Overview of School-based Practice for Related Service Providers


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2018 Summer Institutes - UNC Greensboro

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General Supervision

SSIP: Root Cause

Academics
Engagement
Behavior
Continuum of Transitions

Fiscal Management
Data Collection
Dispute Resolution System
Policies, Practices and Procedures
Monitoring Activities
Targeted Technical Assistance
Improvement, Correction, Incentives, & Sanctions
SPP/APR

Overview of School-Based Practice
Topics for Today:
- Educational & Clinical Service Models
- Least Restrictive Environment
- Evidenced-based Process
- Curriculum-based Process
- Parent Consent & Partnership
- Integrated IEP Development
- Embedded Intervention
- Data-based Practice/ Progress Monitoring
- Ethics
- Rosters, Schedules & Workload
- Answering Your Questions

Educational & Clinical Models: Similarities and Differences

Private Practice v. Public School Practice

Private evaluations are often conducted for the purposes of diagnosing conditions, gaining insight, pursuing medical intervention, etc.

Formal evaluations within the public school arena are only conducted when a child is suspected to have a disability under IDEA:
- eligible in 1(or more) of 14 areas of eligibility
- + adverse effect on educational performance
- + need for specially designed instruction
- = disability under IDEA
It Is Not an Either/Or Situation:

Some children should receive services through both models.

- For many children the frequency or intensity of therapy they receive at school through the educational model will not meet all of the child’s needs for therapy.
- There may be goals that are not addressed by school-based therapy and would require home or community-based services from the medical model.
- In each setting, the child should be assessed individually to determine the best way to meet his or her needs.

IDEA 2004: Related Services

Any service a student with a disability requires in order to benefit from his/her special education program:

- “Meet their unique needs”
- “achieve their IEP goals and/or access and participate in the educational environment”
- “Prepare them for further education, employment and independent living.”
- Service must be related to an educational need or function

Participation & educational performance are primary in educational practice.

Special Scope

Health condition (disorder or disease)

Body Functions & Structure (impairment)

Activity (limitation)

Participation (restriction)

Environmental Factors

Personal Factors

Contextual factors

International Classification of Functioning, Disability, and Health (ICF), WHO, 2001
Specially Designed Interventions

- To address gaps and/or accelerate academic, behavioral, and functional progress toward age- and grade-level standards
- To ensure a free, appropriate, public education (FAPE)
- To help students with disabilities graduate with a diploma
- To make all school programs, activities, and environments accessible
- To attain IEP goals

Role of Related Service Providers (RSPs)

- Collector of information
- Provider of information
  - Active participant at IEP meeting
  - Share information prior to meeting if unable to attend
- Synthesizer of information
  - From unique perspective of PT expertise
  - In light of developmental priorities
- Team Player

What about School Psychological Services?

Accelerating Growth for Students with Disabilities
Psychological Services include:

(i) Administering psychological and educational tests, and other assessment procedures;
(ii) Interpreting assessment results;
(iii) Obtaining, integrating, and interpreting information about child behavior and conditions relating to learning;
(iv) Consulting with other staff members in planning school programs to meet the special educational needs of children as indicated by psychological tests, interviews, direct observation, and behavioral evaluations;
(v) Planning and managing a program of psychological services, including psychological counseling for children and parents; and
(vi) Assisting in developing positive behavioral intervention strategies.

Counseling as a Related Service:

Services provided by qualified social workers, psychologists, guidance counselors, or other qualified personnel.

Evidence-based Practice in Schools

- Work within parameters of foundational documents
- Use EBP models/processes
- Use standardized assessments
- Use interventions likely to change target behavior if implemented with integrity
- Record, interpret, & recommend based on data

Evidence-based Practice Resources

- Evidence Based Intervention Network - http://ebi.missouri.edu/
- AOTA - http://www.aota.org/ebp
- APTA - http://www.apta.org/evidenceresearch/
  Hooked on Evidence
  Open Door: APTA’s Portal to Evidence-based Practice
  PTNow
- ASHA - http://www.asha.org/members/ebp/
- SAMHSA - National Registry of Evidence-Based Programs and Practices www.nrepp.samhsa.gov
Parent Consent

- Special education
- 504 Plans
- FERPA
  - Medicaid
  - Communication outside of school
  - E-mail

The Therapy Process in Schools: EVALUATION

Child Find

Request may be verbal or in writing (GET IT IN WRITING)
Sources of referral- those who may request that a student be evaluated:
- School-based intervention teams (MTSS problem-solving teams, etc.)
- Parent or family member
- Teacher
- Community provider

90-Day Timeline

In North Carolina, schools have 90 calendar days to complete the entire process from initial referral to placement.

90 Calendar Days
Educationally Relevant Evaluation Questions

• What does this student need to access, participate and make progress in the general education curriculum?
• What supports this student’s performance?
• What limits this student’s performance?
• What does this student need to:
  • access the classroom and campus?
  • participate in extracurricular & nonacademic activities?
  • learn and participate with nondisabled children?
  • achieve his/her IEP goals?

NOT: “Does this student need therapy or counseling at school?”

Educationally Relevant Evaluation

Should provide IEP team with information from your professional lens

Should inform decisions about:
• Present Level of Academic and Functional Performance
• Access to Common Core & Essential Standards
• Student Goals
• Services
• Accommodations and Modifications
• Least Restrictive Environment

Educationally Relevant Data Sources

• Progress monitoring data
• Questionnaires
• Observation notes
• Standardized assessments
• Adaptive and developmental scales
• Report cards
• Clinical judgment
• Play-based assessment
• Behavior checklists
• Interviews
• Student work samples
• Attendance

Interview
✓ teachers
✓ parents
✓ counselors
✓ administrators
✓ the student
✓ others involved in the student’s education

Observe
✓ learning environment
✓ student in specific, relevant settings (when problem is most/least likely to occur)
✓ informal observation
✓ systematic observation

Test
✓ universal screening
✓ curriculum-based measures (CBM)
✓ districtwide and state tests
✓ diagnostic assessments
✓ functional behavior assessments
✓ standardized assessments

The buffet is open...
Selecting Standardized Assessments

- Where in the process does the assessment fit?
- Does the assessment address the referral concerns?
- Does it fit your theoretical approach?
- What area of the ICF model does it assess?
- What existing data needs further clarification, quantification, or comparison to other children?
- What will the results provide that observation and work samples can’t?
- Why do you want the assessment’s particular results:
  - Will results help the team decide if this is a child with a disability?
  - Will results guide IEP development?

Interpretation and Assessment—make the connection!

These data mean...

- Compared to other students in this setting...
- Compared to other students this age...
- This student’s disability results in...
- This student struggles in general education because...
- This student has success in general education when...
- Given _______, this student could...
- High expectations for this student include...

The Therapy Process in Schools:

ELIGIBILITY DETERMINATION
**Determination of Eligibility**

**General:** Upon completion of the administration of assessments and other evaluation measures—

(1) A group of qualified professionals and the parent determines whether the child is a child with a disability as defined in NC 1500-2.4, in accordance with paragraph (b) of this section and the educational needs of the child; and

(2) The LEA provides a copy of the evaluation report and the documentation of determination of eligibility at no cost to the parent.

**NC 1503-2.7 – part A**
Overview of School-Based Practice

Determination of Eligibility

All IEP team decisions are data-based; reliant on documented information that has been carefully considered...

After the IEP team answers questions related to:
- disability criteria (prong 1)
- adverse effect (prong 2)
- need for specially designed instruction (prong 3)

The team must also respond to the following (discussed prior to evaluation):
- The determination is NOT a result of lack of instruction in reading
- The determination is NOT a result of lack of instruction in math
- The determination is NOT the result of being a student who has Limited English Proficiency

If all answers are YES, then eligibility for special education services has been determined.

If any of the answers are NO, then eligibility for special education services is not determined.

Evaluation Purpose(s)

- Synthesize/Summarize Data Sources
- Educational Decisions (Eligibility)
- Educational Planning (Design of Effective Instruction)

Search for Effective Instruction

- Quality Evaluations
- Quality Reports
- Clearly Established Baseline Data
- Meaningful IEP Goals
Rehabilitation Act of 1973, Section 504
(29 USC § 794 and 34 CFR § 104.4)

“No qualified handicapped individual shall, solely by reason of his handicap, be excluded from participation in, be denied benefits of, or otherwise be subjected to discrimination under any program or activity which receives or benefits from Federal financial assistance.”

- Authoritative agency: Office of Civil Rights in the U.S. Department of Education
- Offers protection for citizens with disabilities against discrimination
- Requires entities receiving federal funding to afford equal access
- Intended to ‘level playing field’
- May include accommodations and/or related services
- No age limitations

Section 504: Guiding Questions

- Does this student have a physical or mental impairment that limits major life activities?
- Do they have equal access when compared to other students?
- What accommodations and/or services are required to ensure equal access?
- Are these accommodations and/or services reasonable

<table>
<thead>
<tr>
<th>Section 504</th>
<th>IDEA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of legislation</strong></td>
<td>Civil rights Act: Discrimination Protection</td>
</tr>
<tr>
<td><strong>Funding</strong></td>
<td>School funding (no separate funding)</td>
</tr>
<tr>
<td><strong>Administration</strong></td>
<td>Section 504 Coordinator</td>
</tr>
<tr>
<td><strong>Service tool</strong></td>
<td>504 Plan – accommodations &amp; services</td>
</tr>
<tr>
<td><strong>Disability</strong></td>
<td>Substantial physical/mental impairments</td>
</tr>
<tr>
<td><strong>Parents</strong></td>
<td>Should be involved on team</td>
</tr>
<tr>
<td><strong>Procedural Safeguards</strong></td>
<td>Notify parents</td>
</tr>
<tr>
<td><strong>Requirements</strong></td>
<td>• Child find</td>
</tr>
<tr>
<td><strong>Eligibility</strong></td>
<td>Evaluation with team decision *substantially limits academic &amp; functional performance</td>
</tr>
</tbody>
</table>

The Therapy Process in Schools:

**IEP DEVELOPMENT and INTERVENTION PLANNING**
Overview of School-Based Practice

IEP Development: The Sequence

Eligibility for Special Education is determined (all 3 prongs)

Present Level of Performance is determined from existing, relevant data

Prioritized Goals are written for this student at this school with this team for this IEP time frame

Method of progress monitoring is determined

Least Restrictive Environment is determined

Required services and supports are selected to achieve student goals

Intensity of services is established

Exit is discussed

Effective IEP Meetings

• Put yourself in the parents’ shoes
• Ask questions
• Be courteous: cell phones off and away
• Speak in an engaged, but not patronizing, way
• Be aware of the non-verbal cues of all participants (this means you!)
• Avoid professional or EC jargon
• Take 3 minutes
• Listen, actively

https://www.youtube.com/watch?v=Pu4KnwNu1Rw
https://www.youtube.com/watch?v=d44wPF9a2Xk

Effective IEP meetings: Use an Agenda

What role can the student play?

• Welcome, introductions, purpose
• Agenda review
• Ground rules, including decision-making process
• Present level/progress report
• Goals & objectives
• Accommodations & modifications
• Placement/LRE
• Services
• Adjourn
IEP Development: Goals

- Focus on school function and participation—NOT impairments
- Flow out of Present Level of Performance (get specific!)
- Factors or criterion for measuring student performance
- Can be achieved within IEP time frame
- Connect to the Common Core and Essential Standards

IEP Development: Goals Drive Services

Determining need for service prior to goal development results in:
- Fragmented programming
- Duplication of services & supports
- Overlooked areas of need
- Undue focus on isolated skills
- Limited focus on participation in educational program
- Confusion between clinical & educational models of practice

Least Restrictive Environment (LRE)

“To promote academic success and social participation and to access, progress, and participate in the general curriculum”

(Wolfe & Hall, 2003)

What Do We Want?
Overview of School-Based Practice

NC DPI ECD Summer Institutes 2018

Continuum of LRE (School-Age Students)

General Education
- Including CORE, supplemental and intensive intervention
- CES
- 504
- Consultation
- Screening

Special Education:
- 40-79% of school day spent with peers without disabilities

Home/Hospital/Residential Placement
- Special Education:
  - 80% or more of school day spent with peers without disabilities

Based on desired outcomes for:
- Learning
- Classroom skills
- Play skills
- Sports participation
- Social participation
- Self-help skills
- Mobility
- Social-emotional learning
- Prevocational & transition needs

Continuum of Related Service Delivery

Least Restrictive
- Consultative services
- Embedded into General Education:
  - Whole class instruction
  - Co-teaching
  - Small groups & centers
  - Individual support

Most Restrictive
- Services ‘on behalf of students’ & Related Service Support Description
- Embedded into Special Education:
  - Whole class instruction
  - Co-teaching
  - Small groups & centers
  - Individual support

Least Restrictive
- Removed from peers:
  - Collaborative intervention with other disciplines
  - One-on-one with student in “therapy space”

Most Restrictive
- Based on desired outcomes for:
  - Learning
  - Classroom skills
  - Play skills
  - Sports participation
  - Social participation
  - Self-help skills
  - Mobility
  - Social-emotional learning
  - Prevocational & transition needs

Intervention Planning

- Frequency/Duration of service
- Intervention methods & treatment activities
- Frames of reference/clinical approaches
- Collaboration
- Least restrictive environment
- Desired outcomes

Plans of Care/Intervention Plans

• Articulate important clinical reasoning not found in the IEP
• Impairment (vs. participation) level concerns
• Therapy frame(s) of reference, theoretical or clinical approach
• Anticipated sequence of methodologies or intervention approaches
• Intervention contexts
• Supplementary aid or service monitor and support
• Monitor and support for equipment
• Community collaborations and supports, including home programs
• Exit criteria

• Clarify need for interventions specially designed by a licensed Related Service Provider (RSP)
• Communicate with other team members
Embedded Intervention: THE BENEFITS – Students & Staff

Students:
- Generalize skills more readily
- Peers serve as models
- More time exposed to instruction

Staff:
- Greater capacity/more strategies for all students
- Access to therapists as models
- Reduced need for re-teaching

Therapists:
- Increased visibility/school involvement
- Access to teachers as models
- Demystified therapy room ‘magic’
- Informed whole-student perspective

Embedded Intervention: CHARACTERISTICS

- Assumes collaborative planning and team approach
- Occurs within daily routines and classroom schedule
- Connects IEP activities to curriculum
- Designs instructional and therapeutic media based on student:
  - activity
  - preferences
  - interests
  - motivators
- Recognizes dynamic relationship between child, activity, and/or environment

Documenting Intervention and Progress

Intervention notes must comply with:
- Licensure guidelines
- EC guidelines
- Medicaid guidelines

Progress notes serve to:
- Synthesize progress monitoring data
- Communicate with a varied audience
- Highlight YOUR discipline’s contribution
- Inform next steps

Fidelity in Monitoring

Fidelity in Monitoring = Degree to which an intervention is implemented as intended (Gresham, Gansle & Noell, 1993; Moncher & Prinz, 1991)

Extent to which interventionists are faithful to:
- intervention plan
- data collection

Requires:
- third-party person checking fidelity
- plan for monitoring
- report of findings
Progress Monitoring

- Scientifically based practice used to frequently:
  - assess students’ academic performance
  - evaluate the effectiveness of instruction
  - focuses on student rate of growth
  - indicates when IEP annual goals have been met

Data Collection by Students - Reinforcing Math

Can students keep their own data?

Kindergarten

Answer ‘How many?’ up to 20

Grade 1

Use data to answer questions
("How did you do on your goal last week?")

Compare data using bar graphs

Grade 2

Draw a bar graph

Identify odd or even

Data collection resources:

- National Center on Student Progress Monitoring
  - http://www.studentprogress.org
- Google data collection forms!

At the meeting:

- Ask teacher to describe thing you want to measure (falls, on task, engaged, use of equipment)
- Operationally define together, work out all differences
- Decide who collects, where, when, what routine and how often
- Provide tally to all collectors
- Schedule turn in dates and discussion times
Using the Data

- Data only informs when it is reviewed, interpreted and APPLIED!
- What does the data suggest about:
  - what student has learned? not learned?
  - the student’s ability to apply skills learned? in various contexts?
  - mastery of goals by end of IEP?
  - intervention? dosing?
- Do certain skills need to be:
  - re-taught?
  - prioritized?
  - stopped/abandoned?

Data-Driven Change

- Is rate of progress appropriate? If yes, celebrate!
- If no, adapt:
  - Environment
  - Task complexity/size/pace
  - Intervention methods/procedures/routines
  - Resources and materials
  - Group size/peer presence
  - Sequence of skills taught
  - Amount of (response or service) time allocated
  - Level of support; type/intensity of feedback
  - Student motivation/responsibility
- Replicate practice of therapists or educators who demonstrate effectiveness
- Consult with IEP team
- Ask. The. Student.
- Assess student response to adjustments
Progress Reporting

• Reports on the child’s progress toward meeting each annual goal will be provided concurrent with the issuance of report cards, or more often as determined by the IEP Team. IDEA 300.320(a)(3)(ii)
• Parent understands, in advance, how progress on goals will be provided
• Uses clear, parent-friendly language
• Explains extent to which progress is sufficient to achieve goals and if not, why not
• Includes goal written on progress report
• Identifies contributors, especially when progress varies by discipline focus/emphasis

Not All Progress Reports Are Equal

EXCELLENT 🎉
GOAL: In 36 weeks, given a routine classroom task within her ability level (lining up to go outside, washing hands before snack, etc.), Nancy will initiate and complete the task with <3 prompts to start/persist and no tantrums on four consecutive data collection dates.

Week 3 – 8 tantrums; required average of 5 prompts to start/complete tasks
Week 6 - 7 tantrums; required average of 3 prompts to start/complete tasks
Week 9 - 4 tantrums; required average of 3 prompts to start/complete tasks
Nancy is learning alternatives to having tantrums (requesting breaks; referring to star chart) and is on course to meet this goal by end of IEP.

Laurie Holahan, Occupational Therapist

WEAK 😞
Variable progress
Good attendance
Thanks for sending in snacks!
Laurie Ray, Physical Therapist

Ethics

Around Here

North Carolina State Board of Education Code of Ethics
(16 NCAC 6C.0601 and 16 NCAC 6C.0602, 1998)

http://sbepolicy.dpi.state.nc.us/policies/QP-C-014.asp?pri=02&cat=C&pol=014&acr=QP

AND each of our respective professional associations
Table Talk...

What are some ethical situations you have encountered in school-based practice?

Potential Ethical Issues in School Practice

- Service Delivery Decisions
- Documentation
- Working Autonomously
- Medicaid
- Competence
- Assistant Supervision
- Serving multiple employers and/or settings
- Confidentiality
- Competing Interests
- Delegating Tasks
- DME Acquisition

Developing a Schedule

- Review IEPs
- Locate students
- Talk to teachers
- Talk with other service providers
- Streamline travel
- Build-in planning & evaluation time

Workload

- Service to students
- IEP meetings
- Evaluations
- Documentation and billing
- Supervision of:
  - Therapy assistants
  - Interns
  - Non-licensed personnel
- Program, agency, and family consultation
- Staff development
- Regular education initiatives
- Specialty teams (AT, PK, Au)
- Travel
- Equipment acquisition, maintenance, and training
Contact Information

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