North Carolina Department of Public Instruction
Exceptional Children Division

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Educational and Clinical Models of Service Delivery

Occupational and physical therapy services are delivered in a variety settings—hospital, clinic, home and school—each with its own set of standards and practices. Regardless of setting, therapy is therapy, right?

Actually, no. Therapists are equally trained and licensed no matter where they work, but the missions of the agency, school, or clinic where the therapists work are often very different. So, the type and goals of therapy may be very different from one setting to another. It's important to understand the different services provided and desired outcomes of different models of therapy.

There are two basic models of occupational and physical therapy for children: clinical and educational. The purpose behind each of these models is different, although they can overlap.

There are things that are the same in the clinical and educational models. The child/student must have a disability or disorder which is causing a problem. Therapy for this condition must be a normal and accepted practice. Evaluation data is collected and interpreted to determine if any service is needed and develop an intervention plan. In schools, the IEP team uses this data to determine if the related service is not provided, will the student not be able to learn or take part in his/her school day? In clinical settings, these decisions are often made by the therapist and/or the doctor.

In both models, the therapist develops an objective and measurable intervention plan to document:

- the child/student's functional strengths and limitations,
- address a condition/situation(s) that is expected to improve with a reasonable and generally predictable period of time, or
- establishes a safe and effective maintenance program.

In the school setting (or educational model), therapy (or related service) is provided only when a student cannot learn or take part during the school day without it. In other words, they must be educationally relevant. This means related services should be provided during the school day and as a part of the school routine.

When activities are covered as a standard part of another discipline's intervention/care, these activities are not routinely provided by therapists (e.g., handwriting instruction for kindergarteners; transfers for severely disabled high school students). A related service is needed when a licensed professional is the only one who can help the student learn and participate.

Children can receive services through one or both models. An IEP is always open to change, it can and should change to respond to the student's needs and ensure least restrictive environment for the student. For some children the amount of therapy they get at school will not be all the therapy that he or she needs. A child may need to get therapy (from the clinical model) that is not needed for school but is needed for the child to do well at home or in the community.

	EDUCATIONAL MODEL	CLINICAL MODEL
HOW DOES IT START?	Teacher, parent or other involved person can request, in writing, the IEP team consider the need for evaluation	Referral is started by the doctor based on observation or diagnosis
WHO DECIDES NEED FOR SERVICE?	•The IEP team decides together with recommendation from licensed OT/PT based on student data (such as, testing and classroom/campus observations) •The IEP team *only* looks at needs associated with special education program/school day	• Testing and clinical observation by licensed OT/PT • Assessment takes all settings into consideration • Often driven by doctor's orders or insurance coverage
WHAT IS THE PURPOSE OF EVALUATION?	• To give knowledge and data to the IEP team to help with all decisions • Helps to find areas of student strengths and needs • Helps to guide student goals	• To determine need for services • Helps to identify areas of strengths and needs • Helps to guide goals
WHO DECIDES SCOPE OF SERVICE?	• IEP team—including parents, student, educators, administrators and school based therapists—decides how much, how often and how long therapy lasts • A doctor's order does not drive decisions about related services	• Medical team makes all therapy decisions • Insurance coverage, doctor's orders and transportation may be determining factors
HOW CAN SERVICES BE CHANGED?	Changes to related services require an IEP meeting (in some cases may be by phone) with parents, educators, administrators and the school based therapist present to discuss and come to consensus	Doctors can alter orders or therapist can change therapy plan, generally discussed with doctor and parents
WHAT IS THE FOCUS OF THERAPY?	•Therapy addresses special education and school routines/day • Works toward student independence and participation • Usually works on long-term problems that cause trouble at school	• Therapy addresses medical conditions and impairments • Works to realize full potential • Usually works on short term problems
WHERE DOES THERAPY OCCUR?	• On school grounds, bus, halls, playground, classroom, lunchroom; whole school environment/campus • Also work sites and for preschool students some daycare settings	In the clinic, hospital or home
HOW IS THERAPY DELIVERED?	Integrated/inclusive therapy, staff training, program development, work with staff, group intervention, direct one-on-one treatments, consultation	Usually, direct one-on-one treatment by appointment to accomplish set goals
WHO PAYS?	No cost to student or family = free and appropriate public education (FAPE)	Fee-for-service payment by family, insurance or government assistance.
HOW ARE SERVICES DOCUMENTED?	Related to IEP with accessible, readable language; guided by state and local policy reflecting best practice	Dictated by insurance requirements and guidelines of the setting; emphasis on medical terms and billing codes