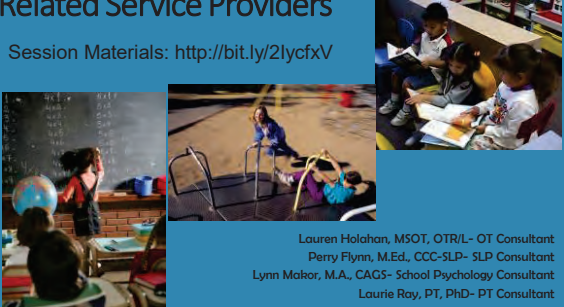


Overview of School-based Practice for Related Service Providers

Session Materials: <http://bit.ly/2lycfxV>



Lauren Holahan, MSOT, OTR/L- OT Consultant
Perry Flynn, M.Ed., CCC-SLP- SLP Consultant
Lynn Makor, M.A., CAGS- School Psychology Consultant
Laurie Ray, PT, PhD- PT Consultant

**North Carolina Department of Public Instruction
Exceptional Children Division
2018 Summer Institutes – UNC Greensboro**

Your DPI Consultants



Perry Flynn, SLP

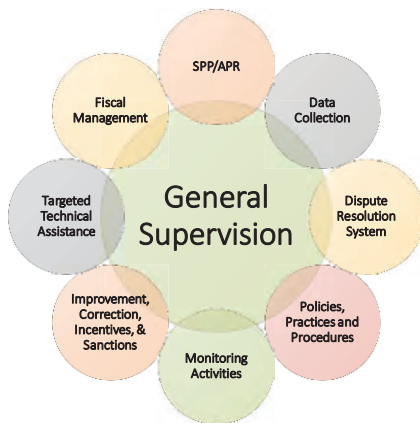
Lauren Holahan,
OT & Medicaid



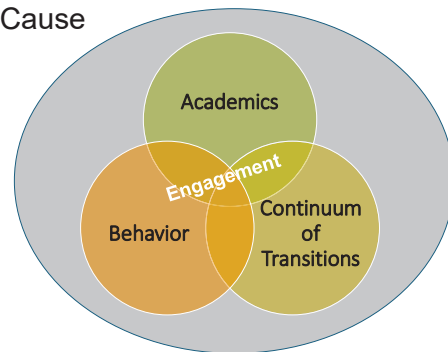
Lynn Makor,
School Psychology



Laurie Ray,
PT, Medicaid & APE



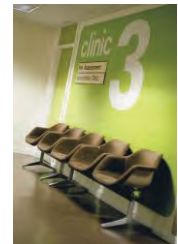
SSIP: Root Cause



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

Setting Matters



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.*

- o 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
- o There may be goals that are not addressed by school based therapy and would require home or community based services from the medical model
- o In each setting, the child should be assessed individually to determine the best way to meet his or her needs

IDEA 2004: Related Services



...transportation, and such **developmental, corrective, and other supportive services** (including speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, social work services, school nurse services **designed to enable a child with a disability to receive a free appropriate public education as described in the individualized education program of the child**, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services, except that such medical services shall be for diagnostic and evaluation purposes only) as may be **required to assist a child with a disability to benefit from special education**, and includes the early **identification and assessment of disabling conditions** in children.

IDEA 2004: Related Services

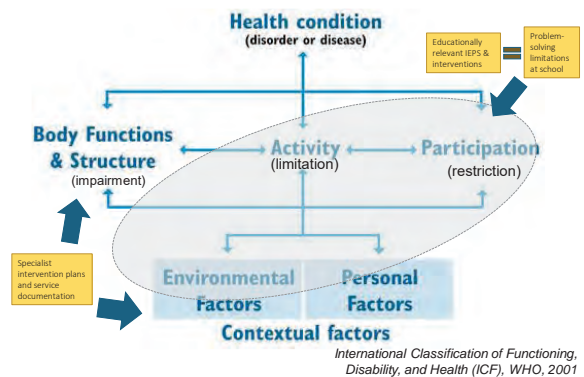
Any service a student with a disability requires in order to benefit from his/her special education program:

- "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

34 CFR §300.34

☛ Participation & educational performance are primary in educational practice

Special Scope

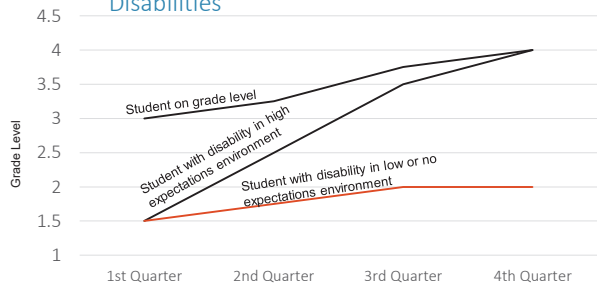


Specially Designed Interventions



- 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

Accelerating Growth for Students with Disabilities

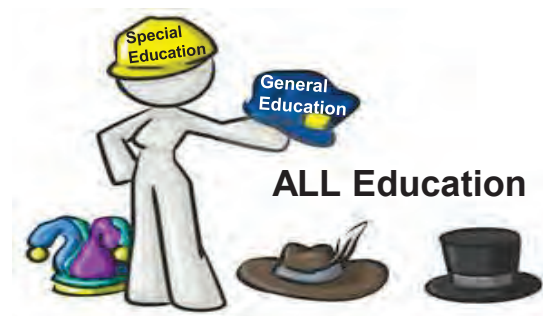


Role of Related Service Providers (RSPs)

- 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?



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.

Federal Register/Vol. 71, No. 156/Monday, August 14, 2006/ Rules and Regulations (pg. 46761)

Counseling as a Related Service:

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

Federal Register/Vol. 71, No. 156/Monday, August 14, 2006/ Rules and Regulations (pg. 46760)



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



EBP in schools = Curriculum-based practice

Evidence-based Practice Resources

- What Works Clearinghouse** - <http://ies.ed.gov/ncee/wwc/>
- 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



I start ticking NOW!

90-Day Timeline

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



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

Educationally Relevant Data Sources

- Review**
- ✓ student work samples
 - ✓ grades
 - ✓ health records
 - ✓ previous tests/reports
 - ✓ office referrals
 - ✓ other discipline data
 - ✓ attendance records

- 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 likely/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

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?

Adapted from *OT Practice*, 5/28/07 by Lorch and Herge, pp.17-22

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**

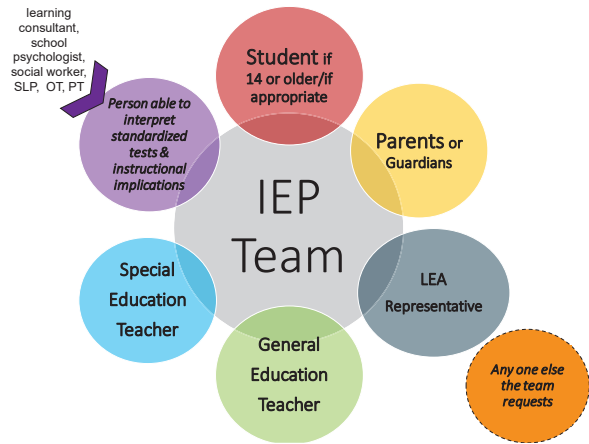
	Hearing Screening	Vision Screening	Speech/Language Screening	Motor Screening	Health Screening	Social/Emotional History	Summary of History	Academic & Observations (IEP/504)	Parental/Teacher Input	Review of Existing Data	Educational/Behavioral/Physical Evaluations	Adaptive Behavior Evaluations	Screening in All Systems	Screening including: Vision, Hearing, Speech, Language, Adaptive Behavior	Medical Evaluation	Academic/Behavioral/Physical Evaluations
Autism Spectrum Disorder	✓	✓				✓	✓	✓			✓	✓	✓	✓		
Deaf/Blindness			✓		✓	✓	✓				✓	✓	✓		✓	✓
Deafness			✓		✓	✓	✓				✓		✓		✓	✓
Developmental Delay	✓	✓	✓	✓	✓	✓	✓				✓	✓	✓			
Emotional Disability	✓	✓				✓	✓	✓	✓	✓	✓	✓	✓			
Hearing Impairment	✓		✓			✓	✓				✓		✓		✓	✓
Intellectual Disability	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			
Multiple Disabilities	✓	✓		Motor Eval.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	

* = See Policies Governing Services for Children with Disabilities (Amended - July 2014) for exceptions/general notes.

**SPECIAL EDUCATION ELIGIBILITY
REQUIRED SCREENINGS AND EVALUATIONS**

	Hearing Screening	Vision Screening	Speech/ Language Screening	Motor Screening	Health Screening	Social/ Developmental Screening	Summary of Conference with Parents/ Guardians	Admission to Public Schools	Medical History	Medical Based	History of Seizure Data	Educational Evaluation	Psychological Evaluation	Behavioral Evaluation	Communication Evaluation	Medical Evaluation	Adaptability Evaluation	Other/Unlabeled
Orthopedic Impairment	✓	✓																
Other Health Impairment	✓	✓																
Specific Learning Disability (Zhangye Model)	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓				
Specific Learning Disability (RI Model)	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓				
Speech/ Language Impairment	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓				
Traumatic Brain Injury	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓				
Visual Impairment	✓	✓				✓	✓	✓	✓	✓	✓	✓	✓	✓				

* = See Policies Governing Services for Children with Disabilities (Amended - July 2014) for exceptions/general notes.



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

Determination of Eligibility for Special Education & Related Services

Three Prongs:

A student is eligible to receive special education and related services, ***IF*** the following three questions are addressed and answered ***YES*** by the IEP team=

1. Is this student is a 'student with a disability'? Does the child meet eligibility criteria for the specific area of disability? Do any of the 14 educational categories of disabilities fit?
2. Does the disability have an adverse effect on this student's academic or functional performance?
3. Are these performance deficits related to the disability such that the student requires specially designed instruction in order to access the general curriculum?



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:

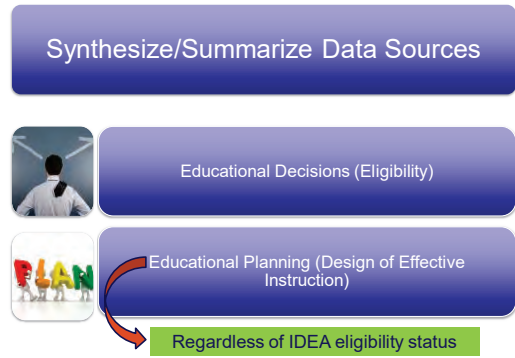
- disability criteria (prong 1)
- adverse effect (prong 2)
- need for specially designed instruction (prong 3)

The team must also respond to the following (discussed prior to evaluation):

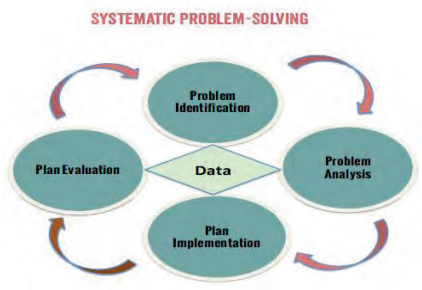
- ✓ The determination is NOT a result of lack of instruction in reading
- ✓ The determination is NOT a result of lack of instruction in math
- ✓ The determination is NOT the result of being a student who has Limited English Proficiency

- ☞ 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)



Special education evaluations are a *continuation* of the problem solving process not the end goal.



Search for Effective Instruction



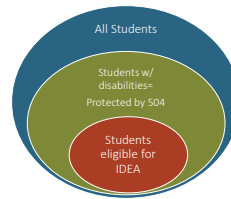
Rehabilitation Act of 1973, Section 504
(29 USC § 794 and 34 CFR § 104.4)

"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

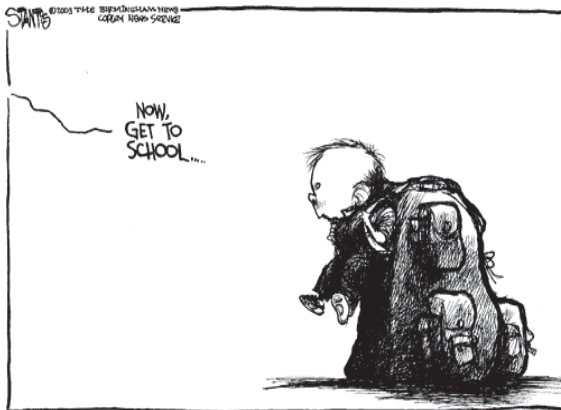


- Does this student have a physical or mental impairment that limits major life activities?
- Do they have equal access when compared to other students?
- What accommodations and/or services are required to ensure equal access?
- Are these accommodations and/or services reasonable?

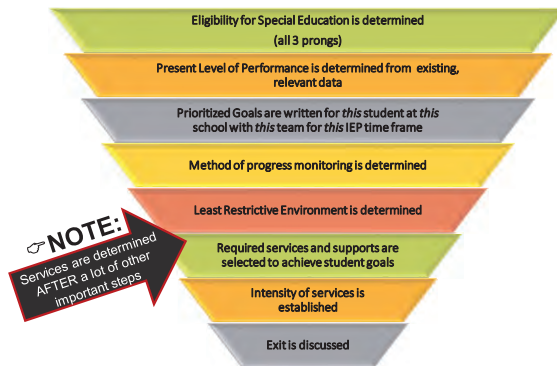
	Section 504	IDEA
Type of legislation	Civil rights Act: Discrimination Protection	Education Act: Entitlement
Funding	School funding (no separate funding)	State-federal-local funding
Administration	Section 504 Coordinator	Special Ed Director
Service tool	504 Plan – accommodations & services	IEP – Special education & related services
Disability	Substantial physical/mental impairments	14 federal categories
Parents	Should be involved; on team	Consent required; on team
Procedural Safeguards	Notify parents	Parent consent & notice required for evaluations & placement
Requirements	• Child find	• LRE • Annual review
Eligibility	Evaluation with team decision •adversely affects •major life activity	Evaluation with team decision •by specific category •substantially limits academic & functional performance

The Therapy Process in Schools:

IEP DEVELOPMENT and INTERVENTION PLANNING



IEP Development: *The Sequence*



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=d44wPE9azXk>

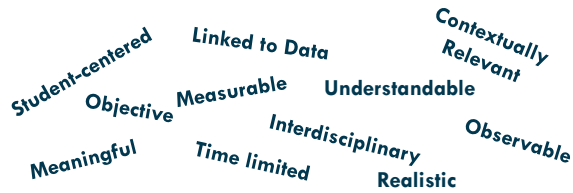
Effective IEP meetings: Use an Agenda

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*”

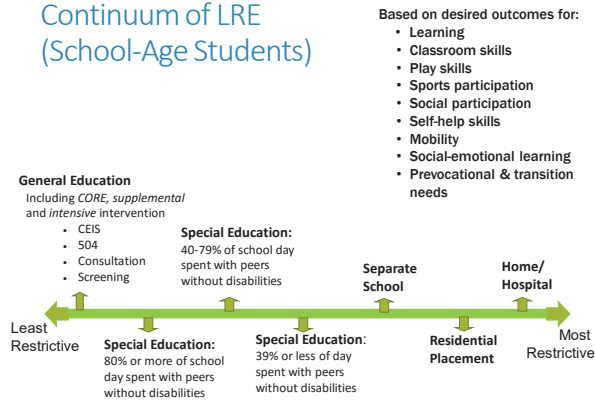
(Wolfe & Hall, 2003)



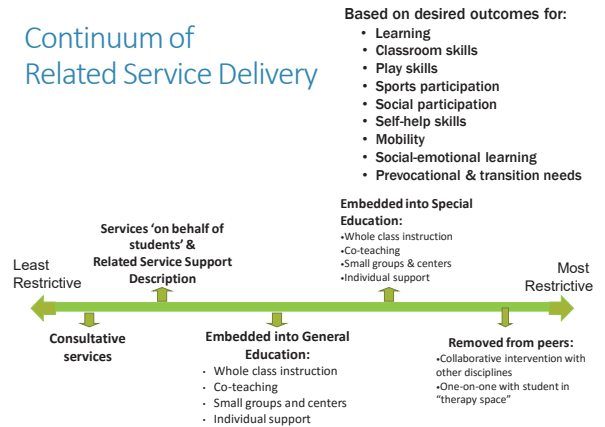
What Do We Want?



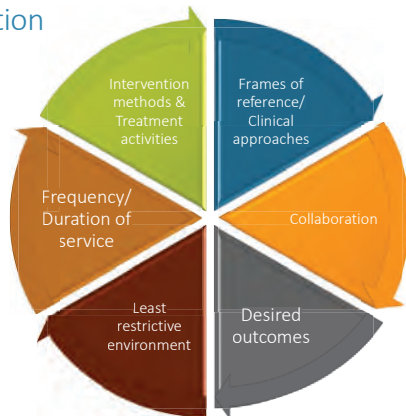
Continuum of LRE (School-Age Students)



Continuum of Related Service Delivery



Intervention Planning



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

Frank Porter Graham Child Care Staff & Dr. Robin McWilliam, 2005

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

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

Extent to which interventionists are faithful to:

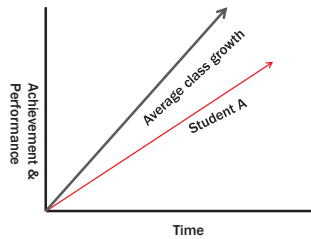
- intervention plan
- data collection

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>
- National Center on RTI - <http://www.rti4success.org>
- Google data collection forms!
- Eastern Upper Peninsula Intermediate School District - <http://www.eupschools.org/Page/3253>

Date	Tally each time seen:	Total

At the meeting:

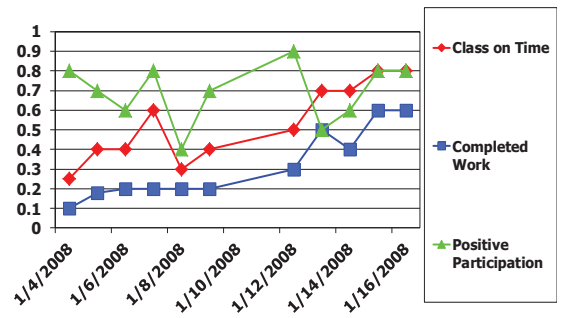
- Ask teacher to describe thing you want to measure (falls, on task, engaged, use of equipment)
- Operationally define together, work out all differences
- Decide who collects, where, when/what routine and how often
- Provide tally to all collectors
- Schedule turn in dates and discussion times

Student:		Week of: May 15-19 2017			
Observed by	Activity	What happened?	Cues?	Situation?	Outcome?
Day & Time		1-Tripped caught self 2-Tripped caught by other (who?) 3-Fell to hands or knees (which or both?)	Cues given prior to fall?	What happened right before the fall?	What happened right after the fall?
			Yes/No		
			Yes/No		
			Yes/No		
			Yes/No		
			Yes/No		

MY Checklist-

Date	# of steps today	Did I fall today?	How did I play in PE today?	Was my ♥ rate: fast, resting or slow?	Was PE fun today?
		Yes / No	Hard/Easy	fast resting slow	😊 😊 😊
		Yes / No	Hard/Easy	fast resting slow	😊 😊 😊
		Yes / No	Hard/Easy	fast resting slow	😊 😊 😊
		Yes / No	Hard/Easy	fast resting slow	😊 😊 😊
		Yes / No	Hard/Easy	fast resting slow	😊 😊 😊
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		Yes / No	Hard/Easy	fast resting slow	😊 😊 😊
		Yes / No	Hard/Easy	fast resting slow	😊 😊 😊

Multiple Goals Displayed



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)(iii)
- 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

WEAK 😞

Variable progress

Good attendance

Thanks for sending in snacks!

Laurie Ray, Physical Therapist

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

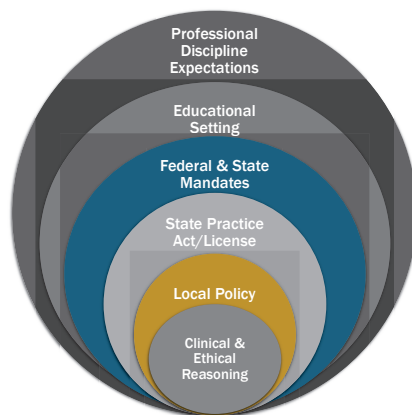
Week 6 - 7 tantrums; required average of 3 prompts to start/complete tasks

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.

Lauren Holahan, Occupational 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





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



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