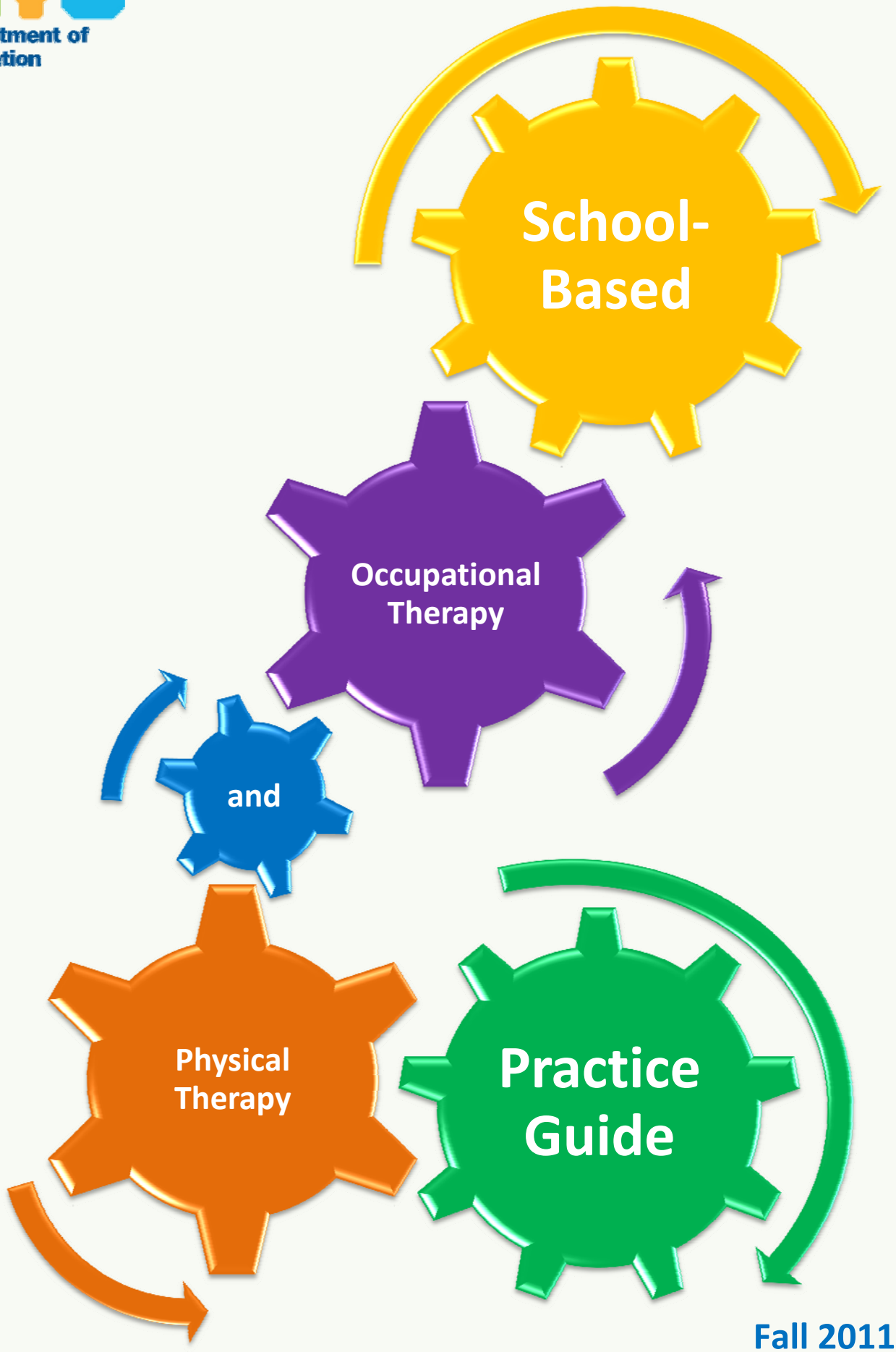
NYC Department of Education



Fall 2011

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INTRODUCTION

The Individuals with Disabilities Education Act (IDEA) mandates a free and appropriate public education in the least restrictive environment for students who are eligible for special education services from the ages of 3 to 21 years. Occupational and physical therapy are considered related services under IDEA, and may be implemented in a variety of ways within the school system to best meet a student's individual academic and functional needs.

The **School-Based Occupational Therapy and Physical Therapy Practice Guide** defines and clarifies the roles, responsibilities, and procedures to be assumed by occupational and physical therapists working within the New York City Department of Education (NYC DOE). This document is intended to support therapists, principals and other school staff in the decision-making process when considering occupational and/or physical therapy as a related service for a student. This document defines: school-based occupational and physical therapy (Chapter I); the role of therapists in the development of academic intervention services (Chapter II); the occupational and physical therapy assessment process (Chapter III); and best practices in the provision of and graduation* from occupational and physical therapy services (Chapters IV and V).

*The IEP uses the terms *decertification* or *termination* to describe discontinuation of services. Current literature recommends the use of the less stigmatizing term *graduation*. *Graduation* is a positive indication of student's progress and achievement of goals to the maximum extent possible.

CHAPTER I: SCHOOL-BASED OCCUPATIONAL AND PHYSICAL THERAPY

Occupational and physical therapists work in a variety of settings to improve an individual's ability to participate in societal roles. This chapter will describe the practice of school-based occupational and physical therapy under IDEA.

General Definitions of Occupational and Physical Therapy

Occupational Therapy

According to *Section 7901 of the New York State Education Law*:
The practice of the profession of occupational therapy is defined as the functional evaluation of the client and the planning and utilization of a program of purposeful activities to develop or maintain adaptive skills, designed to achieve maximal physical and mental functioning of the patient in his or her daily life tasks. Such treatment program shall be rendered on the prescription or referral of a physician or nurse practitioner. However, nothing contained in this article shall be construed to permit any licensee hereunder to practice medicine or psychology, including psychotherapy.

Occupational therapy is also defined by the American Occupational Therapy Association (AOTA) as "the therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of participation in roles and situations in the home, school, workplace, community, and other settings. Occupational therapy addresses the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts to support engagement in everyday life activities."

Physical Therapy

Physical therapy is defined in *Section 6731 of the New York State Education Law as*:

a. The evaluation, treatment or prevention of disability, injury, disease, or other condition of health using physical, chemical, and mechanical means including, but not limited to heat, cold, light, air, water, sound, electricity, massage, mobilization, and therapeutic exercise with or without assistive devices, and the performance and interpretation of tests and measurements to assess pathophysiological, pathomechanical, and developmental deficits of human systems to determine treatment, and assist in diagnosis and prognosis.
b. The use of roentgen rays or radium, or the use of electricity for surgical purposes such as cauterization shall not be included in the practice of physical therapy.
c. Such treatment shall be rendered pursuant to a referral which may be directive as to treatment by a licensed physician, dentist, podiatrist, nurse practitioner or licensed midwife, each acting within his or her lawful scope of practice, and in accordance with their diagnosis, except as provided in subdivision d of this section.
d. Such treatment may be rendered by a licensed physical therapist for ten visits or thirty days, whichever shall occur first, without a referral from a physician, dentist, podiatrist, nurse practitioner or licensed midwife provided that:
    1. The licensed physical therapist has practiced physical therapy on a full time basis equivalent to not less than three years.
    2. Each physical therapist licensed pursuant to this article shall provide written notice to each patient receiving treatment absent a referral from a physician, dentist, podiatrist, nurse practitioner or licensed midwife that physical therapy may not be covered by the patient's

health care plan or insurer without such a referral and that such treatment may be a covered expense if rendered pursuant to a referral. The physical therapist shall keep on file with the patient's records a form attesting to the patient's notice of such advice. Such form shall be in duplicate, with one copy to be retained by the patient, signed and dated by both the physical therapist and the patient in such form as prescribed pursuant to regulations promulgated by the commissioner.

Physical therapists are licensed health professionals who increase an individual's ability to participate in societal roles by remediating or compensating for musculoskeletal, neuromuscular, or cardiopulmonary impairments. Physical therapists employ various techniques including addressing deficits in body structure and function, implementing adaptations to physical tasks, recommending assistive devices, and adapting the environment.

Education and Licensure

Occupational and physical therapists must, at minimum, have a bachelor's degree from an accredited university; however, many therapists further their education by obtaining a master's or doctorate degree. Occupational and physical therapists are certified to practice by passing a national board exam and by fulfilling the requirements of the New York State Education Department to obtain licensure.

Occupational and Physical Therapy in the Schools

Therapists provide therapeutic interventions to students who are mandated for occupational or physical therapy services on their Individualized Education Program (IEP). Students who are struggling academically, but who are not classified as students with a disability, should be referred to the Academic Intervention Team/Pupil Personnel Team (AIT/PPT). Occupational and physical therapists may collaborate with other members of the AIT/PPT to develop academic intervention strategies to be implemented by the teacher or academic intervention specialist. Occupational and physical therapists are not certified to provide classroom coverage, administer academic exams and/or mentor students.

IDEA and School-Based Occupational and Physical Therapy

IDEA lists OT and PT as related services that "may be required to assist a child with a disability to benefit from special education." This definition has implications for school-based OT and PT as it differentiates between therapy support that is essential to helping a student perform within the context of his/her educational program (i.e. school-based OT/PT), and the more medical and rehabilitative support that does not relate directly to a student's learning and school performance. *Therefore, it must be noted that some children may qualify for therapy in a more medical and rehabilitative setting, but if their disabilities are not impeding school function, they do not require school-based OT/PT services.* The table below lists characteristics distinct to school-based OT and PT.

Table 1. School-Based OT/PT Practice

School-Based OT/PT	
How does it start?	*Teacher, parent/guardian or other involved person can request the school to consider an evaluation.
Who decides need and scope for service?	*The IEP Team decides the need and scope of OT/PT services that a student requires to benefit from his/her educational program. *Assessment takes into consideration needs associated with progressing the student in the educational setting. *A physician's referral alone does not determine the provision of IEP-driven OT or PT services.
What is the focus of therapy?	*Therapy addresses the student's access to the academic curriculum and other school functions. *OT/PT works toward the student's independence and participation in school.
Where does therapy occur?	*To the extent possible, therapy is integrated and provided in the student's natural environment (e.g. classroom, lunchroom, stairs, hallways, playground, work-study sites or other DOE approved instructional settings).
How is therapy delivered?	*The most common service delivery methods include *direct*, *integrated* and *consultative*, with the latter two being the least restrictive methods. *Therapy is delivered in collaboration with school staff. The student's teacher, paraprofessional (teacher aide), etc. are trained for effective carryover of skills learned from therapy sessions. However, only a licensed therapist may provide professional therapeutic services.
How is the impact of services documented?	*Documentation must relate to student's progress towards his/her IEP goals. *Therapist must use accessible, parent-friendly language.

Adapted from Holahan, L., Ray, L. (2008). Educational and Clinical Models of Service Delivery, North Carolina Department of Public Instruction, Exceptional Children Division.

Roles of School-Based Occupational and Physical Therapists

Therapists are responsible for evaluating and treating students with disabilities, maintaining daily session notes and attendance records, writing progress reports, attending IEP meetings, and recommending adaptive equipment, environmental accommodations, or assistive technology. In addition to these services provided to students on their caseloads, occupational and physical therapists work collaboratively with teachers, other school staff and parents/guardians to serve the school community in a variety of ways. These include:

- Participation in the Academic Intervention Team/Pupil Personnel Team
- Observations in classroom or other school environment
- Consultation with teachers to offer classroom-based strategies
- Attending meetings that support student programming (e.g. school meetings, parent meetings)
- Activities that support students in the natural environment or general education curriculum (e.g. social skills activities, classroom exercise routine, functional sensory motor activities, handwriting program)
- Staff in-service and professional development (e.g. in-service to kindergarten teachers on developing fine motor centers, transfer training for paraprofessionals)
- Providing assistance in environmental modifications, and adaptive equipment or devices
- Recommending appropriate positioning so students can access instruction
- Linking parents/guardians to appropriate community-based resources
- Designing home exercise programs and related activities for carryover
- Supporting school compliance and data tracking

Areas of Expertise of School-Based Occupational and Physical Therapists

School-Based Occupational Therapy

Occupational therapists employed by the NYC DOE may provide services in several educationally relevant areas in which they can help promote student success, including, but not limited to:

- Classroom Responsibilities – activities necessary for participation in various classroom activities, including adapting to routines, organizing materials, hand skills necessary for manipulating classroom tools and producing written work
- Functional Sensorimotor Skills/Environmental Interactions – such as staying on task while filtering distractions, interacting cooperatively and appropriately with peers and adults, following directions, observing personal space and utilizing various school equipment safely
- Activities of Daily Living – as it relates to self-care activities such as hygiene, toileting, feeding, managing personal materials and devices
- Transitioning from school to post-school activities

School-Based Physical Therapy

Physical therapists employed by the NYC DOE may provide services in various areas of school function related to a student's ability to access the educational environment, including, but not limited to:

- School mobility – student's ability to access various areas of the school via walking, wheelchair or other means of mobility
- Classroom activities – function related to participating physically and maneuvering within the classroom environment
- Accessing (and participating in) the lunchroom, playground, bathroom, transportation, etc.
- Transitioning from school to post-school activities

CHAPTER II: OCCUPATIONAL AND PHYSICAL THERAPY AND ACADEMIC INTERVENTION SERVICES

New York State regulations require the provision of academic intervention services (AIS) to all students who score below grade level on achievement tests. The New York City Department of Education has established a comprehensive system to support students who have not met adequate performance level on elementary, intermediate and high school assessments relevant to their grade standard. This system includes the Academic Intervention Team (AIT)/Pupil Personnel Team (PPT) and the development of a Response to Intervention (RtI) model. The AIT/PPT consists of academic intervention specialists, classroom teachers, administrators and other school staff, including occupational and physical therapists. The primary objectives of the AIT/PPT include support of struggling students, furtherance of the school's work in reducing the number of students achieving below grade-level expectations, and maintaining students in the least restrictive environment.

Occupational and physical therapists often play a vital role in recommending academic intervention strategies to students who have been identified by the AIT/PPT. Through classroom observation and interview with teacher and parent/guardian, therapists can utilize their respective areas of expertise to assist the team in identifying the student's specific performance issues and designing an intervention plan which can be carried out by the classroom teacher or academic intervention specialist. The intervention plan must be easily integrated and implemented in the existing academic program within the natural learning environment. (Note that in some cases, upon completion of classroom observation, teacher interview, and/or parent/guardian interview, the therapist may recommend that the student's performance issues warrant a referral for special education assessment.)

When the AIT/PPT is designing an academic intervention plan the following steps should be considered:

1. **Identification.** The AIT/PPT identifies school-based issues that are within the areas of expertise of occupational and/or physical therapists.

2. **Observation.** The occupational and/or physical therapist observes the student and interviews the teacher, parent/guardian or other school personnel to gather *baseline data* related to the identified issues. This data is reported to the AIT/PPT. Please note that where the therapist determines that student warrants an immediate evaluation, the therapist should recommend a special education assessment to the AIT/PPT. (Please see Chapter III: Occupational and Physical Therapy Assessment.)

3. **Prioritizing.** The team prioritizes the student's concerns and sets goals for the intervention. The following must be considered:
    - *What performance concerns deserve immediate focus?* It is important to focus on one problem at a time and design interventions related to that specific problem.
    - *Has the problem been identified in the past?* If yes, what strategies have already been implemented, and have they been effective?
    - *Does the teacher have the knowledge and skills needed to work with students who present problems of this sort?*
    (Clayton-Krasinsky, D. McEwen, M. 2008)

4. **Developing Strategies.** The therapist collaborates with the team to develop intervention strategies and trains the teacher and/or appropriate school personnel.

5. **Implementation.** The teacher and/or appropriate school personnel implements the intervention strategies for 4 to 6 weeks.

6. **Evaluating the Result.** The teacher or academic intervention specialist collects post-intervention data for comparison to baseline data. The results may be interpreted as follows:
    - ***Goal Met***: Teacher and/or appropriate school personnel continue the intervention strategies. Further involvement of the therapist may be unnecessary at this time.
    - ***Goal Not Met***: The AIT/PPT has the following choices:
        a. If the student has been making progress utilizing the strategies implemented, the team may continue the intervention, re-evaluating the result every 4-6 weeks.
        b. If the student has not been making progress, the team may develop other intervention strategies.
        c. The team may refer the student for a special education assessment (see Chapter III).

If the student displays an additional performance issue than the one already addressed by this academic intervention plan, the process as described above must be repeated to address this issue with appropriate targeted intervention.

CHAPTER III. OCCUPATIONAL AND PHYSICAL THERAPY ASSESSMENT PROCESS

Assessment is the process of gathering and interpreting information about individual students for the purpose of educational decision-making. The assessment must identify and consider the strengths that the student brings to the educational environment.

The Special Education Assessment Process

Parent/guardian consent is required for an initial evaluation by the IEP team. This initial evaluation assesses all areas of a suspected disability. The assessments performed may include occupational and/or physical therapy evaluations. The determination that an occupational or physical therapy evaluation is warranted will depend on prior information obtained such as through observations, results of interventions tried through the academic intervention services, and interviews with parent/guardian, teacher or other school personnel.

Prior to recommending occupational or physical therapy services on the student's IEP, the IEP team must determine if the student meets the eligibility requirements for special education. Special education services and program interventions require identification of a specific disability. A student is eligible for special education services if:

1. The student meets the criteria for one or more of the 13 disability classifications listed under IDEA; AND
2. The student requires special education services to benefit from instruction; AND
3. The determining factor in making the eligibility determination is not limited English proficiency or lack of instruction in reading or math.

Occupational and physical therapy services are identified as "related services" under IDEA. Related services are needed only when it is clear that:

1. The student's educational needs are greater than can be addressed by instructional personnel in his/her educational setting; AND
2. The services are necessary to benefit from the student's educational program; AND
3. The absence of these supports would adversely affect educational performance to the point that appropriate learning would not occur.

Conducting Occupational and Physical Therapy Evaluations

The New York City Department of Education has established evaluation procedures that must be followed by occupational and physical therapists in the assessment of students. It is recommended that occupational and physical therapy evaluations utilize a **participation**-based (top-down) approach that places overall importance on the student's role, participation, and social engagement within the educational environment. The primary focus of the evaluation is to identify problems and concerns related to these functional areas.

If concerns are identified, the evaluation proceeds to determine factors that interfere with the accomplishment of the student's role in the educational environment. These factors may include:

- **Activity** - student's ability to execute individual school-based tasks; problems in this area are called *limitations*
- **Body Structure and Function** – physiological functions of the body (e.g. muscle strength); problems in this area are called *impairments*
- **Environmental Factors, Demands, and Expectations**
- **Personal Factors** – student's preferences, interests and motivations

For example, a student's inability to complete class work (participation) may be due to a difficulty in utilizing a writing tool appropriately (activity), muscle weakness (body structure and function), seat height vs. table height (environmental factor), and/or lack of motivation (personal factor). Determining these factors will help the IEP team decide the best way to address the student's participation restriction.

It must be noted that a physician's referral is not required to conduct an occupational or physical therapy evaluation.

DATA COLLECTION

To determine student's ability to participate and identify factors that restrict participation, the evaluation must include gathering data related to four areas:

1. Teacher, Student and Parent/Guardian Concerns:

The interview is the cornerstone for establishing a collaborative relationship with the teacher, parent/guardian and student. The interview allows the therapist to understand the following:

- What are the reasons for seeking therapy services?
- How is the student performing academically?
- What are the concerns and expectations about the student's performance in his/her current classroom/school placement? Of the concerns identified, what are the priorities?
- How important is this activity to the student's success in school? Is the deficit in this area affecting the student's ability to access his/her education?
- How would the teacher and parent/guardian describe the way the student performs this activity now?
- What strategies were tried to address these issues?
- What are the student's strengths, interests and motivations?

The responses to these questions clarify how the student's perceived problems interfere with the student's ability to access and participate in school, and how the student's strengths may be utilized to improve school performance.

2. Relevant Student History

The therapist must obtain the student's relevant medical and educational history, for example:

- Are there any current or past medical/health issues (i.e. conditions/diagnoses, medication, surgeries, allergies, injuries, or related contraindications for therapy) that are important to consider when evaluating and planning intervention?
- What related services is the student currently receiving? What services were received in the past? How did the student respond?

3. Student's Level of Participation in the School

The therapist must utilize the New York City Department of Education OT or PT evaluation tools, the Core Sets of Assessments* (see Appendices A and B) and any other appropriate assessment tools to determine a student's ability to participate in specific school tasks (e.g. transitioning between classrooms, completing class work). Therapist must note whether student is able to complete tasks independently (with or without the use of assistive devices) or the student requires assistance to complete tasks.

In addition, the therapist must assess how the student's environment and the cognitive or physical demands of various school tasks affect his/her participation. Can the student's environment and/or the demands of the school tasks be modified to improve student's ability to participate? Are adaptations needed?

Generally, if no participation restriction was noted, there is no need to further assess the student's performance of specific school-based activities and body structures/functions as described below. The assessment ends here and the therapist documents the findings that the student has no participation restriction. Note that many students with disabilities are able to engage successfully in various school activities without related services of OT or PT.

4. Performance of School-Based Activities and Body Structures/Function as They Relate to the Identified Participation Restriction

To help explain possible causes of the participation restriction, the therapist must describe the student's functional performance in areas where these restrictions were observed. In addition, the therapist must utilize appropriate assessment tools to pinpoint underlying impairments that affect performance and participation. This process may require the use of several evaluation tools, ranging from observation to basic tests and measures, and standardized assessments (see Appendices A and B). When reporting these findings on the OT or PT evaluation report, the therapist must articulate how these limitations and impairments affect the student's ability to participate in his/her educational program. This will assist the IEP team in deciding whether an occupational or physical therapy service would be appropriate for the student's IEP.

*The OT/PT Core Set of Assessments include recommended standardized assessments (e.g. the School Functional Assessment, Sensory Profile School Companion) and other tests and measures (e.g. Pediatric Balance Scale, Timed Up and Down Stairs) that would help the therapist in the decision-making process.

DATA INTERPRETATION

In the course of the OT/PT assessment process, the data collected is analyzed to identify student's strengths and weaknesses and create a *preliminary* recommendation whether OT/PT service is appropriate. These findings are presented to other members of the IEP team in the form of an occupational or physical therapy evaluation report. The IEP team utilizes this report together with information gathered by other team members to establish and prioritize goals. The team then determines the educational supports that would best address these goals while keeping the student in the least restrictive environment. These supports may ultimately include or not include OT or PT services.

Establishing IEP Goals

The IEP team collaborates to develop educationally relevant IEP goals. IEP goals must reflect observable, functional and measurable behaviors. Goals should be clearly related to the student's functional limitations in specific school tasks. It is not appropriate to write impairment goals (e.g. the student will increase dorsiflexion by 5 degrees) or treatment goals (e.g. student will be able to tolerate sitting on the therapy ball for 10 minutes while performing table-top activities) on the IEP. The *IEP goals must support increased independence in participation across different areas of the school environment (e.g. the classroom, hallway, cafeteria and playground).* Finally, the goals of the IEP must be realistically achievable in the time frame specified. Table 2 lists the components of well-written annual and short-term goals. Please note that short-term goals are required only for all preschool students, and school-age students participating in New York State Alternate Assessment. For further information on the essential elements of IEP goals, please refer to the most current edition of the NYC DOE IEP form.

Table 2. Components of an IEP Goal

Components	Description	Example
Who	Performer of the task	the student
What	Specific school task	will be able to transfer to and participate in circle time
Condition	How the task will be done	independently
Criteria for Success	How success will be determined	for 30 minutes for 5 consecutive days
By When	When goal will be met	annual goal = one year
Who Will Measure	Person responsible for measuring success	teacher

Annual Goal: The student will be able to transfer to and participate in circle time independently for 30 minutes for five consecutive days as reported by classroom teacher.

Short-term Goals:

1. The student will be able to transfer independently from sitting on a chair to the mat for circle time for five consecutive days, in 3 months.
2. The student will be able to sit upright on an adaptive seat cushion without leaning on classmates for 15 minutes of circle time activity for five consecutive days, in 6 months.
3. The student will be able to take turns with peers to participate in circle time activity for 5 consecutive days, in 9 months.

Determining Need for Therapy Services

The IEP team must determine which professionals will help the student achieve the established IEP goals. For example, a goal for improving participation and performance in reading and writing may require the services of a special education teacher support services (SETSS), a speech teacher and/or an occupational therapist. The team may utilize Table 3 as a guide when considering the inclusion of occupational and physical therapy services in a student's IEP.

Table 3. Guide to Determining Need for Therapy Services

Student requires therapy service when ALL of the following exist:	***Student does NOT require therapy service if ONE OR MORE of the following exist:***
Student's performance adversely affects and/or interferes with the student's ability to perform his/her roles and responsibilities in instructional and non-academic school activities.	Student's performance does not adversely affect or interfere with the student's ability to perform his/her roles and responsibilities in instructional and non-academic school activities.
Student's participation and performance in school can be enhanced by specifically designed occupational and physical therapy interventions that focus on changing the student, task and/or environment.	Student's participation and performance in school is unlikely to be enhanced by occupational and physical therapy intervention that focus on remediating the student's skills or modifying the task and/or environment.
Enhancing the student's participation and performance in school lies within the licensing criteria of the therapist.	Enhancing the student's participation and performance in school lies outside the licensing criteria of the therapist.
Other special education supports, related services or other school staff (e.g. teacher, paraprofessional, nurse) are unable to adequately address the area of concern. The area of concern can only be addressed adequately by an occupational or physical therapist.	Other special education supports, related services or other school staff (e.g. teacher, paraprofessional, nurse) are able to adequately address the area of concern. No further services by an occupational or physical therapist are required.
Occupational or physical therapy service is necessary in order for the student to benefit from education.	Occupational or physical therapy service is not necessary in order for the student to benefit from education.

Adapted from Clayton-Krasinsky, D. McEwen, M. Pathways: A Decision-Making Model (2008)

When it has been determined that a student requires school-based occupational or physical therapy, a physician's referral will be required to recommend these services on the student's IEP. (It must be noted that a physician's referral alone is not sufficient to recommend the provision of IEP-driven OT or PT services.)

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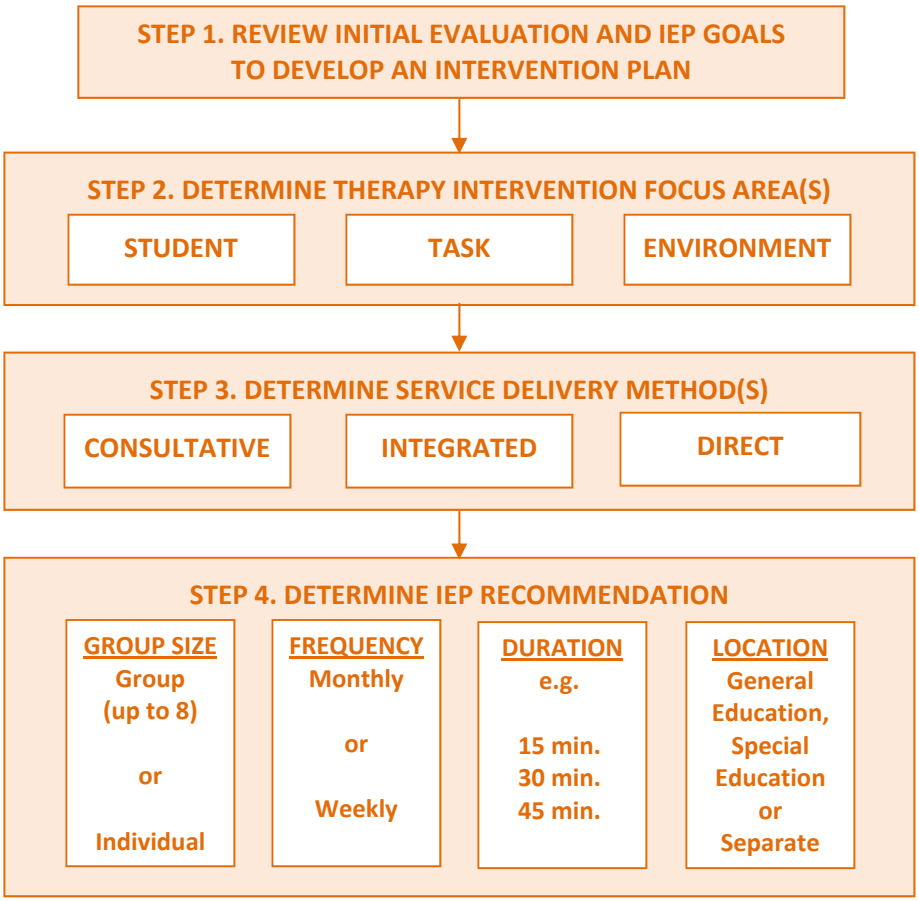
CHAPTER IV. DESIGNING A THERAPY INTERVENTION PLAN

Once it has been determined that the student requires OT and/or PT services, the therapist should develop an intervention plan utilizing the chart below. Contents of STEP 1 have already been discussed in the previous chapter. STEPs 2 and 3 are clinical decision-making processes that assist the therapist in arriving at an IEP mandate (STEP 4). It must be noted that STEPs 2 and 3 are not to be written on the student's IEP.

The New York City Department of Education does not prescribe specific therapeutic techniques for therapists to utilize. Therapists are to apply a variety of therapeutic strategies and interventions that would help the student achieve his/her IEP goals. These strategies and interventions must be:

1. evidence-based, where peer-reviewed literature is available, AND
2. evaluated periodically by the therapist. The therapist must utilize tests and measures to assess whether the intervention implemented is helping the student achieve his/her IEP goals. These tests and measures must include standardized assessments and/or the use of basic measures such as time (e.g. how long it took the student to complete task), distance (e.g. how many paces does the student lag behind his peers) or productivity (how many sentences is the student able to complete). Please see Chapter V for further discussion regarding monitoring progress.

Chart 1. Designing an Intervention Plan



Determining the Therapy Intervention Focus Area

In order to achieve the student's IEP goals, the therapist must determine whether the student recommended for OT/PT services requires intervention focused on any or all of the following: (1) the student, (2) the task, and (3) the environment. The three areas are inter-related and complementary. When designing an intervention plan, the therapist frequently considers all three areas, though often, one or two areas may be emphasized over another.

Table 4. Comparison of Intervention Focus Areas

Focus Area	Emphasis	Examples of When This Focus is Desired	Example Therapy Interventions
Student	*Remediation or restoration of skills, and promotion of behaviors that would improve participation *Resources intrinsic to the student such as body structures and functions, behavior, motivation, skills	*For younger children who demonstrate potential for change *When few previous attempts were made to develop skills *Student demonstrates developmental readiness for skill acquisition	*PT - Acquire new skills required for participation in recess and physical education *OT - Increase fine motor manipulation skills to enhance mealtime tool usage
Task	* Compensating student's skills by modification of the physical and cognitive demands of an activity so that student's performance will improve * Resources extrinsic to the student such as materials used or procedures followed to complete task	*When immediate independence and performance is desired *When varied interventions have been unsuccessful in changing student's intrinsic resources *When students have greater academic demands and limited time for student-focused skill development	*OT or PT - Change seating configuration so student is facing the teacher and the chalkboard *OT - Simplify directions; break down instructions into easy-to-follow steps *OT - Utilize word processor for note-taking *PT - Focus on training student to use wheelchair to transition between classroom and science class because use of walker is too slow and strenuous
Environment	* Compensating student's skills by modification and adaptation of the environment *Resources extrinsic to the student such as physical barriers	*When there is a significant mismatch between student's performance and environmental demand *When immediate performance and independence is desired *When developing life outcomes are a priority	*OT or PT - Recommend installation of grab bars in the bathroom *OT or PT - Re-arrange classroom furniture to accommodate a student utilizing a wheelchair or walker

Adapted from Clayton-Krasinsky, D. McEwen, M. Pathways: A Decision-Making Model (2008)

Determining the Service Delivery Method

In this step, the therapist determines which service delivery method(s) will be employed to address the identified intervention focus area(s). The three methods in delivering mandated therapy services are listed below. It is typical for a therapist to utilize a combination of methods, and to move among the continuum of methods as progress is made towards the achievement of the student's IEP goals.

Table 5. Service Delivery Methods

Service Delivery Method	Description	Example: Student with hemiparesis has difficulty negotiating stairs & completing written work at the same pace as peers.
Direct	*The therapist develops and provides "hands-on" intervention that *does not occur during actual school activities.* *This method is utilized when emphasis is on acquiring new and specific skills in a controlled environment, or when intervention strategies cannot be safely or easily carried out in the student's class setting. *Intervention focus is heavily on the student; task and environment may also be a focus if modifications are being implemented.	*Occupational therapist works with the student in the therapy room for upper extremity strengthening and visual perceptual activities. *Physical therapist works with student in empty stairwell to practice ascending and descending stairs when not used by others.
Integrated	*The therapist develops and provides "hands-on" intervention that *occurs during actual school activities.* *This intervention is provided alongside classroom peers within the natural environment, and emphasizes integration of skills into actual school activities. *Intervention focus area is often the student and the task, and occasionally the environment.	*During journal writing, occupational therapist works with the student as student utilizes raised line paper, pencil grip, and slant board. *Physical therapist facilitates the student while negotiating stairs with peers in a crowded stairwell.
Consultative	*The therapist collaborates with classroom/school staff and parent/guardian to develop and monitor intervention that will be carried out by these individuals in the school and at home. *Therapist must identify the appropriate individuals who will implement strategies. *This intervention may take the form of specific classroom strategies, home exercise/activity programs, task modifications or environmental adaptations. It may also include staff training and provision of additional resources. *This intervention ensures carry-over of skills learned under the integrated and direct methods.	*Occupational therapist suggests using a slant board for all writing tasks. *Physical therapist trains classroom staff in safe stair negotiation.

The example on Table 5 illustrates how more than one service delivery method may be utilized to address a student's needs. It must also be noted that the consultative service delivery method must not be confused with consultation that occurs between therapist and teacher or other school staff regarding *non-mandated students*. The consultative service delivery method for *mandated students* (described in Table 5) allows the therapist to quickly move into integrated or direct service delivery method should the need arise; while consultation with *non-mandated students* does not.

Determining the IEP Recommendation

After the therapist determines the intervention focus area(s) and service delivery method(s) that will be utilized, the therapist can now determine the appropriate IEP mandate to address the student's IEP goals.

Group Size

Choice for group size includes *individual* or *group of up to 8 students*. Compared to *individual* sessions, *group* sessions have the added benefit of peer modeling, peer encouragement/support and practice of skills in a social context. *Group* sessions are particularly appropriate when addressing goals that require collaboration among classroom peers (e.g. addressing recreational skills or academic skills with social components). *Individual* sessions are more intensive and should therefore be utilized when direct one-on-one service is absolutely necessary for skill acquisition (e.g. gait training with new adaptive equipment or training during toileting).

Frequency

Frequency of therapy sessions recommended can be on a monthly or weekly basis. Monthly or bi-monthly mandates may be appropriate when the therapist is using a consultative method, working on maintenance goals (e.g. monitoring task modifications implemented) or considering graduation from OT/PT as a related service. Weekly mandates may be considered for students that require more intense remediation.

Duration

The length of therapy sessions depends on the therapeutic activities required to achieve the IEP goals. Fifteen-minute sessions may be appropriate when providing integrated service during morning routine or when providing bi-monthly consultative service. Thirty-minute sessions may be considered for students who require time to master new skills. Forty-five-minute sessions may be recommended when extended time is required for skill development, or to allow additional time for transfers and transitions. Finally, the therapist must also take into consideration the student's tolerance for an extended period of activity (e.g. a student with poor attention span or poor endurance may not be able to tolerate more than 30 minutes of therapy).

Location

The therapist should first consider the natural environment when deciding location of service. Providing services in the natural environment allows a student to learn and practice skills in the location where actual school activities with classroom peers occur. This includes the classroom, hallways, stairs, gym, playground, lunchroom and other school environments. *The therapy room is not a natural environment and should be utilized only when a student requires intense remediation, privacy, or use of specialized therapeutic equipment.*

When completing the IEP, the therapist may choose from the following locations: *general education classroom, special education classroom or separate* location. *General education or special education classroom* services are provided to students during actual classroom or school activities alongside their peers. *Separate* location indicates therapy services provided to a student separate from their classroom peers. If the team determines that the student would benefit from receiving services both in and out of the classroom, multiple mandates can be stated on the IEP (e.g. 1 x 30, individual, general education classroom & 1 x 30, group, separate).

Considerations for Therapy Services at Various Grade levels

Students recommended for therapy services at various grade levels may require different forms of intervention. Younger students who typically demonstrate more potential for change would benefit from intense remediation of skills; while compensation via task and environmental modifications become more essential as the student gets older. Table 6 lists considerations for the different grade levels.

Table 6. Considerations for Various Grade Levels

	Kindergarten	Elementary	Middle School	High School
Highlight	*in pre-school, there is more focus on social and motor skills *as a student enters kindergarten, there is continued focus on social and motor skills as academic demands are increasing	*high demand on academics; integration of therapy into the class activities becomes essential *maximizing student's ability to be independent in the school environment is important	*high demand on academics as student prepares for high school *some students may be participating in pre-vocational and ADL programs in order to reach their post-secondary goals	*high demand on academics for students transitioning toward further education after high school; some students may be participating in pre-vocational and ADL programs in order to reach their post-secondary goals *therapy services, if needed, typically focuses on transition goals
Intervention Focus Area	*intense remediation of student's skills and behavior *early identification of task and environmental adaptations will help student participate in more school activities sooner	*continued remediation of student's skills in the early elementary years *increasing consideration for task and environmental adaptations, especially, as rate of acquisition of new skills slows down	*increased focus on task and environment as acquisition of new skills via remediation slows down and plateaus *some remediation may be necessary to acquire new skills (with or without use of adaptations) for pre-vocational and ADL programs	*mostly focused on task and environmental adaptations *some remediation may be necessary to acquire new skills (with or without use of adaptations) for pre-vocational and ADL programs
Service Delivery Method	*more direct and integrated * consultative for effective carryover	*increasing integrated and consultative to decrease removal of student from actual class activities *becomes more consultative to identify and implement compensatory task and environmental adaptations that allow student to be as independent as possible	*more consultative to identify and implement compensatory task and environmental adaptations that allow student to be as independent as possible *occasional use of integrated to support proper utilization of adaptations implemented	*consultative to identify, implement and monitor adaptive equipment to accommodate student's disability *integrated if student needs to acquire new skills (with or without adaptations) while participating in pre-vocational and ADL programs
Frequency and Duration	*more frequent weekly mandates to address developmental concerns that affect student's schooling	*decreasing frequency and duration as service moves to more consultative, especially, in later grade levels	*monthly and bi-monthly for consultative & integrated methods *weekly service if student shows potential for acquiring new skills as it pertains to use of adaptations implemented	*monthly or bi-monthly for consultative and integrated methods
Group Size	*individual for intense remediation *group for practice of skills in a social context	*groups are utilized more to emphasize social aspects of sensory, motor and cognitive skills necessary for school participation *individual where intense remediation is still appropriate	* group mandate to promote social skills or when participating in pre-vocational program *individual for practicing utilization of adaptations implemented	*group mandate to improve student's function in the community such as work, mobility, independent and/or assisted living
Example	*kindergarten student: direct and integrated, 1 x 30 x 1 and 1 x 30 x 3, focusing on improving motor components of function to promote participation in the classroom, gym and recess	*1st grade student: consultative and integrated, 1 x 30 x 1, to work on safety and efficiency on stairs; direct, 2x/Mo x 30 x 4, for exercises in the therapy room *5th gr. student: integrated 2x/Mo x 30 x 1, to improve use of word processor during journal class	*6th gr. student who just received power wheelchair: consultative and integrated, 2/Mo x 45 x 1, to monitor use of equipment, educate student and staff of wheelchair use, and transfers to/from classroom chair if needed; teacher consultation for strategies to maximize class participation	*senior high school student with moderate cognitive disabilities attending work program outside the school: consultative and integrated, 1/Mo x 45 x 6, joining students at work site; training on home skills together with special education class

Considering Need for Twelve-Month School Year Therapy Services

School-based occupational and physical therapy services are delivered to promote student function and participation in the school environment. Students in the NYC DOE may be placed either in a 10-month program or a 12-month program, depending on the support required for academic achievement.

Most students in a 10-month program receive OT/PT services during the 10-month school year only. In rare instances, a student may require an "extended school year" (ESY) or "twelve month school year" in order to prevent "substantial regression" during the summer. It should be noted that it is typical for students to lose some skills or knowledge during the summer. New York State Education Department guidelines state that "a student is eligible for a twelve-month service or program when the period of review or reteaching required to recoup the skill or knowledge level attained by the end of the prior school year is beyond the time ordinarily reserved for that purpose at the beginning of the school year. The typical period of review or reteaching ranges *between 20 and 40 school days*. As a guideline for determining eligibility for an extended school year program, a review period *of eight weeks or more* would indicate that substantial regression has occurred."

Consideration for 12-month school year services should be determined by all members of the IEP team. This determination is based on documentation of the student's performance before and after school breaks that demonstrate the student's regression and the amount of time it takes to regain skills previously mastered. Extended school year services cannot be provided just for the purpose of maximizing a student's educational opportunities (McEwen, I. 2000, 2009).

Please note that a student's July and August IEP does not need to parallel the 10-month program if regression does not occur in all areas. During July and August, a student may require only some of the services provided during the 10 month school year.

Practicing the Concept of Least Restrictive Environment

IDEA states that "to the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled." Separation of students from their general education peers via "special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability of a child is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily."

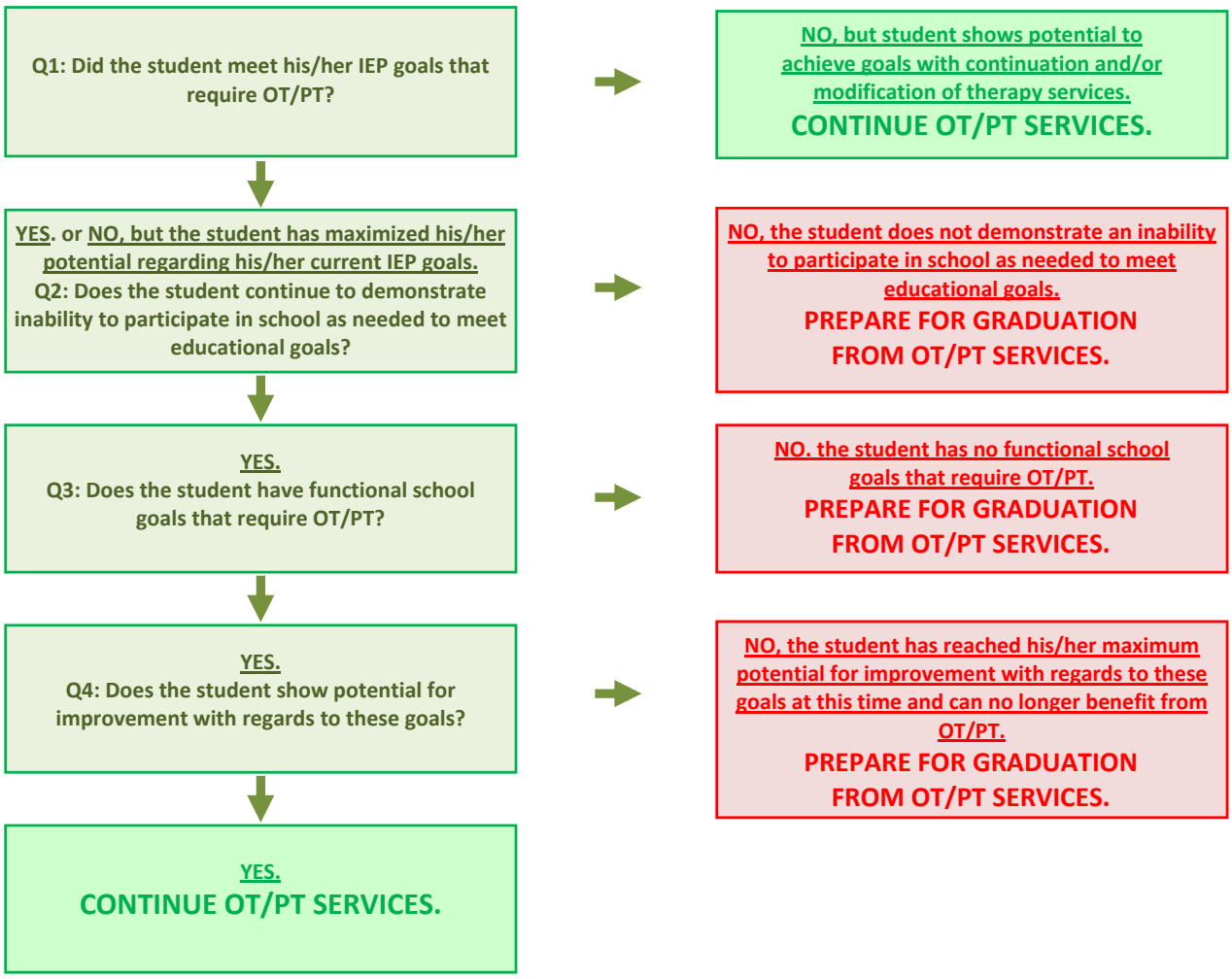
When determining intervention focus, service delivery method and IEP mandate, the therapist with other members of the IEP team must first consider the least restrictive environment. Integrated and consultative service delivery methods require less separation of student from class activities. Keeping frequency and duration to a minimum would ensure that a student is able to maximize his/her interaction with his/her classroom peers. A group mandate allows the student to practice skills with their peers; individual mandate limits the interaction between the student and an adult (i.e. the therapist).

CHAPTER V. DETERMINING CONTINUATION OF OR GRADUATION FROM THERAPY SERVICES

The ultimate goal of providing occupational and physical therapy services is to enhance participation in the school environment while limiting the amount of time the student is removed from his/her classroom peers. Once the IEP goals are achieved or the student has reached maximal benefit from these services, they must be discontinued so that the student may remain with his/her peers for academic instruction and age-appropriate socialization. The IEP uses the terms *decertification* or *termination* to describe discontinuation of services. Current literature recommends the use of the less stigmatizing term *graduation*. *Graduation* is a positive indication of student's progress and achievement of goals to the maximum extent possible.

Chart 2 contains questions that therapists, together with the IEP team, must utilize periodically to help determine whether therapy services must be continued or the student must be prepared for graduation from services. Each box on the left contains a question. Depending on the answer, the therapist proceeds to the right or down the chart.

Chart 2. Guide to Continuation of OT/PT Services



Question 1: Did the student meet his/her IEP goals that require OT/PT?

The therapist uses the initial OT/PT evaluation (or the latest re-evaluation) findings as the baseline and the IEP goals as the expected outcome by which to measure progress. The therapist must utilize appropriate OT/PT tests and measures. For example:

Findings at Initial Evaluation: Student lags 12 steps behind peers when ascending 2 flights of stairs.
IEP Goal: Student will ascend 2 flights of stairs while carrying bookbag at same pace as peers.
Measure: Is student able to keep up with peers? If not, how many steps does the student lag behind peers? Compare with initial findings.

The therapist may utilize a chart or a graph to have a visual representation of the student's progress over time. This chart or graph can assist the therapist in assessing the efficacy of the chosen intervention, or the over-all efficacy of OT/PT in helping the student achieve his/her goals.

Under *Question 1*, the therapist must answer the following questions: Is the student's progress evident in the actual school or classroom activity? Has the student regressed? Are there other factors that affect student's performance (such as behavior issues, change in medical condition)? Should these factors be addressed before intervention can be fairly assessed? Has the student plateaued? Has the student reached his/her maximum potential? Is there a need to modify the therapy intervention plan?

Question 2: Does the student continue to demonstrate an inability to participate in school as needed to meet educational goals?

Whether the student has achieved previously established IEP goals or has plateaued and reached maximum potential with regard to these goals, the therapist must determine whether the student continues to show restrictions in (the same or other aspects of) school participation. What aspects of school function is student demonstrating inability to participate? Is the student's participation and performance within the range typical of his/her peers? Does he/she stand out compared to his/her peers? Is there a standardized assessment or other tests and measures that can be utilized to assess participation, performance and related body structure/function appropriately? When utilizing standardized assessment, does the student's performance fall below the normal range on the bell curve?

Question 3: Does the student have functional school goals that require OT/ PT?

As discussed in *Chapter III - Establishing IEP Goals*, the team must collaborate to set goals for the student if participation restrictions are present. Do any of these goals require OT/PT services or can these goals be adequately and efficiently addressed by the classroom teacher or other school staff? Would it be sufficient to modify classroom routine, task and/or environment? For further assistance in answering *Question 3*, refer back to *Table 3. Guide to Determining Need for Therapy Services* on page 11.

Question 4: Does the student show potential for improvement with regard to these goals?

Is achievement of the goals feasible given the nature of the student's disability? Based on previous performance, will therapy continue to help improve student's participation? Or has student plateaued or reached maximum potential? Would modifying the intervention plan help achieve these goals? Is the student motivated to achieve these goals?

Required Reports

Chart 2 can also be utilized by the therapist to monitor student's progress throughout the school year. In addition, therapists must complete required reports that formally document the student's participation and the progress towards achieving his/her IEP goals.

Daily Session Note

Therapists are required to follow the procedures set by the New York City Department of Education for completing daily session notes. Daily session notes must be completed after each therapy session. The therapist must identify the specific intervention utilized and the location where therapy was provided. The therapist must describe the student's response to the therapeutic intervention and indicate progress, if any.

Annual Review Plan (ARP)

During the annual review process, the IEP team determines if therapy services are to be continued, modified or terminated. Therapists are required to follow the procedures set by the New York City Department of Education for completing annual review plans. The ARP involves re-assessing the student to answer the following:

- How long has the student been receiving services? How has the student's performance changed since the inception of therapy services?
- Has the student's performance changed over the past year?
- Does the student continue to have an identified problem that adversely affects or interferes with his/her ability to participate in school activities?
- Does the student's performance continue to differ significantly when compared to classroom peers?
- Do the student's performance problems or underlying impairment have the potential to be resolved by occupational or physical therapy interventions?
- Was the prescribed mandate of the previous year effective?
- Is there carryover of skills gained in therapy to actual classroom/school activity?
- Could student progress towards his/her IEP goals with a less restrictive level of service or decreased service mandate?

Mandated Three Year Re-evaluation

The therapist must adhere to NYC DOE procedures as described on the "Standard Operating Procedures Manual: The Referral, Evaluation and Placement of School-Age Students with Disabilities." This includes the submission of a progress report and any additional assessments requested by the IEP team. In addition, the therapist must describe how the provision of therapy services assisted the student in achieving his/her IEP goals.

Graduation from Therapy Services

Graduation presumes that the student is capable of safely assuming student roles and responsibilities to the greatest extent possible given current school placement, expected task requirements and existing health condition, without oversight of therapy services. Graduation may occur any time during the school year and must be documented on the IEP.

A student may be considered for graduation from OT or PT services when:

- **The student's goals were met or exceeded**, allowing for access and participation in the expected classroom and/or school environment. The student demonstrates the ability to integrate and apply newly acquired performance into meaningful and functional everyday school activities. The student assumes roles and responsibilities in instructional, non-academic and/or extracurricular activities.
- **Student has plateaued and reached maximum potential.** The goals established were not met after due diligence in applying multiple intervention plans over appropriate periods of time. Performance can no longer be improved by an occupational or physical therapist through remediation of student's skills and implementation of all feasible task and environmental modifications.
- **The student's goals are no longer valid given a change in context.** Environmental and task expectations for performance have changed and the student's performance is an adequate match for the current demands (e.g., student is now placed in APE rather than PE; student's class placement has changed to better meet his needs).

(Adapted from Clayton-Krasinsky, D. McEwen, M. Pathways: A Decision-Making Model 2008)

Planning for Graduation from Therapy Services

Planning for graduation from related services should be considered during the student's initial evaluation. This planning process must include preparing the student and his/her parent/guardian for the eventual discontinuation of school-based therapy services. When recommending initiation of therapy services, the therapist must begin to outline the overall goals of therapy that the student is expected to achieve at the time of graduation from services. These overall goals, like the IEP goals, must be measurable and objective school tasks related to the student's overall ability to participate in the educational environment. These goals should be included in the therapist's evaluation report and communicated to the student and parent/guardian at the time of the initial evaluation, with the understanding that once these overall goals are attained, the student will no longer require school-based therapy services. However, it is important to keep in mind that as the student grows and develops, reasonable outcomes of therapy may change, and these overall goals for graduation may need to be modified by the therapist in collaboration with the student, parent/guardian and IEP team as appropriate.

Once it has been determined that a student should be recommended for graduation, a therapy graduation plan must be implemented to aid in the transition. This assures that the student maintains current function and continues to benefit from strategies implemented. The therapy graduation plan consists of implementation of classroom and home programs, as needed, and a monitoring plan.

The classroom program may consist of: (1) classroom exercise routine designed to maintain student's participation level, and; (2) maintenance of adaptive equipment, environmental adaptations, and activity or material modifications that the student will continue to utilize after graduation from therapy services.

Every staff who works with the student, and the student him/herself, should be familiar with how to make simple adjustments, and whom to contact when modifications or repairs are necessary.

A home program may include: (1) instructions on any task and environmental modifications; (2) a home exercise or maintenance program routinely performed by the student with or without the assistance of family members; (3) suggestion of appropriate after-school activities, home/community activities, and community resources, and; (4) educating the parent/guardian and student about the need for regular follow-up with other health professionals to monitor health and maintain the integrity of orthoses and/or adaptive equipment.

Finally, the student's parent/guardian, classroom teacher and other involved school personnel must be instructed that should the student demonstrate regression, or should a new problem arise, an academic intervention plan and, if necessary, the assessment process may be re-initiated.

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APPENDIX A: OCCUPATIONAL THERAPY CORE SET OF ASSESSMENTS

The following assessments are recommended for occupational therapists to guide decision-making about the need for services. Other assessment tools, in addition to those listed below, may be utilized b the therapist as appropriate. A student's performance on any one test alone does not determine need for occupational therapy services. The evaluating occupational therapist in collaboration with the IEP Team must consider if impairments are interfering with a student's function and participation within the school environment.

Attribute	Test or Measure
Performance Area/Role • Social participation • Play • Education - academic and non-academic • ADL	**School Function Assessment** A standardized criterion reference assessment for students in kindergarten-6th grade. Evaluates and monitors a student's performance of functional tasks and activities and identifies strengths and needs in important non-academic functional tasks. Recommended selective sections of SFA include • Student information (p. 1-2) • Respondent information (p.1) • Part I Participation (p. 3) • Part II Task Supports (p. 4-5) • Adaptations Checklist (p. 14-15) **Child Occupational Self-Assessment (COSA)** - self-report that asks young clients to report their sense of competence when performing and values for everyday activities in their school, home, and community **Perceived Efficacy & Goal Setting (PEGS)** - self-report perceived competence in everyday activities and to set goals for intervention (6-9 years) **Brigance Diagnostic Inventory of Early Development** - curriculum-based, criterion-referenced test that provides an organized checklist for self-care milestones **Brigance Comprehensive Inventory of Basic Skills** - curriculum-based, criterion-referenced test that provides organized checklists for various life-skills appropriate for adolescent and pre-vocational programs **Short Child Occupational Profile (SCOPE)** - occupation-based assessment - determines how a child's volition, skills and the environment facilitate or restrict participation
Performance Skills • Motor Skills • Process Skills • Communication/Interaction	**Developmental Visual Perceptual Test (DVPT)** - measures both visual perception and visual-motor integration skills for ages 4-10. Includes 8 sub-tests: eye-hand coordination, copying, spatial relations, position in space, figure-ground,

	visual-closure, visual-motor, speed and form constancy **Minnesota Handwriting Assessment** - analyzes handwriting skills in the following categories: legibility, form, alignment, size, and spacing (grades 1 and 2) **Evaluation Tool of Children's Handwriting (ETCH)** - evaluates the manuscript and handwriting skills in grades 1-6; assesses speed and legibility **Beery-Buktenica Developmental Test of Visual Motor Integration (VMI)** - ages 2 years and older; measures visual-motor integration **Test of Handwriting Skills** - assesses manuscript and cursive (ages 5.0-18.11)
Patterns • Habits • Roles • Routines	**OT Psychosocial Assessment of Learning (OT PAL)** - observation and interviews to evaluate a student's volition (the ability to make choices), habituation (roles and routines), and environmental fit within the classroom setting (6-12 years) **Kohlman Evaluation of Living Skills (KELS)** - non-standardized assessment; determines ability to function in 17 basic areas of self-care/ activities of daily living
Context	**OT Psychosocial Assessment of Learning (OT PAL)** - observation and interviews to evaluate a student's volition (the ability to make choices), habituation (roles and routines), and environmental fit within the classroom setting **School Setting Interview (SSI)** - semi-structured interview that is designed to assess student-environment fit, and to identify the need for accommodations in the school setting
Client Factors: Body Function • Motivation, Interests, Values • Arousal; Modulation • Praxis	**Sensory Processing Measure (SPM)** - examines the sensory and environmental issues that may be impacting upon student's performance at school and at home (grades K-6) **Sensory Profile School Companion** (Dunn) - allows school-based clinicians to evaluate a child's sensory processing skills and how these skills affect the child's classroom behavior and performance (3years-11.11years) **Pediatric Volitional Questionnaire (PVQ)** - observational assessment designed to evaluate a young child's volition, including motivation, values, and interests, and impact of the environment (2-7 years) **Pediatric Interest Profile** - self-report; facilitate discussion related to interests, participation; play; activities that engage student in therapeutic interventions

Adapted from Clayton-Krasinsky, D. McEwen, M. Pathways: A Decision-Making Model (2008)

APPENDIX B: PHYSICAL THERAPY CORE SET OF ASSESSMENTS

The following assessments are recommended for physical therapists to guide decision-making about a student's need for services. A student's performance on any one test alone does not determine need for physical therapy services. The evaluating physical therapist in collaboration with the IEP Team must consider if deficits and impairments are interfering with a student's function and participation within the school environment.

The PT may find it necessary and is encouraged to augment the *PT Core Set* with any additional procedures deemed appropriate. This may include administering additional tests and measures specific to the issue or concern raised by the teacher, parent/guardian, or student and/or measuring impairments and underlying factors that are essential for understanding the performance difficulty.

Standardized Assessment	Recommended Sections
School Functional Assessment (SFA) - measures students level of participation - determines activity level in school - grades K-6 (special and general education environments) - criterion-referenced	The recommended sections on the SFA Record Form that are to be completed and scored are: • Student Information (pp. 1-2) • Respondent Information (p.1) • Part I Participation (p.3) • Part II Task Supports (pp. 4-5) • Adaptations Checklist (pp. 14-15) • Part III (Activity Performance: Physical Tasks) of the SFA including: o Travel (p. 6) o Maintaining & changing positions (p. 6) o Recreational movement (p. 6) o Manipulation with objects (p. 7) o Up/Down stairs (p. 9)
Gross Motor Function Classification System Level (GMFCS-E &R) (CanChild Centre for Childhood Disability research, 2007) - new system for categorizing the severity of self-initiated movement, with emphasis on sitting, transfer, and mobility on a five level classification system *Note: While the GMFCS-E&R was developed for use with children with cerebral palsy, the movement descriptions are appropriate for all diagnosis. The GMFCS provides a quick and reliable method for determining a student's gross motor function level and a uniform and standard language for reporting a student's overall level.*	Level I: Walks without Limitations Level II: Walks with Limitations Level III: Walk Using a Hand-Held Mobility Device Level IV: Self-Mobility with Limitations; May Use Powered Mobility Level V: Transported in a Manual Wheelchair *Each level has separate descriptions for 3 school-age bands: between 4th and 6th birthday, between 6th and 12th birthday, and between 12th and 18th birthday. (The GMFCS- E & R user instructions, operational definitions, and age-descriptions are available on-line from www.canchild.ca. The document is under service providers and researchers: GMFCS Expanded & Revised).*

Standardized Assessment	Recommended Sections
Gross Motor Function Measure (GMFM) - examines gross motor function and is the benchmark for determining a student's fundamental motor abilities - criterion-referenced *Note: There are two versions of the GMFM: GMFM-88 and GMFM-66 (2002). While the GMFM-88 was originally developed specifically for children with cerebral palsy, the test has also been used extensively in children with other diagnosis. The GMFM-66 is reserved specifically for children with cerebral palsy.*	• GMFM- 66 for any student with the diagnosis of cerebral palsy • GMFM-88 for any student except those with the diagnosis of cerebral palsy
Pediatric Evaluation of Disability Inventory (PEDI) - assesses key functional capabilities and performance in children ages six months to seven years - can also be used for the evaluation of older children if their functional abilities fall below that expected of seven-year-old children without disabilities - norm-referenced	• PEDI – self-care, mobility and social function
Movement Assessment Battery for Children - 2 - can be used to identify children who are significantly behind their peers in motor development, assist in planning an intervention program, or measure change as a result of intervention - The MABC - 2 Checklist addresses self-care, classroom and PE/recreational skills - norm-referenced - 3 – 12 years	• MABC - 2: Manual Dexterity, Ball Skills, Static And Dynamic Balance • MABC - 2 Checklist
The Brigance Inventory of Early Development-II (IED-II) - measures complex, higher-level motor skills in students who have deficits in cognitive and receptive language skills - criterion-referenced - birth – 7 years *Note: A score cannot be derived from the IED-II rather the therapist will summarize the skills that the student can and cannot perform.*	• Gross Motor Skills

Adapted from Clayton-Krasinsky, D. McEwen, M. Pathways: A Decision-Making Model (2008)

Tests and Measures for Determining Factors that May Be Affecting Function

The purpose of examining activity performance and impairments is to determine underlying factors that may explain *why* a student is having difficulty participating in the school. The physical therapist selects tests and measures that are directly relevant to identified participation restrictions. Recommended tests and measures for common problems in musculoskeletal, neuromuscular, cardiopulmonary and integumentary systems are listed below.

System	Test or Measure
Musculoskeletal Range of motion	• Goniometric measure • Spinal Alignment and Range of Motion Measure (SAROMM)
Strength	• Manual Muscle Test • Prudential FITNESSGRAM tests (truck lift, modified pull-up, curl-up)
Flexibility	• Brockport Physical Fitness Test (back-saver sit & reach, shoulder stretch)
Body composition	• Sum of triceps & sub-scapular skin fold thickness • Body Mass Index (BMI)
Neuromuscular Tone	• Tardieu Scale (Spasticity Measure) • Modified Ashworth Scale • Developmental reflexes
Postural control	• Fall history • Pediatric Balance Scale (PBS) • Pediatric Reach Test (PRT)
Pain	• CanChild Pain Questionnaire • Wong-Baker Faces Pain Scale
Gait	• Thirty-Second Walk Test • Timed Up and Go (TUG) • Timed Up and Down Stairs (TUDS) • Timed Floor to Stand
Cardiopulmonary Aerobic function	• 6 minute walk test (6MWT) • Physiological cost index (PCI)
Anaerobic function	• Shuttle Run
Circulation	• Heart Rate (HR) • Respiratory rate (RR) • Blood pressure (BP)
Integumentary Skin integrity	• Assessment of activities, positioning, & postures and assistive & adaptive devices that may result in trauma to associated skin • Assessment of skin temperature and skin color

Adapted from Clayton-Krasinsky, D. McEwen, M. Pathways: A Decision-Making Model (2008)

Optional Recommended Diagnosis-Specific or Context Specific Assessments

Occasionally, a physical therapist may require the use of diagnosis or context-specific assessments.

Specific Diagnosis Or Context	Test & Measures
Transition Services (from high school to post-school setting)	• Craig Hospital Inventory of Environmental Factors (CHIEF) • Activities Scale for Kids-Performance Version (ASKp) • Arc's Self-Determination Scale • AIR Self-Determination Scale • Community Integration Questionnaire
Disease Specific Measures Juvenile Rheumatoid Arthritis	• ACR Joint Count-Limitation of Motion • Childhood Health Assessment Questionnaire (CHAQ) • Juvenile Arthritis Functional Status Index (JASI)
Duchenne Muscular Dystrophy	• Vignos Functional Rating Scale Clinical Protocol for Functional Testing

Adapted from Clayton-Krasinsky, D. McEwen, M. Pathways: A Decision-Making Model (2008)

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