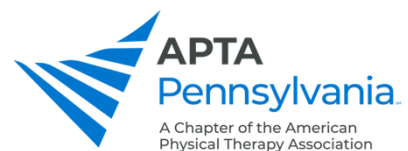


GUIDELINES FOR THE PRACTICE OF OCCUPATIONAL THERAPY AND PHYSICAL THERAPY IN EDUCATIONAL SETTINGS

**as developed by the Pennsylvania Occupational Therapy
Association (POTA) and the American Physical Therapy
Association, Pennsylvania Chapter (APTA-PA)**

2023 Revision



This document was written by a task force of professionals from the Pennsylvania Occupational Therapy Association (POTA) and from the Pennsylvania Chapter of the American Physical Therapy Association (APTA-PA). We acknowledge the support of POTA's Commission on Practice and the APTA-PA Pediatric Special Interest Group (SIG).

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This document is a revision and consolidation of the Pennsylvania Physical Therapy Association's *Guidelines for the Practice of Physical Therapy in Educational Settings*, written in 2006 and revised in 2009 and the 2001 2nd edition of the Pennsylvania Occupational Therapy Association's *Occupational Therapy Practice in Pennsylvania's Public Schools*. We gratefully acknowledge the contributions of the members of previous task forces. The process for the revisions and writing of this document included virtual meetings amongst the committees, town hall meetings to capture the voice of invested stakeholders, as well as research to obtain the most current information and links.

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I. INTRODUCTION

A. Purpose of Guidelines

The purpose of this document is to provide occupational therapy practitioners, physical therapy practitioners, and Administrators/Supervisors in Special Education departments in Pennsylvania with information and guidelines relative to providing occupational therapy and physical therapist services in educational settings for students 3 to 21 years of age.

B. Occupational Therapy and Physical Therapy in Educational Environments

Occupational therapy practitioners and physical therapy practitioners who work in educational environments are related service providers (United States Department of Education, 2017a) who support students to gain access to, participate in, and benefit from their educational programs. Therapists work collaboratively with school personnel and parents/guardians of students with disabilities to evaluate and plan students' educational programs and to provide intervention to meet students' individual educational needs. Therapists may work directly in preschools, schools, worksites, community settings, children's homes, as well as provide therapy through telehealth methods (see Section VI: G. of these guidelines regarding telemedicine).

C. Legislation

1. Federal Legislation

- a) **Every Student Succeeds Act (ESSA)** - Every Student Succeeds Act, replaced the Elementary and Secondary Education Act, more commonly known as No Child Left Behind, to offer a more collaborative approach, and to teach learning decisions and actions that can benefit students. The act was designed to address the needs of economically disadvantaged students, improve academic standards, and expect accountability for poorly performing schools. ESSA suggests use of the multi-tiered systems of support (MTSS) focusing on universal (Tier 1) and targeted (Tier 2) strategies which foster participation and health (mental and physical). This approach also included the acknowledgement, definition, and functions of specialized instructional support personnel (SISPs) and related services. Occupational therapy practitioners and physical therapy practitioners in the school-based setting are recognized as SISPs under ESSA (ESSA, 2015).
- b) **Individuals with Disabilities Education Act (IDEA)** - The Individuals with Disabilities Education Act (IDEA), most recently reauthorized as the Individuals with Disabilities Education Improvement Act of 2004 (IDEA, 2004), mandates a free and appropriate public education (FAPE) within the least restrictive environment (LRE) for all children regardless of disability or the severity of disability. The purpose of IDEA was *“to ensure that all children with disabilities have available to them a free appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment and independent living”* (IDEA, 2004, 300.1a). IDEA was initially authorized in 1997 and originated from the Education of All Handicapped Children Act which was enacted in 1975 (IDEA, 2004).

Part B of IDEA addresses the education of children 3 to 21 years of age who have a disability that hinders their education and their ability to access or benefit from their education. IDEA significantly improved the educational opportunities for students with disabilities by focusing on teaching and learning and establishing high expectations for students with disabilities to achieve real educational results. IDEA strengthened the role of parents in educational planning and decision making on behalf of their children. It also focused each student's educational planning process on promoting meaningful access to the general education curriculum. IDEA 2004 continued to ensure all children with disabilities have a free appropriate public education and that the rights of such children and their parents are protected (IDEA, 2004).

- c) **Americans with Disabilities Act and Americans with Disabilities Act Amendments Act (ADA; ADAAA)** - The Americans with Disabilities Act requires that people with disabilities have equal opportunity, as compared to people without disabilities, for employment, state and local government services, public accommodations, commercial facilities, and transportation. It also includes the establishment of TDD/telephone relay services (ADA, 1990; ADAA, 2008).
- d) **Rehabilitation Act, Section 504** - Section 504 of the Rehabilitation Act of 1973 is a federal law that protects qualified individuals from discrimination based on a disability. The nondiscrimination requirements of the law apply to employers and organizations that receive financial assistance from any federal department or agency, including the U.S. Department of Health and Human Services (DHHS). The organizations and employers include public educational agencies as well as many hospitals, nursing homes, mental health centers, and human service programs (United States Department of Education, 2020).
- e) **Assistive Technology Act of 2004** - The Assistive Technology Act of 2004 was originally titled the Technology-Related Assistance for Individuals with Disabilities Act of 1988. This act authorizes a state to create a statewide system of technology-related assistance for people of any age with disabilities. The original act of 1988 aimed to increase awareness of, access to, and acquisition of assistive technology. States may receive discretionary grants to assist in developing and implementing consumer-responsible, comprehensive statewide programs of technology-related assistance for individuals of all ages who have disabilities (Assistive Technology Act, 2004). In Pennsylvania, the designated state assistive technology program is TechOWL - Technology for Our Whole Lives, part of Temple University's Institute on Disabilities (Institute on Disabilities at Temple University, 2023).

2. Pennsylvania Legislation

- a) **Title 22 Chapter 14 Special Education** - This state legislation:
 - 1) establishes the special education regulations in Pennsylvania for school districts;

- 2) provides regulatory guidance to ensure compliance with federal laws and IDEA 2004 and its regulations;
 - 3) ensures that all students with disabilities have available to them a free and appropriate public education that is designed to enable the students to participate fully and independently in the community, including preparation for employment or higher education;
 - 4) ensures that the rights of students with disabilities and their parents are protected (Commonwealth of Pennsylvania, 2023i).
- b) **Title 22 Chapter 15 Protected Handicapped Students** - This state legislation:
- 1) addresses school districts' responsibility to comply with the requirements of Section 504 and its implementing federal regulations with 34 CFR Part 104 relating to nondiscrimination based on handicap in programs and activities receiving or benefiting from federal financial assistance;
 - 2) implements the statutory and regulatory requirements of Section 504 and its accompanying regulations to protect qualified handicapped students who have physical, mental, or health impairments from discrimination because of those impairments;
 - 3) requires public educational agencies to ensure that these students have equal opportunity to participate in school programs and extracurricular activities to the maximum extent appropriate to the ability of the protected handicapped student in question;
 - 4) requires school districts to provide these students with the aids, services, and accommodations that are designed to meet the educational needs of protected handicapped students as adequately as the needs of non-handicapped students are met;
 - 5) states that aids, services, and accommodations may include, but are not limited to, special transportation, modified equipment, adjustments in the student's roster, and the administration of needed medication;
 - 6) uses the term "protected handicapped students" for students identified and protected by Section 504 (Commonwealth of Pennsylvania, 2023f).
- c) **Pennsylvania Occupational Therapy Practice Act** - This act regulates the practice and licensure of occupational therapy practitioners. Regulations identify minimum standards of practice for occupational therapists, supervision of occupational therapy assistants, supervision of applicants with temporary licenses, and delegation of duties to occupational therapy aides and other unlicensed personnel. The Pennsylvania State Board of Occupational Therapy Education and Licensure website provides links to relevant laws and regulations (Commonwealth of Pennsylvania, 1982a).

- d) **Pennsylvania Physical Therapy Practice Act** - This act regulates the practice of physical therapy, licensure of physical therapy practitioners, registration of physical therapist assistants, and use of supportive personnel (Pennsylvania Professional Licensing Board). The Physical Therapy Practice Act also sets standards for physical therapist application for a certificate of authorization for direct access, to practice physical therapy under this act without physician referral for up to 30 days (Commonwealth of Pennsylvania, 2023e).

D. State Entities

1. **Pennsylvania Department of Education (PDE)** - The Pennsylvania Department of Education assists the General Assembly, the Governor, the Secretary of Education, and Pennsylvania educators in providing for the maintenance and support of a thorough and efficient system of education (PDE, 2023a).
2. **The Pennsylvania Training and Technical Assistance Network (PaTTAN)** - PaTTAN is an initiative of the Pennsylvania Department of Education, Bureau of Special Education. PaTTAN supports the Department of Education by:
 - a) offering professional development (with a focus on special education) that builds the capacity of local educational agencies to meet students' needs;
 - b) developing training courses, offering technical assistance, and providing resources to build the skills of intermediate unit and school personnel to improve student achievement; and
 - c) providing services to support early intervention, student assessment, tutoring and other partnership efforts, all designed to help students succeed. PaTTAN has three regional offices located in King of Prussia, Harrisburg, and Pittsburgh (PaTTAN, 2018a).
3. **Pennsylvania State Education Association (PSEA)** – PSEA is a membership association whose members serve to advocate and protect students, schools and the professionals who work in the education setting (PSEA, 2023).
4. **The Pennsylvania School-Based ACCESS Program (SBAP)** – This program is a cooperative effort of the Pennsylvania Department of Education (PDE), the State Department of Public Welfare, the federal Centers for Medicare and Medicaid Services, and PDE's contractor, Leader Services (Commonwealth of Pennsylvania, 2023h).

E. Local Entities

1. **Intermediate Units (IUs)** - Intermediate units were established in 1971 by the Pennsylvania General Assembly. Pennsylvania's 29 intermediate units operate as regional educational service agencies that provide programs and services to Pennsylvania's 501 public school districts and over 2,400 non-public and private schools. They also serve as liaison agencies between the school districts and the Pennsylvania Department of Education (Pennsylvania Association of Intermediate Units, 2022).

2. **Local Education Agencies (LEAs)** - LEAs are local entities that operate schools, including primary and secondary public and private schools. Examples include, but are not limited to, local school districts, intermediate units, and charter schools (United States Department of Education, 2017b).

II. DEFINITIONS OF TERMS AS USED WITHIN EDUCATIONAL ENVIRONMENTS

- A. **Least Restrictive Environment (LRE)** - IDEA reinforces the rights of all children to have access to education through utilization of the least restrictive environment. According to the IDEA, students shall receive instruction alongside peers following the least restrictive requirements, commonly known as LRE. These requirements state that, to the maximum extent appropriate, children with disabilities must be educated with children who do not have disabilities. The law also states that special classes, separate schools, or other removal of children with disabilities from the regular educational environment may occur only if the nature or severity of the child's disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily (Commonwealth of Pennsylvania, 2023c).
- B. **Gaskin Settlement Agreement** - This agreement addresses inclusive educational practices for Pennsylvania students with disabilities by:
 1. articulating the establishment of an advisory group to the Department of Education;
 2. mandating training, technical assistance, monitoring, and compliance regulation; and
 3. requiring local schools and school districts to offer a full continuum of support services allowing children with disabilities to be educated in regular classrooms (The Public Interest Law Center, 2019).
- C. **Location of Services** - Individualized Education Program (IEP) teams determine which programs and services are appropriate for students and the location where services are to be provided. Special education services are portable and may be provided in a wide variety of locations. The Pennsylvania Code gives the definition of itinerant, resource, part-time and full-time classes; however, the determination of the level of services is not limited to special education classrooms alone. Special education services can be delivered in locations that include, but not limited to, regular education classrooms, playgrounds, physical education settings, cafeteria, community-based settings, vocational and virtual setting (United States Department of Education, 2017c).
- D. **Instructional Support Team (IST)** - School districts establish ISTs in elementary schools, (K-6) to provide instructional support to students experiencing academic or behavioral difficulties in the classroom setting. The IST may determine that a referral for a multidisciplinary evaluation is appropriate. For children under kindergarten age and over sixth grade, referral processes may vary dependent on the school entity. These teams may also be called, however not limited to, one of the following: Pre-Referral Teams, Problem Solving Teams, Child Study Teams, Educational Intervention Team, Elementary Student Assistance Program (ESAP) teams (Commonwealth of Pennsylvania, 2023i).

E. Multidisciplinary Evaluation (MDE) - A parent, local educational agency (LEA), or instructional support team may initiate a Multidisciplinary Evaluation for a student. For children transitioning from Part C Infant/Toddler services, the reason for referral should include determining if the child is eligible for Part B Preschool Early Intervention/Preschool special education services. To be eligible for special education services, a child must have a disability and need specially designed instruction. The evaluation process shall *"use a variety of assessment tools and strategies to gather relevant functional and developmental and academic information, including information provided by the parent that may assist in determining whether the child is a child with a disability and the content of the child's individualized education program, including information related to enabling the child to be involved in and progress in the general education curriculum, or for preschool children, to participate in appropriate activities."* (United States Department of Education, 2017d) IDEA also stipulates that *"each local educational agency shall ensure that the child is assessed in "all areas of suspected disability" and "assessments, tools, and strategies that provide relevant information that directly assists persons in determining the educational needs of the child are provided"* (IDEA, 2004, Subchapter II, 1414b). An occupational therapy and/or physical therapy screening and/or evaluation may be requested as part of a child's evaluation. IDEA requires that a child be assessed in all areas related to the suspected disability. This may include but is not limited to motor function, classroom skills, playground and sports participation, self-help skills, social participation, mobility, social-emotional learning, assistive technology needs, sensory regulation, and prevocational and transition needs (IDEA, 2004).

Reevaluation includes a review of existing evaluation data and classroom-based observations and assessments. Following this review, the IEP team decides if additional evaluations or assessments are needed. The IEP team determines if the child continues to be eligible for and requires specially designed instruction. In Pennsylvania, school-age students with intellectual disability as an exceptionality must have a reevaluation every two years. School-age students with exceptionalities other than an intellectual disability must have a reevaluation every 3 years. The parent and the local educational agency (LEA) may agree that a reevaluation is unnecessary. For preschool students, a reevaluation report needs to be issued every two years unless the Mutually Agreed Upon Written Arrangement (MAWA) Early Intervention Program possesses a signed parental permission/agreement that a reevaluation is not necessary at this time. If determined to be necessary, reevaluations may be more frequent than mandated by law (PDE, 2023b).

F. Evaluation Report (ER) - The results of the Multidisciplinary Evaluation are reported in an Evaluation Report by the multidisciplinary team. Part B of IDEA 2004 explains that the Evaluation Report must be issued no later than 60 calendar days from receipt of parental permission. For school age students, the 60 calendar days stop the day after the end of spring semester and re-start the day before fall semester begins. The occupational practitioner and/or physical therapy practitioner is responsible for submitting information for the evaluation report for students supported by occupational therapy and/or physical therapist services or evaluated by an occupational practitioner and/or physical therapy practitioner. Each school district or intermediate unit has a designated procedure for Evaluation Reports which may include use of online programs. There is no requirement for a meeting at any point in the evaluation or reevaluation process (Commonwealth of Pennsylvania, 2023b).

G. Reevaluation Report (RR) - The results of a reevaluation are reported in a Reevaluation Report. The regulations for issuing the report within 60 calendar days for students also apply to Reevaluation Reports. For school age students, the 60 calendar days stop the day after the end of spring semester and restart on the day before fall semester begins (Commonwealth of Pennsylvania, 2023g).

H. Individualized Education Program (IEP) - The Individualized Education Program (IEP) team writes the student's IEP to address specially designed instruction and educational goals based on the student's strengths and needs. The IEP is a legal document written as a guide for the child's free appropriate public education (FAPE) in the least restrictive environment (LRE). The IEP must be based upon and responsive to the ER and/or RR or current present levels of performance. The IEP team can include the parent/guardian(s) of the student with a disability, regular education teacher, special education teacher, related service providers, local education agency (LEA) representative, and, whenever appropriate, the student. Individual districts may utilize a variety of computer or web-based documentation systems to aid in IEP development and documentation. Occupational therapy practitioners and physical therapy practitioners should familiarize themselves with LEA documentation systems and policies. According to IDEA (2004), the IEP must include:

1. a statement of the student's present levels of academic achievement and functional performance;
2. how the student's disability affects the student's involvement and progress in the general education curriculum;
3. how the disability affects the student's participation in appropriate activities/occupations;
4. a statement of measurable, annual, academic, and functional goals designed to meet the student's educational needs that result from the student's disability and enable the student to be involved in and make progress in the general education curriculum;
5. a description of how the student's progress toward meeting the annual goals will be measured and when periodic reports on progress the student is making toward meeting the annual goals will be provided (United States Department of Education, 2017d).

The IEP should also include specially designed instruction, goals and objectives, appropriate supplementary aids/services as well as necessary related services including the frequency, location, and duration of related services. Transition services are included in the IEP beginning at age 14.

Occupational therapy practitioners and physical therapy practitioners may contribute information to an IEP in various sections (e.g., present levels of functional performance, how the student's disability affects involvement and progress in the general education curriculum). Additionally, occupational therapy practitioners and physical therapy practitioners may make recommendations for goal development (including appropriate measurement and reporting methods), service delivery, and specially designed instruction.

Occupational therapy practitioners and physical therapy practitioners cannot be the primary service that generates the IEP or the case manager of the IEP.

I. Goals and Objectives - Individualized Education Programs (IEPs) include academic and functional goals. Short term objectives are required for school age students with disabilities who take alternate assessments aligned to alternate achievement standards. IEP goals should:

1. address both the present and future needs of the student, including transition to adult life, as identified in the ER, RR, or IEP;
2. represent the priorities of the team including the student;
3. be discipline-free; collaborative plan;
4. be participation-focused;
5. be chronologically age-appropriate;
6. be educationally relevant and functional;
7. serve a relevant purpose in the student's education;
8. support participation in appropriate activities/ occupations;
9. be meaningful to the student and the student's family;
10. include school-related activities and routines that the student performs frequently to support intensity of practice;
11. be understandable to all team members;
12. provide a clear focus for instruction;
13. be measurable to provide a framework for ongoing progress monitoring; and
14. be expected to be achievable in a program year based on the student's present level of performance.

IEP goals should be discipline-free student goals and not to be labeled with a specific discipline such as occupational therapy or physical therapy. Standalone goals may be utilized when collaborative goals are not appropriate and/or at the discretion of the IEP team. The team decides which goals are most important for the student to accomplish, without regard to the discipline(s) that may support them. Identifying goals as occupational therapy and/or physical therapy will lead to occupational therapy and/or physical therapy as an isolated service rather than a related service that directly assists a student to benefit from his or her educational program.

The American Occupational Therapy Association (AOTA), the American Physical Therapy Association (APTA) and the American Speech-Language-Hearing Association (ASHA) have written a collaborative guide entitled *Joint Statement on Interprofessional Collaborative Goals in School-Based Practice*. A reference for this document can be found in the References section of this document (AOTA, APTA, ASHA, 2022).

- J. Related Services** - A student may require a variety of services, commonly called related services, to benefit from or access his/her special education program. These services, along with location, frequency, and duration are listed in the IEP. Related services are defined in IDEA as “*transportation, and such developmental, corrective, and other supportive services (including speech-language pathology and audiology services, interpreting services, psychological services, occupational and physical therapy, recreation, including therapeutic recreation, social work services, school nurse services designed to enable a child with a disability to receive a free appropriate public education as described in the individualized education program of the child, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services, except that such medical services shall be for diagnostic and evaluation purposes only) as may be required to assist a child with a disability to benefit from special education, and includes the early identification and assessment of disabling conditions in children*” (IDEA, 2004 United States Department of Education, 2017a, 300.34a).

Occupational therapy and physical therapy, as related services and as the law states, are to assist the student with a disability to benefit from special education. Services should therefore be focused on school-related needs. Examples may include:

1. Student requires occupational therapy to successfully participate in classroom functional tasks such as writing and scissor skills, as well as learn to manage school supplies.
2. Student requires physical therapy to build strength and endurance needed to successfully participate with peers in physical education class and recess.

- K. Services on Behalf of Students** - Supports for school personnel are the supports provided to school personnel who will be assisting in implementation of any part of the student’s IEP. School personnel may include special education teachers, general education teachers, aides, related service providers, bus drivers, etc. Any assistance, materials, training, equipment, or information that is needed to provide free appropriate public education and implement specially designed instruction would be listed in this section. This section of the IEP includes consultation and collaboration with specified personnel (e.g., occupational practitioner and/or physical therapy practitioner) to support a student’s IEP. It also includes training or materials for personnel to enable the student to be involved in appropriate activities, participate with non-disabled children, and to progress toward annual goals. Location, frequency, and duration of each support for school personnel must be specified in the IEP.

L. Specially Designed Instruction (SDI) - This section of the IEP should be well developed, containing the various supports and supplementary aids and services that the student needs. Specially designed instruction is the essence of special education and is based on the identified educational needs that result from the student's disability. The purpose of SDI is to ensure the student can attain goals and be involved and progress in appropriate activities in the LRE. The SDI section of the IEP may identify materials, techniques, modifications, assessments, and activities as well as the anticipated location and frequency. Examples of SDI may include strategies to promote participation in classroom routines, self-care management, learning skills, social engagement and play skills, life skills, transition, and assistive technology which may be provided supports and intervention by an occupational therapy practitioner. SDI may also include specific adapted equipment, materials accommodations, strategies, procedures, and other adaptations to support the student's IEP which may engage the support and intervention of an occupational therapy practitioner and/or physical therapy practitioner. Please note these are not all-encompassing lists. PaTTAN (2018b) has a very well-developed section of their website devoted to this important topic, under the Framework for Access and Belonging (FAB): with Supplementary Aids and Services.

M. Specialized Instructional Support Personnel (SISP) - Specialized Instructional Support Personnel (SISP) is a term defined and included in the ESSA (2015) referring to “*school counselors, school nurses, psychologists, school psychologists, social workers, school social workers, occupational and physical therapists, art therapists, dance/movement therapists, music therapists, speech-language pathologists, and audiologists functioning to support students in the school environment. These personnel can address the physical and mental health needs of students to:*

1. *address barriers to educational success*
2. *ensure positive conditions for learning*
3. *support student physical and mental wellness*
4. *help students achieve academically to prepare for college, careers, and overall citizenship*
5. *work as part of a team contributing expertise to meet students' needs*
6. *coordinate with state and district agencies to link community resources”*
(National Alliance of Specialized Instructional Support Personnel, 2022).

N. Transition Services - Many educationally related transitions, or changes in status, occur for students with disabilities and their families. The three major transitions include:

1. transition from Part C (Early Intervention) to Part B at age three years;
2. transition from preschool to school-age services; and

3. transition from school to post-school activities.

If a pre-school student is within one year of transition to a program for school-age students, the IEP must contain goals that address the transition process such as:

1. preparing the student for competence in the next environment;
2. supporting the student and parent/guardian(s) in making a smooth transition;
3. preparing the receiving agency/staff; and
4. supporting communication between receiving and sending staff as needed.

IDEA, 2004 explains that beginning no later than age 16 years, and Pennsylvania law states that beginning no later than age 14 years, desired post-school outcomes are identified on a student's IEP. These include post-secondary education and training outcomes, employment outcomes, and independent living outcomes, if appropriate. The IEP team must state in the IEP how each transition activity/service needed to assist the student in reaching goals will be provided. The IEP team must also indicate if an IEP goal will be written to support transition to post-school outcomes.

Occupational therapy practitioners and physical therapy practitioners can support transition-age students to improve vocational skill sets for success in post-secondary education, employment, and/or independent living. Through collaboration with the IEP team in both educational and community settings, occupational therapy practitioners and physical therapy practitioners can develop and implement programs and/or align interventions to meet the vocational needs of students related to areas such as, but not limited to activities of daily living, instrumental activities of daily living, interpersonal skills, work performance, mobility, and accessibility.

O. Extended School Year (ESY) – ESY services are special education and related services provided for a student with a disability beyond the normal school year in accordance with the student's IEP. Most school districts have specific ESY policies, but schools cannot establish general rules for deciding eligibility for ESY. A student's need for ESY is determined on an individual basis by the IEP team. Considerations include:

1. significant or substantial loss of skills or regression during breaks from school along with failure to recoup skills within a reasonable time after returning to school;
2. the nature and severity of the student's disability; and
3. emerging skills.

The annual deadline for determining ESY eligibility for school-age children with severe disabilities is February 28th. The Notice of Recommended Educational Placement must be issued to the parent no later than March 31st for children with severe impairments. According to the Pennsylvania Code (Commonwealth of Pennsylvania, 2023a), all students

with disabilities, including preschool students, can be considered eligible for ESY programs. ESY services cannot be provided for the sole purpose of maximizing a student's educational opportunities. ESY is not designed as a period of learning new skills but instead for the student to retain skills. ESY services must be provided only if necessary for the provision of FAPE to the child as determined on an individual basis in accordance with Pennsylvania Code.

P. Multi-Tiered System of Supports (MTSS) – The term and model of MTSS has a much broader scope than Response to Intervention (RtI). MTSS is an early intervening model of support to enable early identification and intervention for students who may need support, prior to student failure, in academic as well as social and emotional areas (non-academic), including behavior. MTSS is an assessment and intervention process to systematically monitor student progress and make data-based decisions about the need for and provision of:

1. instructional modifications;
2. research-based interventions; and/or
3. increasingly intensified services to address the needs of a struggling student (AOTA, 2012).

Fundamental principles of MTSS include school wide screening for critical skills, high quality instruction, frequent assessment, a team approach, and data-based decision making. MTSS is a departure from deficit-based assessments due to focus on:

1. possible interventions rather than what is “wrong” with the student;
2. addressing the needs of all students, not just those with educational labels;
3. the responsibility of all educators for all students;
4. positive outcomes for all students; and
5. multi-tiered service delivery models with differentiated instruction to meet individual needs (AOTA, 2012).

Occupational Therapy Practitioner's Role - Practitioners can contribute in an early intervening, multi-tiered approach within general education. Occupational therapist practitioners can assist with periodic screenings/probes (including both data collection and analysis), provide teacher training, model activities to whole classrooms or small groups, and assist with team problem solving (AOTA, 2012).

Physical Therapy Practitioner's Role - A school based physical therapy practitioner may participate in a team working to meet a student's needs prior to establishing eligibility for special education. School based physical therapy practitioners may be called on to provide expertise in modifying classroom environments, suggest learning strategies, or give input in other areas in which they could assist with problem solving for a student. The goal is to

do what is required for students to succeed with their curriculum with the fewest restrictions possible. (LeCompote and Ray. 2022)

Q. Section 504 Service Agreement - The main criterion for eligibility for a Section 504 Service Agreement is a physical or mental impairment that substantially limits one or more major life activities. Major life activities are functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. The purpose of a Section 504 Service Agreement is to protect students with disabilities from discrimination for reasons related to their disability. School age students who require occupational therapy and/or physical therapist services to accommodate for their functional limitations or provide access to their educational environment, but do not require special education services (specially designed instruction), may receive occupational therapy and/or physical therapist services. The educational team writes the needed aids, accommodations, and services into a Section 504 Service Agreement for the student rather than an IEP (United States Department of Education, 2020).

R. Family Educational Rights and Privacy Act (FERPA) –The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have been transferred are termed "eligible students." FERPA policies include:

1. Parents or eligible students have the right to inspect and review the student's education records maintained by the school.
2. Parents or eligible students have the right to request that a school corrects records which they believe to be inaccurate or misleading.
3. Schools must have written permission from the parent or eligible student to release any information from a student's education record.
4. Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them.
5. Schools must notify parents and eligible students annually of their rights under FERPA (FERPA, 1974).

S. Progress Monitoring - Progress monitoring is a scientifically based practice used by educational professionals (including occupational therapy practitioners and physical therapy practitioners) to assess students' performance and evaluate the effectiveness of instruction and intervention. Monitoring student progress through data collection and analysis is an effective way to determine if occupational therapy services and/or physical therapist services are meeting the needs of the student and whether the therapist should change intervention and/or strategies. Progress monitoring involves both collecting and

analyzing data to determine student progress toward specific goals and making intervention decisions based on review and analysis of student data (PaTTAN, 2018).

T. School-Based ACCESS Program (SBAP) - The School-Based ACCESS Program is a cooperative effort of the Pennsylvania Department of Education (PDE), the State Department of Public Welfare, the federal Centers for Medicare and Medicaid Services, and PDE’s contractor, Leader Services. The SBAP provides Local Educational Agencies (LEAs) partial reimbursement for health-related services that are provided as part of an Individualized Education Program to Medicaid eligible special education students. School districts and intermediate units choose whether to participate in the SBAP, or not and participating school districts and intermediate units manage the process for reimbursement. The student’s parents must give permission for the student to be included in the program. Occupational therapy services and physical therapist services are covered services under the SBAP. For each student who is Medicaid eligible and for whom parent permission has been obtained to participate in the SBAP, occupational therapy practitioners and physical therapy practitioners document per session on Professional Services Logs for services provided by the school district and/or contracting agency (Commonwealth of Pennsylvania, 2023h).

III. QUALIFICATIONS AND COMPETENCIES FOR OCCUPATIONAL THERAPY PRACTITIONERS AND PHYSICAL THERAPY PRACTITIONERS IN EDUCATIONAL SETTINGS

A. Qualifications for Occupational Therapy Practitioners and Physical Therapy Practitioners Working in Educational Settings

1. Entry level degree from an accredited institution;
2. Current Pennsylvania licensure/certification;
3. Pennsylvania occupational therapy practitioner licensure requirements, including professional liability insurance, as outlined in PA Code 63, Section 1508 (Commonwealth of Pennsylvania, 1982b);
4. Best practice suggests occupational therapist registered and occupational therapy assistant certified by National Board Certification of Occupational Therapy (NBCOT);
5. Best practice suggests adherence to the supervision guidelines for occupational therapy assistants (Commonwealth of Pennsylvania, 2023l);
6. Best practice suggests adherence to the physical therapist assistant supervisory guidelines, both direct and indirect (Commonwealth of Pennsylvania, 2023m);
7. Criminal Background Check (Act 34) as required by PDE (2023c) for all applicants for school employment who will have direct contact with students; applicants are required to submit a Request for Criminal Record Check to the Pennsylvania State Police;

8. Child Abuse History Clearance (Act 151) as required by PDE (2023c) for all applicants for school employment, both Pennsylvania residents and non-residents; this request is submitted to the Pennsylvania Department of Public Welfare, Child Line;
9. Federal Fingerprinting (Act 114) Clearance; FBI clearance under the PA Department of Education is required; no other FBI clearance will be accepted (PDE, 2023c);
10. PA Child Abuse and Mandated Reporter Training (Act 126); as required for all PA licensures (PDE, 2023c);
11. Commonwealth of Pennsylvania Sexual Misconduct/Abuse Disclosure Release (Act 168); this is a requirement for all new practitioners (PDE, 2023c).

B. Possible Supplemental Qualifications/Licensure for Occupational Therapy Practitioners and Physical Therapy Practitioners Working in Educational Settings:

1. Occupational therapist specialty certification in pediatrics: certification through the American Occupational Therapy Association (AOTA);
2. Board-certified clinical specialist in pediatric physical therapy: certified through the American Board of Physical Therapy Specialties (APTA);
3. Direct access certificate to practice physical therapy without a referral: this allows physical therapists to treat neurologic, muscular, or skeletal conditions in students without acute cardiac and acute pulmonary conditions for 30 calendar days without physician referral (Commonwealth of Pennsylvania, 2023e).
4. Authorization to provide services as a physical therapist assistant under indirect supervision: certification allows physical therapist assistants and supervising physical therapists to follow indirect supervisory guidelines relating to services provided in a preschool, primary school, secondary school, or other similar educational setting; an onsite visit and examination of student at least every four visits or every 30 days, whichever occurs first (Commonwealth of Pennsylvania, 2023e).

C. Competencies for Occupational Therapy Practitioners and Physical Therapy Practitioners Working in Educational Settings

1. **Competencies** – Best practice identifies nine content areas with specific competencies were identified and reflect an expanded role of school-based therapists compared to previous competencies in an article by Effgen et al. (2007). The article reference can be in the References/Resources section and the competencies can be found within the article. This evidence supports the idea that physical therapy practitioners who work in educational settings require specific skills and knowledge to effectively serve children with disabilities, and competencies can guide professional development. Additional information related to school-based occupational therapy can also be found in *Best Practices for Occupational Therapy in Schools* (Frolek Clark et al., 2019).

2. Competency Area 1: Context of Therapy Practice in Educational Settings

- a) knowledge of child development;
- b) knowledge of the structure, global goals, and responsibilities of the public education system, including special education;
- c) knowledge of the federal, state, and local laws and regulations that affect the delivery of services to students with disabilities;
- d) knowledge of the theoretical and functional orientation of a variety of professionals serving students within the educational system
 - 1) LEA
 - 2) OT/OTA
 - 3) PT/PTA
 - 4) Speech Language Pathologist (SLP)
 - 5) Behavior Services (e.g. Board Certified Behavior Analyst (BCBA), Behavior Specialist Consultant (BSC), Registered Behavior Technician (RBT))
 - 6) Paraprofessionals
 - 7) Nursing
 - 8) Specialists (hearing, vision, mobility, assistive technology)
- e) knowledge to assist students in accessing community organizations, resources, and activities (e.g., Office of Vocational Rehabilitation or OVR, PaTTAN, Behavioral Health, Office of Intellectual Disabilities)

3. Competency Area 2: Wellness and Prevention

- a) implement school-wide screening programs with professionals such as, but not limited to, school nurses, physical education teachers, and teachers;
- b) promote child safety and wellness using knowledge of environmental safety measures;
- c) collaborate on emergency evacuation procedures;
- d) contribute to transportation safety and accessibility for students;
- e) awareness and contribution to MTSS (Multi-tiered System of Support)/RtI (Response to Intervention), Social Emotional Learning (SEL) programming as indicated.

4. Competency Area 3: Team Collaboration

- a) educate and promote the involvement of occupational therapy practitioners and physical therapy practitioners on a variety of school-based teams such as, but not limited to: BrainSTEPS; Concussion Management; Student, Environment, Task, Tools (SETT) teams (Assistive Technology); Student Assistance Program (SAP)

Teams; Project MAX; Kindergarten Registration; Positive Behavior Intervention Supports (PBIS) programs; MTSS;

- b) form partnerships and work collaboratively with other team members, especially the teacher, to promote an effective plan of care;
- c) function as a collaborative team member;
- d) educate school personnel and family to promote the inclusion of the student within the educational experience;
- e) supervise personnel and professional students;
- f) serve as an advocate for students, families, and school.

5. Competency Area 4: Examination and Evaluation

- a) identify strengths and needs of students;
- b) collaboratively determine examination and evaluation process;
- c) determine student's ability to participate in meaningful school activities through the examination and evaluation process;
- d) administer and interpret standardized assessments;
- e) utilize valid, reliable, cost-effective, and nondiscriminatory instruments.

6. Competency Area 5: Planning - Planning and active participation in the development of the Individualized Education Plan or Section 504 Service Agreement. Participation in ESSA Services include activities to:

- a) educate and promote the involvement of occupational therapy practitioners and physical therapy practitioners in ESSA initiatives.
- b) function as SISP to plan, promote, or implement ESSA programming supporting students' physical and mental health needs;
- c) work as part of a multi-disciplinary team to reduce barriers to student success, create a positive learning environment, support mental and physical wellness, promote academic achievement, coordinate with agencies and local resource;
- d) implement ESSA programming as part of MTSS/RtI initiatives, school-wide approaches, coaching/mentoring of staff/faculty/administration.

7. Content Area 6: Intervention

- a) adapt environments to facilitate student access to and participation in student activities;

- b) use various types and methods of service provision for individualized student interventions;
- c) promote skill acquisition, fluency, and generalization to enhance overall development, learning, and student participation;
- d) embed therapy interventions into the context of student activities and routines.

8. Content Area 7: Documentation

- a) produce useful, written, daily data-based documentation;
- b) collaboratively monitor and modify student's IEP or Section 504 Service Agreement;
- c) evaluate and document the effectiveness of therapy programs;
- d) complete required documentation for School Based Access Program (SBAP).

9. Content Area 8: Administrative Issues in Schools

- a) demonstrate flexibility, priority setting, and effective time management strategies; obtain resources and data necessary to justify establishing a new therapy program or altering an existing program;
- b) could serve as a leader;
- c) could serve as a department and/or school-based team leader.

10. Content Area 9: Research

- a) demonstrate knowledge of current research relating to child development, medical care, educational practices, and implications for therapy;
- b) apply knowledge of evidence-based practice to the selection of therapy intervention strategies, service delivery systems, and therapeutic procedures;
- c) partake in program evaluation and/or clinical research activities with the appropriate supervision under the guidance of an IRB or university affiliation.

D. Optional Professional Memberships for Occupational Therapy Practitioners and Physical Therapy Practitioners Working in Educational Settings: Best practice suggests all licensed practitioners obtain and maintain professional association membership to guide and support practice. A list of professional associations is provided below:

1. American Occupational Therapy Association (AOTA)

2. AOTA Special Interests Sections (AOTA)
3. AOTA Communities of Practice (AOTA)
4. Pennsylvania Occupational Therapy Association (POTA)
5. POTA Commissions, Committees & Task Forces (POTA)
6. American Physical Therapy Association (APTA) and American Physical Therapy Association Pennsylvania (APTA-PA)
7. APTA Academy of Pediatric Physical Therapy (APTA APPT)
8. APTA APPT School Special Interest Group (APTA APPT)
9. APTA PA Pediatric Special Interest Group (APTA)

IV. SERVICE DELIVERY

A. Role of the Occupational Therapist and the Physical Therapist

Occupational therapy practitioners and physical therapy practitioners are licensed professionals who function as part of the educational team to screen and evaluate students regarding eligibility for special education and need for related services. They function as part of the educational team and work collaboratively with IEP and/or 504 team members to:

1. identify student strengths and prioritize needs in the educational setting;
2. develop goals and/or specially designed instruction that address educational needs for the student's IEP or Section 504 Service Agreement;
3. implement strategies to enable the student to meet identified goals and to access the educational program;
4. integrate occupational therapy and/or physical therapy specific interventions into a student's educational program to assist with participation and skill acquisition;
5. complete documentation, data collection, and progress monitoring;
6. provide education and information to families and school personnel to assist with planning and problem solving;
7. modify environments and tasks to support independent participation and engagement;
8. select, design, and fabricate assistive devices or other assistive technology which applies universal design principles to facilitate engagement in activities and meaningful occupations;

9. obtain adaptive equipment needed by students in educational settings including equipment needed for transportation; and
10. support students during the transition to post-secondary education and/or employment and independent living opportunities by collaborating with the appropriate individuals or agencies to meet student needs related to transition (IDEA, 2004).

Occupational therapy practitioners and physical therapy practitioners may also be asked to participate in primary, secondary, and tertiary prevention activities at the request of the educational institution including, but not limited to, emergency preparedness planning and training. Occupational therapy practitioners and physical therapy practitioners may also participate in district, county, and/or statewide committees to promote the distinct value of each profession as it contributes to student well-being and participation, and to address issues and/or legislation relevant to school-based services.

Occupational therapy practitioners may participate in a Multi-Tiered Systems of Support (MTSS) framework to "*work with educational teams to provide a continuum of services to students in general education to support promotion, prevention, early identification, and intervention associated with occupational performance needs*" (Cahill, 2019, p. 213).

Parents, teachers, and other school personnel may carry out and reinforce functional activities as directed by the physical therapist in the educational environment in accordance with Section 9.2 of the Pennsylvania Physical Therapy Practice Act (Commonwealth of Pennsylvania, 2023e). While a physical therapist may provide input regarding students' physical abilities, adapted physical education (APE) is an educational service that can only be provided by a certified physical education teacher.

B. Role of Occupational Therapy Assistants and Physical Therapist Assistants

Occupational Therapy Assistants (OTAs) and Physical Therapist Assistants (PTAs) may function as a part of the educational team to provide educationally based occupational therapy services and physical therapist services, as specified in the student's IEP or Section 504 Service Agreement, under the supervision of an occupational therapist or physical therapist in accordance with the Pennsylvania Occupational Therapy Practice Act (Commonwealth of Pennsylvania, 2023d) and the Pennsylvania Physical Therapy Practice Act (Commonwealth of Pennsylvania, 2023e).

Information regarding the Supervision of OTAs can be found in Section III: Qualifications and Competencies for Occupational Therapy Practitioners and Physical Therapy Practitioners in Educational Settings of this document and in the Pennsylvania Occupational Therapy Practice Act (Commonwealth of Pennsylvania, 2023d).

Physical therapy functions which may not be delegated to physical therapist assistants specific to the educational setting include interpretation of referrals; initial/discharge evaluations, reevaluations, consults or screenings; determining or modifying treatment plans or therapeutic techniques, and procedures beyond the skill and knowledge of the physical therapist assistant. "*When care is provided to an individual in a preschool, primary school, secondary school or other similar educational setting, a licensed physical therapist shall make an onsite visit and examine the patient at least every four patient visits*

or every 30 days, whichever shall occur first” (Commonwealth of Pennsylvania, 2023j, c2).

C. Participation in ESSA Initiatives

1. ESSA legislation provides clear expectations for occupational therapy practitioners and physical therapy practitioners, to function as SISPs, by contributing to health promotion and prevention efforts and the creation of positive environments for learning. These initiatives may be in response to Child Find/Student Assistance Program (SAP) findings that support the need for MTSS programming. Programming initiatives involving occupational therapy practitioners and physical therapy practitioners as SISPs may include:
 - a) self-regulation/stress reduction
 - b) positive mental health
 - c) healthy peer relationships
 - d) leisure skill support
 - e) physical well-being
 - f) healthy food choices
 - g) skill development and function
 - h) sensory-friendly environments
 - i) universal design for learning (UDL)
 - j) mental health literacy
 - k) bully prevention
2. Schoolwide MTSS programming utilizing occupational therapy practitioners and physical therapy practitioners as SISPs, as supported by ESSA, can contribute to positive school climate, safety, and an optimal learning environment by promoting physical and mental wellness for all students (Bazyk et al., 2022; NASISP, 2022).

D. Participation in Screening as Part of Child Find and/or Student Assistance Program (SAP)

School districts are required to locate and identify children thought to be eligible for special education. Each school district in Pennsylvania is required to identify and provide initial screening for students prior to referral for special education evaluation and to identify students who may need special education services and programs (Commonwealth of Pennsylvania, 2023i).

The occupational therapy practitioner helps to determine the student’s eligibility for identifying supports or barriers related to performance and participation in occupations and functional abilities across all settings. A screening process may occur prior to the request or determination for an evaluation. The physical therapy practitioner may be included in the screening process to identify significant motor and/or functional difficulties for students and the potential need for related services.

According to Every Student Succeeds Act (ESSA, 2015), occupational and physical therapy practitioners are identified as specialized instructional support personnel who should be included in schoolwide planning and provision of schoolwide intervention

programs to create school environments that help students succeed in school. These interventions may be provided using the Multi-Tiered Systems of Support (MTSS) under three levels of service:

1. tier 1 intervention represents universal programs that are provided to all students with and without disabilities;
2. tier 2 intervention provides targeted group interventions to students who are at risk;
3. tier 3 intervention includes intensive, individualized interventions for students who did not respond to previous interventions and require specialized instruction" (Bazyk et al., 2022; NASISP, 2022).

IDEA states that a screening is used “*to determine appropriate instructional strategies for curriculum implementation*” (United States Department of Education, 2017d, a1E). Occupational therapy practitioners and physical therapy practitioners may be included in the screening process to identify the potential need for related services. Screenings may include universal/classroom wide or individual screenings, which are student specific. The occupational therapy practitioner and/or physical therapy practitioner may collaborate with different referral teams within their school setting, such as Instructional Support Team, Child Study Team, Problem Solving Team, Educational Intervention Team, and Elementary Student Assistance Program Team, for pre-referral strategies and assistance in determining the need for further screening or if a school-based occupational therapy evaluation or physical therapist evaluation is warranted (United States Department of Education, 2017d).

E. Participation in Multi-Disciplinary Evaluation (MDE) Process

Occupational therapy practitioners and physical therapy practitioners, as members of the educational team, follow IDEA standards and procedures for providing evaluations. The evaluation process includes:

1. written parent permission to evaluate/reevaluate;
2. team assessment in all areas related to the disability;
3. team decision-making.

Occupational practitioners and/or physical therapy practitioners can assist in identifying and documenting student difficulties in completing motor and functional tasks expected in school routines to determine if the student has a disability as defined by IDEA and is eligible for special education and related services. Occupational practitioners and/or physical therapy practitioners contribute information to the Evaluation Report and collaborate with the educational team in the decision-making process. For school age students, evaluations must occur, and the report be presented to the parents within 60 calendar days of receiving parental consent (Commonwealth of Pennsylvania, 2023i). IDEA dictates that: “*In conducting the evaluation, the local educational agency shall:*

1. *use a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information, including information provided by the parent;*

2. *not use any single measure or assessment as the sole criterion for determining whether a child is a child with a disability or determining an appropriate educational program for the child;*
3. *use technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors” (IDEA, 2004, 300.304b1).*

Therefore, occupational therapy practitioners and/or physical therapy practitioners should not rely on one measure for the assessment/evaluation process. Rather, a variety of strategies including norm-referenced, criterion-referenced, and/or ecological assessments should be utilized to develop a picture of the student’s functional performance in the educational setting, and to develop a list of strengths and needs based on the student performance.

F. Participation in Individualized Education Program (IEP) Development

Occupational therapy practitioners and/or physical therapy practitioners, as members of the educational team, follow IDEA standards and procedures for provided evaluations. The evaluation process includes:

1. written parent permission to evaluate/reevaluate;
2. team assessment in all areas related to the disability; and
3. team decision-making.

A child’s functional ability to participate in school related activities and routines, not a child’s diagnosis, should determine the need for occupational therapy and/or physical therapy intervention and guide the recommendation of frequency and delivery model. Whether intervention from an occupational therapy practitioner and/or physical therapy practitioner is warranted is determined by consensus of the students’ educational team based on the identified needs of the student. The frequency, duration of service, and the model of service delivery is ultimately a collaborative decision of the student’s educational team. Occupational therapy practitioners and/or physical therapy practitioners assist in a collaborative manner with these determinations.

Occupational therapy practitioners can assist in identifying and documenting difficulties in completing functional tasks and occupations in the areas of activities of daily living, education, play, leisure and social participation in the school environment, and that are expected in school routines and environment (AOTA, 2020). Physical therapy practitioners can assist in identifying and documenting difficulties in functional skills and tasks in the areas of mobility around the school environment, transitional skills, and the use of assistive devices in the school environment. This information aids in the determination of whether the student has a disability as defined by IDEA and is eligible for special education and related services. The occupational therapy practitioner and physical therapist practitioner contribute information to the Evaluation Report and collaborates with the educational team in the decision-making process.

Occupational therapy practitioners and physical therapy practitioners, as members of the IEP team, follow IDEA (2004) standards and procedures. The IEP team process includes:

1. determination of academic levels and functional performance;
2. identification and prioritization of student strengths and needs;
3. collaboration to determine annual student goals;
4. identification of resources and specially designed instruction (SDI) needed for the student to meet the goals and access and participate in the educational program;
5. team determination of the frequency, duration, location, and specific criteria of needed services; and
6. addressing transition services when appropriate.

Vialu and Doyle (2017) identified five common questions to help guide the decision for skilled physical therapist (PT) intervention. These five questions could be considered when deciding if physical therapist services may be needed to help a student make progress toward their individual goals.

1. Are the student's disabilities or performance limitations adversely affecting his/her education?
2. Is the student's PT need educational, and not only medical?
3. Is PT necessary for the student to benefit from his/her education?
4. Does the student have potential to improve access to his/her education and achieve educational outcomes with PT intervention?
5. Does the student require the level of expertise of a physical therapist to achieve educational goals?

An approach to writing IEP goals is to consider that each annual IEP goal must include the following:

1. Who (student's name) will achieve the goal?
2. What specific skill or clearly defined, observable behavior will the child do? For example: walk in line with peers, propel wheelchair, climb on and off the school bus, complete homework, use scissors properly, etc. **Do not** use terms such as improve, increase, understand, discover, recognize, etc. These terms are not directly observable and are only inferred as a function of the child's performance.
3. How – in what manner or at what level? Use words such as independently, spontaneously, with prompts, with verbal/visual cues, fading prompts, 3 out of 5 times, etc.

4. Where – in what setting and/or under what conditions? Describe the condition under which the child will perform the behavior and will likely describe some portion of the child’s daily routines. For example: in the classroom, in the hallways, at recess, when the child is socializing in a group, during mealtimes, during dressing routines, with one other child, in a group of no more than 3 children; etc.)

Many factors influence the frequency, intensity and mode of service delivery including, but not limited to, experience and prior knowledge of staff, student’s cognitive functioning, the student’s ability to carry over routines, and supports available within the school setting. Two students with the same diagnosis may have vastly different frequencies and modes of service delivery based on their individual strengths and needs as well as the supports available within their academic settings.

Due to the collaborative nature of the IEP team, occupational therapy practitioners and physical therapy practitioners should attend IEP meetings for students who receive occupational therapy services and/or physical therapist services. The occupational therapy practitioner and/or physical therapy practitioner may be excused if the parent and local education agency agree in writing in advance of the meeting that attendance of the practitioner is not necessary. If the practitioner is excused from the IEP meeting, the practitioner must submit written input to the parent and IEP team prior to the meeting so that input can contribute to the development of the IEP (IDEA, 2004).

G. Participation in Section 504 Service Agreement Development

The occupational therapy practitioner and/or physical therapy practitioner may be asked to assist the Multi-Disciplinary Team in determining if a student in a general education program meets the criteria of Section 504 of the Rehabilitation Act of 1973. An occupational therapy practitioner and/or physical therapy practitioner may be asked to screen or evaluate the student to determine if skilled services are warranted in the educational setting.

In the school setting, a student meets the criteria for services under a Section 504 Service Agreement if the student has a physical or mental impairment that substantially limits one or more major life activities. *“The determination of whether a student has a physical or mental impairment that substantially limits a major life activity must be made on the basis of an individual inquiry”* (United States Department of Education, 2020, #11). Major life activities, as defined in the Section 504 regulations, include functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. This list is not exhaustive. Additional examples of general activities which are major life activities include: eating, sleeping, standing, lifting, bending, reading, concentrating, thinking, and communicating (United States Department of Education, 2020). *“Congress also provided a non-exhaustive list of examples of ‘major bodily functions’ that are major life activities, such as the functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions”* (United States Department of Education, 2020, #11).

If the Multi-Disciplinary Team determines the student does meet the criteria under Section 504 of the Rehabilitation Act of 1973, a written Section 504 Service Agreement

documenting services, modifications, and accommodations is required. Under such a plan, school-based occupational therapy services and/or physical therapist services may be identified as reasonable accommodation and services would be provided with the general education environment. Standalone school-based occupational therapy and/or physical therapist evaluation(s) conducted by the LEA do not meet the requirements for a multi-disciplinary team evaluation and are not sufficient to determine if the student meets the criteria as a student with a disability under a Section 504 Service Agreement as data needs to be drawn from various school-based professionals and resources. In addition, best practice supports a team approach to Section 504 Service Agreement development and an occupational therapy practitioner and/or physical therapy practitioner should not be expected to be the sole developer and/or case manager of the plan (United States Department of Education, 2020)

Section 504 regulations do not outline specific components which must be included in the Section 504 Service Agreement. The format and related paperwork are determined by each LEA and carried out by the Section 504 team who determines the specific components in each student service agreement. If a Section 504 Service Agreement includes school-based occupational therapy services and/or physical therapist services, it is best practice for the practitioner(s) to develop and document an intervention plan with goals to be monitored for progress and methods of service delivery as a framework for implementation of the occupational therapy and/or physical therapy component(s) of the Section 504 Service Agreement (AOTA, 2017). The overall outcome of school-based occupational therapy services and/or physical therapist services under a Section 504 Service Agreement is to facilitate successful participation for the student, in both learning and functional aspects, throughout the school day.

In addition to providing direct services via a Section 504 Service Agreement, another way to support students is through the indirect model of service delivery. Best practice for occupational therapy services and physical therapist services in public education settings supports a continuum of services beginning with least to most restrictive. Prior to direct skilled service delivery via a Section 504 Service Agreement, least restrictive interventions should be considered first, such as a multi-tiered system of supports (MTSS)/ Response to Intervention (RtI), as an avenue to support students in the least restrictive environment through collaboration with professional team members (Frolek et al., 2019).

For additional information on the occupational therapy practitioners and/or physical therapy practitioner's role in MTSS/RTI, please reference Section II: Definitions in Educational Environments and Section IV: Service Delivery of this document.

H. Providing Skilled Intervention

The terms “school-based” and “educationally based” occupational therapy services and physical therapist services encompassed all occupational therapy services and physical therapist services provided in educational settings to assist students to access, participate in, or benefit from their educational programs. Students who increase their functional abilities have shown increases in academic achievement. (Donnelly et. al. 2016; Chiarello et. al., 2020).

The focus of occupational therapy services and physical therapist services in educational settings is participation-based interventions rather than impairment-based treatments. Occupational therapy services and physical therapist services may be direct or collaborative in nature. IDEA indicates that “*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*” (United States Department of Education, 2017e). Occupational therapy practitioners and physical therapy practitioners typically provide these services in the natural environment of the classroom, other areas of the school (e.g. cafeteria, auditorium, playground), and in community settings used to support the child’s IEP. Treatment may occur in students’ classrooms, physical education classes, on the playground, during field trips, and/or during vocational experiences. Sessions may occur in a specific occupational therapy or physical therapy treatment area, but emphasis should be placed on helping students generalize skills learned in therapy sessions into other areas of their educational settings. Occupational therapy practitioners and physical therapy practitioners work with the entire team to integrate and implement therapeutic activities within these natural environments. Delegation to other educational team members and training of staff to do therapeutically beneficial activities increases students’ opportunities to work on skills and allows students to practice skills more often. (McEwen, 2009).

I. Progress Monitoring

IDEA and PA Chapter 14 mandate that data-based information or progress monitoring drives instruction (therapeutic intervention). The student’s goals and objectives guide the therapeutic intervention and are used to measure its effectiveness. Data on the student’s performance relative to goal criteria is collected regularly and is documented in student progress reports. Occupational therapy practitioners and physical therapy practitioners that provide services in Pennsylvania schools must participate in collection of information on student performance relative to goals in the IEP. The occupational therapy practitioner and/or physical therapy practitioner assists the IEP team in progress monitoring of measurable goals and stated in the IEP as determined by the governing body (Frolek Clark, 2019; IDEA, 2004)

In the educational system, it is important that therapists continually examine the student’s performance to determine if the therapeutic intervention is effective. Since therapists use goals and/or objectives as a measure of the intervention in school-based therapy, collecting data on the student’s performance relative to the goals and/or objective criteria provides a measure to determine intervention effectiveness. Progress monitoring is helpful to occupational therapy practitioners and physical therapy practitioners, parents, students, and other team members; it provides current information at regular intervals on the student’s progress of the performance as stated in the goal. It also allows for provision of regular feedback to students, families, and service providers about the necessity for adjustments to intervention related to specific goals.

1. AOTA, APTA and ASHA (2022) have written a collaborative guide entitled *Joint Statement on Interprofessional Collaborative Goals in School-Based Practice*. If the LEA requires stand-alone goals for occupational therapy and/or physical therapy, IEP

goals should be written in the SMART format (PaTTAN, 2018c; PaTTAN, 2019), an acronym that refers to goals as:

Specific: The goal should be specific in naming the skill or subject area and the targeted result. Ask yourself the questions: who, what, when, where, and why? What will the student do? Customize the goal for the student's needs.

Measurable: The goal should answer the following questions: How will I measure progress? How will I know when the goal is achieved? What is realistic in the time frame?

Attainable: Is this goal reasonable? Can it be achieved? Can it happen? Set realistic goals for your student's physical, cognitive, social, and environmental barriers

Results-oriented/Relevancy: Why is this goal important? Is it meaningful? Focus on function and participation in the school setting.

Time-bound: When will the goal be achieved? What is the time frame for achieving the goal? Be sure to set a deadline.

2. **PaTTAN's 7 Steps for Successful Progress Monitoring** (PaTTAN, 2018c)

- a) **Write Annual Goals and Objectives** – identify the student outcomes to be measured. The goals should be precise and measurable. Each goal and objective should include:
- 1) the student's name;
 - 2) clearly stated observable behaviors;
 - 3) how the behavior is to be performed; and
 - 4) the criteria for the performance.

Establish an intervention plan and record when interventions are introduced or discontinued.

- b) **Make Data Collection Decisions** – data needs to be collected often to ensure intervention decisions can be made to maximize student progress. Consider:
- 1) what type of data will be collected?
 - 2) where will the data be collected?
 - 3) how often will data be collected?
 - 4) who will collect data?
 - 5) what type of measurement strategy (quantitative and/or qualitative approach)?
- c) **Determine Data Collection Tools and Schedule** – document contextual features (distractions in the environment, cues provided, person assisting student) that may affect the student's performance. Collaborate with the team to establish the parameters for data collection. Determine a data collection schedule (every session, every two weeks, etc.) and involve students in tracking progress if appropriate. Occupational therapy practitioners and physical therapy practitioners should develop and work with their governing bodies to determine the best system for data

collection and maintenance. Occupational therapy practitioners and physical therapy practitioners will then review the information and make appropriate changes to services with the IEP team, given the progression, or lack of, in the student's functional and/or motor performance in their educational environment.

- d) Represent Data Visually – plot data collected at regular intervals using charts, graphs, or rubrics to show how progress has changed over time. Include a goal line or target.
 - e) Evaluate the Data – collected data should be reviewed on a regular basis. Monitor trends, progress or regression, and determine if changes need to be made.
 - f) Make Instructional Adjustments – adjust intervention strategies or goals as necessary. If acceptable progress is not being made, the IEP team should reconvene to reevaluate.
 - g) Communicate Progress – share information with the IEP team to guide decision making or the need for goal revisions. (PaTTAN, 2018c)
3. **Defensible Documentation** – APTA emphasizes that therapists should maintain “defensible documentation” and provides these tips, which can be utilized by all occupational therapy practitioners and physical therapy practitioners:
- a) update goals regularly
 - b) highlight progress toward goals
 - c) clearly indicate improvement
 - d) show comparisons from previous dates to current date
 - e) focus on function
 - f) re-evaluate when clinically indicated

Defensible documentation will provide the necessary details that may be required in the event of due process, mediation, or conflict resolution. (American Physical Therapy Association, n.d.)

4. **Benefits of Progress Monitoring** – occupational therapy practitioners and/or physical therapy practitioners use progress monitoring to assist in determining when to continue intervention and when to make adjustments that will facilitate student learning and task performance more effectively. If the child's performance is not meeting expectations for school-related tasks and goals, the therapist should meet with the IEP team and change the type and/or frequency of intervention to help the child make meaningful progress toward the goals. (Donnelly et al., 2016; Chiarello et al. 2020)

Progress monitoring allows:

- a) comparison of the performance of the student to individualized goals;
- b) identification of sufficient versus insufficient progress toward student goals; and
- c) provision of frequent and immediate feedback to students, families, and service providers about the necessity for adjustments to intervention related to specific goals.

J. Prevention and Wellness

1. **Occupational Therapy** – Best practice considers the valuable role of occupational therapy practitioners in addressing the continuum of health and wellness through primary, secondary, and tertiary levels of health promotion and wellness intervention.
 - a) Occupational therapy practitioners can assist with prevention, at the primary level which is aimed at healthy populations and individuals.
 - b) Occupational therapy practitioners can assist at the secondary level where health promotion interventions are "*directed toward persons or populations who are at risk for a disease or health concern but have not demonstrated symptoms or are in early stages that can be slowed or arrested.*" (Candler, 2019, p. 144).
 - c) At the tertiary level, occupational therapy practitioners can address health concerns of persons with established disease while restoring the person to the highest functioning, preventing disease-related complications, and minimizing the effects of the disorder.

Occupational therapy practitioners bring their unique perspectives to promote health and healthy lifestyles. With an emphasis on occupation, occupational therapy practitioners can perform assessments for health risks, teach strategies to incorporate healthy lifestyles, identify solutions to personal and environmental barriers to healthy activities, and educate and provide skills training in healthy occupational engagement. Occupational therapy practitioners provide direct and indirect service options to meet the social emotional and mental health needs of their students with best practices for integrating and embedding strategies into all aspects of the school day including non-academic areas of recess and lunch using a public health model of 3 levels of service:

- a) Tier 1 - universal mental health promotion;
 - b) Tier 2 - targeted mental health prevention for those at risk for mental health challenges; and
 - c) Tier 3 - intensive mental health interventions for those with identified mental health disorders (Candler, 2019).
2. **Physical Therapy** - *The Guide to Physical Therapist Practice* supports incorporation of prevention and wellness as a critical component of physical therapist practice (American Physical Therapy Association, 2023) Physical therapy practitioners can effectively integrate their professional expertise toward the prevention of future health issues within the pediatric population in the educational setting. Prevention and wellness issues addressed by a school-based physical therapy practitioner may include, but are not limited to, screenings and/or education for backpack safety, input on proper chair and desk measurements, postural screenings, flexibility screenings, body mechanics, cardiopulmonary conditioning, obesity prevention or intervention, physical fitness for students with disabilities, and bicycle safety. Wellness initiatives will help children with special needs as well as their peers.

Within the educational setting, physical therapy practitioners may collaborate with physical educators, school health councils, nutrition educators, school nurses, general education teachers, special education teachers, job coaches, etc. to promote wellness and fitness. Physical therapy practitioners can contribute to the development and implementation of programs and can provide in-service education on safe exercise programs. In addition, both occupational therapy practitioners and physical therapy practitioners are a vital part of multi-disciplinary teams when developing fire safety and evaluation plans for students with specific mobility and/or cognitive needs.

K. Transportation

Under IDEA (2004), transportation is a related service. Occupational therapy practitioners and/or physical therapy practitioners can provide invaluable information for the development of an Individualized Transportation plan for a student's IEP that provides information about all aspects of the student's ride to school. This demonstrates the transdisciplinary nature of occupational therapy services and physical therapist services, both addressing seating and adaptations necessary for transportation of the student. The team should develop a plan that includes demographics of the student, physical development, sensory reactions, health impairments, cognition, and/or behavioral status. The occupational therapy practitioner and/or physical therapy practitioner can provide expertise about the need for and type of seating and occupant restraint, seating location, type and proximity of supervision, emergency evaluation procedures, access to and egress from the bus including lift use and opportunities for socialization (Shutrump, 2019).

Occupational therapy practitioners and/or physical therapy practitioners may be asked by the LEA to determine if the transportation of students with disabilities aligns with current standards or to provide input for transportation needs of a specific student. While there is no federal legislation regarding use of wheelchairs for transportation, the American National Standards Institute/ Rehabilitation Engineering and Assistive Technology Society of North America (ANSI/RESNA) has developed voluntary wheelchair transportation standards, which were most recently updated in 2017. The most relevant sections are the standards included in Section 18 (restraint systems), Section 19 (wheelchairs) and Section 20 (seating systems) (Rehabilitation Engineering and Assistive Technology Society of North America, 2023).

L. Physician Referral

1. **Occupational Therapy** - A medical referral for occupational therapy in the school environment is not required for evaluation or intervention by the Pennsylvania Occupational Therapy Licensure Act. However, an intermediate unit, school district, state or local agency may adopt a policy that requires a medical referral for occupational therapy intervention. The occupational therapy practitioner should be familiar with their educational program's procedures relating to referrals (State Board of Occupational Therapy Education and Licensure, 2009).
2. **Physical Therapy** – According to the Pennsylvania Physical Therapy Practice Act, a physical therapy practitioner must have a referral from a licensed physician, physician assistant, certified registered nurse practitioner, podiatrist or dentist to provide physical therapy. This applies to the school environment as well. The practice act is silent on

the referral requirement for performing evaluations. The APTA Guide to Physical Therapist Practice (APTA, 2023) provides further support that the evaluation is within the physical therapist professional scope of practice.

Direct Access – The Pennsylvania Physical Therapy Practice Act further states that if a physical therapy practitioner has met the requirements and maintains a certificate of authorization to practice physical therapy without a referral, assessment/evaluation and treatment can be provided for a 30-day interval without referral. If treatment continues beyond 30 days, the practitioner must obtain a valid referral from a physician or one of the other licensed practitioners listed above.

Similarly, this Practice Act and Chapter 40 regulations provide no reference to a timeframe for renewal of a physician referral, implying that the frequency would be based on clinical judgement. In the absence of clear guidelines, a facility can develop a reasonable standard for renewal by which staff should abide, such as update annually, update at the start of the school year, etc. Care should be taken to ensure that the standard or policy meets any payer requirements, especially if the district receives reimbursement from Medicaid for eligible students with parent permission. Payers for school-based physical therapy may have requirements related to the length of time that they will recognize a physical therapy "referral" to be valid, and how frequently that referral must be renewed.

A medical referral for physical therapy is only one piece of input to a student's IEP team. Each team member's input must be considered within the context of the student's overall program. A physician or team member cannot make decisions in isolation. *"If a physician's referral specifies a type or intensity of physical therapy that is inconsistent with the decisions of the rest of the team, then a team member (usually the physical therapist or parent) must contact the physician and resolve the differences. The referral cannot be ignored once written"* (McEwen, 2009, p.15).

M. Episodic Care

Changes in individual student needs may indicate changing occupational therapy services and/or physical therapist services from year to year resulting in episodic intervention. These interventions will allow the student to meet goals, access their educational environment, and/or transition to the next educational environment or community living (IDEA, 2004). Occupational therapy and physical therapy as related services are not automatically indicated based upon a student's physical or cognitive diagnosis but are determined by the IEP team based upon the student's needs. Consideration is given to the student's placement and other IEP supports. Occupational therapy services and physical therapist services may include a range of services and frequencies which are clearly stated in the IEP. Some students may require direct treatment or intervention that requires the skills of an occupational and/or physical therapy practitioner to achieve IEP goals or access their educational environment. Other students may require occupational therapy services or physical therapist services provided as support for school personnel when direct intervention is not indicated. Many students require occupational therapy services and/or physical therapist services provided through a combination of related services and support for school personnel. (IDEA, 2004)

Support for school personnel may address a student's needs through collaboration with the educational team. Within occupational therapy, this may include areas such as but not limited to: providing training for classroom staff on written communication programs, assistive technology, sensory regulation and participation in a vocational skills group. Within physical therapy, this may include group services such as a fitness program for a life skills support class, training of classroom staff, or through consultation with physical education teachers. Services may change in frequency and intensity throughout the continuum of the student's educational experience based upon the varying level of the student's need at various times of transition and development.

N. Adding, Revising, or Discontinuation of Occupational Therapy Services and Physical Therapy Services

Educationally based occupational therapy services and physical therapy services may be added, revised, or discontinued by several methods, depending on the time frame when service changes are necessary. Time frames include:

1. **During a multidisciplinary evaluation**, the occupational therapy practitioner and/or physical therapy practitioner may identify student needs that will support a recommendation for occupational therapy services and/or physical therapist services. With team consensus, occupational therapy services and/or physical therapist services are then included in the IEP.
2. **At the time of a reevaluation**, the results of the occupational therapy evaluation or physical therapy evaluation and progress monitoring may support the addition, revision, or discontinuation of services that are on the existing IEP. With team consensus, these changes are included in the new IEP.
3. **When an annual IEP is being developed**, the occupational therapy practitioner and/or physical therapy practitioner identifies the student's present levels of performance through evaluation, observation, and/or progress monitoring. The educational team collaborates to develop goals and/or objectives and to recommend service, frequency, and duration, which may be an addition, revision, or deletion of services on a previous IEP.
4. **Within the term of an IEP**, occupational therapy services and/or physical therapist services may be added, revised, or discontinued at any time. Professional judgment is used when recommending changes, and judgment is based on ongoing assessment of the student's progress, changes in the student's physical condition or abilities, and/or changes in the child's environment. The parent and the education agency can agree not to convene an IEP team meeting and may develop a written document to amend or modify the student's current IEP. To add, revise, or delete services, the occupational therapy practitioner and/or physical therapy practitioner provides current levels of performance based on evaluation and progress monitoring and makes the recommendation for a change of service. The changes are made as part of the written document, included in the IEP section for revisions, and the student's IEP team must then be informed of the changes.

IDEA (2004) specifically states the processes for making changes to a student's IEP within the term of the IEP:

1. If there is a proposed change, the parent/caregiver of a student with a disability and the local educational agency may agree not to convene an IEP meeting for the purposes of making such changes, and instead may develop a written document to amend or modify the student's current IEP.
2. Changes to the IEP may be made by the entire IEP team or by amending/revising the IEP rather than redrafting the entire IEP. The parents/caregivers can receive the revised copy of the IEP with the amendments incorporated if they ask for it.
3. The local educational agency must make sure that the IEP team revises the IEP as appropriate to address any lack of expected progress toward the annual goals and in the general education curriculum when appropriate (IDEA, 2004).

V. UTILIZING THE OCCUPATIONAL THERAPY PRACTICE FRAMEWORK (OTPF-4) IN EDUCATIONAL SETTINGS

A. Introduction

The Occupational Therapy Practice Framework: Domain and Process, fourth edition (OTPF-4) is an official document of the American Occupational Therapy Association (AOTA) which describes occupational therapy practice (AOTA, 2020). The document provides a definition of occupational therapy and a construct for understanding the interrelated components of the occupational therapy “domain” and “process” to articulate the shared understanding of the basic tenets and vision of the profession. Inherent in the OTPF-4 is the principal belief that people are occupational beings and there is a positive relationship between occupation and health as supported in occupational science.

B. The Domain of Occupational Therapy in School-based Settings

The OTPF-4 provides perspective to the full scope and practice of occupational therapy including personal factors, performance skills, and context. Those who receive occupational therapy, although typically defined as individual persons, are also defined as groups and collections of individuals with a shared purpose or characteristics, such as in a community or population.

In educational settings, occupational therapy services can be provided to address the following: individual, small group, whole classroom, school-wide, and/or community populations. Examples could include: a kindergarten student, a sensory-regulation group, a second-grade classroom, school-wide initiatives (e.g., PBIS), and/or educator and parent training within an entire school district or school community.

Occupations are central to occupational therapy practice and are defined as “*the everyday activities that people do as individuals, in families, and with communities to occupy time and bring meaning and purpose to life. Occupations include things people need to want to, and are expected to do*” (WFOT, 2012, para. 2 as cited in AOTA, 2020, p. 7). The

domain of occupational therapy identifies the nine areas of occupation addressed in the OTPF-4. The following table provides examples of occupations in educational contexts:

Table 1: Occupations from the OTPF-4 Relative to School-based Practice

Occupations	Examples in Educational Context(s)
Activities of Daily Living (ADL)	Dressing, personal hygiene, participation in classroom snack and lunch routines, functional mobility, care of personal devices (i.e., glasses, hearing aids)
Instrumental Activities of Daily Living (IADL)	Use of technology, organization and time management, meal preparation, community mobility
Health Management	Development of positive coping strategies for social/emotional health needs, managing chronic conditions/pain, medication management, physical activity
Rest & Sleep	Understanding importance of rest and sleep, developing routines around rest and sleep
Education	Participation in formal education (academic, non-academic, extracurricular), participation in informal education exploration (i.e., leisure interests)
Work	Involvement on school district Transition Teams to assist students with areas such as: exploration and pursuit of employment and/or volunteer experiences, job performance
Play	Exploration and participation in various play-based activities
Leisure	Exploration and participation in various leisure activities
Social participation	Interacting with others in various contexts, and on individual, group, and population levels

(AOTA, 2020; Frolek Clark & Ponsolle-Mays, 2019)

Table 2 identifies the remaining aspects of the Domain of Occupational Therapy with specific examples relative to school-based practice.

Table 2: OTPF-4 Domain Aspects Relative to School-based Practice

<p><u>Context</u></p> <p>Environmental factors</p> <p>Personal Factors</p>	<ul style="list-style-type: none"> • Environmental factor, e.g., physical geography: Art classroom • Environmental factor: e.g., recess playground with two swings sets, spiral slide, and monkey bars surrounded by open pasture and a soccer field • Personal factor: e.g., a 6-year-old, first grade student with two older siblings in the high school
<p><u>Performance Patterns</u></p> <p>Habits</p> <p>Routines</p> <p>Roles</p> <p>Rituals</p>	<p>Examples:</p> <ul style="list-style-type: none"> • Sharpening a pencil before a test • Morning routine: Depart from the bus, walk to the cafeteria for breakfast, throw away trash, walk to classroom, begin daily Math lesson • Learner, friend, student, 1st grade student • Dressing up in costume for the school Halloween parade
<p><u>Performance Skills</u></p> <p>Motor skills</p> <p>Process skills</p> <p>Social interaction skills</p>	<ul style="list-style-type: none"> • Coordinates: e.g, student uses both hands to place all homework papers in his/her folder • Sequences: e.g., student completes each step of a math problem in logical order to show the remainder in long division • Approaches/starts: e.g., student politely asks peers if he/she could join them in play at recess time
<p><u>Client Factors</u></p> <p>Values, beliefs, and spirituality</p> <p>Body functions</p> <p>Body Structures</p>	<p>Examples:</p> <ul style="list-style-type: none"> • “I love learning and getting good grades, it makes my parents proud” (Values) • “If I practice my Math facts, I will get into the higher math group” (Beliefs) • “I always help my friends when they need me” (Spirituality) • Specific functions of body systems relative to school-based settings such as: executive functions, sustained attention, regulation of emotions, eye-hand coordination, sensory functions • Structures (anatomical parts of body) which support body function relative to school-based settings such as: eyes, ears, voice and speech, movement, nervous system

(AOTA, 2020; Frolek-Clark et al., 2019)

School-based occupational therapy practitioners must not lose sight of the primary outcome when working with students within educational settings, to promote full participation of student roles and all that encompasses, across grade levels, considering academic, curricular, and extracurricular opportunities and demands.

School-based occupational therapy practitioners view students holistically, assessing their occupational performance, understanding the dynamic, transactional relationship of students engaging in their meaningful and purposeful occupations within contexts, including the school environment. The domain also provides occupational therapy practitioners with an approach to consider the body, mind, and spirit of the student collectively during the evaluation and intervention process.

C. The Process of Occupational Therapy within School-based Settings

The OTPF-4 describes the process of occupational therapy as “*the actions practitioners take when providing services that are client centered and focused on engagement in occupations*” (AOTA, 2020, p. 4). “*The process is the client centered delivery of occupational therapy services including (1) evaluation and (2) intervention to achieve (3) targeted outcomes all occurring within the purview of the domain*” (AOTA, 2020, p. 17). The Occupational Therapy Process provides for an ongoing interaction among evaluation, intervention, and outcomes.

Table 3 below identifies the components of the Process of Occupational Therapy with specific examples relative to school-based practice.

Table 3: OTPF-4 Process Components Relative to School-based Practice

Process Component	Overarching Steps Included	Specific Examples
Evaluation	<p>Individual:</p> <ul style="list-style-type: none"> • Screening • Occupational Profile <ul style="list-style-type: none"> ○ Observation across contexts ○ Student input ○ Student factors ○ Parent/teacher/Staff input • Analysis of Occupational Performance • Use of Standardized and Non-standardized Assessments • Synthesis of Evaluation Process to identify strengths/needs 	<p>Individual:</p> <ul style="list-style-type: none"> • Discussion with classroom teacher(s)/staff • Student interview • Observation of student work and/or data • Observation in the classroom/cafeteria/playground/community, etc. • Parent/Teacher Rating scale(s) • Clinical observation of skills • Examples of assessments: <ul style="list-style-type: none"> ○ Bruininks-Oseretsky Test of Motor Proficiency, Second Edition (BOT-2), ○ Beery-Buktenica Developmental Test of Visual-Motor Integration, 6th Edition (VMI) ○ Motor-Free Visual Perception Test-Fourth Edition (MVPT-4) ○ Sensory Profile, Sensory Processing Measure

	<p>Classroom/Small group:</p> <ul style="list-style-type: none"> • Screening and Observation • Occupational or Community Profile • Analysis of Occupational Performance • Synthesis of Evaluation Process <p>Population (School-wide):</p> <ul style="list-style-type: none"> • Analysis of Trends and Observation • Needs Assessment and Community Profile • Review of Data • Data analysis and Interpretation • Program Planning 	<ul style="list-style-type: none"> ○ The Roll Evaluation of Activities of Life (REAL™) ○ The Test of Handwriting Skills, Revised (THS-R) <p>Classroom/Small group:</p> <ul style="list-style-type: none"> • Handwriting screening • Data/input from teacher(s)/staff regarding areas of need • Multi-Disciplinary Team Data • Observation of classroom routines • Review information to identify appropriate occupational outcomes of group <p>Population (School-wide):</p> <ul style="list-style-type: none"> • Survey regarding Parent/Student/Staff needs • Behavioral needs identified (i.e. student conflicts during lunch/recess) • Behavioral Data, Multi-Disciplinary Team Data, Student/Parent/Staff input • Observation within Context(s) • Review information to support program need
Intervention	<p>Individual:</p> <ul style="list-style-type: none"> • Development of Intervention Plan <ul style="list-style-type: none"> ○ Inclusive Service ○ Pull-out Intervention ○ Collaboration • Intervention Implementation • Intervention Review 	<p>Individual:</p> <ul style="list-style-type: none"> • Identify goals and outcomes for each student • Push-in service, small group, or individual pull-out instruction to address identified needs within specific context(s) (i.e. client factors performance patterns and/or performance skills) • Collaboration with teacher/parent to support skill generalization, modify/adapt classroom routines and/or context(s) • Teacher and staff education/training • Review progress, modify plan (if needed)

	<p>Classroom:</p> <ul style="list-style-type: none"> • Development of Intervention Plan/Program • Intervention or Program Implementation • Intervention review or Program Evaluation <p>Population (School-wide):</p> <ul style="list-style-type: none"> • Program Planning • Program Implementation • Program Evaluation 	<p>Classroom:</p> <ul style="list-style-type: none"> • Identify goals and outcomes for group • Small group intervention • Collaboration with teacher/parent to support skill generalization • Teacher and staff education/training • Review/modify program as needed • Evaluate effectiveness of program and disseminate results with teacher and/or staff <p>Population (School-wide):</p> <ul style="list-style-type: none"> • Identify goals and outcomes for program • Research and plan programs with MDT teams within educational settings • Implement a school-wide program (i.e., Every Moment Counts or self-developed program) • Collect data, monitor the progress or impact of the program • Evaluate effectiveness of program and achievement of objectives (i.e. post-intervention survey)
<p>Outcomes</p>	<p>Individual:</p> <ul style="list-style-type: none"> • Outcomes • Transition • Discontinuation <p>Classroom:</p> <ul style="list-style-type: none"> • Outcomes • Transition • Discontinuation 	<p>Individual:</p> <ul style="list-style-type: none"> • Progress monitoring of specific skills/areas of need • Identify any change(s) in participation in occupation(s) • Shifting level of support for student from service delivery models • Discontinuation of services if goals are achieved; implement plan to support student in the future <p>Classroom:</p> <ul style="list-style-type: none"> • Measure progress of program • Identify any change(s) in participation in occupation(s) for whole group • Educating teacher/staff to carryover program for subsequent years without support of occupational therapy practitioner

	<p>Population (School-wide):</p> <ul style="list-style-type: none"> • Outcomes • Sustainability Plan • Dissemination Plan 	<ul style="list-style-type: none"> • Discontinuation of program if group goals are accomplished; implement plan to support students in the future <p>Population (School-wide):</p> <ul style="list-style-type: none"> • Assess progress toward program goals • Share results with participants and organizational teams, outside supports, etc. • Identify if there is a future need for the program in the educational context • Continuation of program implementation (i.e. program is part of school programming); develop sustainability plan
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(AOTA, 2020; Frolek-Clark et al., 2019)

For further analysis and description of the OTPF-4, please refer to the official document from the American Occupational Therapy Association (AOTA, 2020).

For further analysis and description of assessment tools to aid in evaluation and analysis of students' occupational performance, please refer to *Best Practices for Occupational Therapy in Schools: Appendix F, Selected Assessment Tools for Analysis of Students' Occupational Performance* (Frolek Clark et al., 2019, p. 517) and *Using the Occupational Therapy Practice Framework to Guide the Evaluation Process and Make Assessment Choices in School Practice* (Laverdure et al., 2019).

VI. UTILIZING THE APTA GUIDE TO PHYSICAL THERAPIST PRACTICE, 4th EDITION, IN EDUCATIONAL SETTINGS.

A. Disablement Models

In June 2008, the APTA House of Delegates endorsed the World Health Organization's (WHO) *International Classification of Functioning, Disability and Health (ICF)*. The ICF model describes human functioning and disability as a dynamic interaction between various health conditions and environmental and personal factors. It recognizes the impact of the environment on the person's functioning. By using the ICF model, changes can be described that occur in the body, the whole person, the student's ability to perform tasks, his or her social roles, and the environment that forms the context of a student's life. In practice in educational settings, the ICF offers various domains that may be considered when evaluating a student and in determining what other influences may be affecting the student, such as environmental factors. After considering all these areas, the physical therapy practitioner can target interventions and involve others who may be able to provide services for the student from a different perspective (such as school psychology, occupational therapy, speech-language pathology) so that all of the student's needs are met.

B. Evidenced-based Medicine (EBM)

Evidenced-based medicine (EBM) is the integration of best available relevant research evidence combined with clinical expertise, experience, and student values. It is an equal partnership of family and therapist. Included are the therapist's clinical knowledge, experience, and skills and the student's values or their unique characteristics, preferences, and expectations.

The practice of EBM includes converting the need for information into an answerable question, tracking down the best evidence with which to answer the question, critically appraising that evidence for its validity and applicability to clinical practice, and integrating the critical appraisal with clinical expertise and the student's unique clinical picture, situation, and expectations. See resources at end of document for sources for current best evidence practice.

C. Examination and Evaluation

As described in the Guide to Physical Therapist Practice (APTA, 2023), the evaluation is a process of obtaining a history, performing relevant systems review, and selecting and administering specific tests and measurements. In educational settings, components of the evaluation may be performed individually by the physical therapist and other team members and discussed at a team meeting, or in other settings such as preschool. The evaluation may be performed collectively with the entire team present (APTA APPT, 2015). Typically, the evaluation is part of the MDE process in the educational setting, although evaluations can also take place for the IEP if new information is needed.

In addition to typical components of the evaluation in all settings, the following are specific to educational settings and should be included in each section:

1. History

- a) Review of stated goals and progress toward those goals, if the student has an active Individualized Family Service Plan (IFSP), IEP, or Service Agreement in place. This is not pertinent for those individuals who are in the process of being identified and do not have an IFSP, IEP, or Section 504 Service Agreement.
- b) Consideration of school environment and educational placement.
- c) Review of present levels of function - areas include function, access, mobility, and level of participation within all school environments and during school functions (including bus transportation, recess, field trips, fire drills, stairs, and additional classrooms).
- d) The parent/guardian's and school personnel's concerns, issues, goals, and expected outcomes.
- e) The student's concerns, issues, goals, and expected outcomes.

2. Systems Review

- a) Screening of relevant systems; for example, screening of the gastrointestinal system for concerns such as reflux and constipation is highly recommended due to the impact of this system on posture and movement in students.
- b) Developmental domains that may influence a student's function should also be reviewed, including cognition, language and communication, social/emotional development, adaptive function, physical development, vision, hearing, and play (APTA APPT, 2017).
- c) The systems review may identify a need for consultation by or referral to other educational professionals inside and outside the education setting. In addition, the screening may lead to a decision not to proceed with further testing until the student is seen by another professional).

3. Tests and Measures - Therapists should select tests and measures based on the purpose or reason for the referral. IDEA (2004) states that the evaluation must be based on technically sound instruments and on a variety of measures. Standardized tests may be used for school age students but are not required for eligibility for related services.

- a) The difference between 'eligibility' for school-based physical therapy and 'need' for school-based physical therapy is important to understand. All students who are eligible for special education and some students with disabilities who do not receive special education are eligible for physical therapy. Generally, if a student has a disability that impacts his or her ability to access their educational programming, the student can receive school-based therapy if the student's educational team determines that the student would benefit from these services to improve access to their education (McEwen, 2009).
- b) Common uses of tests and measures in school-settings can be to detect difference (discriminative) or to detect change (evaluative).
 - 1) *Discriminative measures* are used to determine whether a student has delays in a particular area such as gross motor skills. Examples of discriminative tests are the Peabody Developmental Motor Scales- 2nd Edition (PDMS-2) and the Battelle Developmental Inventory- 3rd edition (BDI-3).
 - 2) *Evaluative measures* monitor change over time and can be used to measure change as the result of intervention. Examples of evaluative measures include the Gross Motor Function Measure (GMFM) and Pediatric Evaluation of Disability Inventory. Computer Adaptive Test (PEDI-CAT).
- c) Common methods of constructing tests and measures include criterion-referenced and norm-referenced.
 - 1) *Criterion-referenced measures* are used to note a student's ability to perform the items on the test (criterion) on successive performances and are appropriate to measure change over time for the student. Examples of criterion-referenced

tests are The School Function Assessment (SFA) and Gross Motor Function Measure (GMFM).

- 2) *Norm-referenced measures* are used to compare an individual's performance to group performance normed to a particular characteristic, typically age. The Peabody Developmental Motor Scales-2nd edition (PDMS-2) and the Battelle Developmental Inventory- 3rd edition (BDI-3) are examples of norm-referenced tests.

d) Tests and measurements should include the following areas:

- 1) measures of body system and function impairment as it relates to function in the school setting, such as joint range of motion, strength, and sensation;
- 2) functional limitation (activity-level) measures through standardized tests of motor or functional skills; and
- 3) skilled observation or student-report measures of participation in the various environments of the school setting (including social interaction and acceptance, participation with adaptations and modifications).

e) Current tests and measurements for use with students may include, but are not limited to (listed alphabetically):

- 1) 6 minute or 50 feet walk test
- 2) Battelle Developmental Inventory (BDI-2)
- 3) Borg Rating of Perceived Exertion (RPE)
- 4) Bruininks-Oseretsky Test of Motor Proficiency (BOTMP)
- 5) Canadian Occupational Performance Measure (COPM)
- 6) Childhood Health Assessment Questionnaire (CHAQ)
- 7) Functional Reach Test (FRT)
- 8) Goal Attainment Scaling (GAS)
- 9) Gross Motor Function Measure (GMFM)
- 10) Hawaii Early Learning Profile (HELP)
- 11) Miller Assessment for Preschoolers (MAP)
- 12) Peabody Developmental Motor Scales (PDMS-2)
- 13) Pediatric Asthma Quality-of-life Questionnaire
- 14) Pediatric Balance Scale (PBS)
- 15) Pediatric Evaluation of Disability Inventory Computer Adaptive Test (PEDI-CAT)
- 16) Segmental Assessment of Trunk Control (SATCo)
- 17) School Function Assessment (SFA)
- 18) Test of Gross Motor Development (TGMD-3)
- 19) Timed One-legged Stance (TOLS)
- 20) Timed Up and Down Stairs (TUDS)
- 21) Timed Up and Go (TUG)

4. Considerations - Evaluation is the process by which the physical therapist makes judgments based on data gathered during the examination (APTA, 2019). Considerations during the evaluation in educational settings include:

- a) student's progress toward IEP goals,

- b) whether clinical findings impact the student’s function/participation at school,
 - c) clinical judgment of student’s status in relation to needs at school,
 - d) priorities of the student, family, and school personnel,
 - e) stability of the condition in relation to function and participation at school,
 - f) chronicity or severity of the current problem,
 - g) developmental expectations in relation to the student’s disability,
 - h) physical environment of the school, such as need to negotiate stairs and distances between classes, in relationship to the student’s function,
 - i) strengths and needs of the student in relation to function and participation in the school setting.
- 5. Outcomes** – According to the Guide to Physical Therapist Practice (APTA, 2023), goal mastery and self-report measures help to ensure that outcomes of physical therapy have a meaningful impact to the student and caregivers. Outcomes describe the results of implementing a plan of care and should be closely related to the specific goals for intervention.
- 6. Reexamination/Reassessment** - in educational settings, re-examination/re-assessment includes:
- a) progress monitoring of IEP goals (typically performed weekly, bimonthly, or monthly) and reported to parents at specified intervals.
 - b) performance of appropriate tests and measurements to determine present levels of functional performance for the student’s annual IEP and/or RR.

D. Diagnosis

Diagnosis in educational settings may be appropriately addressed by the physical therapist making skilled contributions to identifying the student’s strengths and needs in the school setting. However, school-based therapy practitioners are not always fully aware of all the medical diagnoses and conditions of all students.

In addition, diagnosis can include the classification of a student’s status in relation to other students with the same diagnosis. Examples of common classification systems include the Gross Motor Functional Classification System (GMFCS), Glasgow Coma Scale and the Ranchos Los Amigos Scale.

E. Prognosis (including the Plan of Care)

For physical therapy practitioners in educational settings, prognosis is most commonly the determination of the predicted optimal level of improvement in function that can occur within the specified time of the IEP, usually one year. Factors such as age, function in various developmental domains, and chronicity or severity of the current condition may impact the prognosis. The prognosis is only the best estimate of what to expect.

In educational settings, the plan of care is driven by the student’s IEP or Section 504 Plan (APTA APPT, 2017). Physical therapy practitioners and other members of the education team use identified student strengths and needs to guide decision making when writing IEPs and Section 504 Plans. The needs of students receiving special education services are

addressed in discipline free, collaborative IEP goals and through specially designed instruction. The needs of students receiving Section 504 plans are addressed through modifications, accommodations, and services. Physical therapy practitioners participate in team decisions regarding development of IEP goals and objectives, specially designed instruction, and the need for related services and supports for school personnel (including frequency and duration).

F. Intervention

Intervention in educational settings is the purposeful and skilled interaction of physical therapy practitioners with the student and members of the student's educational team. Physical therapy intervention supports goals and specially designed instruction identified on a student's IEP or assists in making accommodations specified in a Section 504 plan. Intervention consists of the following components:

1. Coordination, Communication, and Documentation

Coordination is the working together of all individuals involved with the education of the student (e.g., identifying needed modifications and accommodations, sharing strategies with other team members, coordinating school motor programming, data collection, and progress monitoring). This may occur formally at IEP meetings, IST meetings, or other team meetings, or more informally by telephone, email, or personal interaction within the school environment.

Communication is the exchange of information in any form including verbal, written formal reports, informal reports, email, report cards, and handouts.

Documentation is any entry into the student's educational records such as evaluations, present levels, consultation reports, recommendations, progress notes, flow sheets, checklists, data collection, progress monitoring, and progress reports.

2. Use of a Student-Centered Approach

The student-centered approach can be framed within patient/client-related instruction in the Guide to Physical Therapist Practice (APTA, 2023). This approach involves the reciprocal sharing of information between physical therapy practitioners and other members of the educational team, including the student and parents. Instruction may include sharing information on:

- a) a student's condition/disability to assist team members to understand present abilities;
- b) the prognosis of a condition to plan expectations for the future (e.g., planning for a student with Duchenne Muscular Dystrophy);
- c) specific impairments, especially in relationship to functional limitations (e.g., planning adaptations to class activities with the physical education teacher);
- d) functional limitations (e.g., discussing accommodations or adaptations that may be needed so that a student may be successful in school);
- e) plan of care regarding what is needed for the student to be successful in the school and what supports and support personnel are needed;
- f) specific strategies/interventions to incorporate into classroom routine;
- g) functional mobility and moving between positions;
- h) positioning students for participation in educational activities;

- i) back safety and body mechanics for safe lifting;
- j) use of adapted equipment;
- k) transitions (e.g., pre-school to school age, or elementary school to middle school) and factors that need to be considered in planning for future needs (e.g., the addition of stairs in the new environment, longer distances between classes, and new types of classes such as swimming or vocational classes);
- l) prevention of secondary conditions;
- m) need for health, wellness, or fitness activities to be able to participate fully in all school programming, including leisure activities, for an entire school day, five days per week.

3. Procedural or Direct Interventions - Physical therapy interventions are selected based on examination data, evaluation, diagnosis, prognosis, and IEP goals or needed accommodations for a particular student in a specific educational setting. Interventions may be modified or changed based on the student's response and progress toward achieving IEP goals. Interventions may require direct skill training by the physical therapy practitioner and may also involve development and monitoring of a classroom or other service program carried out within the educational curriculum by other members of the team (e.g., classroom teacher, physical education teacher, or support staff). Interventions may also include services in the classroom, in a therapy designated area, individually or in group settings.

G. Teletherapy/Telemedicine

During the public health emergency related to the COVID-19 pandemic, some allowances for telehealth were made in the Commonwealth of Pennsylvania. The public health emergency ended on May 11, 2023. Guidance for post-public health emergencies is evolving. This document is not intended to provide legal advice or to interpret the Pennsylvania Practice Act, but rather to provide guidance and references to assist school-based therapy practitioners to make their own informed decisions. As of the date of document publication, the Pennsylvania Practice Acts for both Occupational Therapy and Physical Therapy are silent on the use of telehealth.

VII. ADMINISTRATION OF EDUCATIONALLY BASED OCCUPATIONAL THERAPY SERVICES AND PHYSICAL THERAPIST SERVICES

A. Supervision and Management

The occupational therapy and/or physical therapy service, or program structure will vary depending on the number of therapy practitioners employed by a school district or an intermediate unit. Occupational therapy practitioners and physical therapy practitioners in the educational setting should be supervised and managed by an occupational therapist or physical therapist administrator, whenever possible. The administrator/director of the occupational therapy and/or physical therapy department in an educational setting could be an occupational therapist, physical therapist, speech-language pathologist or a supervisor of another educational discipline, such as a special education supervisor. Therapy departments in educational settings may benefit from the knowledge and expertise of an occupational therapy practitioner and/or a physical therapy practitioner in an administrator/director role to manage and oversee the department. If the

supervisor/director of services is not an occupational therapist or physical therapist, it is imperative that an occupational therapist is available for the supervision of any occupational therapy assistants, and a physical therapist available for the supervision of any physical therapist assistants within the department.

It is important to have written protocols and policies for occupational therapy services and physical therapist services in educational settings. Protocols and policies identify the models of service delivery, expectations for participation in administrative activities, documentation of procedures, and professional evaluation processes.

The supervisor/director of occupational therapy services and physical therapist services may participate in the administrative activities of the school district or intermediate unit in the following ways:

1. establishes workload and assigns locations;
2. evaluates the quality of services rendered by occupational and physical therapy practitioners;
3. establishes training and in-service for the occupational and physical therapy practitioners;
4. develops the model for delivery of services, protocols, and procedures;
5. provides program management of service deliveries, including RtI, MTSS, PBIS, etc.; and
6. manages the budget for occupational and physical therapy including equipment, supplies, protocols, training, and staffing.

B. Workload, Assignments, and School Building Responsibilities

The joint document from AOTA, APTA and ASHA, entitled *Workload Approach: A Paradigm Shift for Positive Impact on Student Outcomes* (American Occupational Therapy Association, American Physical Therapy Association, American Speech-Language-Hearing Association, 2014) speaks to the workload of a therapist. It explains factors that should be considered when assigning students and locations. It is the total of these factors that determines the number of students that should be on a therapist's workload. Factors influencing workload are:

1. **Types of Service Provided:** Services may include assessment of new referrals or continuing students, direct occupational therapy intervention or physical therapy intervention, collaborative services, and RtI/MTSS responsibilities. The type of service will impact the time the therapist spends with the student and with other team members. Service delivery should also include occupational therapy and physical therapy related to the educational needs of students such as students with multiple disabilities requiring additional service time related to equipment and medical needs. It is recommended that direct service from one practitioner not exceed 37.5 hours/week.

2. **Frequency and Duration of Service:** The IEP and/or Section 504 team determines service frequency and duration based on the students' needs and educational goals. The recommendation of frequency and duration of occupational therapy services and/or physical therapist services is based on occupational therapy or physical therapy evaluation results and in collaboration with the IEP team and/or Section 504 Team. How frequency and duration are written in educational documents does vary across the state and should be discussed with the whole team.
3. **Geographic Location of Student:** Time spent traveling between schools impacts the number of students a therapist can service. Such travel needs should be factored into determination of workload.
4. **Engagement with Teams:** Occupational therapy practitioners and physical therapy practitioners participate in team meetings, collaborate with educational team members, participate in Response to Intervention (RtI)/Multi-Tiered Systems of Support (MTSS), and participate in School-wide Programs including, but not limited to, IEP meetings, MDE meetings, Section 504 Service Agreement meetings and meetings for collaboration and participation in RtI and MTSS models of service delivery (teacher education, whole class intervention, small group intervention, student screenings, program development, etc.), and school-wide initiatives such as Positive Behavior Interventions Support (PBIS) teams. This time is necessary to ensure the occupational therapy practitioners and physical therapy practitioners can collaborate with other team members for integration of the occupational therapy and/or physical therapy programs into the school program.
5. **Administrative Time:** Time must be afforded for report writing and documentation, documentation of IEPs, ERs, RRs, Evaluations, Report Cards, Daily Notes, Medical Access Billing, DME equipment letters, equipment safety and maintenance checks (standers, wheelchairs, orthotics, sensory tools such as swings, etc.), meetings, in-services, staff development, parent contact, administrative duties, treatment planning (including but not limited to email, electronic calendars, mileage, electronic data collection and documentation, uploading documents to electronic systems, etc.) and other responsibilities such as travel, MTSS, writing Letters of Medical Necessity, and school-wide initiatives like PBIS.
6. **School Building Responsibilities:** These responsibilities include work duties of occupational therapy practitioners and physical therapy practitioners such as bus duty or lunch duty, or other duties assigned as per the school district contract, if practitioner is hired by the district.
7. **Professional Development:** Time should be permitted to allow occupational therapy practitioners and physical therapy practitioners to obtain professional development, particularly in the areas of evidence-based practice, program development, coordination and management of fieldwork students, and delivery of educationally based therapy services, as outlined by the Professional Licensure Boards for each profession.

8. **Supervision Time:** In settings utilizing occupational therapy assistants and physical therapist assistants, time for supervision of these practitioners should be included in the supervising occupational therapist and/or physical therapists' workload.

C. Professional Evaluation

It is ideal that occupational therapy practitioners and physical therapy practitioners have an annual performance evaluation with their supervisor, however, there are legal limitations to this if the therapy practitioner is an independent contractor.

1. If directly employed by the district or intermediate unit, therapy practitioners should be evaluated in areas of professional performance by a peer whenever possible. If the supervisor/director is from another discipline, the evaluation should be directed at administrative areas and interaction in the educational setting but not professional performance. In this situation, options for evaluation of professional performance should be explored including peer supervision by a therapist with experience in educational-based therapy services. At time of hire by a school agency, details regarding yearly performance evaluations should be discussed. Procedures for the professional evaluation of occupational therapy practitioners and physical therapy practitioners should be developed within the agency. This procedure should include a written evaluation based on established criteria. A framework for evaluation created by the state, ACT 13 - Other Non-Teaching Professionals (ONTP), was developed in 2021 and can be utilized as a guide when evaluating occupational therapy practitioners and physical therapy practitioners within educational settings. In addition to the domains reviewed in the ONTP, it is important to have criteria for evaluation based on pediatric/school-based occupational therapy and physical therapy competencies (Pennsylvania Department of Education Standards Aligned System, 2023).
2. If the occupational therapy practitioner or physical therapy practitioner is a consultant or independent contractor, it should not be a requirement for the district to complete a performance evaluation with the practitioner utilizing the PDE Standards Aligned System. Districts and intermediate units should consult with the contracting agency or their legal team to inquire what performance indicators may be utilized with their contractors.

D. Pre-service and Inservice Education

1. **Pre-service Education/Mentoring/Orientation:** Pre-service instruction and orientation should be provided for occupational therapy practitioners and physical therapy practitioners entering positions in the educational setting. This instruction should include:
 - a) instruction in provision of occupational therapy service and physical therapist services within the educational setting including understanding of occupational therapy and physical therapy as related services in the IEP and Section 504 Service Agreement legal documents;
 - b) introduction to applicable Federal and Pennsylvania education laws and regulations;

- c) c) review of the requirements for practice in the Pennsylvania Occupational Therapy Practice Act and the Pennsylvania Physical Therapy Practice Act; review of school district and/or Intermediate Unit protocols, policies, and procedures including, but not limited to: job description; forms; referral process; development of IEPs; documentation procedures; clarification of caseload and travel obligations; service recommendations; models of intervention; evaluation and assessment procedures; organizational structure; supervision and evaluation procedures; policies related to the supervision of certified occupational therapy and/or physical therapist assistants, and fieldwork students; procedures related to requisition of materials and equipment and inventory/maintenance of materials and equipment; confidentiality requirement; and
 - d) introduction to school administrators and educational team members.
2. **Inservice Education:** Occupational therapy practitioners and physical therapy practitioners should be provided with opportunities for continuing education that will promote professional growth and development. This may include:
- a) local opportunities for professional exchange with pediatric and/or school-based providers;
 - b) resources provided through Pennsylvania Training and Technical Assistance Network (PaTTAN);
 - c) conferences and professional development programs in occupational therapy and physical therapy;
 - d) AOTA and APTA continuing education courses in pediatrics and school-based practice;
 - e) opportunities focusing on special education theory or process, provided at a local level; and/or
 - f) graduate programs in occupational therapy, physical therapy, or other relevant fields (e.g. leadership, administration, special education).

E. Mentoring

A mentoring program for an occupational therapy practitioner or physical therapy practitioner entering the education setting is highly recommended. Protocols for mentoring programs should be developed to include the expectations of both therapists including expected interactions, time, and commitment. Mentoring can follow the local procedures for mentoring of teachers and other professionals with adaptations for experiences unique to occupational therapy and physical therapy. There are some legal considerations in the proper ways to mentor independent contractors and these should be discussed with the legal team or the contracting agency.

F. Clinical Instruction of OT/OTA and PT/PTA and Students in Educational Settings

1. **Clinical Instruction of the OT/OTA Students:** Occupational therapy fieldwork students participate in Level 1 and Level 2 fieldwork experiences. Level 1 fieldwork introduces students to the fieldwork experience and develops a basic comfort level with an understanding of the needs of clients and includes experiences designed to enrich didactic coursework through directed observation and participation in selected aspects of the occupational therapy process (ACOTE, 2018, C.1.8.) Level 2 fieldwork develops

competent, entry-level, generalist occupational therapists and occupational therapy assistants (ACOTE, 2018, C.1.11). The supervisor of the Level 2 student must have a minimum of one year experience. If there is no on-site therapist, the fieldwork supervisor needs to have 3 years' experience. A supervisor can be either an occupational therapist or an assistant (ACOTE, 2018).

- 2. Clinical Instruction of PT/PTA Students:** Clinical instruction in school-based practice settings follows the same guidelines as in other practice areas. The relationship between an academic program and a clinical site is a voluntary partnership. The clinical education team consists of the Academic Coordinator/Director of Clinical Education (ACCE/DCE), the Center Coordinator for Clinical Education (CCCE), Site Coordinator of Clinical Education (SCCE), the Clinical Instructor (CI), and the student. School-based practice settings considering becoming clinical education sites should have a CCCE for administration, coordination, management, and supervisory purposes. The CCCE may be a physical therapist; however, this position may also be filled by a physical therapist assistant, occupational therapist, speech-language pathologist, or similar professional. It is required by CAPTE that the CI supervising a physical therapy or physical therapist assistant student have at least one year of experience and recommended that the supervising CI complete the voluntary Credentialed Clinical Instructor Program through the APTA Learning Center (APTA Learning Center). Special education teachers and supervisors are taking on the role of SCCEs in the educational setting.

G. Recommended Provisions for the Safe and Effective Delivery of Occupational Therapy Services and Physical Therapy Services

Items utilized by occupational therapy practitioners and physical therapy practitioners vary based on workloads however generally include, but are not limited to:

1. therapy materials related to the areas of motor, sensory, vocational and feeding; specialized testing materials and protocols; mobility aids such as walkers or crutches; and positional equipment which includes but is not limited to walkers, standers, mats, and splinting and adaptive materials;
2. treatment space in district buildings, allotted for occupational therapy practitioners and physical therapy practitioners, should be included in district budgeting and planning; should be designed to maintain student dignity and privacy by including a functional space to allow safe standing, walking, throwing/kicking, and sitting at a table for desktop tasks; should allow for student testing in a moderately quiet location; should consider safety standards including locking internally during lockdown protocols, quick exit proximity due to fire drills, and a phone/intercom system which can be accessed in case of student/practitioner emergency; and
3. a centralized location or place in each utilized building to store and lock student charts that include private information to maintain FERPA protocol.

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