Occupational Therapy and Physical Therapy as Related Services: Best Practice Guidance for Determining Involvement in Initial Part B Comprehensive Educational Evaluations

Introduction/Overview:

Since the enactment of the Individuals with Disabilities Act (IDEA), schools have increasingly recognized the importance and value an OT and/or PT can contribute when offering support as a related service to students with special education needs. Therapists are working to overcome the challenges in defining and conveying their professional expertise and the educational relevance of their service, relative to their roles/responsibilities, and the components of due process they follow as part of a special education team. Questions, assumptions and/or misunderstandings often arise as teams determine when to involve an OT/PT during an initial evaluation. Ambiguity and inconsistency regarding the role of the OT and/or PT tends to be greatest when dealing with children ages 3 through 6, who may be in need of special education under the Part B eligibility. The role of the Early Childhood Special Education (ECSE) teachers as primary service providers for the Development Delay population may be a major factor influencing the role of the OT and/or PT. Subsequently, this may contribute to:

- creating confusion in teams and parents, especially if families move between districts or schools with disparate roles established for their therapists, or as children transition from early intervening, family based services for infants/toddlers, to preschool and ultimately to Kindergarten settings (i.e. part C to part B transition);
- overuse of therapists as “generalists” rather than utilizing therapists as “specialists” based on their expertise (unique training and skill set);
- limitations in establishing the most effective and efficient use of therapists as contributing, auxiliary members of special education teams, and consequently;
- excessive or inflated caseload/workload burdens on therapists that may exceed average ratios of service demands as compared to other service areas, or a district wide ratio of children with special education needs compared to the general population of children/pupils.

Goal:

In order to promote greater consistency and uniformity among Minnesota school districts and therapy service providers, this document is offered to provide information and guidance regarding the process of Part B evaluations. This includes determining the appropriate involvement of an occupational/physical therapist in initial Part B evaluations, particularly for those children being considered for special education eligibility under Developmental Delay (age 3 through 6). Information presented in this document is based on current best practice, and represents ideal standards of practice that can promote the most optimal utilization of therapy services.

Supporting Resources:

The federal definition of **related services**, found in Section 300.34 (a) of IDEA, contains key language providing the foundation for understanding the essential role of occupational therapists and physical therapists in schools…It states: “Related services means

transportation and such developmental, corrective, and other supportive services *as are required to assist a child with a disability to benefit from special education,* and includes speech-language pathology and audiology services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, early identification and assessment of disabilities in children, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services for diagnostic or evaluation purposes. Related services also include school health services and school nurse services, social work services in schools, and parent counseling and training."

To better understand the application of this language, please refer to text in the **Interpretation/Implications** sections found on pages 20, 39-40, 47-51, and 103-104 of Occupational Therapy and Physical Therapy in Educational Settings: A Manual for MN Practitioners Third Edition 2014.

The MN Department of Education has also created resources to help understand the related service role of an OT and/or PT in evaluating and serving children/pupils with special education needs (refer to MDE Q&A Related Services document).

Occupational Therapy and Physical Therapy are defined as related services under Part B. Teams should strive to understand that the secondary, assistive role of these services is typically determined ***AFTER*** a child/pupil has qualified for special education based on eligibility criteria for an established disabling condition. To justify the participation of an OT and/or PT in an **initial evaluation** of a child/pupil, there should be careful consideration of unique factors and special circumstances that justify this involvement (see examples below). These decisions are always made in collaboration with the therapist, and should never infringe on the most efficient and effective use of the therapist's time and expertise. The therapist is responsible for identifying the tools (standardized or non-standardized) to be utilized by the therapist during a comprehensive evaluation based on the student's individual needs/concerns. Refer to the flow chart titled Process for Considering the Need for Occupational Therapy and/or Physical Therapy - Part B of the Occupational Therapy and Physical Therapy in Educational Settings: A Manual for MN Practitioners Third Edition 2014 on page 45.

Considerations:

Indicators of the Need for Team Building/Staff Development: It may become necessary for an OT and/or PT to carefully evaluate their professional roles and to facilitate problem solving discussions with their school teams and administrators when encountering expectations that challenge the best use of their time and expertise. The following are some examples of these challenges:

- perceptions that the therapist's role in the evaluation process can supplant the roles/responsibilities of other team members;
- expecting a therapist to perform assessment activities that should typically be within the skill set of primary service providers (i.e. exclusively using therapists to administer the motor domains of developmental assessments);
- solely relying on or anticipating that standardized testing by a therapist can be used to assure a child/pupil meets "criteria" for special education eligibility;
- the misunderstanding that there is a criteria for OT and/or PT service, or that standardized test scores are a component of therapy eligibility;

- expectations that a therapist should function as a generalist or routine provider of activities that are/should be part of the customary curriculum (i.e. teaching handwriting, administering/overseeing a fine-motor station of developmental activities, gross motor group).

In addition, an OT and/or PT may need to put forth additional effort to help educational teams understand various conditions/situations under which the expertise of an OT and/or PT is not necessary. In these situations it is common for the therapist to provide education and resources to support classroom staff and/or families. For example:

- When concerns about the child/student appear linked to diminished exposure to learning activities;
- When motor skills are commensurate to cognitive function/development;
- When it is evident that maladaptive behaviors are not associated with or a result of disturbances in a child/pupil's sensory processing, or:
- When accommodations/modifications are in place which meet the child/pupil's educational needs.

Pre-Referral Support Strategies for a child in a preschool program: Prior to conducting a SpEd evaluation, the child study/student study team will have considered an array of applicable pre-referral support strategies that may be incorporated to address the needs of the struggling learner (i.e. Multi-Tiered System of Supports/MTSS, Response to Intervention/RtI, Universal Design/UD). With this approach, the team engages in problem solving regarding approaches and interventions that can be utilized by classroom teachers to adapt the learning environment, promote a student's access and response to the curriculum, and/or in general increase the teacher's instructional skill set to effectively solve issues with student performance. The collection of data pertaining to the response of the child/pupil to these supports is an important component in substantiating if there is a need to proceed toward conducting SpEd evaluation. In addition, teams utilizing the MTSS approach may also be able to identify system deficits such as:

- curriculum expectations that may not be appropriately aligned to the typical sequence of motor skill development (e.g. handwriting demands when children are not typically ready to learn that skill);
- curriculum expectations that may not be reasonable if discrete instruction is lacking/not provided (e.g. requiring handwriting skills when handwriting instruction has not been presented);
- inconsistencies in instructional focus and finesse between teacher or grade level clusters (e.g. handwriting concerns more prevalent with certain teachers/classrooms); or
- inconsistencies in access to or utilization of assistive technology or other strategies of accommodation between teacher or grade level clusters (e.g. less handwriting concerns in classrooms where students/pupils use Ipad applications for completing written assignments).

Therapists may occasionally be invited to participate as a member of the child/student study team when pre-referral/pre-evaluation strategies relative to enhancing a teacher's ability to support a child's sensory, motor, and/or adaptive function, are being considered. At this stage, therapists may offer suggestions for the classroom staff to implement regarding

adjustments that could be made to the curriculum, classroom environment and/or classroom routines that could benefit the struggling learner. By providing support at this pre-referral/pre-evaluation level, OTs and PTs can take on important role of helping schools to 1) build capacity in classroom teachers (i.e. educating educators) in meeting the needs of their students; and 2) assure a child/pupil's access to the least restrictive environment (LRE).

Initial Evaluation: Generally speaking, an OT and/or PT (as a *related* service), would ***NOT*** typically be involved when planning for a child/pupil to undergo comprehensive educational evaluation to determine **initial** Part B eligibility for SpED services. In order to consider the need for occupational or physical therapy the student must have qualified for special education services and demonstrated the need for supplementary services that relate to the educational goals identified by the special education teacher.

Under certain circumstances, the participation of an OT and/or PT when planning/conducting an initial evaluation may be necessary when any of these examples apply:

- ☐ a child/pupil has (or is in process of obtaining) a medically diagnosed condition known to impair motor function and its associated, functional impact on the development of adaptive skills and the ability to physically participate in the curriculum;
- ☐ a child/pupil demonstrates significantly maladaptive behaviors learning environment, and has or is in the process of undergoing medically based evaluation or outpatient services related to these behavioral concerns (e.g. ASD testing, sensory processing needs);
- ☐ a parent (or any individual included in the definition of parent under the federal regulations at 34 CFR 300.30) asks for an evaluation and specifically requests OT and/or PT;
  - **Please note**, if there is a parent request or outside medical agency recommending school-based OT and/or PT evaluation/services, compile this information prior to determining the need for evaluation:
    1. Identify what area is affected (fine motor, gross motor or sensory motor/sensory processing)
    2. Determine the functional educational impact of these concerns (how does this affect the student at school?)
    3. Include input from school staff including classroom teacher
    4. Gather data regarding strategies that have been attempted to address this need by general education, MTSS or Special Education
    5. Provide copy of outside report to school OT
- ☐ a child/pupil with a disability moves into Minnesota from another state with a current IEP reflecting OT and/or PT services, and an evaluation is needed to determine the student's eligibility for special education and related services under Minnesota criteria;
- ☐ a child/pupil has an active IFSP reflecting Occupational and/or Physical Therapy as a Part C early intervention service, and as a transition activity, the child is determined to be in need of evaluation in order to determine eligibility under Part B of IDEA.
  - **Please note**, during the transition from Part C services to Part B, it is not appropriate for Occupational and Physical therapists to function as a case manager for the evaluation. This is particularly important when an OT or PT has functioned in a primary service provider role. The delineation of an ECSE teacher or other appropriately licensed teacher will help to prepare the family for the transition to Part B, where occupational and physical therapy are considered a related service to educational needs.

In addition, the team may consider other unique factors that could influence the need for OT and/or PT participation in an initial evaluation of a child/pupil such as:

- the complexity or severity of the presenting problems/concerns about the child/pupil being referred for evaluation;
- the effectiveness of any pre-referral interventions and supports that other primary service providers have provided to address the needs of the child/pupil;
- the therapist's professional scope of practice, and unique knowledge and skill set (expertise); and
- the process by which the child/student study team conducts a pre-evaluation review of existing data that leads to evaluation planning.

Pre- Evaluation Review Process: An OT and/or PT may join the evaluation process as additional team members when provided sufficient, compiled evidence warranting their involvement. The determination to do so will be an outcome of the pre-evaluation review of existing data. Sources of evidence will ideally include:

- ☐ results of **teacher testing** that demonstrates the child/pupil will meet criteria for establishing SpEd eligibility;
  - ➢ ***Please note****, for Developmental Delay, scores of -1.5 SD or greater in two or more areas of development are evident (standardized FM and GM scores are reported as a composite);*
- ☐ data collected from parents (developmental interview/medical history) that reveals a pattern of significant concerns/discrepancies in the child's gross motor, fine motor and/or sensory motor/sensory processing functions in the home and community settings;
- ☐ data collected from teacher's observations of significant concerns/discrepancies in the child's gross motor, fine motor and/or sensory motor/sensory processing functions in school;
  - ➢ ***Please note****, data may be gathered from parents and classroom staff through the use of informal, therapist devised, quantifiable questionnaires/screening tools and observations.*
- ☐ data collected from teacher report of the child's/pupil's response to an established trial period of specified MTSS supports; and
- ☐ data collected from OT and/or PT observations of the child/student that corroborates the frequency/intensity of problems reported by others.

The above checklists could be used to guide teams regarding information needed to substantiate the participation of the OT and/or PT in an evaluation.

When planning initial evaluations under Part B, teams should resist a habit or expectation of routinely "assigning" an OT and/or PT primary responsibilities for evaluating a particular area of a child's/pupil's performance or a domain area of a particular assessment tool (i.e. the OT "owning" responsibility for completing the fine motor or sensory section of an evaluation, or the PT "owning" the area of gross motor function). This should be similar to how schools would typically consider involvement of school social workers and school nurses as other

related service providers. For example, it would not be an optimal/efficient use of a school social worker's time/expertise, to expect their routine participation in initial evaluations where the gathering and compilation of information addressing the performance area of social/emotional function is regarded as the responsibility of this discipline (as opposed to utilizing the ability of the special education teacher to perform this function). Similarly, it would not be an optimal/efficient use of a school nurse's time to automatically/routinely participate in initial evaluations under the expectation that they would have primary responsibility for gathering information on the child's health status.

Frequently, when the therapist has determined that there is adequate, compiled evidence warranting their involvement in an evaluation, and that the review of existing data provides sufficient information to fully understand the child's function and their educational needs, standardized testing on the part of the OT and/or PT is not necessary. The administration of standardized tests is not a required component of a therapy assessment, nor is it required to create a therapy treatment plan. Occasionally there are situations where the OT and/or PT determines, through the review of existing data, that there ***IS*** a need to administer a standardized testing tool or procedure in order to understand the needs of the child. Results of this additional testing performed by the therapist are typically used as supplemental information to substantiate the concerns and findings of other evaluation team members. The therapist's findings are not used in isolation to establish SpEd eligibility under part B criteria for DD or other categorical disability.

Again, information presented on pages 39-46 of Occupational Therapy and Physical Therapy in Educational Settings: A Manual for MN Practitioners Third Edition 2014, will be a helpful reference.

Adding OT/PT after an Initial Comprehensive Assessment: After an initial comprehensive educational evaluation has been completed, and the child/pupil has qualified for and has been subsequently receiving a program of SpEd support, the team may later consider whether the expertise of an OT/PT is needed under these conditions:

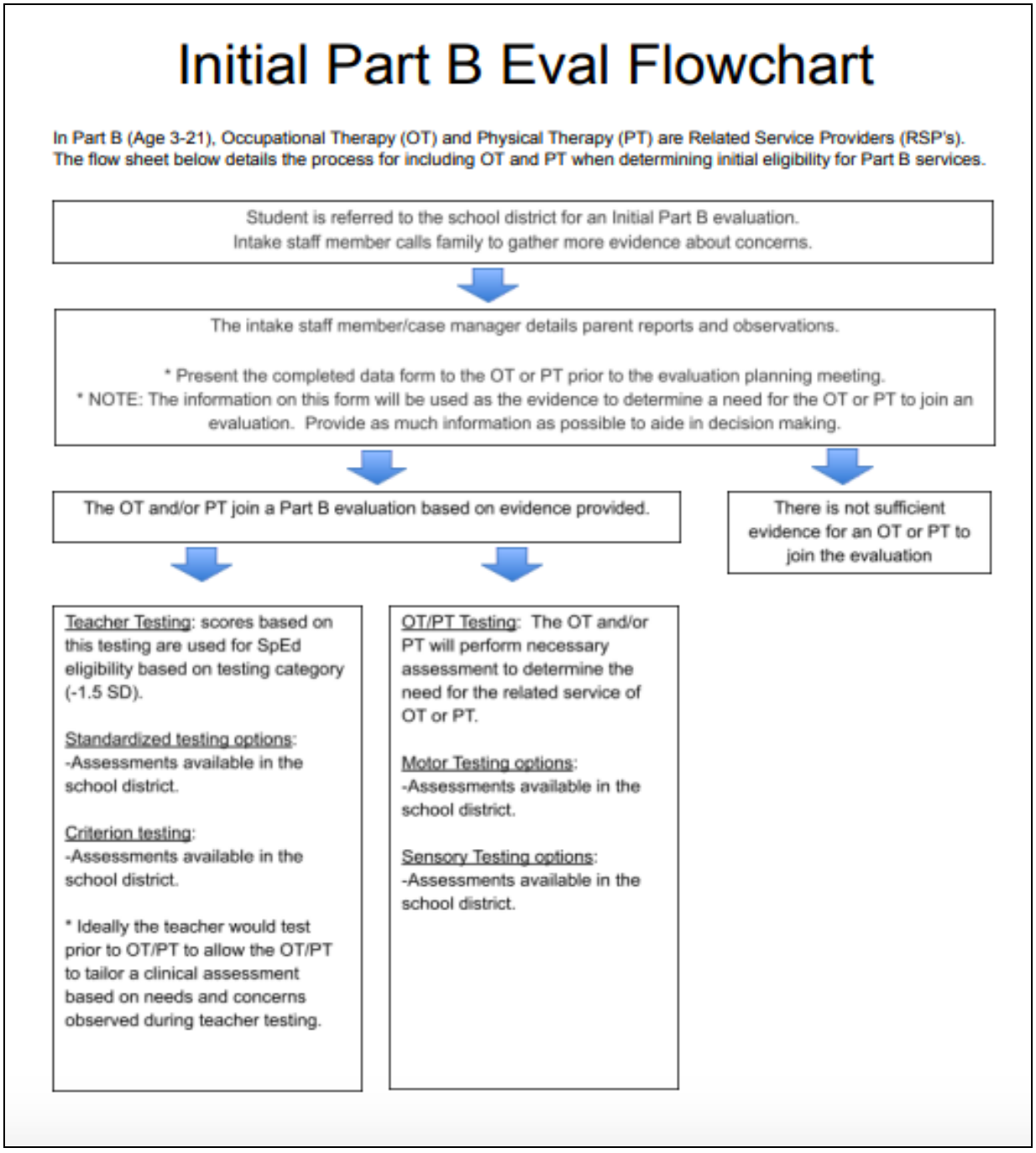
- changes in the health/physical status of the child/pupil have occurred, and are limiting the child's access to LRE and their ability to participate in and benefit from their educational program; and
- review of IEP goals in areas of motor, sensory, and/or adaptive performance indicates insufficient or a lack of anticipated progress in the child/pupil despite implementation of special education instructional supports and interventions provided by the special educational team.

In these circumstances, the team (including OT and/or PT) would reconvene to reexamine the existing data that has accumulated on the child/pupil. This data, or sources of evidence as noted previously, may be sufficient to justify the step of adding therapy services aligning to current goals in the child's IEP. Or, if the data is determined to not be sufficient, the team will have to consider planning a comprehensive educational **re-revaluation**, which could occur prior to the typical 3 year time frame.

- ***Please refer*** *to the Illustration of the Process for Considering the Need for Occupational Therapy and/or Physical Therapy - Part B on pages 45-46 of Occupational Therapy and Physical Therapy in Educational Settings: A Manual for MN Practitioners Third Edition 2014 for additional guidance.*

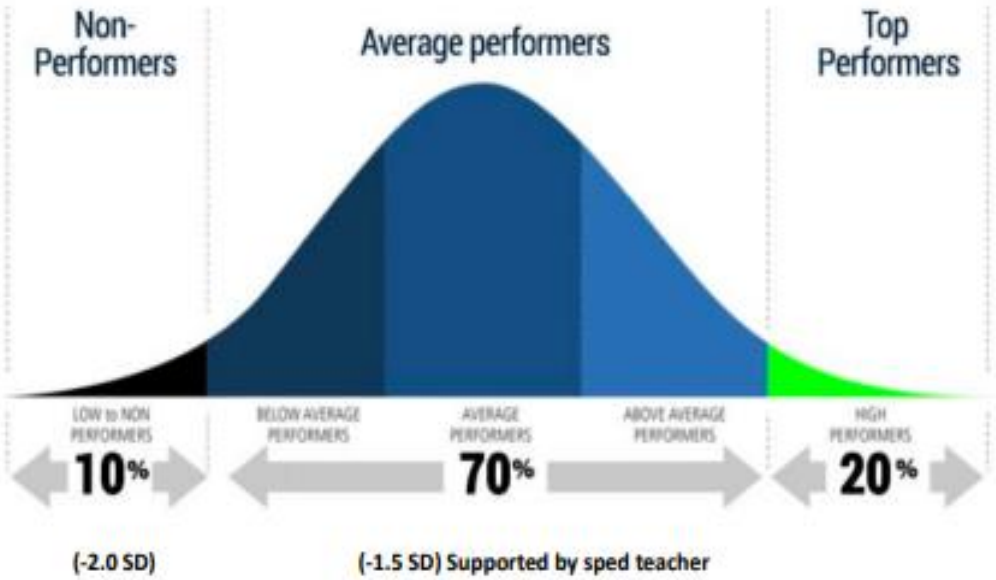
It is important to remember that OTs and PTs cannot perform stand alone evaluations if the need for comprehensive re-evaluation has been established. The re-evaluation process requires that all areas of performance be addressed and updated, however readministering formal testing may not be required unless additional concerns regarding the child's performance have arisen, or the team is considering criteria components of another area of suspected disability.

Additional Resource: The following is an illustration of the evaluation process mentioned above.



Considerations for service recommendations based on evaluation results:

If the student has qualified for Developmental Delay in the motor area with a score between -1.5 SD and -2.0 SD, motor needs would be addressed by the Special Education teacher as these scores fall within the range of "average performance" and do not represent a significant need.



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