

Occupational and Physical Therapy Clinical Guide

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|------------------------|-------------------|-----------|--|-----------|
| Student's Name: | | OT | | PT |
| Grade: | Date: | | | |
| Therapist: | Signature: | | | |

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| 1. How long have you served this student? | <i>Mark one</i> | Years |
| | <i>Mark one</i> | Less than 1 year |
| 2. Has there been any change in the student's mandate, delivery method or location of services since you started servicing the student in order to move toward integration or independence? | <i>Mark one</i> | N/A.I have worked with student <1 year |
| | <i>Mark one</i> | No |
| | <i>Mark one</i> | Yes |
| If yes, describe modifications: This may include changes in: <ul style="list-style-type: none"> • Frequency, Duration and/or Group size • Location • Service deliver method *See Clinical Guide instructions | | |
| 3. What is the student's medical diagnosis? | Enter medical diagnosis, not IEP disability classification. (use this information to determine potential of the child) | |
| Can student achieve educational gains with OT/PT? | | Yes |
| | | No |
| If yes, describe expected educational gains: <ul style="list-style-type: none"> • Educational gains include progress in academic &/or other school function goals set by the IEP team. Include here educational gains that require OT/PT services. | <ul style="list-style-type: none"> • Does the student have potential to achieve educational gains? • Is OT/PT needed to implement interventions to achieve such gains? Or can another school staff who is already working with the child implement the interventions effectively? (e.g., teacher, paraprofessional, PE teacher, another related service, etc.) | |
| 4. What educationally-relevant interventions can OT or PT provide? Do these interventions move the student towards integration and/or independence? | | |
| | <ul style="list-style-type: none"> • List OT/PT interventions that help the student achieve the expected educational gains above. • Describe how these interventions improve the student's participation in the natural environment (classroom, lunchroom, stairs, hallways, playground, work-study sites or other instructional settings) | |
| 5. What skills would the student have to demonstrate in order for you to recommend a change in one of the 5 areas of service delivery? | | |
| | Indications that student is ready for a change in service, may include ability to: <ul style="list-style-type: none"> • Participate in class activity independently or with specified assistance • Access various areas of the school independently or with specified assistance • Complete expected function in specific school areas independently or with specified assistance | |
| 6. List the ways in which you have engaged with the student's CSE team (guardian, teacher, support staff, related service providers) in support of student progress: | | |
| | List engagement and results of discussions with team members (including parent/guardians), such as: <ul style="list-style-type: none"> • Parent/guardian and school staff consultation, collaboration and education • Team coordination of services to ensure sharing and carryover of interventions • Planning for student graduation from OT/PT services | |