

Procedures for Occupational/Physical Therapy

Joint Educational Services in Special Education

Revised October 2017

1. A student should already be eligible for Special Education before receiving related services or about to be referred for an initial evaluation. The Case Conference Committee determines how the impaired ability affects the student's educational performance, or ability to function in the educational setting before he/she is referred for therapy. The therapist must be given some background information on the student. Examples would include a copy of a classroom observation, parent interview, previous school records, or a medical diagnosis from a licensed doctor who has treated the student. The checklist included with this document is to be used to provide the therapist with information about the student. You will need parent permission to obtain medical information from medical personnel if needed. Let the therapist know what kind of support the school wants for the student to participate in his/her school environment. The therapist will then suggest interventions or approve for an evaluation to be completed. You may not proceed to step 2 without signature from a therapist or their assistant on the attached checklist.

2. Parent written permission must be requested for the evaluation. This is to be created in Indiana IEP. Reminder, you must have obtained a signature from the therapist prior to creating the request. (exception Autism evaluations). To do so please follow these steps:

Go to **Pre-conference Planning** tab in IIEP

Click Reevaluation as Purpose of Meeting

Under **There is a need for reevaluation information to:** choose the 2nd 50 day timeline that looks like this:

"Information is needed to inform the student's case conference committee of the student's service needs, such as the student's need for assistive technology or a related service. (50 day timeline)". Click Save and Continue.

Go to **Referral Decision** tab. Enter the date of referral and the referral source, then click the green Finalize Referral button. The consent will launch and information should be entered in the two text boxes per instructions on the consent.

Click Save and Continue at the bottom of the screen.

Go to **Eligibility Categories and Assessments** tab.

Indicate the Suspected Disabilities Category-in this case you would choose the student's current primary disability. Under the section **Assessment Domains to be Investigated for This Evaluation** the program will automatically check the assessments necessary for the student's current disability so you will need to **uncheck** those assessments (if they do not apply).

Check "Any other assessments or information necessary to determine eligibility and inform the CCC" for a PT assessment, include in the text box the verbiage to indicate PT evaluation and attach the script.

Check " Motor and Sensory Abilities: An assessment of motor skills and sensory responses" if this is an OT assessment, include in the text box the verbiage to indicate OT evaluation.

Print and obtain signature

Please be sure to complete the first 3 tabs in the Evaluation Process so that the evaluator's name will appear at the end of the report (as their electronic signature).

Please note: Doctor's Scripts are required for PT evaluations. Do not generate a permission without having the script. An office visit to the doctor is not necessary. The parent can call the doctor's office and tell them what they need for the school (a script recommending an evaluation by a physical therapist), or the school can send the release of information form to the doctor requesting a script. The parent or doctor can send the script to the school. The contact person (TOR) should send the original script to the JESSE Office to forward to the therapist, along with the permission to evaluate. Copies should be kept at school, and in the student's file at JESSE.

3. Evaluations are not necessarily done yearly, nor are they required to dismiss a student from the related service. If the IEP is in place, then services are to be continue each school year. At the beginning of each school year, the JESSE office will send a letter to each parent requesting a new PT script for the following school year. If this comes into the school, please send the original to the JESSE office and place a copy in the student file.
4. When Evaluation is completed, the Case Conference Coordinator or Teacher of Record will set a case conference date to discuss results of the evaluation. In the event the therapist can not attend the conference, the TOR will be the representative to review the report and will have consulted with the therapist prior to the meeting. The Case Conference Committee will determine the need for educational therapy (not medical therapy), and frequency, duration, and intensity of services. The Present Level Statement on the IEP should generate goals to be written into the IEP (depending on educational needs of the student and the student's ability to function within the school environment). The goals will be created by the therapist for initial evaluations and can be updated by the assistant for Annual Case Reviews.
5. To provide OT/PT services, the student must have it written into their IEP under Related Services. Goals are recommended, but not required if student is on consultation. Student progress will be monitored by the therapist in consultation with the TOR.

OCCUPATIONAL/PHYSICAL THERAPY REFERRAL CHECKLIST

This checklist has been designed to assist teachers and other personnel in establishing appropriate OT/PT referrals by *starting the communication early* regarding a student. Please check areas that apply and ***return to the therapist for recommendations for interventions or approval to proceed prior to obtaining permission to evaluate.*** This form will then be attached to the Permission to Evaluate when sent to the JESSE office. If not approved by therapist or administrator prior to obtaining parent signature, it will be returned to the school and a new permission will need to be generated by the school and presented to the parent.

Student Name _____ Date _____

Teacher _____ School _____

Primary (or suspected) Disability _____ Wears Glasses? _____

Academic/Desk Work

- Pencil grasp (normal, tight or clumsy)
- Switches hands frequently
- Poor Stabilization of paper
- Desk posture(slumps in chair)
- Holds scissors incorrectly
- Difficulty coordinating scissors
- Difficulty drawing,coloring, or cutting (esp. circles)
- Avoids crossing midline
- Poor concept of direction (i.e. right vs Left, under, on, or behind)
- Tremors
- Poor dexterity
- Difficulty copying from Board
- Forms letters incorrectly, letter reversals
- Difficulty doing puzzles
- Other (describe below)

Self Care

- Problems zipping/buttoning
 - Toileting (requires assistance for Cleaning self, managing clothes, Transferring to/from toilet, maintaining Balance on toilet)
 - Feeding (carrying tray, setting up tray, Using utensils)
 - Personal device care (care for prosthetics, orthotics, adaptive equipment)
 - Other (describe below)
- _____

Sensorimotor/Behavior

- Forgets verbal directions
 - Sits on foot at seat
 - Stands at desk doing work
 - Rests head in hand with elbow on desk
 - Poor desk organization
 - Significant mood changes
 - Impulsive or accident prone
 - Distractible, short attention span
 - Seems to crave excessive movement (i.e. runs everywhere, rocks or bounces self)
 - Fearful of heights or movement
 - Dislikes loud noises (grimaces covers ears)
 - Craves tactile stimulation (i.e. excessively touches kids or other kids stuff)
 - Hits self
 - Hits others
 - Child consistently looks sleepy or groggy
 - Other (describe below)
- _____
- _____

Mobility

- Awkward gait pattern
 - Reciprocal pattern up and down stairs
 - Confuses left/right
 - Poor endurance fatigues easily
 - Requires extra time passing class to class
 - Difficulty propelling or guiding wheelchair
 - Poor topographical orientation-(gets lost easily difficulty remembering routs in building)
 - Muscle tone(floppy/rigid)
 - Safety (clumsy, bumps into objects or people, trips, and falls easily) (*circle*)
 - Difficulty boarding/exiting bus
 - Difficulty participating in emergency drills, PE or playground activities. (*circle*)
 - Poor posture (sitting/standing)
 - Other (describe below)
- _____
- _____

Describe what modifications have been used: _____

Statement explaining how these things are adversely affecting students educational development (attach work samples that may support the statement) _____

Recommending Teacher Signature

Teacher e-mail

Therapist/Assistant Signature

Therapist e-mail

Therapist Recommendation:

___ I recommend you delay the request at this time and try the following interventions.
If you have implemented the interventions and still have concerns in 9-18 weeks please contact us.

___ I recommend you add to your evaluation request at this time permission for an evaluation and select the following within IIEP on the evaluation tab:

Administrative Guidelines for Occupational and Physical Therapy

The Occupational and Physical therapist will make every effort to meet therapy requirements as stated in student's IEP's however, events that are both scheduled and unscheduled may interfere with routine therapy sessions. To provide consistency in handling such situations, JESSE will support the following recommendations:

- When school is cancelled due to inclement weather, attempts will be made to make up missed therapy sessions during the school year.
- If the therapist is absent due to illness or personal business, minutes will be added to the next sessions to make up the time.
- When a student is absent, therapy will not be made up unless the student's absences extend past two scheduled sessions during one illness. After two missed sessions or an extended illness, reasonable attempts will be made to make up therapy time.
- Case Conference Coordinators and Teacher of Records will try to schedule any conferences requiring the presence of a therapist during the days that the therapist or assistant is normally at the school where the conference is being held. Therapist will supply these dates to the Coordinators and T of R by Sept. 1 and keep them informed of any changes.
- Therapist will always give regular therapy sessions priority over case conferences, unless attendance at a case conference is essential as determined by the therapist, staff, and parent request.
- When a therapist must attend an initial placement conference, arrangements will be made to make up any missed therapy sessions.
- Therapist who are not able to attend their student's case conference will contact the T of R to review student progress and make recommendations within the IEP. Therapist will also follow up with the parent if they deem necessary after the conference.
- The therapist assigned to the building will be the one who works with the students in that building. Consultation by other team members may be done if necessary.

<u>School Corp.</u>	<u>Occupational Therapist</u>	<u>OT Assistant</u>	<u>Physical Therapist</u>	<u>PT Assistant</u>
Culver	Chelsea Yoder	Cheryl Ulery	Jenny Dorrel	--
Argos	Emily Escapule	Cheryl Ulery	Jenny Dorrel	Kelsey Beatty
Triton	Emily Escapule	---	Jenny Dorrel	Kelsey Beatty
John Glenn	Courtney Fuchs	---	Jenny Dorrel	Rose Goncher
Union North	Courtney Fuchs	---	Jenny Dorrel	Kelsey Beatty
Knox	Chelsea Yoder	Chris Eaton/ Bev McDaniel	Jenny Dorrel	Kelsey Beatty
North Judson	Chelsea Yoder	Beverly McDaniel	Jenny Dorrel	---
Oregon Davis	Courtney Fuchs	---	Jenny Dorrel	---
Plymouth*	Chelsea Yoder	(see below)	Jenny Dorrel	Rose Goncher
<i>LJHS, PHS, Webster, Riverside, Washington Jefferson Menominee</i>		Chris Eaton Beverly McDaniel Cheryl Ulery		

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