemented to best meet the students' educational needs in the general education setting.

Services to facilitate progress toward the goals may include training of instructional personnel as to the circumstances when accommodations or modifications will be utilized as well as how

to integrate their use into the student's daily routines, training and/or consultation with other education professionals, and training with families. If indicated in the plan, training is also provided regarding utilization of adaptive and/or assistive technology to support curriculum content during daily routines.

OT in Action



A 504 team in south Arkansas was convened and a plan was implemented for a 4th grade student with a recent diagnosis of Diabetes Mellitus Type 1. At the time of implementation, the student did not have a plan for self-management and the side effects associated with fluctuations in his blood glucose levels were impacting his performance within the school setting. The team determined the primary goal and focus of the student's 504 plan should be maintenance of blood glucose within a targeted range and for the student to become independent in his response to changes in his blood glucose levels.

As a member of the 504 team, the occupational therapist, in collaboration with the school nurse, completed an initial functional assessment of the student. During the assessment process, the occupational therapist reported on the student's current level of independence with established routine (insulin checks 4x/daily, supplemental water and food intake) while also assessing the student's ability to complete self-management.

Following the evaluation, the occupational therapist worked with the student to determine a self-management routine that best fit his individualized needs. A communication log and smartwatch system were successfully implemented as self-management tools. By the beginning of his 5th grade year, the student completed blood glucose checks with supervision from the nurse during designated times, and he independently managed all other aspects of the disease while at school.

Documenting OT Intervention(s) under the Section 504 Plan

Occupational therapy services provided as part of a Section 504 Plan should be documented in accordance with professional standards as stipulated in the 2018 AOTA Guidelines for Documentation of Occupational Therapy and the 2017 publication from Clark and Handley-More, Best Practices for Documenting Occupational Therapy Services in Schools. The occupational therapist is responsible for developing, implementing, and documenting the occupational therapy Intervention Plan. This plan documents the occupation-based goals, intervention approach and methods of service delivery that will be employed (AOTA, 2017a). Although the occupational therapy Intervention Plan is not part of the Section 504 Plan, it is a working document that is modified and updated throughout implementation of the intervention (Clark and Handley-More, 2017).

Practitioners should maintain a Contact Log (sometimes referred to as a student progress note) containing the dates service is provided, names and positions of those involved, the goals addressed, the specifics as to what occurred during the intervention, and the current level of student performance (AOTA, 2018).

OT Role in Review of Section 504 Plan

Although Section 504 does not require annual review or provide a specific timeline reevaluation, it does require schools "to conduct reevaluations periodically, and before a significant change in placement" (U.S. DOE, 2016). Practitioners should work collaboratively with the administrator responsible for oversight of Section 504 services as to when a student reevaluation is needed. If there appears to be a long term need for ongoing occupational therapy services directly to the student, practitioners should consider discussing with school administrators whether a referral for a comprehensive evaluation under IDEA is appropriate. Students must be found eligible for special education services in order to receive ongoing direct services from related service professionals under IDEA.

Notes: 1) Occupational therapy practitioners supporting students in MTSS/RTI frameworks and under Section 504 are among the non-educator professionals in schools who may be referred to as either related services providers or specialized instructional support personnel in the education and occupational therapy literature. 2) Occupational therapy practitioners should be aware that no federal or state funds are available to schools for the provision of Section 504 Services, nor is Medicaid reimbursement available. All supports and services, including occupational therapy services, are funded by the local education agency.

III. OT Role for Students under IDEA

In Arkansas, each local education agency (LEA) is responsible for ensuring that all children from birth to age 21 in need of special education and related services within their jurisdiction are identified, located, and evaluated regardless of the severity of their disability (DESE-SEU, 2017). Decisions for each student's Individual Education Program (IEP) are made by the legally constituted IEP team as specified in IDEA 20 U.S. Code § 1414 (d)(1)(B). The Arkansas Department of Education Special Education and Related Services eligibility criteria notes that the "evaluation is sufficiently comprehensive to identify all of the child's special education and related services needs, whether or not commonly linked to the disability category in which the child has been identified" (6.04.2.10). The LEA also ensures timely reevaluations for the student at least once every three years (i.e., triennial evaluation), if conditions warrant, or if parents or the students' teachers request it. The purpose of the re-evaluation is to determine the student's continuing eligibility for special education and related services.

The school team that evaluates a child with a suspected disability is composed of:

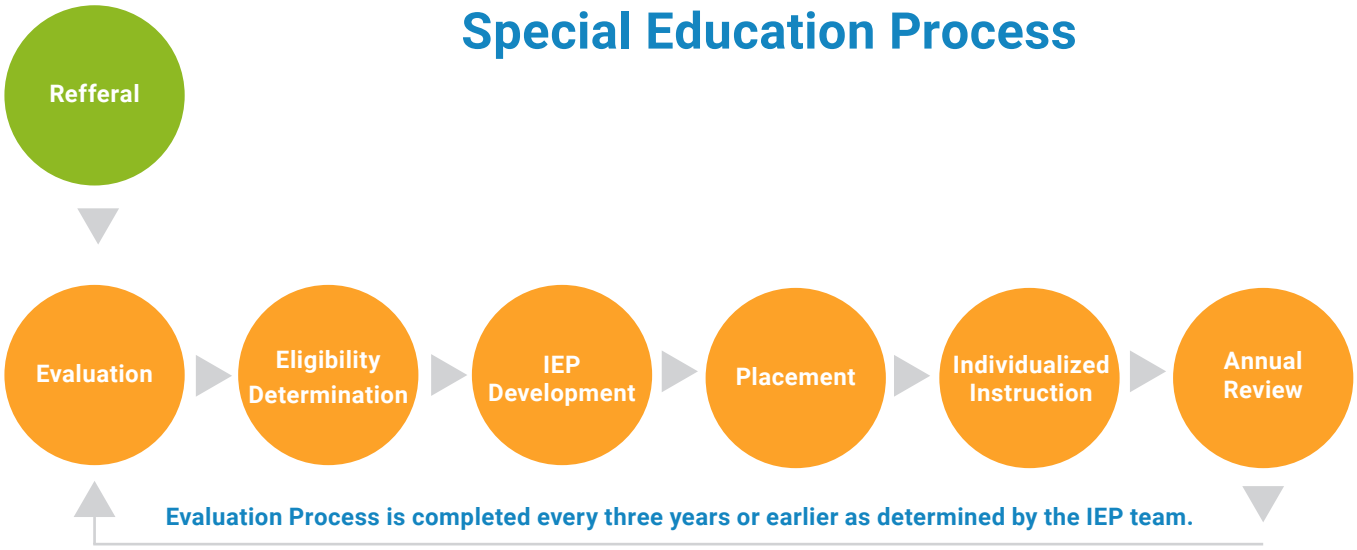
- The student, when appropriate;
- At least one special education teacher, or where appropriate, at least one special education provider;
- At least one regular education teacher;
- A school district representative who is qualified to provide or supervise the provision of specially designed instruction and is knowledgeable about the general curriculum and about the availability of resources of the school district;
- The parent and/or guardian of the student;
- An individual who can interpret the instructional implications of the evaluation results, who may otherwise be a member of the team; and
- At the discretion of parents or school district, other individuals who have knowledge or special expertise regarding the student, including related services personnel (34 CFR § 300.321(a)).

Once a student is eligible for special education under IDEA, they are automatically eligible for related services required to benefit from special education as determined by the IEP team (Coster & Frolek-Clark, 2013). Occupational therapy as a related service is based on need, not eligibility. Given occupational therapists' broad knowledge on disabilities, the impact of disabilities on function, potential interventions, and outcomes, may be helpful in the decision making process for special education eligibility. Although related service providers, including occupational therapy practitioners, are not decision-makers within this team, their unique occupational perspective is important to the deliberations and decision-making process.

This section describes how the occupational therapist receives and responds to referrals, conducts an evaluation, formulates recommendations for the IEP team, and where indicated, provides interventions as a member of the collaborative team. Detailed information regarding procedures and forms required in the Arkansas special education process can be accessed at the following link:

https://arksped.k12.ar.us/documents/paperwork-reduction/sped-process-guide.pdf

Figure 6: Overview of the Special Education Process



Source: Pacer Center

Referral for OT under IDEA

Referrals for special education and related services may originate from the parent, a teacher, or another interested individual in or outside of the school. Once the required documentation is completed by the referral source, a Referral Conference is held and a determination is made regarding whether an evaluation under IDEA is indicated, and if so, what type of evaluation is called for. A ***comprehensive evaluation*** would address all assessment areas for the suspected disability. A ***specialized evaluation*** would be conducted to determine the educational need for adding services to an existing IEP, such as occupational therapy, physical therapy, and/or communication, neuropsychological, and/or psychological services.

Once the referral is initiated, the local education agency (LEA) and school personnel have 60 days to complete the assessment and an additional 30 days to compile results, develop a report, and hold the evaluation programming conference to determine eligibility. Whether an occupational therapy evaluation is stipulated for a comprehensive or specialized evaluation, the same timelines apply.

OT Role in Evaluation Under IDEA

IDEA requires that school personnel use ". . . assessment tools and strategies that provide relevant information that directly assists . . . in determining the educational needs of the child" (IDEA, 2004, 34 CFR §§300.304 (c) (7)). The occupational therapy evaluation is a process, not a series of tests. It is recommended that the occupational therapist use a top-down, participation-based approach that places emphasis on the student's role, participation, and ability to access their education. Laverdure (2018) notes that data collected through the evaluation process informs decisions regarding special educational eligibility and/or instructional programming.

In Arkansas, when participating with other professionals in data-gathering for a ***comprehensive evaluation***, the occupational therapy evaluation is used to assist the IEP team in determining 1) whether the student has an educational disability that adversely affects their participation and performance in general education, and 2) whether the student needs special education and possibly occupational therapy as a related service in order to benefit from their special education (Clark and Rioux, 2019). A ***specialized evaluation*** would be conducted by an occupational therapist specifically to determine whether or not occupational therapy services should be added to an existing IEP (i.e., whether there is an educational need for occupational therapy as a related service in order to benefit from his or her special education program).

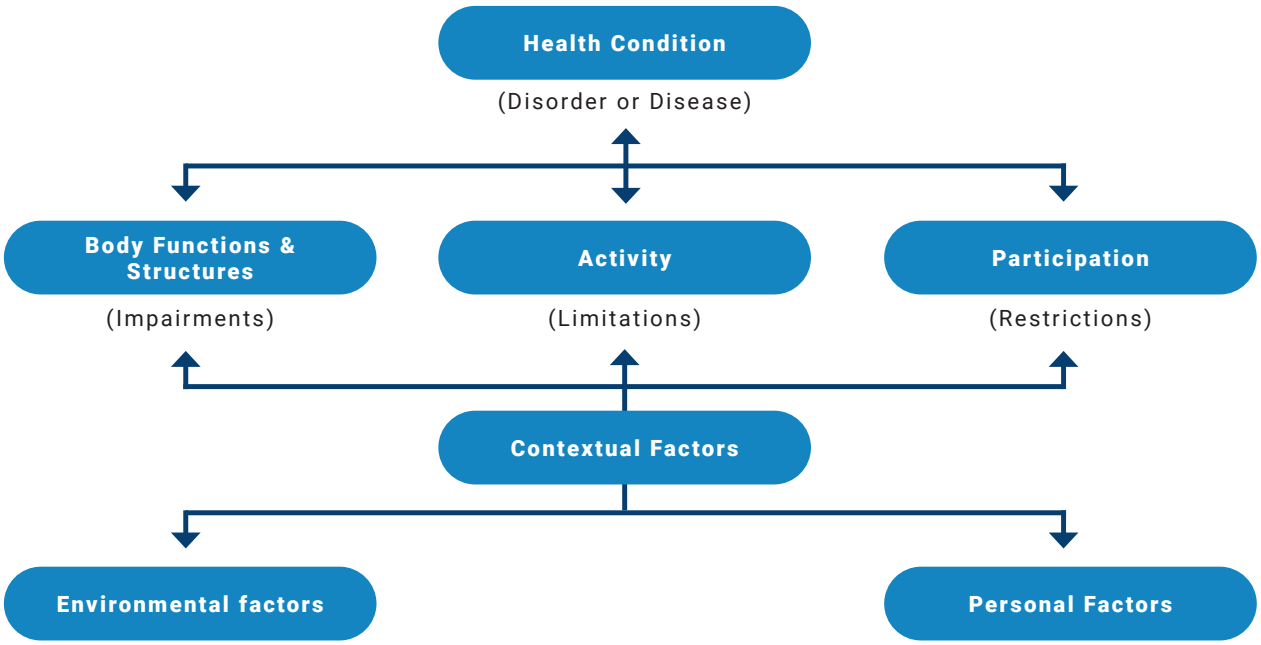
When a student is unable to participate in meaningful occupations at school (e.g., reading, writing, playing outside during recess, interacting with peers during lunch and class, getting on and off the bus for a school trip, or goal setting and making plans for the future), the focus should be on activities and occupations. The occupational therapist may be asked to identify aspects that are contributing to occupational dysfunction. Data collection includes what the clients wants or needs to do (i.e., occupations), the supports and barriers to occupations, and occupational risks (AOTA, 2014a, Coster, 1998).

"Accountability measures set forth by the IDEA suggest that test scores alone, particularly those that rest solely on identifying deficit areas, are not always helpful in understanding function and participation in authentic educational contexts and environments. . . Data instead must be derived from many sources (i.e., student, teachers, staff, caregivers), many contexts and authentic environments (e.g., classroom, hallways, cafeteria, playground), and varied

measures and assessments. . . Evaluating students across the school environment while they are engaged in naturally occurring activities and occupations is paramount to meeting the IDEA requirements" (Laverdure, 2018).

Using the information from the referral process, data collection, and clinical reasoning skills, the goal of the occupational therapy evaluation in the school setting is to determine barriers to participation in school tasks and activities, in order to create specially designed interventions and instruction that improve participation. The ICF-WHO is a world health model that illustrates how a disorder or disease relates to participation (Figure 7).

Figure 7. ICF-WHO Model



In schools, the occupational therapist primarily works to improve participation by modifying or accommodating activities and influencing the environment. The therapist uses clinical reasoning skills and answers guiding questions such as

- What does the student need to access, participate, and make progress in the general education curriculum?
- What supports a student's performance?
- What limits a student's performance?
- What does student need to:
  - ◊ access the classroom and campus?
  - ◊ participate in extracurricular & nonacademic activities?
  - ◊ learn and participate with nondisabled students?
  - ◊ achieve his/her IEP goals? (Holahan, 2018)

The data-gathering process includes identifying the strengths and supports as well as the challenges related to student access, participation, and performance for occupations relevant to school. The occupational therapist considers educational performance, daily life skills, social interactions, play, leisure, and rest. Contextual factors should also be examined, e.g., cultural, personal, temporal, and virtual. Environments to be considered are the classroom(s), cafeteria, playground, bathroom, hallways – in short, all environments in which the student participates during his or her daily routines. A review of existing data typically begins the process (education and medical history, current curriculum, attendance, grades, previous evaluations/assessments). This is followed by interviews with the student, instructional personnel, and parents to learn their perspectives regarding what is going well and what is problematic for the student. Skilled observations occur in the student's natural environments and during the daily routines of the school day in order for the occupational therapist to identify opportunities and barriers to educational access, participation and performance (AOTA, 2017b; Clark and Rioux, 2019).

Occupational therapists follow the process articulated for evaluation in the OTPF-3 (AOTA, 2014), creating an occupational profile followed by an analysis of performance. This approach helps identify student strengths as well as student factors and environmental factors contributing to his or her difficulties with occupational participation and performance at school. A strengths-based approach, which aligns with the OTPF-3, is considered best practice for occupational therapy evaluations in schools (Clark & Rioux, 2019). For the evaluator, a strengths-based approach considers the "personal abilities, preferences and capacities" of the student, "identifying personal, community and environmental supports; and documenting the findings in the written occupational therapy evaluation report" (Morris & Hollenbeck, 2016).

Standardized tests may be indicated when forming an occupational profile as a component of occupational therapy evaluation. The administration of specific methods and measures such as standardized tests should be carefully planned and sparingly utilized to supplement authentic or naturalistic assessment methods to help the occupational therapist better understand the reasons for the student's occupational performance. Measures should be selected specifically and carefully to assist the collaborative team with program planning to enhance student access, participation, and performance. A list of occupational-based assessment tools is provided in Appendix C of this document.

Information gleaned from standardized assessments can be valuable when tests are selected through careful clinical judgement. However, the following caution is offered: "Using standardized test results (whose administration is not required by IDEA) to help related services decisions appears to add an objective element when team members are unsure about what to do...However, the tests used are not designed for this purpose and they are not validated to correlate with related services justification. Also, many measures are discriminative, rather than evaluative, so they are not designed to show change upon retest...therefore concerns should be raised when these tests are readministered and their results are reported to reflect progress, status quo, or even regression" (OT Practice, December 4 & 18, 2000).

OT in Action

Due to a recent exacerbation of symptoms, a school-based occupational therapist in northeast Arkansas was asked to formally re-assess Sam, a 3rd grade student with a diagnosis of Muscular Dystrophy. During the referral conference, the classroom teacher described the student as having difficulty with lengthier writing assignments and also noted that she was concerned the student may need extended time to complete classwork. Following parental consent, the occupational therapist began the evaluation process by developing the student's occupational profile. This information was obtained through staff and parent interviews, an extensive chart review, and clinical observations within a variety of school-related environments.

While the initial referral mentioned only fine motor concerns, the occupational therapist noted limited social engagement and participation during PE and recess, as well as safety concerns related to the use of a new power wheelchair. Results from the School Function Assessment, BOT-2, Manual Muscle Test, and an executive function questionnaire completed by the classroom teacher were then analyzed in order to gain a better understanding of the student's performance patterns and skills. This information was presented to the IEP team and utilized to support the goal setting and intervention planning processes, determine the need for additional assistive technology, identification of appropriate accommodations and modifications, and a referral for a school-based physical therapy evaluation.

Note: While *current data points* are *required* by IDEA as the basis for the IEP team to dismiss a student from a related service such as occupational therapy, a *formal occupational therapy evaluation is not* required to exit a student from occupational therapy services.

Documenting the OT Evaluation under IDEA

Based on current data from the occupational profile and the analysis of performance, the occupational therapist's evaluation report includes:

- Student's demographic information (legal name, date of birth, school, district, teacher, dates data was collected, etc.)
- Reason for referral
- Precautions and/or contraindications
- Sources of Information (including interviews and observations, with dates and locations)
- Background information from review of records, interviews and observations, including pertinent medical and educational history
- Present levels of access, participation, and performance in school occupations
- Report on quantitative and/or qualitative assessment results
- Summary of the occupational profile and data analysis in terms of the implication for access, participation, and performance (strengths and areas needing support)
- Identification of areas needing support with suggested interventions
- Recommendations regarding the educational need for OT services (and if not OT, any suggestions for the team to consider)
- If OT is needed, recommendations for time, frequency, duration, and location of services
- Therapist's signature and the date the report was completed

The structure and flow of information in the evaluation report should result in a clear, concise professional report that is easily understood by instructional personnel, administrators, and the family. Professional jargon should be avoided. Additionally, as depicted in the layout of the Arkansas IEP and in the components list, priority learning objectives must also be defined by the IEP team before a final determination on related services can be made. Goals are written for the student in a collaborative manner, not discipline specific to ensure that individualized education plan is cohesive. The IEP should clearly stipulate which disciplines (e.g., instruction, OT, SLP, counseling, etc.) are supporting each of the student's goals.

Formulating Recommendations for the IEP Team

Determining educational need for special education and related services is based on analyzing all of the data collected through the evaluation, not just the occupational therapist's data. The totality of the data is considered *collaboratively* by the IEP team through the IEP decision-making process.

"Occupational therapists do not evaluate students to determine their qualification for therapy services" (Laverdure, 2018). IDEA sets no criteria for determining who is and who is not eligible, or "qualified" for related services, including occupational therapy. Each student's IEP team is charged with making determinations regarding the need for a related service based on each individual

student's needs. The IEP team "collaboratively identifies the student's need then prioritizes the needs that should be addressed in the upcoming 12 months. These needs become the student's IEP goals. Goals are not specific to an educational team member or service; there are no occupational therapy goals in the IEP. Rather, the occupational therapy practitioner works with the educational team to ensure that the student meets their goals (i.e., goals are student specific, not therapy specific" (Clark and Hollenbeck, 2019).

Similarly, the American Occupational Therapy Association, Inc., has no criteria or standards for who does and does not receive occupational therapy services in school settings. Occupational therapists use their clinical reasoning, based on the evaluation data, to formulate recommendations for the team.

To formulate an answer to the question, "Does this student need occupational therapy to benefit from his or her educational program?" the occupational therapist considers the following factors:

- Do any challenges or problems identified currently impact the student's ability to benefit from or participate in his or her educational program (including academic and nonacademic activities)?
- Have other documented attempts been made to improve performance?
- Is the potential for change in the student's goal or performance through intervention feasible (e.g., changes are unrelated to maturity)?
- Are the concerns within the domain of occupational therapy?
- To meet the student's needs, is occupational therapy the appropriate service to provide the intervention?
- If occupational therapy is the appropriate service, what approach would be more beneficial (services directly to the student, indirect services, e.g., those on behalf of the student, or a blend of both), and what time, frequency and duration is recommended (*adapted from Clark and Handley-More (2017)*?

The evaluation report documents the student's strengths and challenges as well as the occupational therapist's recommendations for meeting the student's educational needs. Should additional, previously unknown information be shared during the IEP meeting, the occupational therapist may amend his or her recommendation at the meeting.

OT practitioners provide interventions and make modifications to a student's environment, activities, or assignments in order to increase participation. If the occupational therapist recommends services, he or she should provide recommendations for time and frequency of service provision. Additional important considerations are where the services will occur (location) and the duration of services. Schools (and IEP teams in their decision-making) must comply with the ***least restrictive environment*** (LRE) provisions in the law. IDEA 20 U.S. Code § 1412 (a)(5)(A) states:

To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled, and special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability of a child is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

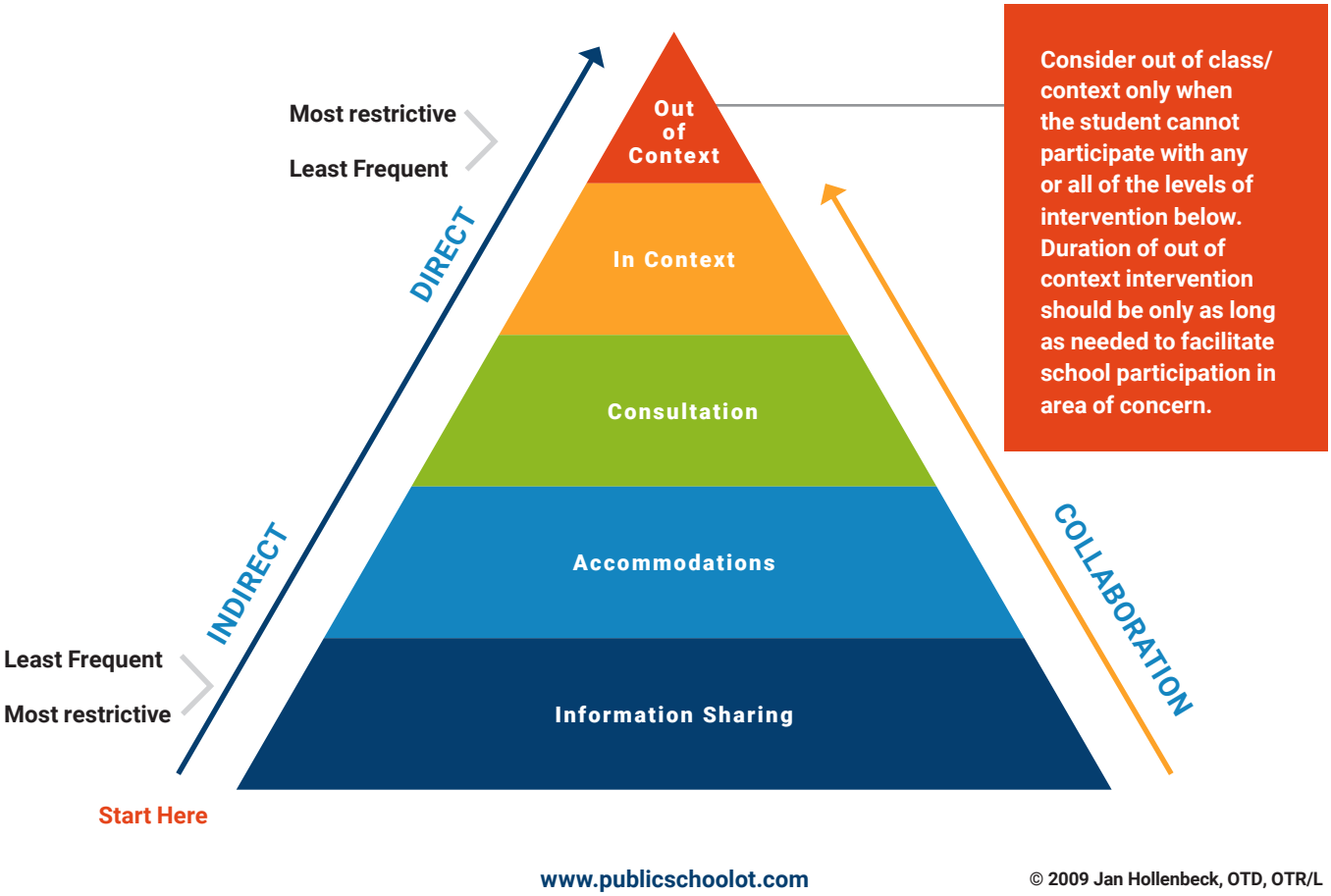
Note: 1) Final decisions regarding whether or not a related service (including occupational therapy services) will be added to a student's IEP as well as the time, frequency, duration and location of related services provided are made by the IEP team. 2) While Medicaid cost recovery is an essential source of funds for school districts, occupational therapy service recommendations and intervention design under IDEA must be made based on the individual educational needs of the student. Once the IEP is developed, eligible school districts can pursue cost recovery for occupational services consistent with state requirements.

OT Intervention under IDEA

When providing interventions to students with occupational therapy specified in their IEPs, occupational therapy practitioners provide a continuum of collaborative services based on the individual educational needs of the student. The OTPF-3 (AOTA, 2014a) provides several approaches for occupational therapy interventions – create or promote, establish or restore, maintain, modify and/or prevent. Intervention approaches address context and environment, activities and clients, (e.g., students, teachers, families, classrooms, school districts).

Occupational therapists use professional documents as well as the best available evidence to guide their interventions in alignment with their profession, federal and state education policies, and state regulatory requirements. Intervention methodology is individualized to best meet the students' educational needs, keeping in mind the least restrictive environment (LRE) requirements of IDEA. The student's IEP time includes services **on behalf of the student** (e.g., training, education and/or consultation with educational staff, fabrication of materials, adjusting of equipment, etc.) and **services provided directly to the student** (IDEA 20 U.S. Code § 1414 (d)(1)(A)(i)(IV).

Figure 8: Hollenbeck's Continuum of Collaborative Intervention



Interventions must be considered from least restrictive to more restrictive on the basis of the individual's needs: services on behalf of the student, sometimes referred to as indirect services (e.g., information sharing, educating, consulting, advocating, accommodating, and/or modifying), individual or group services directly with the student embedded in natural school contexts during daily routines, and group or individual services directly with the student outside of the natural school context and daily routines.

The physical location of services is determined by the areas of student need, specifically when and where during the school routine that problems occur. The first choice for direct student intervention should be within the general education setting or other natural environment whenever appropriate (e.g., student's classroom, playground, cafeteria, restroom). Based on IDEA 20 U.S. Code § 1412 (a)(5)(A), interventions as well as data collection to track progress "should take place within the natural school contexts in which participation occurs" (Clark and Hollenbeck, 2019). The OTPF-3 (AOTA, 2014a) also supports interventions in context as important to achieving participation and meaningful occupational performance.

OT in Action

A school-based occupational therapist in the Bentonville School District provided direct intervention services in the classroom. When the teacher was asked if she saw benefits of having occupational therapy services in the classroom, her response was:

"I feel I was able to see his improvements and by watching you work with him I was able to reinforce your strategies to him. I feel this was a very successful partnership and I hope you continue to push into my classrooms [contextual based services]. I also felt I was able to see you in action and apply some of these skills to my entire class who also benefited from it. I also feel your handwriting paper should be used in all k and first grade classes. I have seen it work magic."

"Always providing direct services to students without considering other options is not in compliance with IDEA" (Clark & Hollenbeck, 2019). Rather than providing one or the other (e.g., direct or indirect services), Kampwirth noted in 2006 that "Blending service delivery approaches is consistent with special education literature, which advocates that collaboration between consultants and educators requires some degree of direct interaction between the consultant and student to support effective problem solving." A combination or "blending" of direct and indirect allows for "ebbs and flows based on student participation needs over time" (Clark and Hollenbeck, 2019), and provides a continuum of services that ensure all activities necessary to support the student can occur. In addition, utilization of both direct and indirect services promotes communication between the occupational therapy practitioner, the teacher, and other members of the collaborative team.

OT in Action

A school-based occupational therapist in the Rogers School District collaborated with an art teacher to make the general education art curriculum accessible for Katie, a middle school student with cerebral palsy.

Throughout this collaborative process, the OT, art teacher, and paraprofessional used adapted materials and different media to allow Katie to actively participate in art class with peers.

The OT worked on behalf of Katie to adapt materials, prepare assistive technology devices, and train the art teacher on how to use the equipment. The OT provided direct services during art class and eventually shifted to consultation with art teacher.

Periodic data collection should be ongoing throughout the intervention period in order to determine the effectiveness of the intervention provided and to inform considerations regarding any needed changes or modification in strategies. Additionally, individualizing the intervention on the basis of the student's goals, values, and interests is a critical part of occupational therapy and IDEA (Clark & Hollenbeck, 2019). Best practices for occupational therapy intervention in supporting school participation include:

- Planning and designing interventions based on the best available evidence;
- Implementing the intervention focused on occupational therapy domains (ADLs, IADLs, education, leisure, play, social participation, rest and sleep and work (OTPF-3)) while monitoring ongoing progress; and
- Reevaluating the intervention plan and the need for ongoing services (AOTA, 2014a).

Occupational therapy interventions selected should promote participation and performance by removing barriers from the student's ability to learn and participate. Interventions should help students develop skills, which increase their independence in all aspects of the school environment and academic/non-academic performance. Interventions should also promote academic success and social participation. Interventions focused on impairment and remediation should be avoided in school-based practice. Table 3 provides examples of impairment and remediation focused interventions compared to participation and performance focused interventions.

Table 3: School Intervention Vignettes: Impairment & Remediation Focus versus Participation & Performance Focus

Student Description and IEP Focus	Impairment & Remediation Focus (Not Best Practice)	Participation & Performance Focus (Best Practice)
Student A 4-year-old preschooler with a genetic syndrome which affects physical and cognitive development. Child is dependent with feeding and mobility and continues to drink from a bottle. Parents use umbrella stroller for feeding and transport. Child has no social interaction except for known adults. **Student's IEP Focus** Active engagement in classroom activities; transition to cup and solid foods; enhance cognitive development (cause/effect); enhance social interaction with peers.	During OT sessions, introduce cup and finger foods; pressure mom to stop bottle. Give teacher a positioning schedule. Order switches and toys to leave with teacher. Advise parents to find a wheelchair vendor, which could potentially be a denial of FAPE.	• Build trust with parents. • Collaborate with teacher and mom on timeline for introduction of cup and finger feeding. • Work with teacher to determine appropriate seating and positioning during preschool routines to ensure access to activities and to foster social interaction with peers and adults; determine with teacher when switch use is appropriate to instructional content. • Be in the classroom to assist teacher in integrating cognitive strategies into play with peers. • Educate parent on the benefits of a wheelchair and offer to arrange a vendor visit to school when family is ready.
Student A first-grader with handwriting that exhibits poor letter formation, inconsistencies in the use of upper and lower case, and poor spacing. Written assignments are not completed in a timely manner. **Student's Instructional Focus** Fluent and legible written expression; assignments completed on time.	Seek referral for a Comprehensive Evaluation under IDEA, including an evaluation by the occupational therapist to determine whether there is a need for special education and occupational therapy as a related service.	• At Tier 1 within a Multi-tiered Systems of Support (MTSS), observe the student during routine writing activities in his general education classroom. • Visit with teacher regarding handwriting instruction provided and when practice occurs. If appropriate, suggest to teacher an evidence-based program and any needed materials. • Identify times in the routine for consistent daily practice. • Provide teacher training and coaching as needed. • Make recommendation to instructional leadership at the systems level for use of an evidence-based handwriting program for all kindergarten and first grade students as well as consistent dedicated time for practice. • Offer grade-level training and coaching of instructional personnel.

Student Third-grader with an autism spectrum disorder whose sensory processing difficulties contribute to difficulty modulating nervous system arousal, resulting in behavioral outbursts during transitions. Limited verbal language and intellectual disability. **IEP Focus** Independent transition between activities and environments, meeting timelines for daily routines. Will take the alternate assessment.	Pull from instruction to segregated "therapy room" using a sensory integration frame of reference, hoping for decreased behavioral outbursts and enhanced functional outcomes	• Support continued inclusion in general education by providing education to instructional staff and family on strategies to assist student in anticipating and managing change (e.g., social stories, picture schedule, auditory cues) and for fostering calm in classroom environments and during transitions (dim lights, soft voices, soothing music, etc.). • Work with the student to identify personal calming and alerting strategies (self-management) to effect appropriate modulation and self-regulation for daily routine. Assist the IEP team in determining computer access (for the alternate assessment).
Student Middle school seventh-grader with ADHD has failing grades. He does not get to classes on time and does not submit assignments by the required date. **Section 504 Plan Focus** Provide accommodations to foster meeting curriculum requirements for written assignments in all content areas.	Seek referral for a Comprehensive Evaluation under IDEA, including an evaluation by the occupational therapist to determine whether there is a need for special education and occupational therapy as a related service.	Conduct an OT evaluation to identify specific areas of educational need, including the student's aptitude for time management. • Identify any needed accommodations in the general ed classroom such as ◊ use of available technology (e.g., mapping efficient routing in school for making locker visits and getting to class on time) ◊ use of cell phone calendar and reminder function during the school day for reminders and prompts for upcoming due dates ◊ 1 teaching and 1 follow-up coaching session with the student to ensure he is able to use the time management software, and ◊ training sessions with instructional staff and parents in use of and management of the strategies.

Student Senior high school student with recent traumatic brain injury has difficulties with motor coordination and controlling impulsive behavior (touching, yelling, interrupting). Wants to continue taking photos for the school yearbook (a pre-accident role). **IEP Focus** Strategies to decrease impulsive behavior (interact with peers and adults without touching, interrupting or yelling). Transition plan includes addressing interest in photography.	Pull student during elective activity period for motor and social re-training.	Ensure the student is included and can continue participation in yearbook photography by: • Meeting regularly with the instructional team to problem-solve unanticipated occurrences and collaborate on the positive behavioral interventions and supports (PBIS) to support the student's behavior intervention plan (BIP) for improving peer interactions. • Collaborating with instructional team and family to target environmental accommodations and modifications. • Facilitating positive and appropriate peer interactions. • Using task analysis, identify the steps involved in taking photos and processing them for publication, as well as student's efforts to navigate the environment. • Implementing strategies and adaptations to increase independence with photography equipment use. • Modeling and training instructional personnel on the use of strategies and adaptations.

Adapted from: J. Polichino, Elective Session 7. Occupational Therapy in School-Based Practice: Contemporary Issues and Trends, Y. Swinth, Ed. (2004), AOTA, Inc.

Documenting OT Intervention Under IDEA

Occupational therapy services provided in support of the IEP should be documented in accordance with professional standards as stipulated in the 2018 AOTA *Guidelines for Documentation of Occupational Therapy* and the 2017 publication from Clark and Handley-More, *Best Practices for Documenting Occupational Therapy Services in Schools* which includes an ***Intervention Plan*** and a ***Contact Log.***

Although not required documentation for the IEP, the occupational therapist is responsible for developing, implementing, and documenting the occupational therapy ***Intervention Plan*** (Clark and Handley-More, 2017). As part of the collaborative IEP team process and development of the ***Intervention Plan,*** the occupational therapist determines the IEP goals, which OT services will support. The occupational therapist may include supporting goals and objectives, needed to facilitate the attainment of IEP goals and objectives, in the ***Intervention Plan***. This plan should also document the intervention approach and methods of service delivery that will be employed (AOTA, 2017a). It is a working document that is modified and updated throughout implementation of the intervention (Clark and Handley-More, 2017).

Practitioners must also maintain a ***Contact Log*** (sometimes referred to as a student progress note) containing the dates service is provided, the length of time the student services were provided, names and positions of those involved, the goals addressed, the specifics as to what occurred during the intervention, and the current level of student performance (AOTA, 2018). In some cases, a separate student attendance record (regarding their absence or presence for occupational therapy service sessions) will be required by the school district. School districts may add other documentation elements in order to ensure compliance with Medicaid requirements (such as start and stop times of the occupational therapy intervention) should the district learn a student receiving services is eligible for Medicaid cost recovery.

OT Role in Annual Review of the IEP

At least once a year a meeting must be scheduled with IEP team members to review the child's progress and develop a new IEP for the upcoming year. At the meeting, the team will review current data from those present regarding

- the child's progress toward the goals in the current IEP,
- what new goals (if any) should be added, and
- whether any changes need to be made to the special education and related services the child receives.

To prepare for the annual review, the occupational therapist (and occupational therapy assistant if appropriate) reviews data collected during the past year and analyzes the student's strengths, needs, and progress towards goals which is then contributed to the development of the Present Level of Academic and Functional Performance (PLAAFP) section in the IEP. Based on his or her data and information from the other members of the IEP team, the occupational therapist develops recommendations regarding whether or not there continues to be an educational need for the addition of occupational therapy services in order for the student to make progress on the new IEP goals. If that is the case, recommendations will also be made regarding the specific goals that occupational therapy will support and the time, frequency, location, and duration for services during the new IEP period.

OT in Action

In August 2018, the occupational therapist at an Arkansas elementary school initiated contextually-based occupational therapy services within a 3rd grade general education science classroom for a student being served through an IEP. The occupational therapist collaborated with the classroom teacher on differentiation of instruction, modeled accommodations and modifications within the general education setting, and demonstrated implementation of universal design strategies which included the use of technology available to all students in the district.

At the end of the school year, the general education teacher reported the following positive outcomes:

- Increased student participation in learning activities and in-class discussions.
- Improved collaboration between related services and general education teachers.
- Student growth on computer-based interim testing.
- Increased ability to differentiate as signments to fit the diverse needs of students requiring specialized instruction.

Based on data collected by the occupational therapist and presented to the IEP team during an annual review conference, the IEP team recommended continued OT on a consultative basis as a supplementary aid and support.

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APPENDIX A: FREQUENTLY USED ACRONYMS & TERMS FOR SCHOOL-BASED PRACTICE IN ARKANSAS

AAC	Augmentative and alternative communication.
ABA	Applied behavioral analysis - the science of human behavior based upon the principles of learning theory to improve socially significant behaviors to a meaningful degree.
ADA	Average daily attendance - refers to the number of students present at a school when attendance is taken. The higher the number the greater the allocation of money to the school.
ADAAA	ADA Amendments Act of 2008
ADHD	Attention Deficit Hyperactivity Disorder (not a disability category under IDEA, but a medical diagnosis).
AEM (AIM)	Accessible Educational Materials (also known as Accessible Instructional Materials).
AT	Assistive technology - AT must be considered by the IEP committee when determining the needs of a child who receives special education. By state law, "assistive technology device" means any device, including equipment or a product system that is used to increase, maintain, or improve functional capabilities of a student with a disability."
AU	Autism (a disability category under IDEA Part B). The most recent term for the medical diagnosis, as accepted under DSM-V, is autism spectrum disorder.

BIP	Behavior intervention plan – a plan developed by the IEP team for a student needing individualized positive behavioral interventions and supports (PBIS)
CBI	Community-based instruction – carryover of curriculum into community settings.
CFR	Code of Federal Regulations.
Comprehensive Evaluation	An evaluation done to determine eligibility for special education services under IDEA.
Co-Teach	A general education instructional arrangement that includes a special education co-teacher for the entire school period. The special education teacher is responsible for making needed curriculum accommodations and modifications for those students whose IEPs require accommodations and/or modifications.
DB	Deaf-Blind (a disability category under IDEA Part B).
DESE/SEU	Division of Elementary and Secondary Education/Special Education Unit (formerly the Arkansas Department of Education)
ED	Emotional disturbance (a disability category under IDEA Part B).
EI	Early intervention programs and services to children ages birth – 3 years, and their families under IDEA Part C.
EIS	Early Intervening Services – Services for students in prekindergarten through grade 12 who are not currently identified as needing special education or related services, but who need additional academic and behavioral support to succeed in a general education environment. The purpose of these services is to prevent unnecessary referrals to special education. Response to Intervention (RtI) and Multi-tiered Systems of Supports (MTSS) are examples of EIS.
EL	English language learners
ESEA/ESSA	Elementary and Secondary Education Act (1965) is the federal policy that governs public education – current authorization is

	called the Every Student Succeeds Act of 2015
ESY	Extended school year provided to students who have exhibited regression or have a reasonable expectation of regression over the summer.
FAPE	Free appropriate public education – an entitlement of all children under IDEA.
FBA	Functional Behavioral Assessment is generally considered to be a problem-solving process for addressing student problem behavior. It relies on a variety of techniques and strategies to identify the purposes of specific behavior and to help IEP teams select interventions to directly address the problem behavior.
FERPA	Family Educational Rights & Privacy Act – FERPA protects students' and families' rights in school-related matters, including privacy/confidentiality of information. FERPA is applicable to children served under Part C of IDEA and students served under Part B of IDEA.
HIPAA	Health Insurance Portability and Accountability Act of 1996 – HIPAA protects health insurance coverage and health information privacy for workers and their families when they change or lose their jobs. HIPPA is applicable to students served under Part C of IDEA.
ID	Intellectual Disability (a disability category under IDEA Part B). The former term was mental retardation (MR).
IDEA	Individuals with Disabilities Education Act 2004 – federal legislation that assures educational access students with a disability are provided with a Free Appropriate Public Education (FAPE) that is tailored to their individual needs.
IEE	Independent educational evaluation – an evaluation, usually at parent request, completed by a professional outside the student's campus team.
IEP	Individualized Education Program – the program articulating the educational supports and services that must be provided to a student 3 – 21 years of age who qualifies for one or more of 13

	disabilities stipulated under IDEA Part B and is in need of special education and related services.
IEP Team	A group of persons, specified by state rule, who must be present to determine the entrance, exit, or annual IEP for a student served under IDEA. Persons required for decision-making include: the parent(s) of the child; a regular education teacher; the child's" special education teacher; a local agency representative, often a school administrator; someone who can interpret the instructional implications of the evaluation results (can be one of the persons already listed); when possible, the child with a disability. Additionally, others who have a special knowledge or expertise concerning the child (including related services personnel) may be asked to attend at the discretion of the school district.
IFSP	Individualized Family Service Plan – A family-centered written treatment plan that specifies the early intervention services that will be provided to a qualifying child aged 0 to 3 years under IDEA Part C.
LEA	Local education agency (i.e., a school district, charter school, or educational cooperative).
LRE	Least restrictive environment – refers to a placement or instructional arrangement for a student with disabilities served under IDEA; mandates services in the least segregated setting possible.
MD	Multiple Disabilities (a disability category under IDEA Part B).
NCEC	Non-categorical early childhood special education means a condition of developmental delay which impairs a child's functioning and which has a high predictability of impairing normal developmental performance. "Impaired functioning" means that a difference exists between the child's expected level of development and his/her current level of functioning.
OHI	Other health impairment (a disability category under IDEA Part B) – A student with other health impairment is one who has chronic or acute health problems such as asthma, attention

	deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, or Tourette's Disorder that adversely affects educational performance.
OI	Orthopedic impairment (a disability category under IDEA Part B) - OI means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by a congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).
O & M	Orientation and Mobility – A related service that is provided to blind or visually impaired children by qualified personnel to enable those students to attain systematic orientation to and safe movement within their environments in school, home, and community.
OSEP	Office of Special Education Programs, U.S. Department of Education.
PBIS	Positive Behavioral Interventions and Supports (systemic and/or individual strategies for foster appropriate behaviors).
PECS	Picture exchange communication system - functional communication for students with no communication or system of communication.
PLAAFP	Present level of academic achievement and functional performance – determined by the IEP team.
REED	Review of existing evaluation data – must take place as part of an initial evaluation, if appropriate, and as part of any reevaluation of a child under the IDEA. IEP committee members must review

	the existing evaluation data about the student to determine the scope of the evaluation. If the REED is part of a reevaluation, members must decide what additional assessment, if any, is needed to decide whether additions or modifications will be made to the student's special education and related services.
RtI	Response to Intervention – An evidence-based, problem-solving approach to public education that is applicable to all children (regular and special education students). RtI includes frequent data collection regarding progress in both academic and behavior arenas, and provides for immediate intervention when data shows student progress that is behind expected progress. RtI first assumes the problem is with instruction, and problem-solving efforts are initially targeted at improving the quality or increasing the intensity of instruction. Although special education and related service professionals may be part of problem-solving teams at all levels of RtI, a formal referral for special education is the last option in this approach.
SEA	State education agency.
Section 504	Section 504 defines a person with a disability, originally in the Rehabilitation Act of 1973, as amended (2008) and the ADA Amendments Act of 2008 (ADAAA). Section 504 states that certain rights apply to individuals with disabilities and prohibits discrimination against them. It ensures that a child with a disability has equal access to an education. Unlike the Individuals with Disabilities Education Act (IDEA), Section 504 does not require the school to provide an individualized educational program (IEP).
SI	Speech or Language Impairment (a disability category under IDEA Part B).
SISP	Specialized Instructional Support Personnel.
SLD	Specfic Learning Disability (a disability category under IDEA Part B).
SSI	Supplemental Security Income – A United States government

	program that provides stipends to low-income people who are either aged (65 or older), blind, or disabled.
TBI	Traumatic Brain Injury (a disability category under IDEA Part B).
TEACCH	Treatment and Education of Autistic and Related Communication Handicapped Children (comprehensive program of structured learning).
UDL	Universal Design for Learning.
U.S. DOE	United States Department of Education.
VI	Visual impairment (including blind) – (a disability category under IDEA Part B).
VR	Vocational rehabilitation.

APPENDIX B: OCCUPATIONAL THERAPY PRACTITIONERS IN SCHOOLS RECOMMENDED RESOURCES

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APPENDIX C: EXAMPLES OF OCCUPATION-BASED ASSESSMENT TOOLS

(NOT AN EXHAUSTIVE LIST)

- Pediatric Evaluation of Disability Inventory (PEDI and PEDI-CAT)
- School Function Assessment (SFA)
- Canadian Occupational Performance Measure (COPM)
- Goal-Oriented Assessment of Life Skills (GOAL)
- The Roll Evaluation of Activities of Life (REAL)
- Dunn's Sensory Profiles, including SP 2
- Sensory Processing Measure (SPM)
- Gross Motor Function Measure (GMFM, both versions)
- Participation and Environment Measure for Children and Youth (PEMCY)
- Occupational Therapy Psychological Assessment of Learning (OT PAL)
- Child Occupational Self-Assessment (COSA)
- The Children's Assessment of Participation and Enjoyment and the Preferences for Activities of Children (CAPE-PAC)
- Social Profile: Assessment of social participation in children, adolescents, and adults.
- Supports Intensity Scale