

Procedures for Physical / Occupational Therapy

Joint Educational Services in Special Education

Revised August 2008

1. **A student should already be eligible for Special Education before receiving related services.** The Case Conference Committee determines how the impaired ability affects the student's educational performance, or ability to function in the educational setting before he/she is referred for therapy.

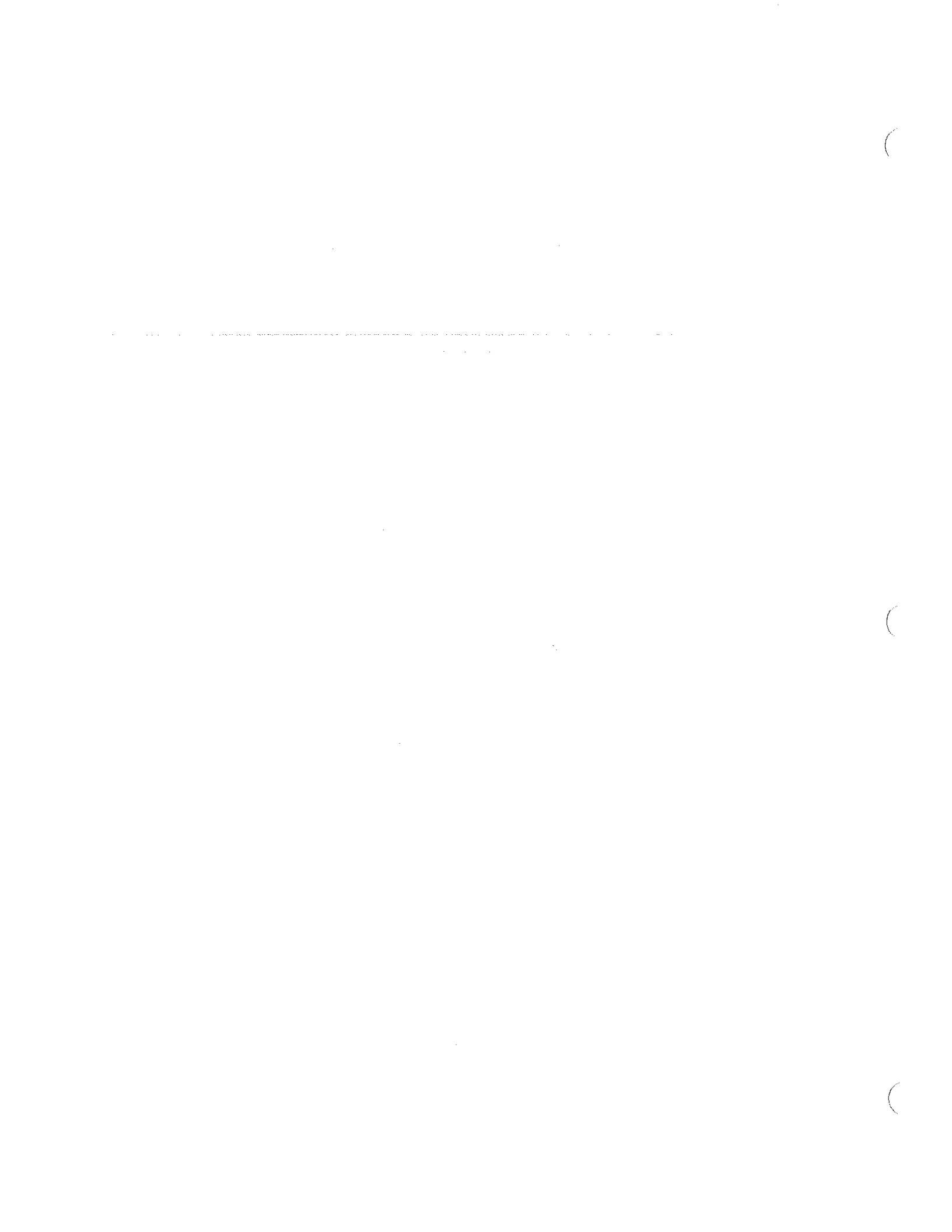
If it is decided that a student will be referred for a therapy evaluation, add OT or PT evaluation under Related Services in the IEP.

It would also help the therapist to have some background on the student including a copy of a classroom observation, parent interview, previous school records, or a medical diagnosis from a licensed doctor who has treated the student. The checklist on page 4 of this document could also be used to provide the therapist with information about the student. You will probably need parent permission to obtain medical information from medical personnel. Let the therapist know what kind of support the school wants for the student to participate in his/her school environment.

2. **Parent written permission must be given for the PT/OT evaluation.** Use the JESSE Permission for Education Evaluation – Form 2 to obtain this permission. Check the boxes for “Additional Evaluation,” “Referral to Specialist,” and “Physical Capabilities” and send a copy to the JESSE Office. If the PT/OT evaluation is to be part of an initial evaluation for a student suspected of having a disability, then the box for “Initial Evaluation” should be checked.
3. **Doctor's Scripts are required for PT evaluations, or for continuation of educational services yearly.** An office visit to the doctor may not be necessary. The parent can call the doctor's office and tell them what they need for the school, or the school can send the release of information form to the doctor requesting a script. The parent or doctor can send the script to the school. The contact person (TOR) can send the original script to the JESSE Office to forward to the therapist. Copies should be kept at school, and in the student's file at JESSE.

After receiving parent permission to evaluate, the doctor's script, and other pertinent information, the therapist can call the designated person (TOR) and schedule a school visit.

Evaluations are not necessarily done yearly. If the IEP is in place, then services are to be continued each school year. At the beginning of each school year, a new doctor's script to continue services should be given to the therapist. A copy should be kept on file at school and at JESSE.



4. Evaluation completed. Case conference coordinator will set a case conference date to discuss results of the evaluation. **The Case Conference Committee will determine the need for educational therapy** (not medical therapy), and frequency, duration, and intensity of services. The Needs Statement on the IEP should generate goals to be written into the IEP (depending on educational needs and the student's ability to function within the school environment).
5. To provide PT/OT services, students should have it written into their IEP under Related Services. This is checked at the JESSE Office when going into the computer and when the billings for therapy arrive monthly. **Therapy will not be approved and paid for unless it is written into the IEP as a Related Service and authorized by the CC Committee Chairperson.**
6. The therapist should have a copy of the IEP. If they are going to implement the IEP, they will need to know what they are responsible for and the amount of time they should spend with the student. **Student progress should be documented** by the TOR, with the assistance of the therapist, for the school, parent(s), and JESSE Office.

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Summary

The entire team (students, parents, nurses, teachers, administrators, therapists, paraprofessionals) participates in developing and implementing goals in order to improve the student's education and increased independence. Through integrated therapy and role release, the therapists plan strategies to support these IEP goals that the team has developed. This team approach promotes success in the child's educational development.

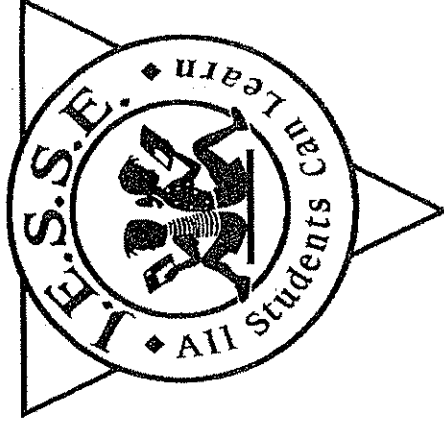
References

McEwen, Irene. *Providing Physical Therapy Services Under Parts B & C of the Individuals with Disabilities Act (IDEA)*. Alexandria, VA

American Occupational Therapy Association. 2000. *Occupational Therapy Code of Ethics*. Bethesda. MD

Updated 10/05/09

PHYSICAL & OCCUPATIONAL INTEGRATED THERAPY



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MISSION STATEMENT

To provide the student the best therapy services in order to enable them to benefit from their special education program.

What is School Based Physical Therapy?

- Physical therapy addresses the gross motor skills of the student such as strength, balance, coordination, motor planning, mobility, and safety awareness that would affect the student's education. This includes training staff on proper lifting techniques and use of adaptive equipment.

What is School Based Occupational Therapy?

- Occupational therapy addresses strength, fine motor skills, sensory, processing skills, visual motor skills, and self help skills in order to help them benefit from their roles as students.

What is Integrated Therapy?

- Integrated therapy is a team-oriented approach to therapy that promotes the student's achievement of functional skills. It includes consultative services, one on one or group services, staff training, and collaboration with student, parents, and staff.

What is Role Release?

- Role release is when therapists teach and delegate appropriate activities to be performed at school by other staff members. (Examples: transfers, positioning, strengthening exercises, sensory strategies, and use of adaptive equipment.)

Where should services take place?

- Therapy should take place in the classroom or other places in the school and/or community that support the student's Special education program. (Examples: gym, cafeteria, recess, library, computer lab, work experience, etc.).

Administrative Guidelines for Occupational and Physical Therapy

The Physical and Occupational therapists will make every effort to meet therapy requirements as stated in students' IEP's however, events that are both scheduled and unscheduled may interfere with routine therapy sessions. To provide consistency in handling such situations, JESSE will support the following recommendations:

- When school is cancelled due to inclement weather, attempts will be made to make up missed therapy sessions during the school year.
- If the therapist is absent due to illness or personal business, minutes will be added to the next sessions to make up the time.
- When the student is absent, therapy will not be made up unless the student's absences extend past two scheduled sessions during one illness. After two missed sessions or an extended illness, reasonable attempts will be made to make up therapy minutes.
- Case Conference Coordinators will try to schedule any conference requiring the presence of a Physical therapist or Occupational therapist during the days that the therapist is normally at the school where the conference is being held.
- Therapists will always give regular therapy sessions priority over case conferences, unless attendance at a case conference is essential as determined by parent and staff.
- When a therapist must attend an initial placement conference, arrangements will be made to make up any missed therapy sessions.
- Therapists who are not able to attend their student's case conferences will contact parents to review student progress and make recommendations. Therapist will document their attempts to contact parents or the results of the conversation.
- The therapist assigned to the building will be the one who works with the students in that building. Consultation by other team members may be done if necessary.

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