



Physical & Occupational Therapy GETTING STARTED AT YOUR SCHOOL SITE:

1) INTRODUCE YOURSELF & FIND OUT WHO TO REPORT TO

While you are hired centrally by the Office of Related and Contractual Services, you are also part of a school team at each school which is headed by a principal, one or more assistant principals, and other administrative staff. The person who is delegated at each school to handle related services may be different, but each school will have someone who will be responsible for signing your timesheets and who will serve as your onsite supervisor.

You will need to introduce yourself as a Department of Education Therapist assigned to the site and find out who that person is, also establish with the onsite supervisor and the school office staff how they would like you to document your attendance, procedures for letting someone know if you will be late or absent, etc.. (((The school may or may not have had a Department of Education therapist in the past, and some school staff may be less familiar with the difference between DOE therapists and contract therapists, or teachers. Refer to the Frequently Asked Questions (FAQ's) at the end of this document and contact your in-discipline supervisor if needed))).

In addition to your on-site supervisor, you will need to work closely with other members of the School Based Support Team (SBST) or IEP Team (psychologists, guidance counselors, speech therapists, resource room teachers, parents). You will also start to meet classroom staff, including the paraprofessionals in each class, and the nursing and custodial staff, so say hello and find out everyone's name.

2) CASELOADS

Establish a list of children & their PT/OT mandates to be your caseload. See on-site supervisor to assist with this. Write and submit your caseload using the caseload form. NOTE: Your caseload, schedule, and a list of any un-served students must be submitted *both* to your onsite supervisor *and* to your clinical supervisor NO LATER THAN TWO WEEKS AFTER STARTING AT YOUR SITE. The caseload should have initial start dates for the first time you work with each student (not the date you first started at the school).

3) LOCATE THE NURSE'S OFFICE

In case of any emergencies or medical concerns, you will need to know where to bring your student. In addition, the nurse's office usually has medical files which may contain more recent information and contacts than what is found in the main files.

4) REVIEW RECORDS FOR STUDENTS ON YOUR CASELOAD

See your on-site supervisor or students' teachers to obtain copies of each student's file. Review students' academic goals and goals from all related services within the IEP. Student files (usually kept in a secure place in the nurses or main office) will also contain a social history and educational and psychological evaluations. In addition to OT/PT mandates within the IEP (page 9), each student should have a prescription for therapy services on file. Check with the school nurse for relevant medical records (i.e. current medications). Important medical information should also be included in



the OT/PT department files and/or the on-site supervisor's file. (See item #10).

5) INTRODUCE YOURSELF TO TEACHERS AND FIND OUT WHERE YOUR STUDENTS ARE:

Find out which classes the students are in, find a good time to begin observing in classes to get an idea of how students are functioning or expected to function throughout the school environment. See if there are any precautions (behavioral or medical) which you will need to know about before taking students out of the classroom to work with them.

6) START TOUCHING BASE WITH PARENTS.

Write or call the parents or guardians of your students to introduce yourself and provide a telephone number for them to contact you at school. Most younger students have communication books that go back and forth, but keep in touch with teachers about how best to communicate with parents, including parents for whom English is a second language.

7) BEGIN KEEPING ATTENDANCE BOOKLETS ON ALL STUDENTS.

These are legal documents which will be audited annually by Department of Education monitors. Sessions provided and sessions missed should be noted on these cards daily. Attendance records must be kept on site, in your treatment space or another readily accessible area. Maintain your own copies of attendance records and document sessions missed and make-up sessions. NOTE: If you attend a clinic appointment with a student or spend time in consultation with parents, teachers, or other team members, it cannot be counted as a session if the student was not in school that day, although these should be documented in your progress notes. You may not be able to make up the session, but you will be able to document how the student's needs were addressed.

8) SPEAK WITH THE CHILD'S PREVIOUS AND CURRENT THERAPISTS.

They may offer valuable insight and information such as social/family concerns, medical history, progress in therapy, equipment history, rationales for existing mandates, and treatment strategies relevant to your work. OT's and PT's who see the same student should make time to touch base and work together as needed to make sure both know the student's needs and skills

9) ORGANIZE INFORMATION ABOUT STUDENTS.

Daily progress notes are required by the DOE as it is best practice to document both direct and indirect treatment time spent meeting the student's needs. Notes keep you organized, they lay the groundwork for new areas to evaluate, they provide a framework when recommending changes in the IEP, and they are, if necessary, legal documentation in cases where it may be necessary. You may use any note format that you are comfortable with. We have also provided a sample progress note template for you on this orientation disk. Always maintain information obtained from telephone calls or notes to parents/guardians, information on significant medical issues, and information from telephone calls with doctors, orthotists, equipment vendors, and any other outside specialists. In a school with several therapists where there are many equipment needs, it may be very helpful to have one equipment log near the phone with a page for each student so that any calls or contacts are logged in. This is especially important if therapists are only in a site part of the week, so that each person can see at a glance what the last action taken was. A document that shows at a glance



each student's equipment, cross referenced for clinic and vendor can also be very valuable for the team as a whole, since different therapists will all be addressing equipment needs and teams change each year.

It may be helpful to create ONE QUICK REFERENCE LIST which includes each of your students' names and I.D. numbers, annual review dates, annual goals, guardian names/contact persons, telephone numbers, and clinic/vendor information.

10) LOOK FOR SPACE & EQUIPMENT, ORDER SUPPLIES.

Explore the school building for possible space. Work with what's there. As people at the school see that you are a visible and committed part of their team, you may be able to find more space, borrow equipment, co-treat in PE or collaborate in the classrooms more easily. Desks, chairs, shelves, blackboards, etc. can be gathered with help from custodial staff (discuss this with your onsite supervisor). D-75 provides a budget for equipment and supplies for each school with DOE therapists each year. Check with your on-site supervisor or principal to determine the amount of money allocated for your site. It is the responsibility of the school-based therapists to order and maintain supplies and equipment, so discuss with your onsite supervisor where you will be able to keep material safely stored.

Teachers often discard materials at the beginning or end of the school year which may be useful for therapy, or you may be able to borrow materials from various teachers. Many therapists bring some materials of their own. Dollar stores, thrift stores, and yard sales are good sources for basic materials until DOE equipment and supplies arrive (receipts may be tax-deductible). The school office will probably have copies of school supply catalogs and possibly therapy catalogs, and as you get to know the school staff, PTA's and onsite supervisors may be able to help with special purchases of supplies or equipment that they see as benefiting students. Pitch in—join forces with the school to help with holiday and special activities—it'll highlight OT and PT and make it easier for people to see how the students benefit from your services.

11) START SEEING & EVALUATING YOUR STUDENTS.

In an educational setting, it may be more relevant to say "begin evaluating the school environment." What is it the student needs to do to keep up with his non-disabled peers? Refer to the updated PT/OT evaluation forms & guidelines. In addition to standard forms and evaluation tools, use information gathered from teachers and staff and from classroom observation. See the student at different times of the day, throughout the school environment, and make sure you have touched base with parents and staff to address their concerns about the student. Evaluation is an ongoing part of treatment, based on the constantly changing needs of the student and the demands of the school environment.

12) WEEKLY SCHEDULING:

Find out students' classroom schedules (i.e. academic periods students cannot be pulled out of, or



teachers' preps--music, library, etc.) in order to determine the best time to work with the student. Speak with teachers and paraprofessionals to determine areas of concern in relation to each

student's classroom functioning. For example, a student having difficulty writing could be seen in the classroom during writing workshop once a week; students with difficulty transitioning might do best with three 10-minute periods of sensory warm-ups at the beginning or end of challenging daily periods; students requiring ADL training should be seen during mealtimes, toileting, or school arrival/dismissal times; students with mobility difficulties might be seen during transitions between classrooms. Students are often best served when scheduling is flexible (shorter or longer blocks of time) as necessary to meet individual and classroom needs. Classroom consultation with teachers and paraprofessionals is an integral part of school-based therapy and should be ongoing in each therapist's schedule. Therapy is most successful when students are learning to function in the classroom and other school settings—not just in the therapy room! Your initial schedule and caseload must be forwarded to clinical and on-site supervisors (see #1) and posted in treatment areas, but subsequent schedules may be given to the onsite supervisor.

LATER IN THE YEAR

- Individualized Educational Plans (IEP) - teachers or on-site supervisors should notify you of due dates and team meetings. Therapists are responsible for updating annual goals (page 6) and health issues (page 5) and for attending annual review meetings if possible. Therapists for students not receiving other related services are responsible for generating the entire IEP. Since the IEP represents the team coming together to address the student's needs, a meeting may be convened earlier to discuss and possibly adjust a student's mandate to better meet his or her needs, but discuss it with the student's teacher first.
- Triennials (require updated evaluations from all disciplines, once every 3 years) - the school psychologist will usually inform you of these meeting dates.
- Monthly CAP sheets (student attendance forms) will be mailed by DOE, or given to you by the on-site coordinator.
- Update student progress as directed on attendance forms provided by the DOE and in the IEP goals section (page 6).
- Other progress notes may be included with each report card and/or sent to home or clinics/doctors as therapist deems necessary
- Year End Progress Notes - important in assisting therapists taking over your students the following semester/ year or other professionals joining the team. Take the time to really reflect on the different areas of functioning, and to think about what areas you or the next therapist should address. If the student is doing well and you feel therapy might be discontinued, but the parent has disagreed, this or any evaluation—including the IEP, may reflect that. You can summarize the student's functioning, make your own recommendation that therapy mandates be decreased or discontinued, but state that the parent continues to want the service and suggest that the team continue to work with the parent to address the parent's concerns and understanding of what therapy can accomplish in order to best meet the student's needs.

SOME FREQUENTLY ASKED QUESTIONS (FAQ's) FOR DOE THERAPISTS:



THE NEW YORK CITY DEPARTMENT OF EDUCATION
JOEL I. KLEIN, *Chancellor*

Q: Do therapists have "Prep" time?

A: No, contractually, they don't, and it should not be on a schedule. See the information on scheduling for appropriate ways to document direct and indirect services.

Q: Can therapists cover a class?

A: Except in an emergency, therapists are not able to be left alone with a classroom of students (they are not pedagogues). As long as a teacher is in the room, the therapist may assist or help run an activity in the room, or assist in a lunchroom or at bussing where another teacher is covering.

Q: Can therapists take vacation time during the year?

A: There is no vacation time except when schools are closed. Only three of the ten sick days accrued throughout the year may be used for personal time.

Q: Are therapists required to attend staff meetings or parent teacher nights that take place after the regular school day ends?

A: Therapists, unlike teachers, are not contractually required to stay for parent teacher nights or teacher/staff meetings that extend past regular school hours. They may wish to let parents know that they will not be able to stay, and invite parents to write, call or visit at any other time to discuss concerns.