



TAUNTON PUBLIC SCHOOLS
DEPARTMENT OF SPECIAL EDUCATION
OCCUPATIONAL THERAPY/PHYSICAL THERAPY
GRADES K-12

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.

Therapists are equally trained and licensed regardless where they work, but the missions of the agency, school, or clinic are often very different. The type and goals of therapy may be very different from one setting to another. Therefore, it is important to understand the different delivery models and the desired functional outcomes for the different models of therapy.

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

Fundamental similarities exist between the medical and educational models. The student must have a recognized disability or disorder which adversely affects performance. Both models of therapy must address a condition/situation and deliver services based on an accepted, and essential, evidence-based methods of intervention. Evaluation data is collected and interpreted to determine need for service and develop an intervention plan.

The objective and measurable intervention plan must document the student's functional strengths and limitations. It must address a condition/situation(s) that is expected to improve within a reasonable and generally predictable period of time. The plan may also establish a safe and effective maintenance program. In the school setting, when activities are considered to be a standard part of another discipline's intervention/care, then these activities are not routinely provided by therapists.

Children are able to receive services through one or both models. In the school model, an IEP is a legal and fluid document. It can and should change to respond to the students' needs and to ensure the least restrictive environment for the student. For some children the frequency, focus or intensity of therapy they receive at school through the educational model will not meet all therapy needs. A child may benefit from therapy outside the school setting which would require home- or community-based services from the medical model as supported by their health insurance.

School-based occupational and physical therapy services are governed by federal and state laws. Students must be identified as having a disability that meets the criteria under the Individuals with Disabilities Educational Act (IDEA) of 2004. Under IDEA PT/OT are defined as a **related service** that *may* be required to enable a student to benefit from special education or general education.

Some students who are not eligible for special education services may qualify under Section 504 of the Rehabilitation Act of 1973. The 504 Plan specifies the accommodations that are necessary for a student to access educational activities and may involve input from OT, PT or SLP.

	EDUCATIONAL MODEL	CLINICAL MODEL
HOW DOES IT START?	Teacher, parent or other involved person can ask the IEP team to consider the need for evaluation	Referral is initiated by physician based on observed delay or diagnosis. Parent is responsible for obtaining need for services.
WHO DECIDES NEED FOR SERVICE?	<ul style="list-style-type: none"> • IEP team consensus with recommendation from licensed OT/PT based on testing and classroom observation • The school-based evaluation takes into consideration only needs associated with accessing the educational curriculum. A medical diagnosis or motor delay confirmed by evaluation results does not automatically indicate a need for school-based OT/PT. There must also be an adverse impact on the student's performance or access to his/her education. <p><u>The TPS have the following entrance criteria established for OT/PT services grades K-12: (Student must meet all three criteria)</u></p> <ul style="list-style-type: none"> -The student is eligible for special education services due to the disability specified in his/her IEP. -Standardized test scores fall at least 1.5 standard deviations below the mean and are supported by weaknesses with functional skills in these areas in the educational setting and impact a student's ability to effectively access the academic curriculum. -The student has received general education instruction pertaining to these skills without success. -If a standardized test is not possible, clinical observations and non-standardized assessments are used to evaluate underlying components 	<ul style="list-style-type: none"> • Based on testing and clinical observation by licensed OT/PT • Assessment takes all settings into consideration • Frequently driven by doctor's orders. Children with mild, moderate and severe deficits may qualify.

	of gross motor and fine motor functions.	
<u>WHAT IS THE PURPOSE OF EVALUATION?</u>	<ul style="list-style-type: none"> • To contribute knowledge and data to the IEP team for discussion and decisions. To determine qualification and need for services • Helps to identify areas of strengths and needs • Helps to guide goals 	<ul style="list-style-type: none"> • To determine need for services • Helps to identify areas of strengths and needs • Helps to guide goals
<u>WHO DECIDES SCOPE OF SERVICE?</u>	<ul style="list-style-type: none"> • IEP team—including parents, student (if appropriate), educators, administrators and school based therapists—determine the focus, frequency and duration of therapy • A doctor’s order or outside evaluation does not drive decisions about school therapy services <p>A doctor prescription is not required to receive OT/PT services in school. The school district is not obligated to follow recommendations or a prescription for therapy services written by a medical doctor or an OT/PT from an outpatient facility.</p>	<ul style="list-style-type: none"> • Medical team determines location, focus, frequency and duration of therapy. This would typically include the Physician, family and therapist. • Insurance coverage, doctor’s orders and transportation may be determining factors
<u>HOW CAN SERVICES BE CHANGED?</u>	<p>Changes to related services require an IEP meeting with parents, educators, administrators and the school based therapist present to discuss and come to consensus.</p> <p>When a child undergoes an orthopedic or other related surgery, the therapist/TPS must receive a written order from the child’s doctor allowing the resumption of PT/OT services. Without this written order therapy services can not occur.</p>	Doctors can alter orders or therapist can change therapy plan, generally discussed with doctor and parents
<u>WHAT IS THE FOCUS OF THERAPY?</u>	•Therapy addresses access to special education and the school	• Therapy addresses medical conditions and impairments

	<p>environment</p> <ul style="list-style-type: none"> • Works toward independence and participation • Intervention is primarily for weaknesses that interfere with a child’s ability to access the educational curriculum. <p><u>The school-based OT may include:</u></p> <ul style="list-style-type: none"> -Facilitate a child’s ability to access the curriculum through modifications or accommodations that afford success. -Therapy may focus on developing a program of therapeutic activities to support a student’s performance in the educational environment. - Specific skills addressed can include: visual perceptual motor skills, fine motor skills, neuromuscular skills, sensory integrative skills, self help skills and organizational skills <p><u>The school based PT may include:</u></p> <ul style="list-style-type: none"> -Travel into and out from school -Mobility/transitioning around the school building -Functional sitting/positioning in the classroom -Safe accessibility of and participation in school activities, and activities of daily living. -Identifying appropriate adaptive equipment. -Consultant/Educator to staff and families -Serve as a liaison among school, medical personnel and medical equipment vendors. 	<ul style="list-style-type: none"> • Works to get full potential realized. Addresses movement quality as well as function. • Intervention usually for acute problems
<p>WHERE DOES THERAPY OCCUR?</p>	<p>Within the school environment during school hours</p>	<p>In the clinic, hospital, home or community setting</p>

HOW IS THERAPY DELIVERED?	Integrated/inclusive therapy, staff training, program development, collaboration with staff, group intervention, direct one-on-one treatments, consultation	Direct one-on-one treatment to accomplish set goals
WHO PAYS?	No cost to student or family = free and appropriate public education (FAPE)	Family is responsible for attaining service. Fee-for-service payment by family, insurance or governmental 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 terminology and billing codes
HOW ARE STUDENTS DISMISSED FROM SERVICES?	<p><u>Discharge may occur when:</u></p> <ul style="list-style-type: none"> -The student is no longer eligible for special education services. -Other members of the IEP team can implement the interventions. -When a student has reached a plateau and no longer benefits from the services. -When the student can perform all school tasks functionally without therapeutic intervention. <p><u>Taunton Public Schools has established exit criteria for dismissal of OT/PT services which includes:</u></p> <p>(Student must meet 1 of the following criteria as supported by progress reports, progress monitoring, formal and informal observation and data)</p> <ul style="list-style-type: none"> -The student has received OT/PT services as provided on the IEP and has accomplished/reached age level, grade level and/or maximal level of cognitive function. -The student is functional within the school environment. -The student has received services for 3 or more years and performance 	<p><u>Discharge may occur when:</u></p> <ul style="list-style-type: none"> -Goals have been met -Individual has demonstrated a plateau of skills. -Insurance guidelines dictate.

	<p>has remained relatively unchanged for a period of 6 months or more.</p> <ul style="list-style-type: none">-The student's rate of progress in the educational environment in the areas being addressed in therapy continues to be steady and commensurate with the students overall level of progress in other areas, despite a decrease in therapy services.-The student's needs can be met by other educational professionals using either a consultation model , use of adaptive equipment or by making accommodations-A parent and/or team may request OT/PT services be discontinued.-Therapy is contraindicated due to a change in medical/physical status.-The student's skill acquisition and level of function is commensurate with cognitive function.- The student refuses to participate in therapy sessions.	
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