Occupational Therapy

Guidelines for Occupational Therapy in Connecticut Schools

2017 edition with draft revisions for **2025**

Table of Contents

Purpose of Guidelines

These guidelines aim to offer a clear and thorough reference manual for occupational therapy practitioners, administrators, families, and interested parties involved in school practice. The guidelines define the role of occupational therapy and outline best practices for delivering these services in schools. The following sections describe crucial aspects to consider when providing school occupational therapy services.

- ◆ Occupational therapy in schools
- ◆ Laws and regulations
- ◆ Administration
- ◆ Professional Roles & Responsibilities
- ◆ Evaluation
- ◆ Intervention
- ◆ Collaborative Teaming

The Connecticut Occupational Therapy Association (ConnOTA), in collaboration with the Connecticut State Department of Education (CSDE), aims to

√ Promote consistent approaches across various educational settings, ensuring all students have equitable access to needed services, regardless of their location or circumstances.

√ Improve the delivery of high-quality services that effectively address students' needs, thereby promoting their overall success.

√ Provide a reference tool to facilitate clear communication and understanding of the role of school occupational therapy within the educational context.

Throughout this document, a conscious decision was made to eliminate the suffix 'based', as in 'school-based practitioner'. This change reflects the evolving nature of education in the 21st century. School occupational therapy practitioners impact various levels of the educational system and consider the diverse environments in which students learn and participate. Additionally, dropping the suffix 'based' aligns with other professional counterparts, such as schoolteachers, school social workers, and school nurses.

Connecticut Occupational Therapy Association. (2017; 2025 draft rev.). *Guidelines for Occupational Therapy in Connecticut Schools.* Wethersfield, CT: Author.

ACKNOWLEDGMENTS

OCCUPATIONAL THERAPY IN SCHOOLS
Section 1

Learning Objectives

Readers will gain a better understanding of

◆ Operational definitions of occupation, school occupational therapy and education;

◆ How occupational therapy contributes to student success;

◆ Scope of practice for occupational therapy in school settings;

◆ Occupational therapy practitioners' role; and

◆ The historical timeline that shaped education, special education, and school occupational therapy services.

Occupation

Everyday personalized activities that people do as individuals, in families, and with communities to occupy time and bring meaning and purpose to life. Occupations can involve the execution of multiple activities for completion and can result in various outcomes. The broad range of occupations is categorized as activities of daily living, instrumental activities of daily living [i.e., instrumental to independent living], health management, rest and sleep, education, work, play, leisure, and social participation.

AOTA, 2020, p. 79
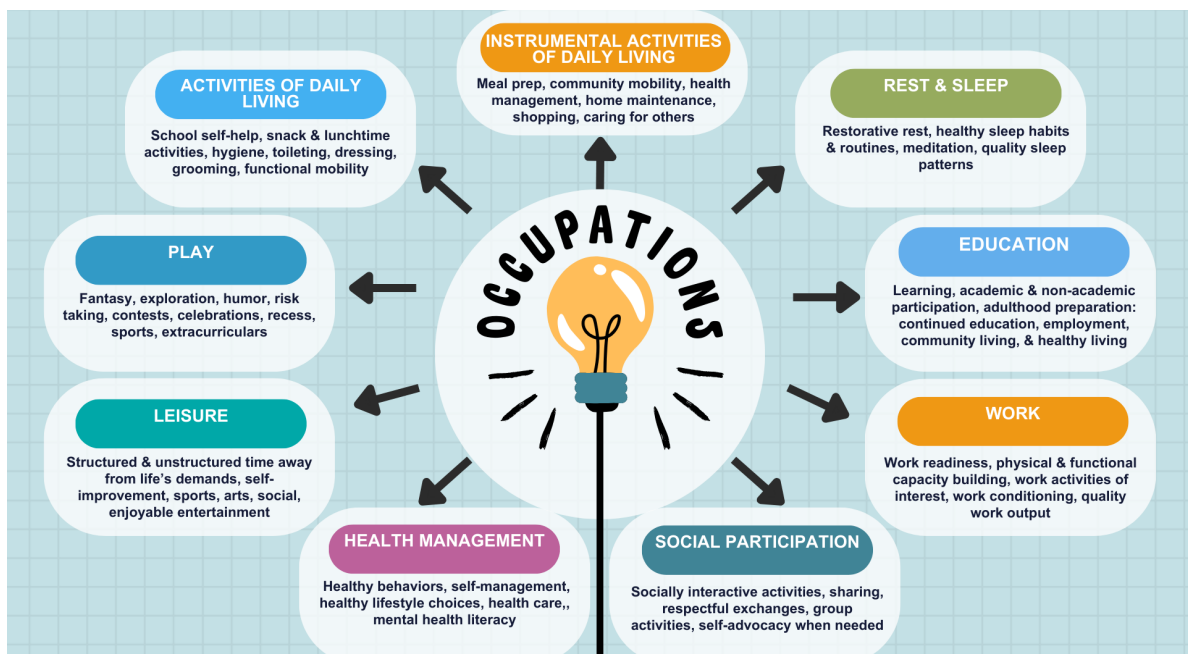
Created in Canva. References: AOTA, 2020; Frolek-Clark et al., 2019.

School Occupational Therapy

School occupational therapy services are designed to support student engagement and participation in meaningful and important school occupations (e.g., literacy, math, self-care, preparation for adulthood, school/extracurricular activities). School occupational therapy practitioners work not only with individual students but also with groups of students, classrooms, teams, schools, districts, and educational systems. Their professional contributions often extend to students under IDEA (2004), Section 504 of the Rehabilitation Act of 1973, and Every Student Succeeds Act of 2015.

Occupational Therapy
Occupation
Occupy

How do students occupy their day?
Are they engaged & participating in meaningful & important school occupations?

Created in Canva.

Role of School Occupational Therapy Practitioners

In interprofessional teams, occupational therapy practitioners take on various roles and responsibilities in accordance with the Every Student Succeeds Act (2015), Section 504 of the Rehabilitation Act (2008), and the Individuals with Disabilities Education Act (2004). Here are some examples of how school occupational therapy practitioners assist students, teams, and the education system.

School Occupational Therapy Practitioners

ESSA

Specialized Instructional Support Personnel

We support school-based prevention & intervention services to address barriers to educational success, ensure positive conditions for learning, and help ALL students achieve academically and ultimately become productive citizens.

- UDL in health promotion
- Self-management education
- Well-being environmental adaptations
- Curriculum development member
- School initiative supporter

504

Building Support Team Member

We support students that have or may have a disability affecting a major life activity to ensure they can access educational opportunities equally.

- Consider available information & need for a 504 plan
- Collaboratively gather additional information in school setting to identify barriers
- Recommend appropriate solutions & accommodations
- Provide services to promote equal access

IDEA

Related Service Provider

We support students in benefitting from their special education and ensuring a free approrpiate public educaiton.

- Collaboratively develop evaluation plan
- Relay facilitators and barriers to student's engagement in school occupations
- Develop a coordinated IEP
- Monitor progress & adjust plans as needed

Created in Canva. References: ESSA, 2015; Frolek-Clark et al., 2019; IDEA, 2004; Rehabilitation Act, 2008

Med v. Ed

Did You Know?

Medical & educational occupational therapy services share similarities yet are very different!

Both medical and school occupational therapy services share the common goal of improving individuals' functioning, independence, and quality of life. However, differences exist in their practice settings, service delivery approaches, funding, and goals. Medical occupational therapy addresses health-related concerns that impact a child's occupational performance in various settings (e.g., home, community), whereas school occupational therapy focuses on supporting students within the educational context.

	Medical	**Educational**
Setting	Services provided in healthcare setting: hospital, clinic, rehabilitation center, private practice, and, at times, child's home	Services provided in educational context: classrooms, outdoor learning spaces, school environments (e.g., bus, cafeteria, hallways) Students confined to home due to medical needs receive homebound instruction and related services specified in their IEP
Service Delivery	Direct Services ● Child-level ● Group-level Indirect Services ● Population-level (funding, community access, legislative advocacy)	Direct & Indirect Services along a continuum ● Student-level ● Group-level (small group, classroom) ● Population-level (program specific, school-wide, district-wide)
Funding	Medical insurance helps pay for medically necessary outpatient occupational therapy. Often requires a child's primary care provider to certify need. Number of visits may be limited per benefit period. Occupational therapy services not covered by medical insurance can be privately funded by the family. Grants or waivers may also exist.	Educational funding supports occupational therapy services that are relevant to students' educational needs. CT's Medicaid School Based Child Health Program subsidizes educational funding for covered occupational therapy services included in an IEP or 504 plan to Medicaid eligible children. Requires parental consent and cannot negatively impact a child's medical benefits.
Goal	Habilitation & Rehabilitation To improve or restore a child's functional abilities, independence, and overall well-being in the context of their health condition.	Access & Participation ESSA: To support a public health approach in education, removing barriers, fostering positive learning conditions, & helping all students in academic success & citizenship Section 504: To ensure students have inclusive access to their education & school activities IDEA: To provide services when needed so students benefit from special education
Collaboration	Often with child's family and healthcare team, including physicians, nurses, and other therapists to address the overall health and well-being of the child	Often with educators, special education teams, and parents to support the student's academic success and participation in school life
Exchange of Information	With signed consent, maintaining professional exchanges with occupational therapy practitioners in the school setting is beneficial for holistic support	With signed consent, maintaining professional exchanges with occupational therapy practitioners in the medical setting is beneficial for holistic support

Education & Predictors of Success

All, regardless of race or class or economic status, are entitled to a fair chance and to the tools for developing their individual powers of mind and spirit to the utmost. This promise means that all children by virtue of their own efforts, competently guided, can hope to attain the mature and informed judgment needed to secure gainful employment, and to manage their own lives, thereby serving not only their own interests but also the progress of society itself.

A Nation At Risk, p. 6, 1983

The above quote presents a particular understanding on the purpose of education. In the table that follows, you'll find examples of how school occupational therapy practitioners support students in achieving success in academics and in their future educational pursuits, job opportunities, self-sufficiency, community engagement, and overall well-being based on predictors. These predictors are drawn from Hanover Research's 2016 report on early signs of academic achievement and the National Technical Assistance Center on Transition: The Collaborative's 2021 publication on predictors for life after secondary education. See Table 1.1 to understand how occupational therapy practitioners support students in meeting these predictors.

Predictors of Success

- 01. Early Signs
- 02. Student Skills
- 03. Career Development
- 04. Collaborative Systems
- 05. Policy
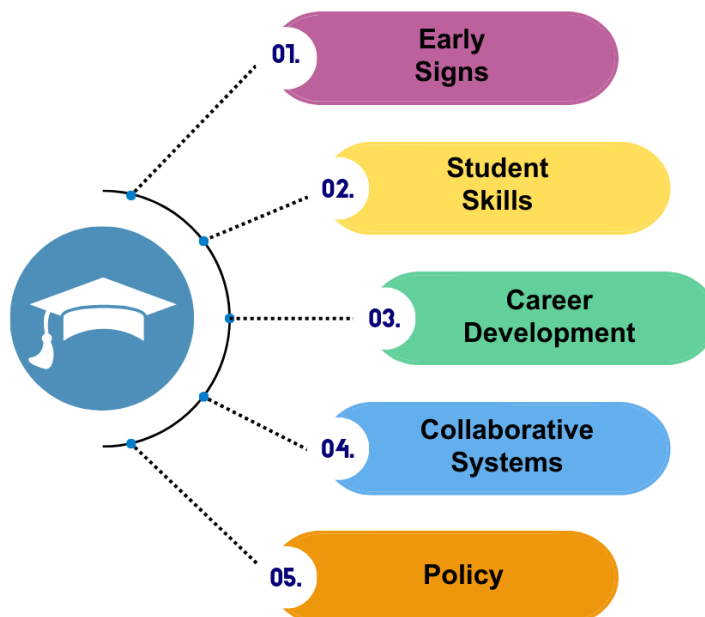
Created in Canva. Reference: National Technical Assistance Center on Transition: The Collaborative, 2021

Table 1.1 Predictors of Student Success & Occupational Therapy Contributions[1]

Predictor	Definition*	OT Practice Example
Student Skills		
Academic Skills: Early Literacy	The most comprehensive yet concise description of the knowledge, skills, and dispositions that precede learning to read and write in the primary grades (K–3). Birth to 5 years: alphabet knowledge, phonological awareness, rapid automatic naming of letters or numbers, rapid automatic naming of objects or colors, writing, phonological memory. K - 1st grade: print concepts, print knowledge, reading readiness, oral language, visual processing, phonological awareness, alphabet knowledge, orthographic knowledge	**Occupations of Reading, Writing, Speaking, & Listening** *Evaluate Participation:* Determine supports and barriers to participation (Arnaud & Gutman, 2022; Grajo, et al., 2018). ● Identify reading materials student/students uses/use in different contexts ● Determine student's/students' self-concept toward reading material ease & mastery ● Pinpoint motivational factors ● Determine frequency of reading *Promote Participation:* Increase access, participation, and engagement in literacy activities across contexts through a holistic approach (Frolek Clark, 2016; Strong, et al., 2018). ● Access to motivating reading materials ● Encourage self-initiation in literacy activities ● Establish sensory routine to promote listening ● Promote student(s) control of the reading environment ● Incorporate play-based and social classroom activities ● Advise on assistive technology supports ● Promote functional literacy in everyday activities ● Collaborate with teachers to combine structured and less structured activities that support reading & comprehension *Address Performance:* Diagnose & intervene to address performance patterns or skills that promote or hinder success in pre-literacy and literacy activities (Frolek Clark, 2016). ● Examine the interaction between student, environment, and occupation ● Evaluate visual motor, visual perception, visual skills, executive function, fine motor, sensory processing skills

Predictor	Definition*	OT Practice Example
Student Skills		
Community Experiences	Activities occurring outside of the school setting, supported with in-class instruction, where students apply academic, social, and/or general work behaviors and skills.	**Occupation of Social Participation** *Evaluate participation:* Gather data to understand students' social participation levels in group (community) activities. ● Cooperation - working with others to achieve common goals ● Group norms - following group rules and expected behaviors ● Roles - fulfilling position to accomplish a task and goal of the group ● Communication - sharing information related to group tasks and members' well-being ● Activity behaviors - taking actions, whether spoken or physical, during group activities ● Power - influencing others in the group to alter or uphold activities, members, goals, and group culture ● Attraction - finding appeal in the group's activities, goals, members, and entire group Assess environment-student fit and determine adaptations, identify barriers, and consider alternate roles (e.g., co-occupation versus independent performance). *Promote participation:* Start community participation early and continue through the grades ● Classroom community ● School community ● Local community ● Communities of interest (e.g., sports, arts, animals, collecting) Co-lead groups with school counselors to build student community, inclusive environments, and healthy transitions (e.g., elementary to middle school [Lutman & Funkhouser, 2019])

Guidelines for Occupational Therapy in Connecticut Schools: Section 1 Occupational Therapy in Schools

Predictor	Definition*	OT Practice Example
Student Skills		
Self-Advocacy/ Self-Determination	Ability to make choices, solve problems, set goals, evaluate options, take initiative to reach one's goals, and accept consequences of one's actions.	**Promoting occupational justice to fully participate in daily life occupations.** *Evaluate & promote participation*: Interview the student to determine what they currently do and do not do (e.g., chores, leisure, care of others, health management, work, play, social participation, education) as well as what they want to do, believe is under their control, and perceive as barriers (Angell et al., 2019). ● Teach learning by doing in context (e.g., in restaurants, stores, community center classes, volunteer sites, social service offices). ● Differentiate self-determination and self-advocacy curriculum for flexible options. ● Provide professional development on inclusive practices. ● Create environments that welcome student's voice in school initiatives. ● Promote student advocacy in identifying and requesting reasonable accommodations.
Self-Care/ Independent Living	Essential skills for effectively managing one's personal well-being and navigating daily independent living, including personal management skills required for interpersonal interactions, proficiency in daily living activities, financial management, and the ability to self-manage healthcare and wellness needs.	**Occupations of Self-Care & Independent Living** *Evaluate participation:* When educational concerns exist, assess student's self-care and independent living skills in light of frequency of participation and desire for change in participation across settings (e.g., home, school, community) as applicable. Self-care ● Bathing, showering ● Toileting and toilet hygiene ● Dressing ● Feeding, eating, and swallowing ● Personal hygiene and grooming ● Rest and sleep ● Sexual activity Independent living ● Care of others ● Financial management ● Health management ● Home establishment and management ● Meal preparation and cleanup ● Safety and emergency maintenance ● Shopping

Predictor	Definition*	OT Practice Example
Student Skills		
Self-Care/ Independent Living (continued)		*Promote participation:* Facilitate student's participation in self-care and independent living skills while lessening their reliance on adults as appropriate. ● Lead an adaptive skills training course ● Co-lead health education ● Establish a wellness room ● Co-lead an independent living course ● Create opportunities to practice skills *Evaluate & address performance:* When educational concerns exist, assess student's motor, process, and communication/interaction skills as well as contextual factors to determine those areas that restrict or hinder performance in self-care and independent living. Create intervention plans to address needs. For example, intervention approaches that either promote, establish or restore, maintain, or modify performance; or prevent barriers to performance and/or participation.
Self-Realization	Understanding one's own strengths, needs, and abilities.	**Realizing and expressing self through occupation** *Evaluate participation:* Collaboratively develop occupational profile describing occupations student(s) feels successful and barriers they believe affect their success (AOTA, 2020). ● Interview students as they self-assess their level of competence in and importance of everyday activities (e.g., self-care, socialization, learning, self-regulation; Keller et al., 2005). *Promote participation:* Collaboratively work with student(s) to prioritize occupational needs that are important to them and increase awareness of their strengths and abilities (Keller et al., 2005).

Predictor	Definition*	OT Practice Example
Student Skills		
Travel Skills	Travel independently outside the home (e.g., school, local store, neighbor's house).	**Occupation of Driving & Community Mobility** *Evaluate participation:* Assess environments (e.g., classroom, school, community) and determine obstacles or barriers to functional mobility and travel. *Promote participation:* Create opportunities for student(s) to safely apply learned skills in context. ● Remove barriers that hinder community mobility, navigation, and personal safety. ● Contribute to emergency evacuation plans ● Engage in interprofessional discussions regarding student's functional mobility needs (e.g., wheeled mobility, accommodations, bus transportation, in ear coaching). *Evaluate and promote performance:* Assess student's ability to plan and move around the classroom, school, and community. ● Determine student's pre-driving life skills including their ability to "independently navigate familiar surroundings, cross busy streets, and interact with strangers" (Monahan & Classen, 2019, p. 439). Ensure they can "prioritize, sequence, organize, and attend to complex tasks…, evaluate an emergency situation…, and determine which resources, strategies, and steps are needed to manage the emergency" (p. 439). ● Examine use of public or private transportation, such as driving, walking, bicycling, or accessing and riding in buses, taxi cabs, ride shares, or other transportation systems. ● Refer students to a driver rehabilitation specialist when appropriate. ● Co-lead a community mobility course
Youth Autonomy/ Decision-Making	"The degree to which a person acts according to their own preferences, interests, and abilities and taking a leadership role in the transition planning process" (Mazzotti et al., 2020, p. 13)	**Choosing meaningful occupations to participate, enjoying the autonomy to choose, and following through on plans to engage.** *Promote participation:* Engage student and create opportunities by building a connection; listening; structuring activities to include student interests; providing choice and control; applying therapeutic use of self during interaction; helping student feel successful; helping student understand, explore, and discover; and responding to student disengagement (D'Arrigo et al., 2020),

Predictor	Definition*	OT Practice Example
Career Development		
Career Awareness	Learning about opportunities, education, & skills needed in various occupational pathways to choose a career that matches one's strengths & interests.	**OTP as a lead or member of the Interprofessional Collaborative Team** ● Developing curriculum ● Differentiating programming ● Universal screening of work capacity (e.g., Fit4Work) ● Selecting assessments that capture career interests, strengths, and skills to develop (e.g., VocFit) ● Co-leading career exploration and entrepreneurial classes ● Co-leading sessions for portfolio development ● Focus on enhancing work study programs in high school (e.g., work skills instruction and experiences to develop work attitudes and behaviors) ● Seeking opportunities for student volunteering, micro-volunteering, mentoring, leading, and acquiring work readiness and experience ● Scaffolding career development across the grades & matching interests with events or activities (e.g., classroom helper, school greeter, set designer, usher, attendant, classroom helper, media worker, library aid, playground cart manager) ● Supporting students to enter and maintain employment
Career Technical Education	A sequence of courses that prepares students for a specific job or career at various levels from trade or craft positions to technical, business, or professional careers.	
Occupational Courses	Individual courses that support career awareness, allow or enable students to explore various career pathways, develop occupational specific skills through instruction, and experiences focused on their desired employment goals.	
Paid Employment/ Work Experience	Paid employment can include existing standard jobs in a company or organization or customized work assignments negotiated with the employer, but these activities always feature competitive pay (e.g., minimum wage) paid directly to the student by the employer. Work experience is any activity that places the student in an authentic workplace, and could include: work sampling, job shadowing, internships, apprenticeships, and paid employment.	
Work Study	A specified sequence of work skills instruction and experiences designed to develop students' work attitudes and general work behaviors by providing students with mutually supportive and integrated academic and vocational instruction.	

Guidelines for Occupational Therapy in Connecticut Schools: Section 1 Occupational Therapy in Schools

Predictor	Definition*	OT Practice Example
Collaborative Systems		
Interagency Collaboration	A clear, purposeful, and carefully designed process that promotes cross agency, cross program, and cross disciplinary collaborative efforts leading to tangible transition outcomes for youth.	**OTP as a lead or member of the Interprofessional Collaborative Team** ● Build connections with community resources for wrap-around, bridging, or transfer of services. ● Adhere to exchanges that are welcoming, culturally sensitive, and facilitate trust. ● Educate others on the scope of practice and role of the occupational therapy practitioner in the school setting. ● Contribute to career counseling, including working with students to obtain help finding a job, training for job skills, and acquiring vocational education services. ● Provide strategies for differentiating instruction to best meet student' needs. ● Work with students in developing transition planning skills to help them assess options and strategies for transitioning to adult life.
Parent Expectations	"Parents expressing expectations for their child" for post school outcomes (e.g., " to gain paid work after high school" [Mazzotti et al., 2020, p. 12]).	
Parental Involvement	Parents /families/guardians are active and knowledgeable participants in all aspects of transition planning (e.g., decision-making, providing support, attending meetings, and advocating for their child).	
Student Support	A network of people (e.g., family, friends, educators and adult service providers) who provide services and resources in multiple environments to prepare students to obtain their annual transition and postsecondary goals aligned with their preferences, interests, and needs.	
Transition Program	Prepares students to move from secondary settings (e.g., middle school/high school) to adult-life, utilizing comprehensive transition planning and education that creates individualized opportunities, services, and supports to help students achieve their post-school goals in education/training, employment, and independent living.	

Predictor	Definition*	OT Practice Example
Policy		
Exit Exam Requirements	Include standardized state tests, assessing single content area (e.g., algebra, English) or multiple skill areas, with specified levels of proficiency that students must pass to obtain a high school diploma.	**OTP as a lead or member of the Interprofessional Collaborative Team** ● Provide recommendations to differentiate general education instruction for different learners. ● Embed occupational therapy services in the general education setting. ● Engage in Diversity, Equity, and Inclusion initiatives to also address justice, accessibility, and belonging to equitably support all learners and promote inclusive environments. .
Inclusion in General Education	Requires students with disabilities to have access to general education curriculum and be engaged in regular education classes with peers without disabilities.	
Program of Study	An individualized set of courses, experiences, and curriculum designed to develop students' academic and functional achievement to support the attainment of students' desired post-school goals.	

*Note. Unless otherwise noted, definitions are from https://portal.ct.gov/-/media/SDE/ESSA-Evidence-Guides/Early_Skills_and_Predictors_of_Academic_Success and https://transitionta.org/wp-content/uploads/docs/Predictor_Self-Assessment2.0_10-08-2021_Final.pdf [1] Table expanded upon and adapted from work published by Carlson Carroll & Schwind, 2023.

Guidelines for Occupational Therapy in Connecticut Schools: Section 1 Occupational Therapy in Schools

Historical Timeline that Shaped Education, Special Education Services, & School Occupational Therapy Services

Below, you'll find a list of historical events accompanied by concise explanations of their significance in the context of children's education and school occupational therapy services.

Year	Event	Why This Event Matters
1800	Children with disabilities had no legal right to education. Often remained home or placed in an institution	**Labeling.** Children with disabilities were not recognized as equal citizens and were often labeled with derogatory terms
1817	William Gallaudet formed the 1st school for the Deaf in the US in Hartford, CT	**Education Pioneer.** Set the stage for special education as a field and established the importance of accessible education tailored to the specific needs of children with disabilities
1831	Samuel Gridley Howe opened the Perkins School for the Blind in Boston, MA	**Inclusion Advocacy.** Challenged societal perceptions of disability and promoted the idea of inclusion. Also became a significant center in the training of teachers in special education
1935	Children with orthopedic or neurological impairments attended schools through the Maternal and Child Health Program of the Social Security Act: Cripple Children's Services federal grant	**Traditional Pediatric Therapy.** Children were eligible to receive occupational therapy services through a traditional medical model approach aimed to restore or minimize the impact of the child's disability
1954	Brown v. Board of Education of Topeka, a landmark Supreme Court case banning racial segregation in public schools stating that "separate educational facilities are inherently unequal".	**Advocacy for Education Equality.** Established precedent in recognizing that education is crucial for the basic development of citizens. Indirectly influenced families, educators, and advocates in challenging state and federal governments for equal educational opportunities and access for children with disabilities

Year	Event	Why This Event Matters
1972	P.A.R.C. v. Commonwealth of Pennsylvania held that a state law that allowed schools to exclude children who had not reached a "mental age of five years" prior to enrollment in first grade to be unconstitutional. Mills v. Board of Education of District of Columbia held that students with mental, behavioral, physical, or emotional disabilities cannot be denied a free appropriate public education with necessary services to be successful; schools could no longer use the excuse that they did not have sufficient funding to educate students	**FAPE.** Initial court cases that lead to the pressure of developing federal laws guaranteeing a free appropriate public education for all children
1973	Passage of Section 504 of the Rehabilitation Act: "no otherwise qualified handicapped individual in the United States . . . shall solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any activity receiving Federal financial assistance" (Section 504, 29 U.S.C. § 794[a])	**Disability Rights.** Provided comprehensive civil right protections and laid the groundwork to ensure equal access to education and to prohibit discrimination against children with disabilities in federally funded programs.
1975	Education for All Handicapped Children Act of 1975 (PL 94-142) to provide federal funds to states for the education of children with disabilities, ages 3-21 years old Prior to 1975, only 20% of children with disabilities received special education.	**PL 94-142.** Strengthened the rights of children with disabilities to receive a free appropriate public education emphasizing an individualized education program. Occupational therapy practitioners, as related service providers and members of the IEP team, shifted their thinking to an educational model along with a medical model in their practice.
1983	A Nation At Risk was published defining the problems in US education and offering solutions	**A Nation At Risk.** Provided recommendations for education reform including improved teacher preparation, higher standards, and increased academic rigors for all.

Guidelines for Occupational Therapy in Connecticut Schools: Section 1 Occupational Therapy in Schools

Year	Event	Why This Event Matters
1986	Education for Handicapped Children amended (PL 99-457) which authorized an early intervention program for children birth to age 2 years under Part C	**Early Intervention.** Occupational therapy practitioners, as part of an early intervention team, help families and their children with developmental delay from birth to 2 years old (up to their 3rd birthday). The Individualized Family Service Plan includes steps for transitioning the child to Part B services when they turn 3 years old, if needed.
1988	Congress passed the Medicare Catastrophic Coverage Act that authorized schools to seek Medicaid reimbursement for health services provided to students enrolled in Medicaid and specified in the student's IEP under IDEA.	**Medicaid Funds.** For districts seeking Medicaid cost recovery, occupational therapy practitioners were now required to complete additional documentation for Medicaid.
1990	The Education for Handicapped Children Act was renamed the Individuals with Disabilities Education Act (IDEA; PL 101-476). IDEA expanded special education services to children up to 21 years old, included new eligibility categories for autism and traumatic brain injury, added assistive technology as a related service, and made it mandatory for every student to have a transition plan for post-school environments by their 16th birthday.	**IDEA.** Occupational therapy practitioners, as related service providers, work closely with IEP teams to improve learning and school activities for students with autism and traumatic brain injury. They also play an active role in assisting high school students with their transition to adult services. Furthermore, occupational therapy practitioners address students' assistive technology needs, ensuring that technology was effectively utilized to support their education.
1996	CT Supreme Court ruled in favor of plaintiffs in Sheff v. O'Neill, stating that the state was responsible for providing equal educational opportunities for all students. CT was ordered to take affirmative action to reduce racial and ethnic isolation in Hartford schools. Resolution included the development of Magnet Schools and school choice initiatives.	**Educational Equity & Desegregation.** Occupational therapy practitioners as educational team members support efforts to address educational disparities and create more equitable learning environments to address all learners.
1997	IDEA amendments of 1997 emphasized access to the general education curriculum, gave authority to states to extend the eligibility category of developmental delay up to age 9 years, and parents were also provided an opportunity to resolve disputes through a mediation process.	**Contextual Services.** For occupational therapy services, a greater emphasis occurs toward integrated push-in services versus pull-out services, an increased focus on collaboration with IEP team members (which includes the child's parents, teacher, related service providers, and administrator), and involvement in transition planning for toddlers with disabilities entering school.

Year	Event	Why This Event Matters
2001	The No Child Left Behind Act of 2001 (NCLB; PL 107-110) increased accountability while raising the educational achievement of all students, including those students with disabilities	**NCLB.** Occupational therapy practitioners contemplate their role in supporting programming for all students including educating teachers and staff and providing resources.
2004	The 2004 reauthorization of the Individuals with Disabilities Education Act (IDEA; P.L. 108-446) had greater alignment with NCLB and emphasized high quality instruction and scientific research-based interventions. All students with disabilities were included in district-wide and state-wide assessments with alternate assessments for students with persistent academic disabilities. Transition services were newly defined and included postsecondary education, employment, independent living, and community participation for a student who turns 16 years of age. Early intervening services were available to students who have not been identified as needing special education yet appeared to need additional academic and behavioral support to succeed	**Response to Intervention.** Occupational therapy practitioners provide support in the tiered systems of scientific research-based intervention (SRBI) and positive behavioral interventions and supports (PBIS) including early intervening services and transition services with an emphasis on preparing students with disabilities for further education and training, employment, independent living, and community living. Given occupational therapy practitioners' "knowledge and skills in the biological, physical, social, and behavioral sciences", they are in an excellent position to support general educators implementing core general education practices and targeted interventions (AOTA], 2011, p. 1). Additionally, they are in an excellent position to provide targeted interventions, where appropriate. Administrators call upon school practitioners to support general educators and/or support students at-risk.
2008	Section 504 of the Rehabilitation Act of 1973, as amended (504; P.L. 93-112) Defined disabilities more broadly than IDEA (AOTA, 2004). This civil rights law prevents disability discrimination and denial of access to a free appropriate public education including learning, school, and extracurricular activities.	**504 Civil Rights.** Occupational therapy practitioners, as members of the building team, recommend accommodations, adaptations to the learning environment, and/or services (so the student with a disability or suspected of having a disability can access learning, school, and extracurricular activities (AOTA, 2007).

Guidelines for Occupational Therapy in Connecticut Schools: Section 1 Occupational Therapy in Schools

Year	Event	Why This Event Matters
2014	Free Care Rule: CMS reversed policy to allow schools to seek reimbursement for health services beyond those required in an IEP.	**Medicaid Expansion.** CT shifted their practice to include not only Medicaid cost recovery of health services provided in IEPs but also 504 plans. Occupational therapy practitioners must complete additional Medicaid documentation for the added number of students.
2015	Every Student Succeeds Act is signed into law replacing NCLB	**ESSA.** Occupational therapy practitioners are recognized as specialized instructional support personnel (SISP) to support programming for all students through Multi-Tiered Systems of Support.
2017	IDEA de minimis ruling by the Supreme Court in the case of Endrew F. v. Douglas County School District	**Standard for a Free Appropriate Public Education.** Schools must offer an IEP that is reasonably calculated to enable a student to make progress appropriate in light of the student's circumstances. That is, the educational program must be ambitious and aimed at significant progress, not just minimal or trivial advancements.

References

American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed.). *American Journal of Occupational Therapy, 74*(Suppl. 2), 7412410010. https://doi.org/10.5014/ajot.2020.74S2001

Angell, A., Carroll, T. C., Bagatell, N., Chen, C., Kramer, J., Schwartz, A., Tallon, M., & Hammel, J. (2019). Understanding self-determination as a crucial component in promoting the distinct value of occupational therapy in post-secondary transition planning. *Journal of Occupational Therapy, Schools, & Early Intervention. 12*. 1-15. 10.1080/19411243.2018.1496870.

Arnaud, L. M., & Gutman, S. A. (2022). Supporting literacy participation for underserved children: A set of guidelines for occupational therapy practice, *Journal of Occupational Therapy, Schools, & Early Intervention, 15*(2). 111-130, DOI: 10.1080/19411243.2021.1934234

Cahill, S. M., & Beisbeir, S. (2020). Practice Guidelines—Occupational therapy practice guidelines for children and youth ages 5–21 years. *American Journal of Occupational Therapy, 74*, 7404397010. https://doi.org/10.5014/ajot.2020.744001

Carlson Carroll, T., & Schwind, D. (2023). Evidence-based predictors of post-school success. *OT Practice, 28*(8). 31-34.

Challita, J., Chapparo, C., & Hinitt, J. (2019a). Patterns of social skill difficulties in young children with reduced social competence: Parent and teacher perceptions. *Journal of Occupational Therapy, Schools, & Early Intervention, 11*(3). 298-310, DOI: 10.1080/19411243.2019.1590752

Chalitta, J., Hinitt, J., & Heard, R. (2019b). Patterns of cognitive strategy use common in children with reduced social competence derived from parent perceptions. *Australian Occupational Therapy Journal, 66*. 500-510. DOI: 10.1111/1440-1630.12574

Chapparo, C. (2017). Perceive, recall, plan and perform. In Rodger, S., & Kennedy-Behr, A. (Eds). (2017). *Occupation-centered practice with children* (2nd ed.). Hoboken, NJ: Wiley Blackwell.

Crabtree, L. A., Watson, L. (2019). Best practices in enhancing social participation. In G. Frolek Clark, J. Rioux, & B. Chandler (Eds.). (2019). *Best practices for occupational therapy in schools* (2nd ed.). Bethesda, MD: AOTA Press.

D'Arrigo, R. G., Copley, J. A., Poulsen, A. A., & Ziviani, J. (2020). Strategies occupational therapists use to engage children and parents in therapy sessions. *Australian Occupational Therapy Journal, 67*:537–549. https://doi.org/10.1111/1440-1630.12670

Every Student Succeeds Act of 2015, Pub. L. No. 114-95 § 114 Stat. 1177.

Fischer U., Suggate S. P., Schmirl J., & Stoeger H. (2018). Counting on fine motor skills: links between preschool finger dexterity and numerical skills. *Developmental Science, 21*. e12623. https://doi.org/10.1111/desc.12623

Frolek Clark, G. (2016). The occupations of literacy: Occupational therapy's role, *Journal of Occupational Therapy, Schools, & Early Intervention, 9*(1), 27-37, DOI: 10.1080/19411243.2016.1152835

Frolek Clark, G., Rioux, J., & Chandler, B. (Eds.). (2019). *Best practices for occupational therapy in schools* (2nd ed.). Bethesda, MD: AOTA Press.

Geertsen, S. S., Thomas, R., Larsen, M. N., Dahn, I. M., Andersen, J. N., Krause-Jensen M., et al. (2016) Motor skills and exercise capacity are associated with objective measures of cognitive functions and academic performance in preadolescent children. *PLoS ONE 11*(8): e0161960. doi:10.1371/journal. pone.0161960

Grajo, L., Candler, C., Bowyer, P., Schultz, S., & Thomson, J. (2018). The clinical and classroom utility of the inventory of reading occupations: An assessment tool of children's reading participation. *The Open Journal of Occupational Therapy, 6*(2). https://doi.org/10.15453/2168-6408.1440

Individuals with Disabilities Education Improvement Act of 2004, 34 CFR § 300 *et seq.* (2004).

Keller, J., Kafkes, A., Basu, S., Federico, J., & Kielhofner, G. (2005). *The Child Occupational Self Assessment (COSA) (Version 2.1)*. Chicago: University of Illinois College of Applied Health Sciences, Department of Occupational Therapy, MOHO Clearinghouse.

Lutman, A., & Funkhouser, E. (2019). Group discussion: Helping kids plan their transition to middle school. *OT Practice, 24*(9), 24-26.

Macdonald, K., Milne, N., Orr, R., & Pope, R. (2020). Associations between motor proficiency and academic performance in math and reading in year 1 school children: A cross-sectional study. BMC Pediatrics, 20: 69. https://doi.org/10.1186/s12887-020-1967-8

Mazzotti, V. L., Rowe, D. A., Kwiatek, S., Voggt, A., Chang, W-H., Fowler, C. H., Poppen, M., Sinclair, J., & Test, D. W. (2020). Secondary transition predictors of postschool success: An update to the research base. *Career Development and Transition for Exceptional Individuals.* DOI: 10.1177/2165143442095979 3

Monahan, M., & Classen, S. (2019). Best practices in driver's education to enhance participation. In G. Frolek Clark, J. Rioux, & B. Chandler (Eds.). (2019). *Best practices for occupational therapy in schools* (2nd ed.). Bethesda, MD: AOTA Press.

National Technical Assistance Center on Transition: The Collaborative. (2021). *Predictor implementation school/district self-assessment.* Retrieved from https://transitionta.org/wp-content/uploads/docs/Predictor_Self-Assessment2.0_10-08-2021_Final.pdf

Rehabilitation Act of 1973, as amended 29 U. S. C. § 794 (2008).

Schoonover, J., & Press, M. (2019). Best practices in the use of assistive technology to enhance participation. In G. Frolek Clark, J. Rioux, & B. Chandler (Eds.). (2019). *Best practices for occupational therapy in schools* (2nd ed.). Bethesda, MD: AOTA Press.

Smith, M. N., & Douglas, R. R. (2022). The role of school-based occupational therapy practitioners in providing tier 1 services to enhance sensory processing and self-regulation strategies within the classroom. *Journal of Occupational Therapy, Schools, & Early Intervention*. DOI: 10.1080/19411243.2022.2129904

Strong, K., Wolff, M., Meier, C., Bublitz, S., Geboy, S., Myers, S., & Szczech Moser, C. (2018). Occupational therapy and literacy, *Journal of Occupational Therapy, Schools, & Early Intervention, 11*(4). 485-511, DOI: 10.1080/19411243.2018.1558523

Thompson, R. M., & Johnston, S. (2013). Use of social stories to improve self-regulation in children with autism spectrum disorders, *Physical & Occupational Therapy In Pediatrics, 33*(3). 271-284, DOI: 10.3109/01942638.2013.768322

LAWS AND POLICIES
Section 2

Learning Objectives
Readers will gain a better understanding of:

◆ Operational definitions of laws, policies, and more
◆ Key laws and regulations relevant to school practice
◆ Common terminology in school practice

Responsibility
The information provided in this chapter on laws and policy is intended for general informational purposes for practitioners within the state of Connecticut. Laws and regulations are subject to change frequently, and at times drastically. It is the reader's responsibility to verify the current status and applicability of any laws, regulations, or policies mentioned in this chapter. We recommend consulting with your district supervisors, staying connected to national occupational therapy practice updates, and any additional relevant authority for the most up-to-date information.

Definitions: Laws, Policies, & More
Public education is shaped by a combination of federal and state education laws, regulations, guidance, policies, and other factors. For school occupational therapy practitioners, it is important to understand how these various components work together to establish best practices in education (see Fig. 2.1).

Fig. 2.1. Navigating School Practice
Multiple components interact, creating a framework that guides actions and decisions.

Laws and Regulations

Laws (i.e., federal legislation and state statutes) are rules created by the federal and state legislature that guide actions taken by society. Oftentimes, laws will grant administrative agencies (e.g., U.S. Department of Education, CSDE) the authority to develop regulations, which detail requirements under the law. Administrative agencies develop proposed regulations, which are put out for public notice and comment. Following the public comment period, agencies release the final regulations for their implementation.

Federal laws and regulations, generally speaking, supersede state law and regulations. That is, federal laws and regulations prevail over any state laws and regulations. When permitted under federal law, states can set a different, higher standard than the one stated in the federal law. For example, the IDEA 2004 states a timeline for completing initial evaluations; states, however, may establish their own timeline. Furthermore, state laws and regulations can grant rights or dictate requirements *in addition* to any set by federal laws and regulations. Laws and regulations pertinent to Connecticut practice will be detailed beginning on page four of this chapter.

Policies

Administrative agencies also adopt policies, often designed to explain an agency's view on specific issues or influence actions taken by its constituents. Like guidance documents, policies do not have any legal authority or impose requirements beyond those required under applicable federal or state law. The Connecticut State Board of Education has adopted several policies (i.e., "position statements") that address various topics. Please see the CSDE website for more information.

In addition, school districts adopt policies and procedures, which often include processes by which the district will implement federal and state legal requirements. Practitioners should familiarize themselves with the policies and procedures of the district(s) in which they work. Furthermore, practitioners may contact district administration to see how they may contribute their expertise to developing district policies and procedures and school-wide and district-wide initiatives. Please see the **Collaboration** section for further information on how practitioners can support this work.

Standards

Federal and state educational standards are guidelines or frameworks that outline the knowledge and skills that students are expected to master at various grade levels. These standards serve as benchmarks for what students should know and be able to do by the end of each academic year or grade level. While federal standards provide a broad framework for educational expectations across the country, Connecticut state standards offer specificity and customization tailored to the needs of the local population. Both federal and state standards play crucial roles in guiding curriculum development, assessment, and instructional practices in our schools. Additionally, they serve as a basis for accountability measures, such as standardized testing, to ensure that students are meeting expected levels of proficiency. Knowledge of education standards enables school occupational therapists to make data-driven decision making, align their therapy goals, integrate their services into the broader educational context, collaborate effectively with educators, and

ensure that their interventions are aligned with the academic needs of students. This ultimately contributes to more comprehensive and impactful student learning and development support. While Common Core Standards provide a set of national standards, education is primarily a state and local responsibility in the United States. As such, adoption and implementation of Common Core standards vary from state to state, and states may choose to supplement or modify the standards better to meet the needs of their students and communities. To learn more about Connecticut state standards, please visit [Connecticut Core Standards](#).

Guidance

Administrative agencies often create guidance documents to provide detailed information and implementation considerations regarding regulatory responsibilities. These non-regulatory guidance documents do not impose any requirements beyond those required under applicable federal or state laws and regulations. The CSDE has created several guidance documents addressing an array of topics. For guidance documents specific to special education, please see the [CSDE](#) website.

Professional Resources

National professional associations, such as the American Occupational Therapy Association (AOTA), produce resources for professionals to promote best practices in implementing client services. AOTA offers a variety of resources for therapists, including the Occupational Therapy Code of Ethics, which helps guide our practices no matter the setting. Other resources are designed for colleagues and families to enhance their knowledge of the profession and how the profession can assist. To learn more about AOTA's school practice resources and to review the Code of Ethics, please see the AOTA webpage, *School Practice* & *Code of Ethics*.

Initiatives

The federal government plays a significant role in shaping education policy and providing funding and support to states, school districts, and educational institutions to improve educational opportunities and outcomes for all students. The practitioner's understanding of federal, state, and district initiatives is critical to aligning their practice methods, ensuring alignment with organizational goals, complying with requirements, supporting student success, allocating resources effectively, communicating and collaborating with stakeholders, and contributing to continuous improvement efforts. At the federal level, the President of the United States often puts forth educational initiatives. These initiatives can vary widely depending on the administration's priorities, policy agenda, and prevailing challenges in the education sector. Examples of such initiatives include the No Child Left Behind (NCLB) Act signed into law by President George W. Bush in 2002 and the First Lady's Let's Move! Initiative led by First Lady Michelle Obama. During the 2020 COVID-19 pandemic, Governor Lamont established the Everyone Learns Initiative to provide all Connecticut learners with digital access to learning.

Laws & Regulations Relevant to School Practice

All students are entitled to a free, appropriate public education. The Every Student Succeeds Act (ESSA, 2015) ensures equitable access to quality education for all students, regardless of their background or abilities. Section 504 of the Rehabilitation Act prohibits discrimination based on disability in public education. The Individuals with Disabilities Education Act (IDEA, 2004) requires that students with educational disabilities receive the necessary services and accommodations to support their learning and development. These laws lay the groundwork for inclusive educational environments and accessibility. Occupational therapy practitioners must uphold these laws to ensure that every student has the opportunity to succeed academically, socially, and emotionally.

Fig. 2.2. Circle of Rights

Source: U.S. Department of Ed., 2003.
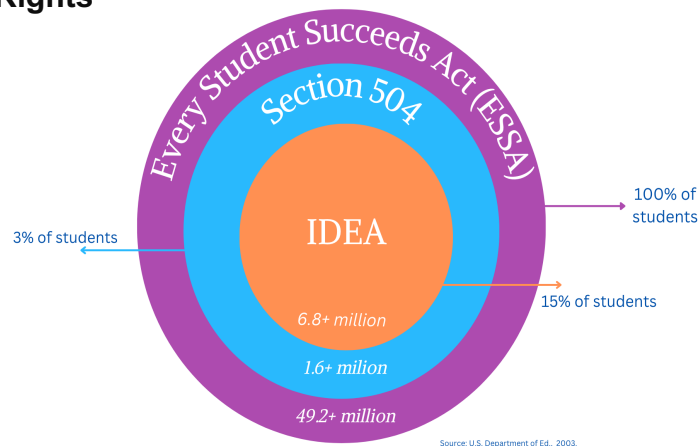
Key education laws and regulations guide the delivery of school occupational therapy services. Below is a summary of some important laws and regulations, though this list is not exhaustive. For a thorough understanding and to inform decision-making, refer to the full text of these laws and regulations.

Privacy Law
Family Educational Rights and Privacy Act

The purpose of the Family Educational Rights and Privacy Act (FERPA) and its corresponding regulations is to protect the privacy of parents and students. Generally, protection under FERPA transfers from parents to students at age 18 (34 CFR § 99.3(a)(5)). In the case of a divorce, separation, or custody dispute, both parents retain their FERPA rights unless a court order or other legally binding document that revokes these rights is presented (34 CFR § 99.4).

FERPA and its corresponding regulations apply to educational agencies and institutions that receive federal funds. The FERPA regulations, at 34 CFR Part 99, address access to and the disclosure, release, and transfer of educational records. The Family Policy Compliance Office at the U.S. DOE enforces FERPA.

Connecticut schools adhere to FERPA regulations by implementing the following measures:

1. **Establishing FERPA Policies**: Develop and maintain clear policies and procedures outlining how they will protect the privacy of students' educational records according to FERPA regulations.
2. **Staff Training**: Provide regular training to school staff, including teachers, administrators, and support personnel, on FERPA requirements and the proper handling of students' educational records.
3. **Access Control**: Limit access to students' educational records to authorized school personnel, with protocols in place to ensure confidentiality.
4. **Parental Consent**: Obtain written consent from parents or eligible students before disclosing any personally identifiable information from educational records, except in cases where FERPA allows disclosure without consent.
5. **Data Security Measures**: Implement appropriate data security measures to protect students' educational records from unauthorized access, including secure storage and transmission of sensitive information.
6. **Annual Notification**: Provide annual notification to parents and eligible students about their rights under FERPA, including the right to review and request amendments to educational records.
7. **Compliance Oversight**: Designate a responsible official or office to oversee FERPA compliance within the school or district and handle inquiries and requests related to educational records.

Terminology introduced under FERPA
Personally Identifiable Information Protected
Except in certain circumstances, before a school can disclose personally identifiable information from a student's record, it must secure written consent from the parents or eligible student (34 CFR § 99.30). One exception permits disclosure to school officials, including teachers who have been determined by the district to have legitimate educational interests (34 CFR § 99.31). Another exception concerns the transfer of student records when a student enrolls in a new school district.

CGS §10-220h requires the student's new school district to provide written notification of the student's enrollment to the student's previous school district. Upon notification, the student's previous school district shall transfer the student's education records no later than ten days. Timely transfer of the education records of a student with a disability is critical to the student's educational progress.

"Because FERPA affords adequate privacy protections for student information", the U.S. DOE has determined "records protected by FERPA are not subject to the Health Insurance Portability and Accountability Act of 1996" (AOTA, no date, para 1).

Right to Inspect and Review Educational Records

FERPA gives parents and eligible students the right to inspect and review the student's education records or to receive a copy of the requested records if circumstances effectively prevent them from inspecting or reviewing the records (34 CFR § 99.10). Connecticut state special education regulations entitle these individuals to one free copy of the requested record, which the school must send within five school days of a written request for the copy (RCSA § 10-76d-18(b)(2).

Right to Request an Amendment to Educational Records

Parents and eligible students may request an amendment to the student's records if they believe that information in them is inaccurate, misleading or violates the student's right to privacy. If the district refuses, it must inform the parties seeking the amendment of their right to a hearing. If the hearing officer rules in favor of the parties requesting the amendment, the district must amend the records accordingly and inform the party of the amendment; otherwise, the parties may place a statement concerning the contested information in the record and this statement must be disclosed along with the records under the disclosure provisions of the law (34 CFR § 99.21).

For more information on FERPA, please visit the U.S. DOE website, *Family Educational Rights and Privacy Act (FERPA)*; the Connecticut Confidentiality Provisions of FERPA; and Connecticut's Data Privacy and Security Website. Please see the **Documentation** section for further information on FERPA as well as record keeping.

General Education Law
Every Student Succeeds Act (ESSA)

Every Student Succeeds Act (ESSA) is a federal education law in the United States. It was signed into law by President Barack Obama on December 10, 2015, and it replaced the previous education law, the No Child Left Behind Act (NCLB). ESSA reauthorized the Elementary and Secondary Education Act (ESEA), which is the main federal law governing K-12 education.

The primary goal of ESSA is to ensure that all students have access to a high-quality education that prepares them for success in college, career, and life. It provides states with more flexibility in designing their own education systems while holding them accountable for improving student outcomes. ESSA emphasizes the importance of equity and requires states to address the needs of historically disadvantaged students, such as students from low-income families, English learners, and students with disabilities (Every Student Succeeds Act, 2015).

Key provisions of ESSA
State Accountability
States are required to develop and implement accountability systems that include academic standards, assessments, and goals for student achievement. The law allows states to design their systems while focusing on closing achievement gaps and ensuring that all students are making progress.

School Improvement
ESSA supports low-performing schools, including those with consistently underperforming subgroups of students. It requires states to identify and intervene in schools that are struggling to meet their students' needs.

Teacher Quality
The law requires states to report on the qualifications of teachers and provides funding for professional development and training programs to improve teacher effectiveness.

Assessments
ESSA requires annual statewide assessments in English language arts and math for students in grades 3-8 and once in high school. However, it gives states more flexibility in designing their assessment systems, allowing for multiple measures of student learning.

Early Childhood Education
The law includes provisions to support early childhood education, including the Preschool Development Grants program, which provides funding to expand access to high-quality preschool programs.

English Learners
ESSA strongly emphasizes supporting English learners by providing resources and guidance to help them succeed academically.

Overall, ESSA aims to give states and local education agencies more flexibility in decision-making while focusing on improved educational outcomes for all students, particularly those traditionally underserved.

Terminology introduced under ESSA
Specialized Instructional Support Personnel (SISP)
Refers to (i) school counselors, school social workers, and school psychologists; and (ii) other qualified professional personnel, such as school nurses, speech-language pathologists, and school librarians, involved in providing assessment, diagnosis, counseling, educational, therapeutic, and other necessary services (including **related services** as that term is defined in section 602 of the Individuals with Disabilities Education Act (20 USC 1401)) as part of a comprehensive program to meet student needs. (P.L. 114-95, sec. 8002 (47).

- Occupational therapy practitioners are Specialized Instructional Support Personnel (SISPs) under ESSA.
- SISPs should actively participate in state, local, and school planning activities, as well as school interventions and supports.

- Through collaboration with school personnel, students, and parents, SISPs support the needs of all students.
- This collaboration involves addressing barriers, ensuring favorable learning conditions, and supporting overall physical and mental wellness (NASISP, 2024).

For more information, at the federal level, please see the U.S. DOE's ESSA website; at the state level, please see the CSDE's Consolidated Plan website.

Multi-Tiered Systems of Support (MTSS)

A framework designed to "provide a continuum of universal, targeted, and individualized interventions to support improved academic, mental health, and behavioral outcomes for all students" (NASISP, 2024, p. 3). Might include the following multi-level prevention systems:

- Positive Behavioral Interventions and Supports (PBIS)
- Response to Intervention (RtI), known as Scientifically Research-Based Interventions (SRBI) in Connecticut
- Early Intervening Services (EIS)

Multi-Tiered Systems of Support
Providing a continuum of programming & support to meet the needs of ALL students
Academic • Social • Emotional • Behavioral • School Completion • College & Career Readiness

✓ Universal Screening
✓ Progress Monitoring
✓ Data-Based Decision-Making
✓ Multi-Level Prevention System
✓ School Infrastructure &. Support Mechanisms

TIER 1 ALL STUDENTS

TIER 2 SOME STUDENTS

TIER 3 FEW STUDENTS

Targeted Supports Prevent risk factors from advancing

Universal Supports Promote success & prevent problems

Intensive Supports Intervene to address student need

Civil Rights Law
Section 504 of the Rehabilitation Act of 1973

Section 504 of the Rehabilitation Act of 1973 (Section 504) is a broad federal civil rights law that prohibits discrimination based on disability by programs that receive federal funds. Section 504 applies to preschool, elementary, and secondary schools that receive federal funds. One of the law's many protections calls for accommodations and services for PK-12 students with disabilities to ensure their equal opportunity to participate in all academic and extracurricular school programs.

The Office for Civil Rights (OCR) at the U.S. DOE enforces Section 504 with programs that receive funding from the U.S. DOE. School districts must have a Section 504 Coordinator, who oversees the district's Section 504 policies, procedures, practices, and service delivery.

Terminology introduced under Section 504
Student with a Disability
A person who has a physical or mental impairment that substantially limits one or more major life activities, who has a history or record of such an impairment, or who is regarded by others as having such an impairment 29 USC § 705(9)(B); 42 USC § 12102(1).

A person's physical or mental impairment does not need to "prevent or severely or significantly restrict a major life activity to be considered substantially limiting" (OCR, no date, p. 4). School districts define the term "substantially limits." School districts cannot consider mitigating measures such as medications, prosthetic devices, or assistive devices (except for ordinary eyeglasses or contact lenses) when determining if an impairment is substantially limiting. Additionally, a student with an impairment that is episodic or in remission but would substantially limit a significant life activity when active is considered a student with a disability. In contrast, a student with an impairment that is "transitory (meaning it has an actual or expected duration of six months or less) and minor" is not considered a student with a disability (OCR, no date, p. 4).

Major Life Activities
Includes walking, seeing, hearing, speaking, learning, reading, writing, performing math calculations, working, caring for oneself, and performing manual tasks (29 USC § 706(8)(B)). Learning is one of many major life activities the Section 504 Team should consider when determining if a student has a disability under Section 504 and the ADA (OCR, no date, p. 6). The team must evaluate how an impairment substantially limits any significant life activity for the student and, if necessary, determine what accommodations or services the student needs to have an equal opportunity to participate in academic and extracurricular school programs (OCR, no date, p. 6).

For more information on eligibility under Section 504, please see the OCR publication, *Questions and Answers on the ADA Amendments Act of 2008 for Students with Disabilities Attending Public Elementary and Secondary Schools*.

Guidelines for Occupational Therapy in Connecticut Schools: Section 2: Laws & Policies

Free Appropriate Public Education (FAPE)

Is "the provision of regular or special education and related aids and services that are designed to meet individual educational needs of persons with disabilities as adequately as the needs of persons without disabilities are met" at no cost (34 CFR § 104.33(b)(1)). Special education and related services under Section 504 are defined using the definitions under the IDEA 2004. Please see pg. 13 of this chapter for additional information on FAPE, as Section 504 and IDEA mirror each other.

Occupational therapy is one of many related services recognized under Section 504 and can be provided as a sole service, where necessary. In addition to services for the student, school occupational therapy services under Section 504 can include consultation with other educational professionals, training for families, and adaptations to different environments within the school (e.g., classroom, cafeteria, playground, restrooms).

Accommodations and services provided must be equal to those afforded to typical students. They must be as effective in affording students with disabilities an equal opportunity to obtain the same result, gain the same benefit, or reach the same level of achievement as their typical peers. This includes an equal opportunity to participate in all academic and extracurricular school programs.

The FAPE definition also requires school districts to adhere to Section 504's regulatory procedural requirements (e.g., evaluation, placement, procedural safeguards). The provision of FAPE, therefore, requires both appropriate services and compliance with procedural requirements.

For more information on the provision of FAPE under Section 504, please see the OCR publication, *Free Appropriate Public Education for Students With Disabilities: Requirements Under Section 504 of The Rehabilitation Act of 1973*.

The Section 504 Team

The Section 504 Team is a group of persons who are knowledgeable about the student, understand the evaluation data, and are familiar with placement options (34 CFR § 104.35(c)). It is recommended the team include:

- The student's parent(s)[1];
- The student's teacher(s);
- Support services personnel (e.g., special educator, psychologist, social worker, school nurse, occupational therapist); and
- An administrator(s).

The Section 504 Team determines the student's need for accommodations and services. They conduct an initial evaluation for students suspected of having a disability and ensure periodic reevaluations, recommended at least once every three years. If the team identifies the student as having a disability requiring accommodations or services, these are documented in a Section 504 Accommodation Plan. It is recommended that the Section

---

[1] The term "parent(s)" in this document includes parents and guardians.

504 Team meet at least annually to review and update the student's Accommodation Plan to address their needs for the upcoming year.

Accommodation Plan

An accommodation plan under Section 504 is a formal document that outlines the specific accommodations and services required to support a student with a disability in their educational setting. These accommodations ensure that students have equal access to educational opportunities and programs. Accommodations can include adjustments to the learning environment, instructional materials, assessment methods, and other aspects of the academic experience to meet the student's individual needs. The accommodation plan is regularly reviewed and updated to ensure it remains appropriate and effective for the student's evolving needs.

To learn more about Section 504, please see the OCR Frequently Asked Questions (FAQ) publication, *Protecting Students With Disabilities*. See Chapter 3 for additional information regarding 504 Evaluation.

Civil Rights Law
Americans with Disabilities Act of 1990

The federal ADA, amended in 2008 as the ADAAA, went into effect on January 1, 2009. In March of 2011, the Equal Employment Opportunity Commission released the ADAAA Regulations for Titles II and III, which went into effect on May 24, 2011.

The ADAAA and the subsequent regulations prohibit discrimination based on disability. To be protected by the ADA, one must have a disability (i.e., a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is regarded by others as having such an impairment) or have a relationship or association with an individual with a disability. The ADA also has a civil rights statute to protect the rights of persons with disabilities in almost every facet of their lives, including school, work, and recreation.

ADA Title II: State and Local Government Activities
Title II of the ADA, which reinforces many of the requirements of Section 504, covers state and local government services *regardless of whether these entities receive federal financial assistance*. It prohibits discrimination based on disability in services, programs, and activities provided by state and local government entities. Local government entities include school districts and publicly operated preschool programs.

The regulations of Title II of the ADA state that: "No qualified individual with a disability shall, based on disability, be excluded from participation in or be denied the benefits of the services, programs or activities of a public entity, or be subjected to discrimination by the public entity" (28 CFR § 35.130(a)). State and local governments must follow specific architectural standards and transportation provisions. Where necessary, they are required

to make reasonable modifications to policies, procedures, and practices to avoid discrimination unless they can demonstrate that doing so would fundamentally alter the nature of the service, program, or activity being provided.

To comply with the Title II discrimination prohibitions, school districts may be required to make reasonable modifications in policies, procedures, and practices to provide "auxiliary aids and services" to the student with a disability (28 CFR § 35.130(b)(7)). Auxiliary aids and services" include assistive technology devices such as tape recorders, computers, and listening devices. In addition, the terminology consists of assistive technology services, such as the acquisition or modification of equipment (28 CFR § 35.104).

ADA Title III: Public Accommodations
Title III covers businesses and nonprofit service providers, public accommodations, privately operated entities offering specific courses and examinations, privately operated transportation, and commercial facilities. Public accommodations are private entities that own, lease, lease to, or operate facilities, including daycare centers, private nursery schools, and private elementary and secondary schools. Transportation services provided by private entities are also covered by Title III.

Title III of the ADA prohibits places of public accommodation from discriminating against persons with disabilities. Public accommodations must comply with basic nondiscrimination requirements prohibiting exclusion, segregation, and unequal treatment. Individuals with disabilities may not be denied these goods and services because of disability. They may not be required to accept goods and services that are unequal or separate from those provided to non-disabled individuals. To ensure that the most up-to-date information is available on ADA accommodations, please refer to the U.S. Department of Justice's current publications.

Please see the U.S. Department of Justice Civil Rights Division's website to learn more about the ADA.

Special Education Law
Individuals with Disabilities Education Act of 2004

The federal Individuals with Disabilities Education Improvement Act of 2004, Part B (IDEA, 2004) affords students with disabilities (as defined under the law) ages 3-21 special education and related services to ensure their access, participation, and progress in the general education classroom/curriculum and legal protections for students and their parents. The 1975 Education for All Handicapped Children Act was reauthorized as the Individuals with Disabilities Education Act (IDEA) in 1991. Since then, the IDEA has been reauthorized twice, in 1997 and 2004. Its implementing regulations can be found in 34 CFR Part 300. The Office of Special Education Programs (OSEP) at the U.S. DOE enforces the IDEA 2004.

Terminology introduced under IDEA
Student with a Disability
Part B of the IDEA 2004 defines a student with a disability (i.e., school-age child) as one who has been identified as having any of the 13 disabilities described in the law that harms his/her educational performance and, therefore, needs special education and related services as a result. These disabilities are autism, deaf-blindness, deafness, emotional disturbance, hearing impairment, mental retardation (intellectual disability in Connecticut), multiple disabilities, orthopedic impairment, other health impairment, specific learning disability, speech or language impairment, traumatic brain injury, and visual impairment. Young children (ages 3 to 5 in Connecticut) are eligible if determined to have a developmental delay as described in the law or any of the other disabilities mentioned above.

The hallmark of disability eligibility in Part B of the IDEA 2004 is that the identified problems must be shown, through evaluation, to adversely affect the child's educational performance. Part B includes several mandates, including providing each eligible child with a free appropriate public education (FAPE) in the least restrictive environment (LRE) with his or her nondisabled peers to the maximum extent appropriate.

Free Appropriate Public Education (FAPE)[2]
Free appropriate public education means special education and related services are:

- provided at public expense, under public supervision and direction, and without charge;
- meet the standards of the state education agency (i.e., the CSDE);
- include an appropriate preschool, elementary school, or secondary school education; and
- are provided in conformity with an IEP that meets legal requirements (IDEA, 2004).

The "free" in FAPE means that all aspects of the special education and related services provided to children with disabilities between the ages of 3 and until an eligible student graduates high s*chool or until the end of the school year when the student reaches age 22 at "no cost to the parents."* Simply put, eligibility continues from the student's 22nd birthday until the end of the school year when a student turns 22. FAPE prohibits schools from refusing to include equipment or services in an IEP because it is too expensive. The only time "cost" can be a consideration is when two *equal* alternatives exist that would each enable the child to receive an appropriate education —in this case, the school may choose the less expensive option. In addition, schools cannot require parents to pay for devices and services that appear as part of their child's IEP.

The term "appropriate" in FAPE does not mean "best." Schools are required to provide a student with a disability with an "appropriate" education. IDEA 2004 does not define the term "appropriate." However, the U.S. Supreme Court looked at the issue of "appropriate" vs. "best" in the *Board of Education of the Hendrick Central School District v. Rowley*

---

[2] Language in this section was taken from the CSDE publications, *Connecticut Assistive Technology Guidelines*, Laws and Policies Section and Appendix 4 (2013) and *Guidelines for Identifying and Educating Students with Emotional Disturbance,* Section 2 (2012), to ensure consistency among CSDE publications.

(1982) case. The court ruled that the special education and related services offered to a child with disabilities must meet two criteria to be "appropriate" for the purposes of the IDEA:

- The IEP must be developed in accordance with the procedures set forth in IDEA, including those governing resolution of disputes between parents and schools; and
- The IEP must be "reasonably calculated to enable the child to receive educational benefits" (Boundy and Ordover, 1991).

  The Rowley decision, as the ruling has come to be known, established a "basic floor" for special education quality by holding that the IDEA does not require the school to provide an educational program that is designed to maximize a student's potential. The educational program must, however, "confer a benefit to the student that is more than trivial." The IEP must be one "under which educational progress is likely" (Boundy and Ordover, 1991).

Special Education

Special education means specially designed instruction, at no cost to parents, to address the unique needs of a child with a disability and to ensure access of the child to the general curriculum so that the child can meet the educational standards, including instruction conducted in the classroom, in the home, in hospitals and institutions, and in other settings; and instruction in physical education. (IDEA, 2004)

Related Services

Related services mean developmental, corrective or supportive services that are required to help a child with a disability benefit from special education. These include: transportation; speech-language pathology and audiology services; interpreting services; psychological services; physical and occupational therapy; recreation, including therapeutic recreation; social work services; school nurse and health services; counseling services, including rehabilitation counseling; orientation and mobility services; medical services for diagnostic or evaluation purposes; early identification and assessment of disabling conditions; and parent counseling and training (34 CFR § 300.34(a)).

Occupational therapy is one of many related services available under the IDEA 2004 to assist a student in benefitting from his/her special education services. Occupational therapy is defined as services provided by a qualified occupational therapy practitioner and includes:

- Improving, developing, or restoring functions impaired or lost through illness, injury, or deprivation;
- Improving ability to perform tasks for independent functioning if functions are impaired or lost; and
- Preventing, through early intervention, initial or further impairment or loss of function (34 CFR § 300.34 (c)(6)).

In addition to services for the student, services can also include consultation with other educational professionals; training for families; and environmental adaptations within the school (e.g., classroom, cafeteria, playground, restrooms). In 2013, more than 25% of all

occupational therapy practitioners worked in or with programs funded under the IDEA 2004. (Frolek Clark & Chandler, 2013, p. 4).

Least Restrictive Environment[3]

The least restrictive environment (LRE) requirement in the IDEA states that to the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled; and, 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 (34 CFR § 300.114(a)(2)). Additionally, to the maximum extent appropriate, students should have access to extracurricular activities or any other program that nondisabled peers would be able to access. The IDEA 2004 requires school districts to ensure there is a continuum of alternative placements available to meet special education and related services needs of ALL students with disabilities. Alternative placements include: instruction in regular education classes, special classes, special schools, home instruction, and instruction in hospitals and institutions (34 CFR § 300.115).

Planning and Placement Team

Under IDEA 2004, the IEP team (in Connecticut, the PPT) determines the student's need for special education and related services. The PPT designs a comprehensive initial evaluation for a student suspected of having a disability. Initial evaluations must be conducted by a multidisciplinary team, including at least one teacher or specialist with knowledge about the suspected disability. Students should be assessed in all areas related to the suspected disabilities. The PPT also ensures timely reevaluations for the student at least once every three years (i.e., triennial evaluation) if conditions warrant, or if parents or the students' teachers request it. The purpose of the re-evaluation is to determine the student's continuing eligibility for special education and related services. If a student is deemed eligible for special education and related services under the IDEA 2004, the PPT develops an IEP for him/her. The PPT meets at least annually to review each student's IEP and revise its provisions to meet the student's needs for the following year, as appropriate.

The PPT is composed of:

- The student, when appropriate;
- At least one special education teacher or, where appropriate, at least one special education provider;
- At least one regular education teacher;
- A school district representative who is qualified to provide or supervise the provision of specially designed instruction; is knowledgeable about the general curriculum and about the availability of resources of the school district;
- The parents of the student;
- An individual who can interpret the instructional implications of the evaluation results, who may otherwise be a member of the PPT, and

---

[3] Language in this section was taken from the CSDE publications, *Connecticut Assistive Technology Guidelines*, Laws and Policies Section and Appendix 4 (2013) and *Guidelines for Identifying and Educating Students with Emotional Disturbance,* Section 2 (2012), to ensure consistency among CSDE publications.

Guidelines for Occupational Therapy in Connecticut Schools: Section 2: Laws & Policies

- At the discretion of parents or school district, other individuals who have knowledge or particular expertise regarding the student, including related services personnel (34 CFR § 300.321(a)).

Suppose the purpose of the PPT meeting is to discuss transition services for a student. In that case, the LEA shall invite the student and consider whether to ask a representative of an outside agency.

Individualized Education Program[4]

The IEP includes information on the student's present level of educational performance, including how the student's disability affects involvement and progress in the general curriculum. The PPT uses this information to design the student's support and services for the following year. The IEP details the instructional supports, special education, and related services the student requires to access, participate, and progress in the general education classroom/curriculum. The PPT must develop goals and objectives, determine appropriate supports and services, and agree on the service providers *prior* to deciding placement in the least restrictive environment (LRE). (IEP objectives are a required component of the IEP under Connecticut state special education regulations).

The definition of special education, found in 34 CFR § 300.39, clarifies that special education and specialized instruction encompass more than just academic instruction. PPTs must consider all aspects of the child's functioning at school, including social/emotional, cognitive, communication, vocational, and independent living skills, and not limit the development of goals and objectives to academic areas.

The IEP includes information on how the student's progress toward the annual goals and related objectives will be measured, including objective criteria and evaluation procedures. It also requires the IEP to include a statement of how the student's parent(s) will be regularly informed of the student's progress toward the annual goals and related objectives. School districts must report the students at least as frequently as the school reports the progress of typical students (i.e., regular report card periods).

For more information on the provision of special education and related services, please see the OSEP publication, *Questions and Answers On Individualized Education Programs, Evaluations and Reevaluations*.

Transition Services

Transition services are a coordinated set of activities, designed within an outcome-oriented process, that promotes a student's movement from school to post-school activities, including post-secondary education, vocational training, integrated employment, continuing and adult education, adult services, independent living, or community participation (34 CFR § 300.43(a)(1)). Services must be based on the student's needs, taking into account the student's interests and preferences (34 CFR § 300.43(a)(2)). Services include instruction, related services, and community experiences (34 CFR § 300.43(a)(2)).

---

[4] Language in this section was taken from the CSDE publication, *Guidelines for Identifying and Educating Students with Emotional Disturbance,* Section 2 (2012), to ensure consistency among CSDE publications.

The PPT must begin transition planning at the annual review following a student's 14th birthday, or earlier if determined appropriate by the PPT, and <u>annually</u> after that. Transition assessments should occur continuously, with the results used to develop transition services and related goals. The PPT must develop postsecondary goals that address postsecondary education or training, employment, and, if appropriate, independent living/community participation (CSDE, 2015, p. 10). In Connecticut, these goals are called Post-School Outcome Goals Statements (PSOGS) (CSDE, 2015, p. 10). PSOGS are future-oriented goals the student will complete after graduation or high school (CSDE, 2015, p. 11). Each PSOGS requires a corresponding annual goal and related objectives. Effective July 1, 2023, all students remain eligible for special education services under IDEA through the end of the school year during which the student turns age 22, or until the student graduates from high school with a regular high school diploma, whichever occurs first (Public Act 23-137). In addition, the Act mandates that, by January 1, 2024, every school district must appoint a district transition coordinator. The designated district-level transition coordinator must 1) complete the training program developed by the CSDE and 2) ensure that parents of students needing special education receive information regarding transition resources, transition services, or public transition programs—specifically, the online listing developed by SERC. Additionally, the coordinator must ensure parents know the eligibility requirements and application details for resources, services, and programs specifically relevant to their child. Furthermore, the Act stipulates that each educator and school paraprofessional providing exceptional education to students aged fourteen or older must undergo the training program developed by the CSDE.

For more information on secondary transition, please review A Transition Guide by the U.S. Department of Education. Also, please visit the CSDE website, *Secondary Transition Resources*.

Services for Parentally-Placed Private School Students

Students with a disability who are enrolled by their parents in private schools (i.e., "parentally-placed private school students") do not have an individual right to special education and related services they would receive if enrolled in a public school (34 CFR § 300.137(a)). The IDEA 2004, however, requires school districts to spend a proportionate share of its IDEA federal funding to provide equitable services for a certain number of parentally-placed private school students. Equitable services allow a parentally-placed private school student to participate in services funded under the IDEA 2004, which the school district makes available.

In consultation with administrators of the private schools located within the school district, the school district designates which students with disabilities will receive services and determines which services will be provided. Services can include indirect services (e.g., consultation, equipment, training) and direct services (e.g., special education, related services – including occupational therapy).

School district personnel, the parent, and a private school representative meet to develop a services plan for any student designated to receive equitable services. The plan describes the equitable services the student will receive. The school district shall determine which IEP components are appropriate to include in the services plan and review it at least annually.

Guidelines for Occupational Therapy in Connecticut Schools: Section 2: Laws & Policies

For more information on the provision of equitable services, please review the following resource(s): [Questions and Answers on Serving Children with Disabilities Placed by Their Parents in Private Schools (rev. Feb 2022)](#) and [Connecticut's Questions and Answers on Serving Children with Disabilities Placed by Their Parents in Private Schools](#).

Early Intervening Services

Additionally, the IDEA 2004 allows school districts to set aside a particular portion of its IDEA federal funding to: develop and implement coordinated, early intervening services for students in kindergarten through grade 12 (with a particular emphasis on students in kindergarten through grade three) who are not currently identified as needing special education or related services but who need additional academic and behavioral support to succeed in a general education environment (34 CFR § 300.226(a)).

Early intervening services may include professional development for school personnel and services for students. Professional development activities should focus on enhancing school personnel's ability "to deliver scientifically based academic and behavioral interventions" (34 CFR § 300.226(b)(1)). Services for students should focus on "providing educational and behavioral evaluations, services, and supports" (34 CFR § 300.226(b)(2)).

Procedural Safeguards

Parents have the right to be involved in all decisions relating to special education, including their child's identification, evaluation, and placement. The IDEA 2004 also grants parents due process rights to resolve disputes between school districts and parents regarding their child's identification, evaluation, services, and placement. In addition, Connecticut state special education statutes and regulations have some provisions that coincide with the federal requirements (CSDE, 2011, p. 1). Please see the CSDE's publication, *Procedural Safeguards Notice Required Under IDEA Part B*, which details both the federal and state requirements. (Please note: This publication does not reflect the 2013 revisions to the Connecticut state special education regulations (e.g., changes to parent consent, prior written notice)).

For more information on procedural safeguards, please see the OSEP publication, *Questions and Answers On Procedural Safeguards and Due Process Procedures For Parents and Children With Disabilities*. Also, please see the CSDE publication, *A Parent's Guide to Special Education in Connecticut*. (Please note: The guide does not reflect the 2013 revisions to the Connecticut state special education regulations (e.g., changes to parent consent, prior written notice)).

Entitlement Program
School Based Child Health and Medicaid

Medicaid is a joint state-federal program (Department of Social Services (DSS), no date, para 2). "Since 1988, Medicaid has been required to pay for certain IDEA services that are

both educationally related and medically necessary under Medicaid" (AOTA, no date, para 1).

School occupational therapy services provided under the IDEA 2004 may be deemed medically necessary under criteria set by the state Medicaid agency and the state educational agency in an interagency agreement. They would, therefore, be covered under Medicaid (AOTA, no date, para 2). The interagency agreement also details how school districts can seek reimbursement, including conditions and terms of reimbursement (AOTA, no date, para 9).

In Connecticut, the DSS is the state Medicaid agency. The DSS administers the Medicaid School Based Child Health Program, "the mechanism by which a school district may seek federal Medicaid reimbursement for many of the Medicaid covered services that are provided to an eligible student under the student's IEP" (DSS, no date, para 2). School occupational therapy services are covered by Medicaid in Connecticut. Practitioners, therefore, may be involved in their school district's Medicaid billing. The focus of Medicaid on medically oriented therapy goals rather than educational goals, however, could create some confusion. Seeking Medicaid reimbursement for school occupational therapy services does not require practitioners to use a medically-based model; practitioners should continue to provide school services and design IEP goals and objectives appropriate for school practice.

For more information on Medicaid reimbursement in Connecticut, please visit the DSS website, Medicaid School-Based *Child Health Program*. Please see the **Documentation** and **Administration** sections for further information on Medicaid reimbursement.

Special Education Regulations Connecticut General Statutes

The unique education system in Connecticut is based on the IDEA 2004 and its implementing regulations, combined with the state's special education law, CGS §§ 10-76a to 10-76h, inclusive and its implementing regulations (CSDE, 2007, p. v). The Connecticut special education regulations can be found in Regulations of Connecticut State Agencies (RCSA) §§ 10-76a to 10-76h, inclusive.

Connecticut state statutes and regulations do not include occupational therapy in its definition of special education; it cannot be provided as a sole service on an IEP as in other states. The Connecticut special education regulations contain some state-imposed special education requirements (i.e., not required by the IDEA 2004 or its implementing regulations) (CSDE, 2015, p. Section IV-1). Below is a summary of state-imposed special education requirements (as of July 1, 2014) that are relevant to school occupational therapy:

Regulations of CT State Agencies	Topic	State Imposed Requirement
§ 10-76a-1	Child with a Disability	The disability category "developmental delay" is applicable only with students who are 3-5 years old and experiencing a developmental delay
§ 10-76d-7	Referral to PPT	• Referrals can come from a physician, clinic or social worker permitted provided the parent allows it • CSDE to provide standard referral form for school district's use • General education interventions shall be explored before a referral is made Students who are suspended repeatedly or whose behavior, attendance, or progress in school, including children who are truant, is considered unsatisfactory or at a marginal level of acceptance must be referred promptly
§ 10-76d-9	Determining Existence of a Learning Disability	Specific requirements for initial evaluation and eligibility determination
§ 10-76d-14	Trial Placement for Diagnostic Purposes	The PPT may use a trial placement for diagnostic purposes: a structured program of no more than 40 school days, with written goals and objectives and the PPT shall meet at least once every ten school days unless waived to review the placement Five days before the end of the diagnostic placement, the PPT reconvenes to write the child's IEP based on the findings made during the placement Trial placement is an evaluation and is not considered the child's current placement for purposes of due process unless the parents and school district otherwise agree
§ 10-76d-11	IEP Components	Additional requirements include: • Short term instructional objectives • List of individuals implementing the IEP • Indication if residential placement is being recommended for other than educational reasons

		Specifics of student's transportation needs
§ 10-76d-13	Timelines: Parent Receipt of IEP	IEP shall be provided to parents within five school days after PPT meeting
§ 10-76d-19	Related Services: Transportation	● Travel time not to exceed one hour each way ● In-service training of operators of vehicles required ● All vehicles shall meet DMV requirements ● Transportation aides as are appropriate If LEA requests parent transports a student, parent shall be reimbursed (rate of reimbursement to be two round trips to drop off and pick up student)

§ 10-76d-15	Homebound and Hospitalized Instruction (HHI)	● Required to be provided when a student will be absent from school for medical reasons
		● Conditions to be met include:
		   ○ Provision of doctor's note indicating length of absence from school (length of absence may be consecutive days of absence or repeated short-term absences) and anticipated date of return
		   ○ Instruction to begin no later than two weeks from the first date of absence
		● Preschool children receive services as determined by the PPT
		● Students in K-6 receive at least 5 hours of instruction a week
		● Students in grades 7-12 receive at least 10 hours of instruction a week
		● Resolution process when school district and parent disagree about the child's need for HHI
		● Services required for children who are pregnant or who has given birth and cannot attend school for medical reasons

§ 10-76d-3	Extended School Year Services (ESY)	● PPTs shall consider ESY services early enough to allow parents to challenge decision unless clearly not feasible to do so

CGS § 46a-150 through 46a-154 address restraint and seclusion in public schools. Its implementing regulations can be found at RCSA §§ 10-76b-5 through 10-76b-11. This area of state law has gone through several revisions in recent years, including this last legislative session. Public Act No. 15-141 (effective July 1, 2019) revises the previous statutes and includes changes such as:

- The statute and its requirements apply to all students, no longer just special education students, including students:
  - Enrolled in programs operated by Regional Educational Service Centers and
  - Students receiving special education services in a state-approved private program and
- The statute and its requirements apply to all public schools and special education schools at facilities under contract with local education agencies.

Seclusion is defined as "the involuntary confinement of a student in a room, whether alone or with supervision, in a manner that prevents the student from leaving" (Public Act No. 15-141, Sec. 1(5)).

Physical restraint is defined as "any mechanical or personal restriction that immobilizes or reduces the free movement of a person's arms, legs or head" (Public Act No. 15-141, Sec. 1(3)). Physical restraint does not include:

(A) Briefly holding a person in order to calm or comfort the person;

(B) Restraint involving the minimum contact necessary to safely escort a person from one area to another;

(C) Medical devices, including, but not limited to, supports prescribed by a health care provider to achieve proper body position or balance;

(D) Helmets or other protective gear used to protect a person from injuries due to a fall; or

(E) Helmets, mitts and similar devices used to prevent self-injury when the device is (i) part of a documented treatment plan or individualized education program…or (ii) prescribed or recommended by a medical professional…Public Act No. 15-141, Sec. 1(3)).

Seclusion and physical restraint shall only be used as an emergency intervention to prevent immediate or imminent injury to the student or to others, as long as the seclusion or restraint is not used for discipline and is not used as a substitute for a less restrictive alternative (Public Act No. 15-141). ***Restraint and seclusion should only be utilized as a last resort.*** Only school personnel who have received training on the proper means for performing physical restraint or seclusion, as required by the statute, may seclude and physically restrain a student. The statute details the training requirements. School districts

Guidelines for Occupational Therapy in Connecticut Schools: Section 2 Laws & Policies

must notify a student's parent of the student's seclusion or restraint no later than 24 hours after the student was placed in seclusion or physical restraint. Please review the resource offered by the State Department of Education on Understanding the Laws and Regulations Governing the Use of Restraint and Seclusion: PPT Guidance

Connecticut Guidelines

Feeding and Swallowing Programs
Published in 2008, the CSDE developed guidelines to assist school districts in identifying children who require feeding and swallowing services and to establish high-quality programs for them. This document emphasizes the importance of a collaborative team approach, where all involved parties work together to deliver effective feeding and swallowing services. The focus is on safeguarding children's health and safety while respecting their dignity, ensuring they receive appropriate nutrition that enhances their alertness and readiness for learning.

For more information on these guidelines, please see the CSDE website, Guidelines for Feeding and Swallowing Programs in Schools

Assistive Technology
Assistive technology plays a crucial role in an Individualized Education Plan (IEP) as it helps students with disabilities access their education more effectively. Under section §300.105 of IDEA, public schools must ensure that assistive technology devices or assistive technology services, or both, as those terms are defined in §§300.5 and §300.6, respectively, are made available to a child with a disability if required as a part of the child's:
- Special Education Plan (§.39)
- Related Services (§300.34)
- Supplementary Aids and Services (§300.42 & §300.11)

For more information on Connecticut Assistive Technology Guidelines, please view the document in its entirety, CT AT Guidelines and the following resource Connecticut's Assistive Technology Resource Hub
For more information on examples of assistive technology as a supplementary aides and service within the IEP please view this document, CT-SEDS AT Examples

Appendix: Educational Terminology

Whether you're a seasoned educator, a new therapy practitioner, or a parent navigating the education system, this resource will help clarify the common "alphabet soup" of educational terminology. Knowing these terms can improve teamwork and help support students' educational and developmental needs. This list is not complete, so please feel free to ask questions and collaborate to better understand these terms.

A

504 Plan: A plan developed to ensure that a student with a disability identified under the law receives accommodations to ensure their academic success and access to the learning environment.

AAC (Augmentative and Alternative Communication): Refers to methods and tools used to help students with speech or language impairments communicate. These methods can supplement existing speech or provide an alternative means of communication for those who cannot speak or have significant difficulty with verbal communication.

Accommodations: Supports and services the student may require to demonstrate learning successfully. Accommodations should keep expectations to the curriculum grade levels. Examples include extra time for assignments or tests, using e-books, alternative assessment formats, etc.

ABA (Applied Behavior Analysis): Scientific method of intervention used to improve or change specific behaviors. Applied behavior analysis is used to decrease inappropriate behavior and increase appropriate behavior through extensive data collection and analysis of the impact of particular interventions and strategies designed to change targeted behaviors.

ADA (Americans with Disabilities Act): A civil rights law that prohibits discrimination based on disability.

ADL (Activities of Daily Living): Routine activities people do every day without assistance, such as eating, bathing, and dressing.

AR (Annual Review): A meeting that occurs once a year to review a student's Individualized Education Program (IEP). The primary purpose of this meeting is to evaluate the student's progress toward their IEP goals, update and revise the goals as necessary, and ensure that the special education services and supports provided are appropriate and effective.

AT (Assistive Technology): Any item, piece of equipment, or product system, whether acquired commercially, off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of individuals with disabilities

AOTA (American Occupational Therapy Association): A professional organization representing occupational therapy (OT) practitioners and students in and abroad. Founded

in 1917, AOTA's mission is to advance OT practice, education, and research and to ensure that OT services are high quality and accessible.

B

BESB (Bureau of Education and Services for the Blind): The ADS-BESB Children's Services Program of Connecticut provides specialized services, training, and adaptive materials for students who are legally blind, visually impaired, or deafblind. The aim is to promote successful inclusion in educational, social, and recreational settings.

BIP (Behavior Intervention Plan): A plan that includes strategies to prevent and address behavior that interferes with learning.

BSE: Bureau of Special Education

C

COTA (Certified Occupational Therapy Assistant): A licensed professional who supports the delivery of occupational therapy services to students under the supervision of a licensed Occupational Therapist (OT).

Child Find: An IDEA requirement that states and districts identify, locate, and evaluate students ages birth through 21 who may need special education and related services.

Complaint: A written request by a parent or other interested party to the Connecticut Bureau of Special Education to investigate if a local school district violates state or federal special education law. Connecticut's Alternate Assessment System: Alternate assessments are designed to measure the knowledge and skills of students with significant cognitive disabilities as required by the IDEA and ESSA. Alternate assessments are designed to support student independence to the greatest extent possible by making academic content accessible and the expected achievement levels appropriate.

CTAA (Connecticut Alternate Assessment): is an assessment of English language arts and mathematics aligned to the Connecticut Core Standards (CCS) for eligible students with significant cognitive disabilities in Grades 3-8 and 11. It is a secure test accessed via an online platform during the CSDE's testing window.

CTAS (Connecticut Alternate Science): is an assessment of the Next Generation Science Standards for eligible students with significant cognitive disabilities in Grades 5, 8, and 11. This alternate assessment is non-secure and is administered to students by a CSDE-trained teacher. The teacher supports students throughout the school year in completing specific Performance Tasks aligned with the NGSS Science content. Teachers administering any alternate assessment must be trained by the CSDE each year to administer the assessment to each student individually. Accessibility features and accommodations are available based on the needs of each student.

CT-SEDS (Connecticut Special Education Data System): A single, statewide, Web-based special education data management system.

CT SDE (Connecticut State Department of Education): The state agency overseeing Connecticut's public education.

D

Dispute Resolution: There are various ways to help families and schools reach an agreement, ranging from informal discussions to formal decisions such as mediation or a due process hearing.

DTT (Discrete Trial Training): A teaching method in simplified and structured steps.

E

Early Intervening Services: Services and supports for students in Grades K-12 who have yet to be identified as needing special education and related services but need additional academic and behavioral support to succeed in the general education setting.

ECT (Early Childhood Team): A team of professionals who work together to provide services to young students.

ELL (English Language Learner): A student learning English as an additional language. *See also ML (Multilingual Learner).

ESSA (Every Student Succeeds Act): A U.S. federal law enacted in December 2015, succeeding the No Child Left Behind Act (NCLB). ESSA reauthorizes the Elementary and Secondary Education Act (ESEA) of 1965, aiming to provide all students with a high-quality education while granting states more flexibility in setting standards and accountability measures.

ESY (Extended School Year) Special education and related services are provided to a student following the student's individualized education program (IEP) beyond the regular school year and school day and at no cost to parents. The planning and placement team (PPT) determines a student's need for ESY services individually.

Evaluation: Tests and other assessment procedures, including a review of information, decide whether your child is eligible for special education services and what services your child may need. The evaluation should be individualized for each student and be conducted in all areas of suspected disability.

F

FAPE (Free Appropriate Public Education): Special education and related services provided at public expense are designed to meet the unique needs of a disabled child.

FERPA (Family Educational Rights and Privacy Act): A federal law that protects the privacy of student education records.

G

GT (Gifted and Talented): Programs and services for students demonstrating high-performance capability.

H

HIPAA (Health Insurance Portability and Accountability Act): A federal law that provides data privacy and security provisions for safeguarding medical information.

I

Identification: The decision that students are eligible for special education under IDEA to benefit from their education. An individual evaluation must be conducted to determine if a student is eligible for special education and related services.

IEE (Independent Educational Evaluation): An evaluation performed by a certified and licensed professional not employed by the school system.

IEP (Individualized Education Program): A written education program for a student with a disability that is developed by the Planning and Placement Team, which includes the student's parents and professionals (administrators, teachers, therapists, etc.). It is reviewed and updated at least yearly and describes the student's present performance, learning needs, what services the student will need, when and for how long, and identifies who will provide the services.

IFSP (Individualized Family Service Plan): A written plan that describes a student's strengths and needs and the family's concerns and priorities for the student. It details what services and supports will be provided to a student and family enrolled in the Connecticut Birth to Three System.

IDEA (Individuals with Disabilities Education Act): A federal law ensuring services to children with disabilities nationwide.

J

K

L

LEA (Local Education Agency): A public board of education or other public authority legally constituted within a state for administrative control or direction of public elementary or secondary schools.

LRE (Least Restrictive Environment): A student with a disability must, to the maximum extent appropriate, be educated with students who are nondisabled in the general education class in the school that they would attend if the student did not have a disability that required special education and related services. A student with a disability should not

be removed from the general education setting unless the nature and severity of the student's disability is such that education in the general class with the use of supplemental aids and services cannot be achieved satisfactorily.

M

Manifestation Determination: When a student with a disability behaves in a way that violates the school's code of conduct and, as a result, the school seeks to change the student's education placement, a determination needs to be made as to whether the student's disability causes the student's behavior.

Mediation: A voluntary process that allows parents and school districts to resolve their differences without litigation. A qualified and impartial mediator helps parents and school personnel express their views and positions and agree mutually.

ML: A term used to describe a multilingual learner.

Modifications/Adaptations: Curriculum expectations are changed to meet the student's needs. When the grade level or age-appropriate expectations exceed the student's ability level, modifications are made. Changes may be minimal or very complex depending on the student's performance. Modifications must be acknowledged in the IEP.

MTSS (Multi-Tiered System of Supports): A framework designed to provide targeted support to struggling students.

N

NCLB (No Child Left Behind): A U.S. Act aimed to improve all students' educational outcomes.

O

OCR (Office of Civil Rights): A branch of the U.S. Department of Education that enforces several federal civil rights laws (such as Section 504) prohibiting discrimination in programs or activities that receive federal financial assistance. These laws prohibit discrimination based on race, national origin, gender, disability, and age.

OSEP (Office of Special Education Programs): A division of the U.S. Department of Education dedicated to improving results for students with disabilities ages birth through 21 by providing leadership and financial support to assist states and local districts. OSEP administers the Individuals with Disabilities Education Improvement Act (IDEA).

OT (Occupational Therapy): Therapy aimed at enabling individuals to participate in activities of daily living through the therapeutic use of everyday activities.

P

PBIS (Positive Behavioral Interventions and Supports): A framework for assisting school personnel in adopting and organizing evidence-based behavioral interventions.

PPT (Planning and Placement Team): The term used in Connecticut to describe the meeting, which includes professionals who represent the teaching, administrative, and pupil personnel staff and who, with the parents, are equal participants in the decision-making process to determine the specific educational needs of the student and develop, review and revise a student's IEP. A planning and placement team reviews referrals to special education, determines if the student needs to be evaluated, decides what evaluations will be given, and whether the student is eligible for special education services. Federal legislation refers to this as the IEP Team.

PWN (Prior Written Notice): An explanation of why the school district proposes or refuses to take action. The school must inform parents of any actions proposed or denied by the PPT, describe other options that the PPT considered, explain why those options were rejected, and provide assessment information used to make the decision. All this must be done in writing. In Connecticut, prior written notice is attached to the IEP. The proposed action can only be implemented ten school days from when the parent receives the notice, unless the parent and the district mutually agree to an earlier implementation date.

Q

R

Related Services: Transportation, developmental, corrective, and other supportive services that a student with disabilities requires in order to benefit from special education. Services may include speech pathology and audiology, psychological services, physical and occupational therapy, recreation, counseling services, medical services for diagnostic or evaluation purposes, school health services, social work services and parent counseling and training.

Resolution Session: A provision of IDEA that requires school districts to convene a meeting with the parents and relevant members of the IEP team within 15 days of receiving a due process hearing request to discuss and attempt to resolve the issue.

RESC (Regional Educational Service Center): A Connecticut public educational authority formed by four or more boards of education for the purpose of cooperative action to furnish programs and services.

RTI (Response to Intervention): A multi-tier approach to identifying and supporting students with learning and behavior needs early.

S

SBA (Smarter Balance Assessment): Connecticut's summative assessment used to provide an efficient and reliable estimate of a student's overall performance in a subject

area relative to grade-appropriate standards that enable valid interpretations of student achievement (in all tested grades and subjects) and progress (in Grades 4-8 for ELA and Mathematics).

SISP (Specialized Instruction Support Personnel): A term used under ESSA for occupational therapists. SISP includes diverse professionals who provide critical services and support to students, particularly those with unique educational needs. SISPs include specialists who address academic, behavioral, social, emotional, and health-related issues, working collaboratively to enhance student learning, well-being, and overall school experience.

SLP (Speech-Language Pathologist): A professional who assesses, diagnoses, treats, and helps to prevent communication and swallowing disorders.

SWD (Students with Disabilities): Students who have been identified as having disabilities under IDEA or Section 504.

Supplementary Aids and Services: Aids, services, program modifications, and support for school personnel are provided in general education classes or other education-related settings to enable students with disabilities to be educated with nondisabled to the maximum extent appropriate.

T

TWNDP (Time with Non-Disabled Peers): Refers to the amount of time that students with disabilities spend interacting and participating in educational and social activities alongside their peers who do not have disabilities. TWNDP is a crucial aspect of inclusive education, promoting social integration, equal opportunities, and the development of interpersonal skills for students with disabilities.

U

UDL (Universal Design for Learning): A framework for designing educational environments that enable all learners to gain knowledge, skills, and enthusiasm for learning.

V

VI (Visual Impairment): A condition that impairs vision and affects educational performance.

W

X

Y

Z

References

American Occupational Therapy Association. (no date). Medicaid School-based Billing FAQs. Retrieved July 29, 2015.

American Occupational Therapy Association. (no date). School System FAQs. Retrieved July 29, 2015.

American Occupational Therapy Association. (2011). Occupational therapy services in early childhood and school-based settings. *American Journal of Occupational Therapy.* Retrieved July 19, 2015.

An Act Concerning Seclusion and Restraint In Schools. Public Act No. 15-141. (2015).

Boundy, K. and Orover, E. (1991). *Educational Rights of Children with Disabilities: A Primer for Advocates.* Washington, DC: Center for Law and Education.

Connecticut Department of Social Services. (no date). Medicaid School Based Child Health Program. Retrieved July 29, 2015.

Connecticut General Statutes. Chapter 170 § Sec.10-220h. Retrieved July 29, 2015.

Connecticut State Department of Education. (2015). IDEA Part B Application for Federal Fiscal Year 2015. Hartford, CT: CSDE. Retrieved July 28, 2015.

Connecticut State Department of Education. (2015). *IEP Manual and Forms.* Hartford, CT: CSDE.

Connecticut State Department of Education. (2011). *Procedural Safeguards Notice Required Under IDEA Part B*. Hartford, CT: CSDE.

Connecticut State Department of Education. (2008). *Connecticut's Framework for RTI*. Hartford, CT: CSDE.

Connecticut State Department of Education. (2007). *A Parent's Guide to Special Education in Connecticut*. Hartford, CT: CSDE.

Every Student Succeeds Act, 20 U.S.C.§ 6301 (2015). https://www.congress.gov/114/plaws/publ95/PLAW-114publ95.pdf

Frolek Clark, G. & Chandler, B. (2013). *Best practices for occupational therapy in schools.* Bethesda, MD: AOTA Press.

National Alliance of Specialized Instructional Support Personnel. (2024). *The role of specialized instructional support personnel in school and student success.* https://nasisp.org/wp-content/uploads/2024/04/SISP-Guidance-Brief.pdf

Regulations of Connecticut State Agencies. §§ 10-76a to 10-76h, inclusive. (2013).

Section 504 of the Rehabilitation Act of 1973. 29 USC § 701 et. seq. (1973).
The Americans with Disabilities Act of 1990. 42 USC 12101 et. seq. (1990).

The American with Disabilities Act of 1990. 28 CFR Part 35 et. seq. (2008).

The Elementary and Secondary Education Act of 1965. 20 USC § 6301 et. seq. (2001).

The Family Educational Rights and Privacy Act. 34 CFR Part 99 et. seq. (2011).

The Individuals with Disabilities Education Improvement Act of 2004. 20 USC § 1400 et. seq. (2004).

The Individuals with Disabilities Education Improvement Act of 2004. 34 CFR Part 300 et seq. (2008).

United States Department of Education. (no date). Questions and Answers on the ADA Amendments Act of 2008 for Students with Disabilities Attending Public Elementary and Secondary Schools. Retrieved July 29, 2015.

ADMINISTRATION
Section 3

Learning Objectives

Readers will gain a better understanding of:

- Caseload versus Workload & FTE Determination Models
- Deciding Whether to Hire an Employee or Contract Services;
- Supervision of Occupational Therapy Practitioners;
- Annual Appraisals, Job Descriptions, and Professional Development Planning;
- Roles & Responsibilities of OT and OTA, and;
- Medicaid Reimbursement: School Occupational Therapy Services

Caseload Versus Workload

Caseload
Count # of students with IEPs
∞ ∞ ∞
Medical Model

VS

Workload
Allocate time for responsibilities
∞ ∞ ∞
Educational Model
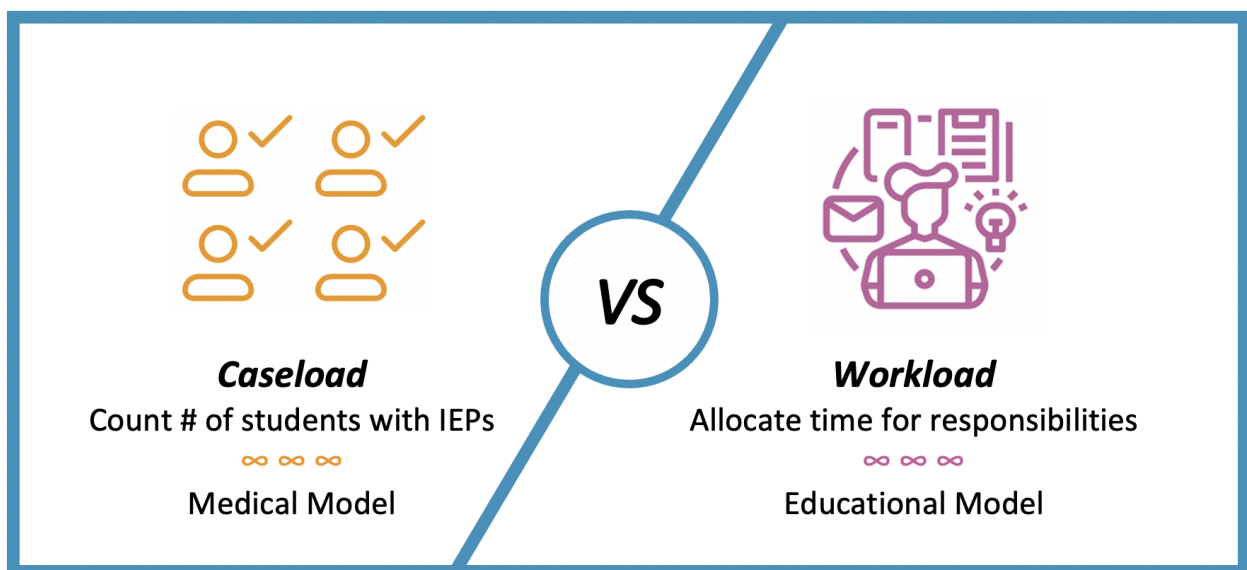
The role of school occupational therapy practitioners has evolved significantly over time, and their responsibilities have expanded (Laverdure et al., 2023; Rioux & Jackson, 2019; Seruya & Garfinkle, 2020). They are now involved in a wide range of support services, spanning from individual student focus to assisting entire classrooms, schools, districts, and even state educational systems to further the mission of schools. Their tasks include evaluating and intervening to support individual students, taking the lead or co-leading programs for groups and classrooms, providing professional development for school staff, and participating in various activities such as kindergarten screenings, social-emotional learning initiatives, curriculum development, and transition-to-adulthood programming.

This expansion of services has created challenges when determining staffing plans for school occupational therapy practitioners. It no longer makes sense to rely solely on staffing decisions based on the direct services outlined in IEPs or through a caseload model (i.e., counting heads or IEP time; Corley et al., 2023). Furthermore, resources have highlighted that the traditional approach to calculating caseloads promotes a medical model inherent with pull-out services, deficit focused interventions, and discipline specific goals.

The concept of workload encompasses all work activities occupational therapy practitioners perform that benefit students directly and indirectly, including activities geared toward groups of students, whole classrooms, or school wide populations (Rioux & Jackson, 2019; Seruya & Garfinkle, 2020). Applying a workload approach when determining staffing plans aligns with IDEA (2004), Section 504 of the Rehabilitation Act of 1973, and ESSA (2015). This approach also helps school teams meet state and local rules that aim to support all students in the least restrictive environment (LRE) and facilitate participation in the general education curriculum. All services and activities should be considered when determining a reasonable workload and accurate full-time equivalency (FTE) calculations (see Figure 7.1 and Table 7.1).
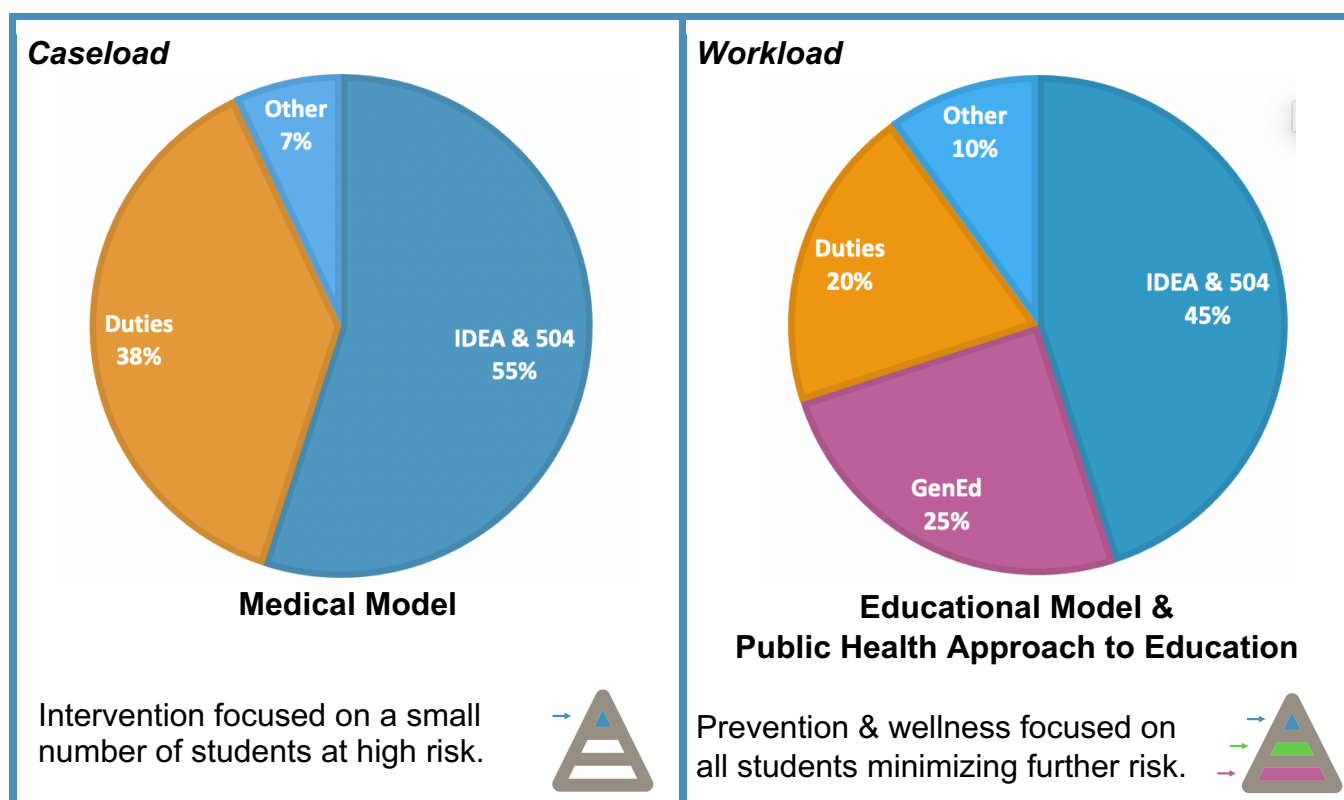
Figure 7.1 Example of caseload versus workload percentages and outcome focus. When occupational therapy practitioners are members of the interprofessional team applying a public health approach to education, students can effectively manage challenging behavior and remain in the learning environment (Pfirman et al., 2023).

Table 7.1 Examples of workload services and activities.

IDEA & 504 Activities

- Conduct evaluations: initial & re-evaluation
- Attend team meetings
- Develop IEPs & 504 Plans with team
- Consult on student health plan
- Plan intervention
- Schedule services
- Provide interventions for students with IEPs or 504 plans
- Support transition services
- Collaborate & consult with team members
- Conference with parents, guardians, staff
- Coordinate care with community providers
- Provide parent training & exchange information
- Differentiate lessons & create opportunities
- Modify environments & alter context to support student

General Education Activities

- Conduct screenings: universal & individual for early intervening services
- Engage in pre-referral team meetings & strategy recommendations
- Observe student interactions across school environments
- Promote health & wellness
- Engage in general education initiatives & school teams (e.g., literacy, SEL, attendance)
- Co-lead groups, lead class programming
- Differentiate lessons & suggest UDL strategies
- Promote mental health across settings (e.g., cafeteria, recess, hallways, classrooms, buses)
- Engage in committee work (e.g., curriculum development)
- Coach others & provide staff development

Job Duties & Responsibilities

- Maintain documentation & data collection
- Complete Medicaid documentation
- Order & maintain equipment & materials
- Prepare for services & clean up
- Schedule services
- Attend mandated trainings & professional development
- Seek mentorship and/or mentor others when needed
- Supervise occupational therapy assistants and/or occupational therapy interns
- Travel between schools & sites

Other Activities

- Perform school wide jobs/duties (e.g., bus duty, lunch duty)
- Take lunch & breaks to rest, reset, & recharge

FTE Determination Models: Creating Staffing Plans

Different models can be used to calculate full time equivalency (FTE) staffing. Pros and cons are highlighted for each model along with examples for calculating.

FTE DETERMINATION MODELS	PROS	CONS
Workload		
Ratio: FTE calculations based on total number of ALL students enrolled in district to staff. Current state trends[1] 600 GenEd students : 1.0 FTE 2,000 GenEd students : 1.0 FTE	• Promotes an educational model and a public health approach to education for addressing needs of ALL students • Provides an estimate of how many OTPs are required to meet the needs of students in general education with or without IEPs or 504 plans	• Requires data to understand state trend line of student: staff ratio

Time Distribution: FTE calculations based on total time allocations to meet all responsibilities.
 	
  Example:
OT Service Required/Week: 76.5 hours
    IEP & 504 Activities (40 hours)
    GenEd Activities (18 hours)
    Job Duties & Responsibilities (16 hours)
    Other Activities (2.5 hours; unpaid lunch)
OT Practitioner Available/Week: 36.25 hours
    38.75 hours – 2.5 hours unpaid lunch
 	
$\frac{\text{Required x factor for unplanned events}}{\text{Practitioner available}} = \text{FTE}$
 	
$\frac{76.5 \text{ hours} * 1.3}{36.25 \text{ hours}} = 2.7 \text{ FTE}$
	• Promotes an educational model
	• Considers direct, indirect, travel, complexity of student needs, administration and professional development time, collaboration & consult time
	• Includes IDEA, 504, & ESSA Support; OTPs positioned for occupation focused practice
	• Quantifies time and effort required to fulfill responsibilities
	• Scope of practice extends beyond handwriting and sensory allowing for more significant contributions to enhance student outcomes
		• Requires supporting evidence (e.g., workload survey) to justify workload and gain support of administrators when calculating staffing plans

FTE DETERMINATION MODELS	PROS	CONS
Caseload		
Caseload Caps: FTE calculations capped on number of students with IEPs receiving OT services. Current state trends[2] 30-50 students = 1.0 FTE	• Caseload caps provide a ceiling for OTPs and those that determine staffing plans to reference	• Promotes a medical model • Does not account for context or diverse student needs and corresponding time to address them • Limits scope of practice to IDEA only • Setting caseload caps through union negotiations may omit OTAs' role when they are not represented in the bargaining unit
Session Caps: FTE calculations capped on the number of sessions that can occur in one school day. Current state trend[3] Eight 30 minute sessions	• Sessions caps provide a ceiling for OTPs and those that determine staffing plans to reference	• Promotes a medical model • Does not account for context or diverse student needs and corresponding time to address them • Limits scope of practice to IDEA only

Note. [1] Based on US DOE Common Core of Data 2021-2022. Ratio trend line averaging 2000 students to 1 OTP in Arizona, Kansas, Kentucky, Maryland, & N. Dakota. Ratio trend line averaging 600 students to 1 OTP in District of Columbia, Maine, New Hampshire, New York, & Pennsylvania. Connecticut does not report data of OTP staffing. [2] Statewide caseload caps set in Maine, & N. Carolina at not to exceed 50 students. Ohio caseload cap set at not to exceed 50 students or 40 preschool students. Rhode Island caseload cap set at not to exceed 33 students. Wisconsin caseload cap set at minimum 15 students and not to exceed 30 students or 45 students when OT/OTA partnership exists. [3] New York session cap.

To Hire or To Contract

Deciding between hiring or contracting is the choice districts face when meeting occupational therapy service coverage needs. To make the right decision, it is essential to weigh the advantages and disadvantages of each option, considering the specific requirements of the district or school program.

Employee

Refers to a therapy practitioner employed by the district for a specific duration with set hours, which can be full time with benefits or part time with reduced benefits. In the case of traditional employment, the district is responsible for recruitment, verification of license/credentials, and liability of the practitioner. In addition, the district maintains responsibility for providing adequate space, assessments tools, materials, supplies, and equipment for therapy services to be adequately provided.

> ⚠️ **Do Not Confuse a Contract Employee with an Independent Contractor**
>
> Avoid confusion between a contract employee and an independent contractor. A contract employee operates under terms set by the district, specifying conditions of employment. This may include maintaining professional certification and licensure. An independent contractor is distinct; consult IRS definitions for clarity. Districts must adhere to regulatory bodies—IRS, Department of Labor, State Unemployment, Workers Compensation Insurance Agency, State Tax Departments, and National Labor Relations Boards—when classifying workers. The district lacks authority to declare an employee as an independent contractor.

Independent Contractor

The district may enter into a contractual agreement with a business entity (e.g., a private practitioner, agency, corporation). When contracting with (or purchasing services from) an independent contractor, the terms of the contract or agreement typically generated by the business entity would be mutually determined.

A contract for services should outline the service to be provided, the hours required, and the predetermined rate for reimbursement (e.g., hourly, daily, or service specific amount). It is recommended that the attorney for the district and appropriate administration review the contract prior to final approval. Understanding the services being purchased is important to the district's flow of operations. Important points to consider:

- Will the district be provided with a therapy practitioner that possesses and maintains knowledge in school practice?
- What type of supervision will the therapy practitioner receive from the business entity?
- Who will ensure compliance with state and professional practice standards, as well

as background verification?
- What resources (e.g., current assessment tools, equipment, supplies) will the therapy practitioner have at their disposal through the business entity?
- What will happen in the event of a practitioner's leave of absence?

Some agencies provide a package of services while others make a match of personnel. A package of services may include additional support, such as independent educational evaluations, consultation services for problem solving, and specialty workshops or training for district staff.

For more information specific to Connecticut's Independent Contractor Classification, please see the Connecticut Department of Labor web site.

Table 7.2

To Hire or To Contract: Decision Guide
Deciding whether to hire an employee or seek an independent contractor

Expertise & Qualifications
Who checks the OT or OTA qualifications & ongoing commitments?
Qualifications
- ☐ Degree in occupational therapy (i.e., OTA associate or bachelor degree; OT bachelor, master, or doctorate degree)
- ☐ Passed national certification exam (i.e., NBCOT or predecessor organization)
- ☐ Current CT DPH license (or Limited Permit Holder with required OT supervision)
- ☐ School or pediatric experience
- ☐ Specialty certifications or additional training applicable to school practice

Ongoing Commitments
- ☐ Renewal of CT DPH license
- ☐ Renewal of NBCOT when using R or C credentials (i.e., OTR; COTA)
- ☐ Continuing competence & professional development in school occupational therapy practice
- ☐ Compliance with AOTA Code of Ethics; NBCOT Code of Conduct

Cost & Budget
What should I consider during budgetary planning?
- ☐ Salary, employee benefits, long-term expenses
- ☐ Onboarding & training requirements
- ☐ Resources & supplies needed
- ☐ Supervision expenses
- ☐ Retention or replacement costs

Flexibility & Commitment
What are the school/district needs for occupational therapy services?
- ☐ Short- or long-term coverage
- ☐ School year & extended school year coverage
- ☐ Fluctuating caseload or consistent demand
- ☐ Critical need to build capacity for improving student outcomes

Supervision & Oversight

What is the district's capacity for supervision and oversight?

- Direct control over activities or external support for supervision
- Knowledge of high quality services in school OT practice
- Annual appraisal & professional development planning
- Access to a supervising OT for OTAs & a predetermined supervision plan for emergency situations per CT OT Practice Act
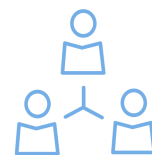
Consistency of Services & Practitioner

What is expected for consistency of services & assigned practitioner across time?

- Dedicated OT or OTA
- Emergency coverage
- Consistent hours/week
- Episodic coverage (e.g., conduct evaluations, support preschool program, ESSA population focus, episodic student programming, training)

Integration into School Culture

Should the OT or OTA fit into the school's culture & work with others?

- Understand school's needs & dynamics (e.g., school mission, vision, strategic plan)
- Engage in interprofessional collaboration for student & district programming
- Provide tailored training/professional development for district or school staff

Accessibility & Response Time

How quickly are occupational therapy services needed?
How accessible should the occupational therapy practitioner be for emergencies or urgent situations?

- Readily available for scheduling accommodations & meetings
- Limited schedule yet with advanced notice can join virtual meetings, adjust schedule on days when in district, or secure substitute for IEP or 504 meetings when not available

Liability & Legal Considerations

Are OTs or OTAs part of a collective bargaining agreement?
Who carries liability coverage?
Who ensures the OT or OTA is practicing within their scope of practice?

- Adhere to CT OT Practice Act
- Maintain practice competence as described in current edition of AOTA's Occupational Therapy Practice Framework

Resources & Materials

Who will provide resources needed for occupational therapy service?

- Assessments
- Technology & supplies
- Evidence based resources

Community Relationships

How will relationships be fostered within the school/district community?

- Inclusion in school & district committees (e.g., curriculum team, SEL programming)
- Participation in school & district events (e.g., open house, parent teacher conferences)

General Supervision of Occupational Therapy Practitioners

General supervision is a teamwork process where two or more people collaborate to build, sustain, or improve continuing competence and performance (AOTA, 2020b). It relies on mutual understanding of each other's education, experience, and credentials. The supervisory relationship and process offer education, support, growth, effective resource use, and professional contributions. Administrative, educational, and supportive supervision together foster the continuing competence of skilled, ethical, and professional occupational therapy employees (Figure 7.1)

Administrative
Supervisor oversees the work of practitioners to ensure that they adhere to agency policies, meet organizational goals, and effectively carry out their job responsibilities.

Educational
Supervisor observes, provides feedback, & collaboratively discusses occupational therapy practice. This process aims to improve practitioner's continuing competence.

Supportive
Supervisor aims to reduce job stress, foster a nurturing environment for success, self-belief, & professional growth amidst challenging work conditions.

Fig. 7.1 Administrative, education, and supportive supervision. Administrative duties include tasks such as staffing allocations, managerial responsibilities, policy creation, and the formulation of job descriptions. Educational duties include professional development planning, training, and transferring knowledge. Supportive duties include creating a climate of safety and trust, mentoring, and promoting professional effectiveness.

1. **Schedule supervision meetings** to leverage discussions on administrative, educational, and supportive supervision and needs (e.g., need for information, inclusion, training).
2. **Engage in discussions** analyzing continuing competence in school practice specific to knowledge, professional reasoning, interpersonal skills, performance skills, and ethical reasoning.
3. **Identify and use quality indicators** to close gaps and discuss what school practice looks like and does not look like.
4. **Find opportunities** for the OT and/or OTA to share their expertise with others.
5. **Engage** OT and/or OTA in school and district initiatives.
6. **Promote meaningful professional development plans** that emphasize effective school services and improved student outcomes (Swinth & Laverdure, 2023).
7. **Set up peer supervision** that embraces reflective practice.
8. **Provide mentoring** focused on advancing best practice in supporting student learning.
9. **Encourage collaborative learning** with team members in which each person contributes their professional lens.
10. **Use caution.** While OTs and OTAs are classified as non-certified by the CT SDE, be cautious that you do not treat them as invisible support staff.

OTs and OTAs complete pre-service education accredited by ACOTE to work in schools. They also obtain national certification through NBCOT and hold a state license to practice, issued by CT DPH.

Professional Supervision of Occupational Therapy Assistants

In accordance with the Connecticut Occupational Therapy Practice Act, a licensed occupational therapy assistant must practice only under the professional supervision of an occupational therapist that is authorized to practice occupational therapy in the State of Connecticut.

In addition**, an emergency supervision plan** must be developed in the event that a supervising occupational therapist is absent (e.g., during ESY, FMLA, resignation). The administrator who oversees occupational therapy staffing would hold the responsibility for the emergency plan. Contracting an occupational therapist to professionally supervise an occupational therapy assistant employee may be a short- or long-term option.

> ⚠️ **Considerations for Establishing an OT/OTA Employee/Contractor Partnership**
>
> Clearly outline the roles and responsibilities of employee and contractor in providing OT and OTA services. This should include specific tasks, expectations, and the scope of work for each role. A contractor would not be authorized to provide general supervision of the employee (e.g., conduct an annual performance evaluation, propose salary adjustments, participate in personnel decisions). They would however comply with relevant regulations and licensing requirements for services. Ensuring a cohesive and well-coordinated approach between an employee and contractor is essential for the effective delivery of OT/OTA partnerships. Clear communication, proper planning, and adherence to professional and legal standards contribute to a successful working arrangement.

AOTA (2020b) states that "occupational therapy assistants deliver occupational therapy services within a supervisory relationship and in partnership with occupational therapists" (p. 2). A supervisory plan that outlines the level of supervision (Table 7.3) would be mutually created by the occupational therapist and occupational therapy assistant. When determining the appropriate level of supervision, they would take into account: (a) the experience of both the occupational therapist and the assistant in school practice, (b) the quality of the working relationship between the occupational therapist and assistant, and (c) the specific requirements of school programming, such as the pace of changes, complexity of student needs, new initiatives, and expanded team roles. To supplement direct contact, indirect contact may include phone conversations, written correspondence, electronic exchanges, and other methods using secure telecommunication technology. The occupational therapist and occupational therapy assistant should keep a shared supervision log noting how often they communicate, the method or type of supervision, topics covered, and the names and credentials of those involved.

It is important to note that the process of supervision is not one-sided nor is the occupational therapy assistant the only one who benefits. Instead, it is a collaborative partnership that encourages the growth of both practitioners and should be an interactive practice that happens on a continual basis, with each practitioner bringing their own expertise and strengths to the table (Frolek Clark, et al., 2019).

Table 7.3

Levels of Supervision: Occupational Therapist & Occupational Therapy Assistant
Descriptions of different levels of professional supervision ordered from the highest to lowest frequency of check ins. Use any individually or combined per need.

Immediate Supervision	Direct, on-site supervision at all times (face to face)
Close Supervision	Daily, direct contact (within speaking distance
Routine Supervision	Initial then contact at least every 2 weeks with interim supervision as needed
Regular Supervision	Initial then contact at least every month with interim supervision as needed
Minimal Supervision	On an as needed basis (can be monthly)

Annual Appraisals, Job Descriptions, & PD Planning

Annual appraisals offer a systematic approach to assess an employee's performance. Incorporating a reflective element, observations, artifact collection, collaborative discussions, and situational context considerations enhances the process (see Figure 7.2 & Table 7.4). This approach aids in recognizing and acknowledging the employee's strengths and achievements, while also pinpointing areas for capacity building, such as taking on expanded roles, initiating new projects, deepening knowledge, and aligning with educational priorities.

Fig. 7.2 Annual Appraisal Process. Begins with orientation/review, followed by a self-assessment to inform adjustments in professional development plan & supervisory needs for the year, pre-conference discussions, formal & informal observations, post-conference discussions, annual appraisal that captures ratings from multiple sources, & development/revision of professional development plan moving forward.

Conducting annual appraisals should aim to advance evidence-based practice, educationally relevant programming, interprofessional teaming, and school occupational therapy services. Listed below are examples of objectives to consider for each element.

Table 7.4 Annual Appraisal Process	Examples of Objectives

Orientation/ Review Meeting	• Review & update job description as needed (Appendix 7.1)
	• Converse about district's strategic initiatives
	• Discuss professional development (PD) plan
	• Recognize current & future needs for upcoming school year
	   ○ Roster of students requiring OT services
	   ○ Access to student records
	   ○ Technology & access
	   ○ Upcoming screenings & evaluations
	   ○ Need to know information
	   ○ Mandated trainings & professional development
	• Schedule meetings & observations for the school year

Self-Assessment	● Reflect on professional past, current, & future needs
	● Prioritize needs relevant to immediate & future practice
	● Identify strategies for meeting professional goals (be specific and identify the when, where, & how you will implement)
Pre-Conference	● Discuss upcoming observations & review the following
	○ Student(s) or group(s) to be observed
	○ IEP services & objectives supported by OT
	○ Intervention plan(s)
	○ Data collection systems to determine effectiveness
	○ Location of services
Observation	● Collect evidence specific to[1]
	○ Promoting a positive learning environment
	○ Engaging student in learning strategies, celebrating achievements, & reinforcing appropriate conduct
	○ Effectively managing routines & transitions
	○ Promoting just-right challenges for student to progress
	○ Using professional reasoning, empathy, and a student-centered, collaborative approach to service
Post-Conference	● Discuss & provide time for reflection on
	○ Services observed
	○ Progress of student(s) or group(s)
	○ Adjustments made during service provision
	○ Future service recommendations & needs
	● Review supporting artifacts
	○ Contact notes & evidence of consultation
	○ Data collection
	○ Students' work samples
	● Provide feedback
	● Identify opportunities for additional formal or informal observations
Annual Appraisal	● Rate employee's performance based on district's set criteria
	● Discuss effectiveness of PD plan in relation to
	○ Student outcomes
	○ Job performance
	○ Personal satisfaction
	● Review ratings, artifacts, & PD plan with employee and focus discussions on further advancing employee's professional growth
	● Recognize & appreciate the employee's hard work & accomplishments achieved in the past year
	● Discuss next steps & follow ups

Professional Development Plan	● Jointly develop a PD plan, considering upcoming requirements in relation to standards for continuing competence (AOTA, 2021a), district's strategic initiatives, and upcoming opportunities. PD plans may focus on ○ Advancing knowledge ○ Applying professional reasoning ○ Maintaining professional relationships ○ Demonstrating performance skills ○ Making responsible decisions in context to one's roles in school practice

Note. [1]The Connecticut State Department of Education provides a tool for supervisors involved in collecting evidence, providing high quality feedback, and informing professional development plans focused on Connecticut's Common Core of Teaching for support personnel. A companion evidence guide of illustrative examples is published for speech and language services. A guide is not available for occupational therapy services.

Scope of Practice: OT and OTA

Information within this section was gathered and adapted from the AOTA Standards of Practice (2021b); Occupational Therapy Practice Framework (2020c); AOTA Code of Ethics (2020a); AOTA Guidelines for Supervision, Roles, and Responsibilities (2020b); and Best Practices for Occupational Therapy in Schools, 2nd edition (2019). Information may be used when developing a job description for an occupational therapist or occupational therapy assistant (see appendix for sample job descriptions).

OCCUPATIONAL THERAPIST	OCCUPATIONAL THERAPY ASSISTANT

✛ Skills, Knowledge, & Abilities

❖ Finished academic & fieldwork in an AOTA accredited occupational therapy program	❖ Finished academic & fieldwork in an AOTA accredited occupational therapy assistant program
❖ Passed the NBCOT national certification exam	❖ Passed the NBCOT national certification exam
❖ Licensed to practice in CT	❖ Licensed to practice in CT
❖ Experience in school practice preferred	❖ Experience in school practice preferred
❖ Knowledge of IDEA, Section 504, & ESSA	❖ Knowledge of IDEA, Section 504, & ESSA

✛ Supervision

❖ Assesses & determines skill competency of OTA for delivering services	❖ Demonstrates skill competency to the OT for delivering services
❖ Works closely with the OTA in determining level of supervision needed and engages in supervisory tasks	❖ Works closely with the OT, engaging in supervisory tasks and requesting more supervision as necessary
❖ After at least one year in school practice, can supervise Level I and II OT and OTA interns	❖ After at least one year in school practice, can supervise Level I OT and OTA interns and Level II OTA interns

OCCUPATIONAL THERAPIST	OCCUPATIONAL THERAPY ASSISTANT

✛Child Find & Early Intervening Screenings

- ❖ Assist with universal screenings when appropriate
- ❖ For individual screenings, review files, observe, collect student work, & interview the team/teacher
- ❖ Share recommendations with the team/teacher for student specific instructional strategies
- ❖ Collaborate with OTA when applicable

- ❖ For individual screenings, after demonstrating skill competency, may review files, observe, collect student work, & gather data from the team/teacher
- ❖ Share findings with the supervising OT & collaboratively plan how to share recommendations with the team/teacher for student specific instructional strategies

✛Referral for Evaluation

- ❖ May be part of the team to determine whether the student should be referred for a full and individual evaluation to determine eligibility for special education and related services
- ❖ Use professional judgment while considering educational data, parent/team concerns, and student challenges to recommend an occupational therapy evaluation to the team
- ❖ Choose evaluation methods and appropriate assessment tools to identify what helps and hinders the student's participation in school

- ❖ When receiving a referral for an occupational therapy evaluation, discuss with the supervising OT. Together, identify the referral source, presenting concerns, and data from previously tried strategies.
- ❖ The evaluation plan is finalized by the OT.

✛Evaluation

- ❖ Responsible for the evaluation process
- ❖ Administer, score, and interpret assessments
- ❖ Interpret information gathered by the OTA and integrate that information in the evaluation and decision-making process
- ❖ Provide input to the team as to whether the child requires occupational therapy to benefit from or access their educational program

- ❖ After demonstrating skill competency, as determined by the OT, may complete file review, observation, administer and score select portions of standardized assessments, gather student work samples
- ❖ Report findings to supervising OT

OCCUPATIONAL THERAPIST	OCCUPATIONAL THERAPY ASSISTANT

✚ Parent, PPT, & IEP Meetings

- ❖ Serves as a team member for students requiring occupational therapy
- ❖ As a team member, would attend IEP meetings specifically when knowledge or special expertise of the student pertaining to occupational therapy is discussed
- ❖ At IEP meetings, recommend individual screen, occupational therapy evaluation, or addition/change in occupational therapy service

- ❖ Serves as a PPT member, especially when the provider of occupational therapy services
- ❖ Attends meetings for the purpose of conveying & gathering information regarding student progress
- ❖ At IEP meetings, with supervising OT direction, recommend individual screen, occupational therapy evaluation, or addition/change in occupational therapy service

✚ IEP Development

- ❖ Provides data to understand student's present levels, strengths, needs, and impact
- ❖ Serves as a team member when developing the IEP goals & objectives

- ❖ Provides data to understand student's present levels, strengths, needs, and impact
- ❖ Provides input and serves as a team member when developing the IEP goals & objectives in collaboration with the supervising OT
- ❖ Ensures that supervising OT reviews all related information prior to IEP finalization

✚ Intervention

- ❖ Determine specific service delivery model and intervention approach based on selected theories, frames of reference, and evidence
- ❖ Provide services in accordance with the IEP, 504 plan, or GenEd initiative
- ❖ Consult with team members regarding student(s) needs
- ❖ Provide training to paraeducators for carry over of strategies & accommodations
- ❖ Provide intervention and review progress towards targeted outcomes

- ❖ Develop and carry out intervention plan in collaboration with OT
- ❖ Responsible for reviewing and understanding evaluation results that impact intervention plan, as well as student needs
- ❖ Provide services in accordance with the IEP, 504 plan, or GenEd initiative
- ❖ Consult with team members regarding student(s) needs
- ❖ Provide training to paraeducators for carry over of strategies & accommodations
- ❖ Provide intervention and review progress towards targeted outcomes with supervising OT

OCCUPATIONAL THERAPIST	OCCUPATIONAL THERAPY ASSISTANT

✚Outcomes

- ❖ Report progress, verbally and/or written, at least annually or as determined by the IEP or 504 Plan

- ❖ In collaboration with the supervising OT, report progress, verbally and/or written, at least annually or as determined by the IEP or 504 team

✚Discontinuation

- ❖ Recommend, to the team, whether discontinuation of services is warranted
- ❖ Complete documentation on present level of performance as part of discontinuation summary

- ❖ In collaboration with the OT, recommends, to the team, whether discontinuation of services is warranted
- ❖ Contribute to documentation on present level of performance as part of discontinuation summary

✚Documentation

- ❖ Complete documentation, including data collection, on occupational therapy services (e.g., contact notes, progress reports, Medicaid) for own caseload
- ❖ Review all formal documentation completed by OTA
- ❖ Review and sign off on Medicaid documentation completed by OTA
- ❖ Participate in recording OTA supervision

- ❖ Complete documentation, including data collection, on occupational therapy services (e.g., contact notes, progress reports, Medicaid) for own caseload
- ❖ Participate in recording supervision with OT

✚Working Conditions

- ❖ Travel between schools
- ❖ Physical demands include moving therapy equipment & assisting with student transfers, as well as bending, crawling, kneeling, and moving on and off the floor.

- ❖ Travel between schools
- ❖ Physical demands include moving therapy equipment & assisting with student transfers, as well as bending, crawling, kneeling, and moving on and off the floor.

Medicaid Cost Recovery:
School Occupational Therapy

Since 1988, Medicaid has helped cover costs for eligible school physical and behavioral health services outlined in students' IEPs. Students who receive "preventive care, mental health and substance use disorder (SUD) services, physical and occupational therapy, and disease management have been shown to improve both health and academic outcomes" (CMS, 2023, p. 5). In 2014, the Free Care Rule expanded reimbursement options for schools beyond IEP services. It's crucial to grasp this funding source and its connection to educational services (Table 7.4).

Table 7.4
School Occupational Therapy Services & Medicaid

1. Funding
Section 504 lacks funding, IDEA faces insufficient funding, and School-based Medicaid assists in mitigating expenses. In CT, occupational therapy is a covered Medicaid service, and the payment rate is determined using an approved method.

2. OT Process
Evaluation >>> Intervention >>> Outcomes
By following the occupational therapy process of evaluation to intervention to outcomes, providers align with and meet the requirements of IDEA, 504, and Medicaid.

3: Educational Relevance
When developing an IEP or 504 plan, focus on making it educationally relevant. This approach ensures that the team creates an IEP or 504 plan that emphasizes the student's right to a free and appropriate public education and attain educational benefit.

4. Medical Necessity
Although Medicaid should never impact decisions about a student's service needs, it's useful to understand that Medicaid is determined by medical necessity. This means that health services are required to meet a student's physical and behavioral health needs.

5. Consent & Written Notification
The LEA needs a one-time voluntary parental consent under FERPA to release Personally Identifiable Information to the Medicaid agency. Parents can revoke consent at any time. In addition, the LEA must provide parents with written notification on their rights and protections when a public agency accesses their or their child's public benefits.

6. Documentation
Practitioner completes auditable Medicaid documentation of direct skilled services provided as outlined in the student's IEP or 504 plan. The LEA prepares and submits reporting to the Medicaid agency for cost recovery of direct services provided to Medicaid enrolled students and allowable administrative costs.

Medicaid is a joint state-federal program (Department of Social Services (DSS), no date, para 2). "Since 1988, Medicaid has been required to pay for certain IDEA services that are both educationally related and also medically necessary services under Medicaid" (AOTA, no date, para 1).

School occupational therapy services provided under IDEA 2004 and Section 504 of the Rehabilitation Act may be deemed medically necessary under criteria set by the state Medicaid agency and the state educational agency in an interagency agreement and would, therefore, be covered under Medicaid (AOTA, no date, para 2). The interagency agreement also details how school districts can seek reimbursement, including conditions and terms of reimbursement (AOTA, no date, para 9).

In Connecticut, the DSS is the state Medicaid agency. The DSS administers the Medicaid School Based Child Health Program, "the mechanism by which a school district may seek federal Medicaid reimbursement for many of the Medicaid covered services that are provided to an eligible student pursuant to the student's IEP" (DSS, no date, para 2). School occupational therapy is covered under Medicaid in Connecticut. Practitioners, therefore, may be involved in their school district's Medicaid billing. The focus of Medicaid on medically oriented therapy goals, rather than educational goals, however, could create some confusion. Seeking Medicaid reimbursement for school occupational therapy services does not require practitioners to use a medically-based model; practitioners should continue to provide school services and design IEP goals and objectives appropriate for school practice.

For more information on Medicaid reimbursement in Connecticut, please visit the DSS web site, [Medicaid School Based Child Health Program](#).

Medicaid Resources

AOTA New Medicaid Guidance

New Medicaid guidance for school-based services, new opportunities | AOTA

The American Occupational Therapy Association provides information on new medicaid guidance with the enactment of the Safers Community.

Connecticut Medicaid School Based Child Health Program

School Based Child Health - SBCH.

In Connecticut, the School Based Child Health Medicaid program (SBCH) is the mechanism by which a Local Educational Agency (LEA) may seek Medicaid reimbursement for Medicaid-related health-care services when provided to an eligible student pursuant to that student's Individualized Education Program (IEP). SBCH also provides a means for LEAs to seek federal reimbursement for expenditures related to administrative activities that are included in the SBCH provider agreement and are related to the state's Medicaid program.

Connecticut School Based Child Health Parental Consent

School Based Child Health (SBCH)--Related Resources

CT forms and resources for determining processes for when seeking parental consent for sharing information with the Medicaid agency.

Medicaid and School Health

Medicaid

A federal managed website regarding the broad guidelines set for Medicaid and school health

Medicaid Services and Administrative Claiming

New guidance set in 2023 for administrative claiming of Medicaid services in schools.

National Alliance for Medicaid in Education, Inc

National Alliance for Medicaid in Education

The National Alliance for Medicaid in Education, Inc. (NAME) is a non-profit 501(c) (3) organization composed of members from the nation's school districts and state Medicaid and Education agencies who are involved in administration of Medicaid claiming for school-based services.

References

American Occupational Therapy Association. (2020a). AOTA 2020 occupational therapy code of ethics. *American Journal of Occupational Therapy, 74*(Suppl. 3), 7413410005. https://doi.org/10.5014/ajot.2020.74S3006

American Occupational Therapy Association. (2020b). Guidelines for supervision, roles, and responsibilities during the delivery of occupational therapy services. *American Journal of Occupational Therapy, 74*(Suppl. 3), 7413410020. https://doi.org/10.5014/ajot.2020.74S3004

American Occupational Therapy Association. (2020c). Occupational therapy practice framework: Domain and process (4th ed.). *American Journal of Occupational Therapy, 74*(Suppl. 2), 7412410010. https://doi. org/10.5014/ajot.2020.74S2001

American Occupational Therapy Association. (2021a). AOTA 2021 Standards for continuing competence in occupational therapy. *American Journal of Occupational Therapy, 75*(Suppl._3). https://doi.org/10.5014/ajot.2021.75S3009

American Occupational Therapy Association. (2021b). Standards of practice for occupational therapy. *American Journal of Occupational Therapy*, *75,* (Suppl. 3*). https://doi.org/10.5014/ajot.2021.75S3004*

Centers for Medicare and Medicaid Services (CMS). (2023). Delivering services in school-based settings: A comprehensive guide to medicaid services and administrative claiming. Retrieved from https://www.medicaid.gov/sites/default/files/2023-07/sbs-guide-medicaid-services-administrative-claiming-ud.pdf

Corley, A., Ryan, C., Krug, J., & Britt, A. (2023) Implementation of Best Practice in the School-based Setting, *Journal of Occupational Therapy, Schools, & Early Intervention, 16*:1, 1-14, DOI: 10.1080/19411243.2021.2003739

Every Student Succeeds Act of 2015, Pub. L. No. 114-95 § 114 Stat. 1177.

Frolek Clark, G., Rioux, J., & Chandler, B. (2019). *Best Practices for Occupational Therapy in Schools* (2nd ed.). Bethesda, MD: AOTA.

Individuals with Disabilities Education Improvement Act of 2004, 34 CFR § 300 *et seq.* (2004).

Laverdure, P., VanCamp, A. B., & LeCompte, B. (2023). Empowering ESSA's value in schools. *OT Practice, 28*(4), 15–19.

Rehabilitation Act of 1973, as amended 29 U. S. C. § 794 (2008).

Pfirman, N., Rivera, C., & Saffer, A. (2023). Health promotion and wellness for all students: School-based occupational therapy as a preventive approach. *American Journal of Occupational Therapy, 77*(2), 7702090010. doi: https://doi.org/10.5014/ajot.2023.050242

Rioux, J., & Jackson, L. (2019). Best practices in determining a workload approach. In G. Frolek Clark, J. Rioux, & B. Chandler (Eds.). (2019). *Best practices for occupational therapy in schools* (2nd ed.). Bethesda, MD: AOTA Press.

Seruya, F. M., & Garfinkel, M. (2020). Caseload and workload: Current trends in school-based practice across the United States. *American Journal of Occupational Therapy, 74*, 7405205090. https://doi.org/10.5014/ajot.2020.039818

Swinth, Y, & Laverdure, P. (2023). *10.25.23 How to Write a Meaningful Professional Development Plan - Yvonne Swinth and Patty Laverdure.* Retrieved from https://www.youtube.com/watch?v=OqXGTqFyh7o

Appendix 3.1 Sample Job Descriptions

Occupational Therapy Assistant Job Description
  Responsible for working partnership with the supervising OT to foster student engagement within the educational setting by delivering OT services in accordance with ESSA, IDEA, and Section 504.

Qualifications
- Successfully completed academic & fieldwork requirements from an accredited OTA program
- Maintain state licensure, & current NBCOT certification preferred
- Demonstrate excellent interpersonal skills, strong communication & organizational skills, & willingness to work closely with team members

Responsibilities
- Collaborate with supervising occupational therapist to participate in screenings, evaluations, & referral processes, ensuring alignment with ESSA, IDEA, and Section 504 regulations
- Work alongside the supervising occupational therapist and team to develop educationally relevant and measurable goals and objectives for students
- Implement direct occupational therapy services to students based on IEPs, 504 plans, or prior approved projects
- Contribute as a member of Multi-Tiered Systems of Support teams (e.g., RtI) to provide tiered interventions tailored to students' needs
- Ensure through data collection and documentation following therapy services, including progress reports and Medicaid documentation
- Actively participate in IEP, parent-teacher, and team meetings, collaborating with supervising occupational therapist for final recommendations to the team
- Engage in supervisory activities with occupational therapist & advocate for additional supervision when necessary
- Consult with educational team members to address specific student needs fostering collaboration and compliance with ESSA, IDEA, and Section 504
- Facilitate in-service education, training, & professional development for related service staff and school personnel
- Conduct routine inspections of therapy equipment to maintain safety & functionality, discontinuing use and seeking repair or replacement as needed
- Serve as a fieldwork educator for Level 1 OT & Level 1 or 2 OTA interns, when appropriate

Physical Working Conditions
- Travel between buildings is mandatory
- Physical requirements include moving equipment and transferring students. Moving on/off the floor and performing a variety of physical movements (e.g., bending, crawling, kneeling, squatting) are expected

These statements are intended to describe the general nature and level of work being performed rather than give an exhaustive list of all duties and responsibilities.

Occupational Therapist Job Description

Responsible for fostering student engagement within the educational setting by delivering OT services in alignment with ESSA, IDEA, and Section 504.

Qualifications

- Successfully completed academic & fieldwork requirements from an accredited OT program
- Maintain state licensure, & current NBCOT certification preferred
- Demonstrate excellent interpersonal skills, strong communication & organizational skills, & willingness to work closely with team members

Responsibilities

- Conduct screenings & evaluations, formulate measurable educational goals & objectives, plan & implement interventions, & gather meaningful & relevant data in compliance with ESSA, IDEA, and Section 504 as appropriate
- Share evaluation results & reports with educational team, parents, students, and relevant professionals or agencies as authorized
- Develop and deliver direct occupational therapy services to students based on IEPs, 504 plans, or prior approved projects
- Participate as a member of Multi-Tiered Systems of Support teams (e.g., RtI, curriculum teams, building teams) & provide tiered interventions, as appropriate
- Document therapy services thoroughly, including progress reports & Medicaid documentation
- Engage in IEP, parent-teacher, and team meetings to contribute insights and collaborate on student support strategies
- Consult with educational team members regarding specific student needs within the framework of ESSA, IDEA, and Section 504
- Facilitate in-service education, training, & professional development for related service staff and school personnel as needed
- Conduct regular inspections of therapy equipment to ensure safety and functionality, and take appropriate action if any products are damaged
- Provide supervision for OTAs & serve as a fieldwork educator for OT and OTA interns, when appropriate

Physical Working Conditions

- Travel between buildings is mandatory
- Physical requirements include moving equipment and transferring students. Moving on/off the floor and performing a variety of physical movements (e.g., bending, crawling, kneeling, squatting) are expected

These statements are intended to describe the general nature and level of work being performed rather than give an exhaustive list of all duties and responsibilities.

PROFESSIONAL ROLES & RESPONSIBILITIES
Section 4

Learning Objectives
Readers will gain a better understanding of
- Professional roles in school practice
- Responsibilities including continuing competence and professional development
- Requirements for professional licensure, national certification, and adherence to ethical standards

Professional Roles & Responsibilities

In school settings, occupational therapy practitioners are dedicated to their profession, the learners they serve, and the broader school community. Their roles encompass a range of responsibilities, from screening and evaluating students to collaborating with educators and administrators. As screeners and evaluators, they identify students' strengths and needs, ensuring that each learner can fully participate in their educational experience. By acting as collaborative consultants, they work closely with other professionals to develop strategies and interventions that support students' success across various contexts.

Commitment to the Profession	Commitment to the Learner	Commitment to the Community

Screener & Evaluator	Service Provider	Collaborative Consultant	Administrator & Manager	Leader & Scholar
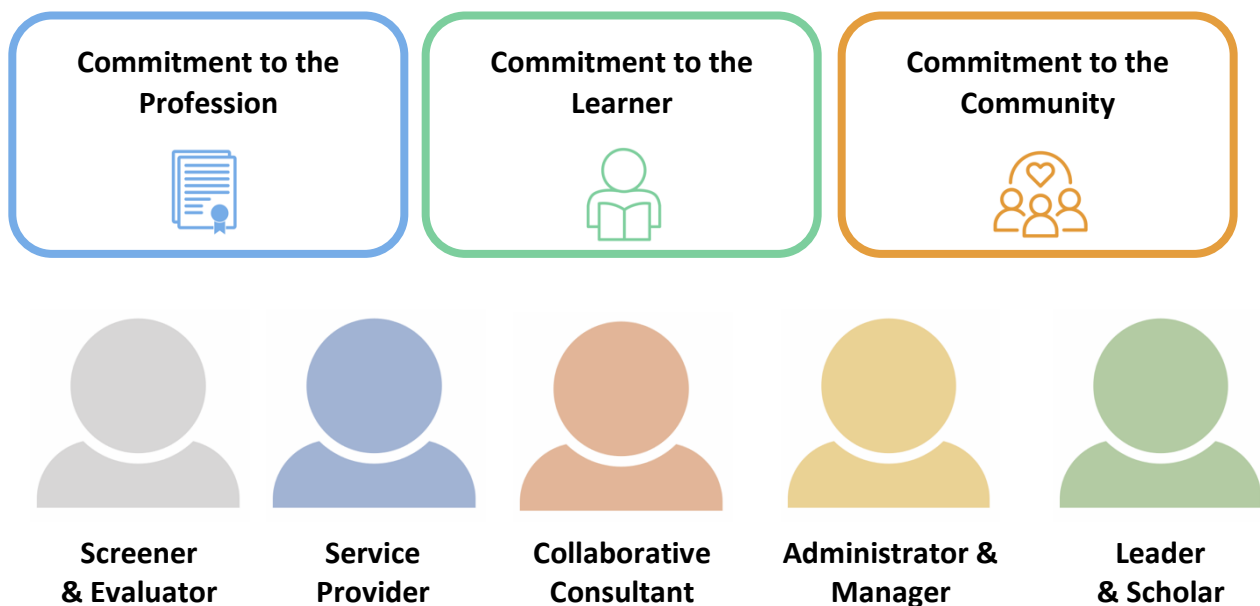
Occupational therapy practitioners also assume critical roles as administrators, managers, leaders, and scholars within the educational environment. Their commitment to the profession drives them to uphold ethical standards, pursue continuous learning, and contribute to the development of best practices. As leaders and scholars, they advocate for policies and practices that enhance the well-being of students and the school community. Through these diverse roles, occupational therapy practitioners not

only fulfill their professional duties but also contribute to a thriving educational environment that prioritizes the growth and success of every learner (see Table 4.1).

Table 4.1 Professional Roles of School Occupational Therapy Practitioners

Roles	Examples
Screener & Evaluator	**Student** ● Identify student's strengths, needs, & performance patterns for participation ● Identify educational goals with strategies for optimal participation
Service Provider	**System** ● Consult with Central Office for planning activities (e.g., playground equipment) ● Develop protocols for managing student needs during emergencies (e.g., fire drills) ● Design and select curriculum for specific educational transitions (e.g., middle school to high school) ● Address parenting strategies for homework and self-management ● Enhance instructional methods through student engagement training **School** ● Build neurodiversity awareness ● Provide school-wide ergonomics checks ● Contribute to Multi-Tiered Systems of Support ● Consult on building construction and renovation projects ● Participate in school health and safety committees **Grade** ● Provide in-services (e.g., integrating math concepts through physical activity, building participation in the occupation of reading) **Classroom** ● Collaborate with teachers to design classroom environments, schedules, and routines **Group** ● Lead center-based or station-based learning activities in classrooms ● Coordinate before or after school groups promoting social skills, study skills, fitness, and personal care habit **Student** ● Implement & assess interventions specified in IEP or Section 504 plan

Collaborative Consultant	**Student** ● Increased engagement in school occupations and activities ● Inclusion in supportive and consistent learning environments ● Participation in the least restrictive educational settings ● Enhanced access to necessary services
Administrator & Manager	**Student** ● Engagement in supportive & consistent learning environments ● Participation in least restrictive environments
Leader & Scholar	**Student** ● Access to evidence-based services
Across Roles	**Staff** ● Understand medical, developmental, & psychosocial impacts on learning ● Increase knowledge of the student as a learner ● Base educational programming decisions on student participation data ● Improve ability to differentiate instruction ● Identify professional development needs **School Community** ● Identify school environment assets & barriers ● Implement strategies for promoting health & well-being ● Foster a diverse & inclusive school climate ● Create accessible environments using modifications & technology **Family** ● Gain knowledge of their child as a learner ● Partner in supporting child's learning & participation ● Strengthen collaborative partnerships with school teams ● Access information & resources ● Enhance ability to advocate for their child's needs ● Improve skills & strategies for planning & executing transitions

*See the administration chapter for the distinct scope of practice of the OT and OTA practitioner.

Overview of Professional Responsibilities

This section provides a comprehensive overview of the professional responsibilities required of school occupational therapy practitioners in Connecticut. It covers essential areas such as national certification, state licensure, ethical conduct, and best practices, along with the importance of continuing competence and professional development. By adhering to these standards, practitioners ensure they are equipped to meet the diverse needs of students, contribute effectively to the school community, and uphold the integrity of the occupational therapy profession.

National Certification

Connecticut school occupational therapy practitioners must pass the national certification exam administered by the National Board for Certification in Occupational Therapy (NBCOT). Successful candidates who pass and maintain this certification earn the credentials OTR (Occupational Therapist Registered) or COTA (Certified Occupational Therapy Assistant).

Initial Certification Requirement
- Graduate from an accredited occupational therapy program
- Complete all fieldwork requirements
- Agree to abide by NBCOT's practice and code of conduct standards
- Pass the National Board for Certification in Occupational Therapy exam

Maintaining Certification
- Attest to meeting all certification requirements within the preceding three years
- Complete 36 Professional Development Units (PDUs)
- PDUs can be earned through various NBCOT-recognized activities

For detailed information on initial certification, renewal, available resources, and credential verification, visit the NBCOT website.

State Licensure

The Connecticut Department of Public Health oversees occupational therapy practice in the state. Connecticut's Practice Act defines occupational therapy, establishes licensing criteria, and outlines disciplinary actions for practitioners. The department manages licensure for healthcare providers, including occupational therapists and occupational therapy assistants, who must meet specific requirements to practice in Connecticut.

Initial Licensure Requirements: Occupational Therapists
- Hold a degree in occupational therapy from an AOTA-accredited program
- Complete at least 24 weeks of supervised fieldwork experience
- Pass the National Board for Certification in Occupational Therapy exam
- Recent graduates may qualify for a temporary permit (up to 120 days) under direct supervision of a licensed occupational therapist.

Initial Licensure Requirements: Occupational Therapy Assistants
- Hold an associate degree in occupational therapy assistant from an AOTA-accredited program
- Complete at least 16 weeks of supervised fieldwork experience
- Pass the National Board for Certification in Occupational Therapy exam
- Recent graduates may qualify for a temporary permit (up to 120 days) under direct supervision of a licensed occupational therapist.

License Renewal

Occupational therapy practitioners in Connecticut renew their licenses biennially, paying a specified fee. Renewal requires practitioners to attest to completing the required continuing education units: 24 contact hours for occupational therapists and 18 contact hours for occupational therapy assistants during the preceding two years.

School Employee

While the Connecticut Department of Education currently classifies school occupational therapy practitioners as non-certified personnel at the state level, practitioners remain responsible for creating a safe and orderly environment for students, acting as mandated reporters, completing safety training, and fulfilling all school employee requirements (Fay, 2017). These requirements include:

Applicant Seeking Employment
- Provide employment history, including names and contact information for each school where you have worked
- Provide written authorization for former or current employers to disclose employment history
- Provide a written statement on any investigations, discipline, or convictions for abuse, neglect, or assault, and any suspended or revoked licenses or certificates for such misconduct

Prior to Hiring an Applicant
- Undergo a background check for the DCF abuse and neglect registry before hiring
- State any past convictions or current criminal charges
- Pass a state and national criminal history records check within 30 days of employment which includes fingerprinting
- Provide transcripts, professional license, & any additional information as required

Once Employed & Working in Schools

In Connecticut, school staff receive annual training, some of which are mandatory. Occupational therapy practitioners practicing in schools need to be included in mandatory training and should be included in other training at the mutual discretion of the district and practitioner. Training topics include
- Mandated reporter training (CGS § 17a-101i(f))
- Bloodborne pathogens (29 CFR § 1910.1030 (OSHA))
- Emergency preparedness (CGS § 10-222m-n)

- Protecting personally identifiable student information (34 CFR § 300.623 (FERPA))
- Mental health risk reduction education (CGS § 10-220a)
- Sexual abuse and assault awareness (CGS § 17a-101q)
- Identification and response to school bullying, teen dating violence, and youth suicide (CGS § 10-222j)
- Sexual harassment (CGS § 46a-54(15))
- Diversity, Equity, Justice, Inclusion, Accessibility, Belonging, and Racism
- Restraint and seclusion
- 18 hours of professional development for certified personnel (CGS § 10-148a)

Best Practice

In school occupational therapy, best practices rely on evidence-based practice, which combines research findings, practitioner expertise, and the educational needs of students (Hunter & Lieberman, 2019). This approach ensures that evaluations and interventions are effective and tailored to meet the specific needs and preferences of each client, whether it's an individual student, a group of students, or an entire school or district. Given the constantly changing landscape in schools, a strong understanding of evidence-supported interventions is essential for delivering efficient and impactful services. To effectively meet the standards of evidence-based practice in school occupational therapy, practitioners will:

Stay Current with Research
Regularly review and integrate recent research findings related to occupational therapy and educational practices.

Assess Individual Needs
Conduct thorough evaluations to understand the specific needs and preferences of each student or group of students.

Tailor Interventions
Develop interventions that are customized to address the identified needs and preferences of students, ensuring they are aligned with evidence-based strategies.

Collaborate with Educational Teams
Work closely with teachers, parents, and other school professionals to align interventions with educational goals and classroom activities.

Monitor & Adjust
Continually evaluate the effectiveness of interventions and adjust as needed based on ongoing data and feedback.

Document & Reflect
Keep detailed records of interventions, outcomes, and reflections to inform future practices and ensure accountability.

Pursue Professional Development
Engage in ongoing professional development to enhance knowledge and skills in evidence-based interventions and educational practices. AOTA offers a range of career resources and supports for school occupational therapy practitioners, including communities of practice. They also provide a School-based Practice Professional Certificate and micro-credentials specifically aimed at supporting academic achievement and fostering social and emotional well-being in K-12 settings.

Ethics & Conduct

AOTA's Ethics Commission, responsible for developing the Ethics Standards for the occupational therapy profession (2020), outlines core values such as altruism, equality, freedom, justice, dignity, truth, and prudence in the Occupational Therapy Code of Ethics. These values guide occupational therapists and assistants in ethical decision-making and professional conduct. The principles of professional conduct, including beneficence (prevent harm), non-maleficence (do no harm), autonomy (respect for self-determination), justice (fairness), veracity (truthfulness), and fidelity (maintaining trust), further support ethical practices in occupational therapy. For detailed definitions and standards of professional conduct, refer to the AOTA Code of Ethics available at https://doi.org/10.5014/ajot.2020.74S3006.

NBCOT, as the national credentialing agency for occupational therapy, promotes and upholds standards of professional conduct through its Code of Conduct Principles (revised 2022). The principles include upholding integrity, demonstrating altruism, ensuring accountability, striving for excellence, and fulfilling professional duties with diligence. Individuals seeking, holding, and renewing NBCOT certification are expected to adhere to these standards. For specific details, please consult the NBCOT Code of Conduct.

Continuing Competence & Professional Development

Continuing competence requires regularly updating skills and knowledge throughout one's career to stay current with professional and practice developments (AOTA, 2021). The Connecticut Department of Public Health and NBCOT require occupational therapists and assistants to pursue continuing education for licensure and certification. Practitioners must identify their own educational needs and seek professional development accordingly. AOTA's Standards for Continuing Competence (2021) can guide this process. Examples for school settings are in Table 8.2.

Table 8.2. Continuing Competence Examples of Appropriate & Inappropriate Practices

Knowledge Appropriate Practices	Knowledge Inappropriate practices
Understanding Influential Factors Staying informed about the history, laws, licensure requirements, strategic priorities, and funding sources that affect practice.	**Not Understanding Influential Factors** Being unaware or uninformed about the history, laws, licensure requirements, strategic priorities, and funding sources that affect practice.
Applying the OTPF-4 Framework Utilizing the OTPF-4 to guide evaluations, interventions, and outcomes in school settings.	**Not Applying the OTPF-4 Framework** Ignoring the OTPF-4 and failing to use it to guide evaluations, interventions, and outcomes in school settings.
Adhering to a Client-Centered Approach Focusing on a client-centered, occupation-based, and outcome-oriented approach to support student participation and achievement.	**Not Adhering to a Client-Centered Approach** Neglecting a client-centered, occupation-based, and outcome-oriented approach, which results in reduced student participation and achievement.
Integrating Evidence and Data Incorporating relevant evidence and data into practice to inform decisions and improve student outcomes.	**Not Integrating Evidence and Data** Disregarding relevant evidence and data, leading to uninformed decisions and poorer student outcomes.
Seeking Continuous Knowledge Continuously seeking new and relevant knowledge to stay current in the evolving field of education and enhance professional practice.	**Not Seeking Continuous Knowledge** Failing to seek new and relevant knowledge, resulting in outdated practices and a lack of growth in the evolving field of education.

Professional Reasoning Appropriate Practices	Professional Reasoning Inappropriate Practices
Reflecting on One's Own Practice Regularly assessing and analyzing own work to identify strengths and areas for improvement.	**Not Reflecting on One's Own Practice** Rarely taking time to assess and analyze own work, resulting in missed opportunities for growth and improvement.
Selecting & Applying Client-Centered Evaluation Methods Choosing assessment tools that consider the student needs, preferences, & goals.	**Not Selecting & Applying Client-Centered Evaluation Methods** Using assessment tools without considering student needs, preferences, & goals, leading to ineffective evaluations.
Using Evaluation Results to Inform Intervention & Outcome Measures Developing intervention plans and setting goals based on thorough evaluation results to ensure targeted and effective support.	**Not Using Evaluation Results to Inform Intervention & Outcome Measures** Developing intervention plans and goals without thoroughly reviewing evaluation results, potentially leading to generic or misaligned support strategies.
Applying Theory & Evidence-Informed Practice Integrating established theories and the latest research into daily practice to ensure interventions are grounded in proven methods.	**Not Applying Theory & Evidence-Informed Practice** Implementing interventions based on outdated or unproven methods, neglecting current research and evidence-based practices.
Choosing Occupations as Primary Method of Intervention Prioritizing meaningful activities and occupations in interventions to engage students and promote their participation and success.	**Not Choosing Occupations as Primary Method of Intervention** Focusing interventions primarily on tasks or activities that lack meaningful engagement for students, potentially reducing their participation and success.
Incorporating New Evidence, Research Findings, & Outcome Data into Practice Continuously updating practices by integrating new research findings, evidence, and data on outcomes to enhance the effectiveness of interventions.	**Not Incorporating New Evidence, Research Findings, & Outcome Data into Practice** Failing to update practices with the latest research and evidence, resulting in missed opportunities to improve intervention effectiveness and student outcomes.

Interpersonal Skills Appropriate Practices	Interpersonal Skills Inappropriate Practices
Effectively Communicating Occupational Therapy's Value Clearly articulating how occupational therapy services benefit students' overall development and educational success.	**Ineffectively Communicating Occupational Therapy's Value** Providing vague or unclear explanations about how occupational therapy services contribute to students' overall development and educational success.
Embracing Cultural Humility Recognizing and respecting diverse cultural backgrounds, beliefs, and perspectives when interacting with students, families, and colleagues.	**Not Embracing Cultural Humility** Ignoring or dismissing diverse cultural backgrounds, beliefs, and perspectives when interacting with students, families, and colleagues.
Demonstrating Professional Civility Maintaining respectful and courteous interactions with all individuals involved in the educational environment, regardless of differing opinions or challenges.	**Not Demonstrating Professional Civility** Engaging in disrespectful or dismissive interactions with individuals in the educational environment, especially when faced with differing opinions or challenges.
Critically Reflecting on Feedback & Adjusting Actions Actively seeking and considering feedback from students, families, and colleagues to improve professional practice and enhance service delivery.	**Failing to Reflect on Feedback & Adjusting Actions** Disregarding feedback from students, families, and colleagues, and failing to make necessary adjustments to improve professional practice and service delivery.
Developing, Maintaining, & Refining Relationships Building positive and supportive relationships with students, families, educators, and other professionals to foster collaboration and trust.	**Not Developing, Maintaining, or Refining Relationships** Struggling to build positive and supportive relationships with students, families, educators, or other professionals, hindering collaboration and trust.
Collaborating to Promote Optimal Student Outcomes Working closely with teachers, administrators, and other professionals to develop comprehensive programs that address students' educational needs effectively.	**Not Collaborating to Promote Optimal Student Outcomes** Working independently or in isolation from teachers, administrators, and other professionals, rather than collaborating to develop effective programs that meet students' educational needs.

Performance Skills Appropriate Practices	Performance Skills Inappropriate Practices
Using Technology, Guidelines, & Resources in Practice Integrating appropriate technology, following guidelines, and utilizing resources effectively to enhance service delivery.	**Not Using Technology, Guidelines, & Resources in Practice** Using outdated technology or disregarding guidelines and resources, hindering effective service delivery.
Adjusting Evaluations, Interventions, & Outcome Data as Needed Regularly reviewing and modifying evaluations, interventions, and goals based on ongoing data and student progress.	**Not Adjusting Evaluations, Interventions, & Outcome Data as Needed** Failing to regularly review evaluations, interventions, and goals, resulting in stagnant or ineffective student support strategies.
Promoting Occupational Justice & Empowering Students Advocating for fair access and opportunities while empowering students to participate fully in meaningful activities and roles.	**Not Promoting Occupational Justice or Empowering Students** Overlooking issues of fairness and equity, and not actively empowering students to engage in meaningful activities and roles.
Creating Inclusive, Supportive Environments Establishing environments that respect and value diversity, ensuring all students feel included and supported.	**Not Creating Inclusive, Supportive Environments** Neglecting to foster an environment that embraces diversity and inclusivity, leading to students feeling marginalized or excluded.
Promoting Students' Health, Well-Being, & Participation Encouraging and facilitating activities that enhance students' physical and mental health, fostering students' active engagement in educational and social activities.	**Not Promoting Students' Health, Well-Being, & Participation** Not prioritizing activities that support students' physical and mental health and failing to encourage students' active involvement in educational and social activities.

Guidelines for Occupational Therapy in Connecticut Schools: Section 4 Professional Roles & Responsibilities

Ethical Practice: Appropriate Practices	Ethical Practice: Inappropriate Practices
Understanding & Adhering to the AOTA Code of Ethics and NBCOT Code of Conduct Being familiar with and consistently following the ethical guidelines outlined in the AOTA Code of Ethics and NBCOT Code of Conduct.	**Failing to Understand or Adhere to the AOTA Code of Ethics and NBCOT Code of Conduct** Ignoring or inconsistently following the ethical guidelines outlined in the AOTA Code of Ethics and NBCOT Code of Conduct.
Using Ethical Principles to Identify Dilemmas Applying ethical principles to recognize and understand challenging situations that require ethical consideration and resolution.	**Not Using Ethical Principles to Identify Dilemmas** Failing to apply ethical principles effectively to recognize and address challenging situations requiring ethical consideration and resolution.
Engaging in Ethical Reasoning to Guide Decisions Using thoughtful ethical reasoning processes to make decisions that uphold professional standards and prioritize student welfare	**Not Engaging in Ethical Reasoning to Guide Decisions** Making decisions without thorough consideration of ethical implications or without prioritizing professional standards and student welfare.
Integrating Varying Perspectives in Ethical Professional Actions Considering diverse viewpoints and ethical perspectives when making professional decisions and taking actions that align with ethical standards and promote fairness.	**Not Integrating Varying Perspectives in Ethical Professional Actions** Acting without considering diverse viewpoints or ethical perspectives, potentially leading to actions that do not align with ethical standards or promote fairness.

References

American Occupational Therapy Association. (2020). *The AOTA 2020 occupational therapy code of ethics.* American Journal of Occupational Therapy, 74(Suppl. 3), 7413410005p1–7413410005p13. https://doi.org/10.5014/ajot.2020.74S3006

American Occupational Therapy Association. (2013). *Guidance for performance evaluation of school occupational therapists.* https://www.aota.org/~/media/Corporate/Files/Practice/Children/Performance-Evaluation-School-based-Therapists10-31-13.pdf

American Occupational Therapy Association. (2021). AOTA 2021 Standards for Continuing Competence in Occupational Therapy. *American Journal of Occupational Therapy, 75*(Suppl. 3), 7513410040. https//doi.org/10.5014/ajot.2021.75S3009

An Act Concerning Various Revisions and Additions to the Education Statutes. Ct.gov. (2017). www.cga.ct.gov/2017/SUM/2017SUM00068-R02SB-01014-SUM.htm

Chapter 170 - Boards of Education. Ct.gov. (2021). https://www.cga.ct.gov/current/pub/chap_170.htm#sec_10-221d

Connecticut State Department of Emergency Services and Public Protection.

CT.gov. (2024). State and National Background Check Program. portal.ct.gov/despp/division-of-emergency-service-and-public-protection/forms/state-and-national-background-check-program#general_forms.

Hunter, E. G., & Lierberman, D. (2019). *Appendix H. Evidence-based practice and occupational therapy*. In Frolek Clark, G; Rioux, J., & Chandler, B. (Eds.). Best Practices for Occupational Therapy in the Schools Second Edition (pp. 523-527). Bethesda, MD: AOTA Press.

NBCOT (revised 2022). *Code of conduct*. www.nbcot.org/professional-conduct/code-of-conduct (Accessed: 09 July 2024).

EVALUATION IN SCHOOLS
Section 5

Learning Objectives

Readers will gain a better understanding of:

◆ Occupational therapy screenings & evaluations;
◆ The occupation-centered evaluation process; and
◆ Evaluations at the district, school, and student level.

Occupational Therapy Screenings & Evaluations

As a member of an evaluation team, school occupational therapists contribute to screening for risk factors, determining educational disabilities, establishing baseline performance levels for progress monitoring, assessing the need for IEP revisions, evaluating program effectiveness, and ensuring equitable access to learning and school activities for students.

Individual Screening to Provide Early Intervening Strategies to Trial

Universal Screening to Identify Students at Risk (e.g., pre-K, K screener)

Eligibility Determination for Special Education & Need for Related Service

Student's Present Level of Performance for Progress Monitoring

Information Gathering for IEP Revisions when Student's Needs Change

Evaluate & Gather Data for Ensuring Student's Equitable Access

Program Evaluation for Analyzing Effectiveness, Efficiency, & Outcomes

Environmental Evaluation for Promoting Healthy Learning Spaces

Occupation-Centered Evaluation Process

The primary focus of occupational therapy in schools is to facilitate students' learning, development, and functioning, enabling them to actively engage in and benefit from their education (AOTA, 2017; Skuthan & Stav, 2023). Education includes participating in routines, instruction, using tools, socializing, and more. Students are referred for an occupational therapy evaluation when their performance of and/or participation in learning and school activities are impeded (AOTA, 2020; Polichino, Frolek-Clark, Swinth, & Muhlenhaupt, 2007). School occupational therapists apply an occupation-centered evaluation process that takes into account the interaction between student's abilities, environmental demands, and educational expectations (Frolek-Clark & Rioux, 2019).

Person: Student Profile	Environment: Contextual Demands	Occupation: Educational Expectations
● Performance skills	● Natural or human-made barriers	● Academics
● Health & wellness	● Supports & relationships	● Non-academics
● Role competence	● Systems & policies (inclusion)	● Transitions
● Physical capacity	● Products & technology	● Meaningful
● Motivation, ability	● Social & attitude	● Differentiated
● Strengths & talents	● Familiar or unfamiliar	● New expectations
● Life experience		● Scaffolded
● Self-concept		● Self-Advocacy
● Emotional maturity		● Opportunities

Fig. 5.1: Person-Environment-Occupation (PEO) in School Practice
School occupational therapists routinely use the PEO model, alongside other theoretical frameworks and models, when gathering information and uncovering factors that facilitate or hinder student engagement in important and meaningful occupations.

Evaluation at the District or School Level: ESSA

At the district or program level, the evaluation process resembles that for individual students. Occupational therapists, with assistance from occupational therapy assistants as needed, contribute to evaluating curriculum, programs, or environments. As members of the evaluation team, they review concerns, consult with the referring team, and use standardized methods to collect data. This data informs recommendations based on priorities and desired outcomes.

Of importance to note, under the Every Student Succeeds Act (2015), occupational therapy practitioners as specialized instructional support personnel work with district teams on promotion, prevention, & intervention services to address barriers to educational success, ensure positive conditions for learning, and help ALL students achieve academically and ultimately become productive citizens.

Examples of evaluation at the district level:

Evaluating Facilities & Plans

- Helping to evaluate the school or district emergency evacuation plans focused on students with disabilities aligned with ADA, IEP, and 504 plans
- Evaluating appropriate restroom facilities for training older students in independence with personal care

Assessing Staff Training Needs

- Assessing in-service and training needs for school district support staff in fostering independence in school self-care, implementing sensory diet strategies, and understanding fine motor development

Curriculum & Program Evaluation

- Helping to evaluate literacy programs that are inclusive of writing standards
- Evaluating the selection of a Universal screening tool
- Auditing related services to determine alignment with educational benefit

Student Engagement Evaluation

- Evaluating students' engagement or disengagement in learning and participation in the educational setting
- Assessing non-academic moments in students' day to identify opportunities for building capacity in promoting healthy engagement

Screenings at the District or School Level: Universal Screenings

District-level universal screening in schools (e.g., preschool or kindergarten screenings) involves the systematic assessment of all students within a school district to identify those who may need additional support or intervention (Frolek-Clark & Rioux, 2019). This screening process typically occurs at predetermined intervals, such as the beginning of the school year or mid-year, and covers various areas of development or academic skills, depending on the district's priorities and goals. Occupational therapy practitioners may be involved in this proactive approach to early identification and intervention.

Screenings at the Student Level: Early Intervening Services

Occupational therapy practitioners may be asked to complete an individual screening to capture a closer look at a student in comparison to educational expectations, to provide suggestions for instructional strategies to the school team, and/or to determine the need for a full evaluation (Frolek-Clark & Rioux, 2019). Informed consent from the parents is considered best practice. Screenings often include a brief file review, interview, and observation of the student in the natural context of the occupation the student appears to be struggling with. Administering an assessment tool or measure is not included in a screening, as this would start to overlap with the evaluation process.

Evaluations at the Student Level: Section 504

For evaluations of students with or suspected of having a disability that significantly restrict major life activities, occupational therapists would follow an evaluation process as described in this chapter. The evaluation can draw on available information provided by the family (e.g., medical reports) and various sources to readily address concerns and recommend accommodations and services to remove barriers. These recommendations can include training staff and family members, making environmental modifications, or working with the student to implement accommodations. When sufficient information is not available to understand the area of concern, then the team may recommend moving forward with additional evaluations. The focus of these evaluations might center on determining whether a child is a child with a disability (as defined under Section 504) and requiring accommodations and/or services, (b) gaining a comprehensive look at a student's current strengths and areas for growth, and/or (c) gathering information to develop and/or revise a student's Section 504 Accommodation Plan, (Jackson 2019).

Did You Know?

Disability protections ensure equal access & guard against discrimination for individuals.

Disability Protections

Section 504 of the Rehabilitation Act of 1973 prohibits disability-based discrimination by programs receiving federal funds. It mandates accommodations and services for students with disabilities to ensure equal access to all academic, nonacademic, and extracurricular school activities. Students not qualifying under IDEA may still receive accommodations and services, including school occupational therapy services, under Section 504.

Evaluations at the Student Level: IDEA

In accordance with IDEA (2004) and occupational therapy practice standards, the following components must be followed:

- **Obtain Consent to Evaluate**
  Prior to evaluation, ensure that written consent to evaluate has been obtained.

- **Use A Variety of Assessment Tools & Strategies**
  No single method should be used alone to determine needs.

- **Administer Assessments within Evaluator's Competency**
  The person administering the assessment or completing the evaluation method is competent to do so.

- **Assess All Areas of Suspected Disability**
  The methods chosen should be tailored to examine an area of specific need.

- **Use Assessments for Valid & Reliable Purposes**
  All methods chosen must be used in accordance with their stated purposes and must be valid and reliable.

- **Ensure Non-Discriminatory Practice & Administration of Assessments**
  All methods chosen must be completed in the child's language and must be non-discriminatory and not biased either racially or culturally.

Did You Know?

Occupational therapy as a related service is based on need not on eligibility.

Occupational Therapy Service Based on Need

Under no circumstances would an occupational therapy evaluation be used to *qualify* a student for occupational therapy services (Polichino et al, 2007). Neither IDEA nor state laws prescribe specific criteria for qualifying a student for occupational therapy services. Once a student meets eligibility for specialized instruction under IDEA, they are entitled to receive related services necessary to benefit from special education (Frolek-Clark & Rioux, 2019).

Evaluation Terminology

Terminology around evaluation can be confusing, with various words used to describe the process of understanding a student's strengths and challenges (Morris & Hollenbeck, 2016). These terms include evaluation, assessment, methods, measures, tests, tools, occupational profile, analysis of occupational performance, and more.

Assessment: a specific tool or interaction to understand a client's occupational profile and factors. Synonyms: Measures, tests, tools.

Evaluation: the complete process an occupational therapist follows to collect and clinically analyze information to identify what a student needs and wants to do, their capabilities, and the barriers or supports influencing their success.

Method: the specific ways therapy practitioners gather data, such as record reviews, interviews, observations, and assessment administration.

Occupational Profile: "Summary of the client's [student, group, program] occupational history and experiences, patterns of daily living, interests, values, needs, and relevant contexts" (AOTA, 2020, p. 80)

Analysis of Occupational Performance: "The step in the evaluation process in which the client's [student, group, program] assets and limitations or potential problems are more specifically determined through assessment tools designed to analyze, measure, and inquire about factors that support or hinder occupational performance" (AOTA, 2020, p. 74).

Occupational Therapy Assistant Scope of Practice in Evaluation Process

Did You Know?

An OTA may assist in the evaluation process under the supervision of & in partnership with the OT.

While occupational therapists are responsible for conducting occupational therapy evaluations, occupational therapy assistants can help by collecting data and administering assessments. The supervising occupational therapist must ensure that the assistant is competent before administering any assessments, as outlined in the assessment manual (Spielman, 2019). Refer to the chapter on Administration for more on the assistant's scope of practice.

Occupational Therapy Evaluation Process

Connecticut regulations establish timelines for meeting IDEA's federal requirements. It's crucial for school practitioners to stay informed about these timelines and any new guidance issued by the Connecticut State Department of Education. When performing evaluations, school occupational therapists are advised to adhere to the evaluation process outlined in the Occupational Therapy Practice Framework-4 (AOTA, 2020).

Evaluation	Components
Referral	Referral Process ● Referral sources: school, parent, student (if over 18), Birth to 3 ● Verify parental consent to conduct an evaluation was obtained prior to evaluating (check document repository under Admin tab in CT SEDS) ● Start 45-school day timeline for evaluation upon referral Timeline ● Complete evaluation within 45 days from referral to IEP implementation (if eligible for special education programming) ● Re-evaluate a child labeled with developmental delay before turning 6 to determine eligibility for a different special education classification ● For three-year re-evaluations, consent is often obtained 1 year prior and needs to be completed by re-evaluation due date. The consent is valid for 1 year or until testing is completed. ● Defer to your team for further guidance on three year re-evaluations and when completing an initial evaluation after eligibility has been determined. Documentation ● Maintain a documentation system to track referrals, gather student information, and schedule components of the evaluation

Occupational Profile	**Record Review** ● Review education records for referral concerns history and nature ● Review health records, especially for medical history or safety concerns **Interview** ● Interview multiple sources (e.g., parent, teacher, nurse, student) for insights into learning and participation factors **Initial Observation** ● Observe student's occupational performance in context
Occupational Performance	**Hypothesis Development** ● Analyze gathered information and develop hypotheses about discrepancies between current performance within a given context and expected performance (e.g., standards, educational expectations, long range vision) **Activity Analysis & Assessment Selection** ● Conduct activity analysis in context to pinpoint learning and participation obstacles and supports ● Select assessments (e.g., standardized, formal, structured, or outcome measures) that further inform which factors facilitate or hinder the student's occupational performance **Holistic Considerations** ● Be sure to consider social, mental health, and emotional factors affecting access, participation, and performance
Synthesize Information & Document	**Summary Writing & Structure** ● Write evaluation summary using a strengths-based approach ● Structure the report to address reason for referral ● Explain the student's strengths and challenges related to concerns raised ● Include dates of observations and evaluation sessions **Clarity & Timeliness** ● Explain professional reasoning in a way that everyone can understand (i.e., don't rely too much on profession-specific terminology) ● Complete the evaluation summary in time for the team and parents to get a copy before the IEP meeting

Referral

No matter the stage of the process in which the occupational therapist receives the referral, an important component of the initial portions of the evaluation is establishing the specific questions that the evaluation is meant to answer (Frolek-Clark & Rioux, 2019). These questions may come from a parent(s) or guardian(s), the teacher, or the student themselves.

Guiding questions for establishing the referral question for evaluation may include:

- How is the student performing in their role as a student?
- How is the student learning and documenting their learning to the teacher?
- How is the student managing transitions between school settings?
- How is the student performing in relationships with peers?
- What aspects of the environment are most supportive to the student's learning?
- What aspects of the environment pose barriers?

Examples when completing the Consent to Evaluate Form

Areas to Evaluate
Top-down (identify the occupation of concern)
- Written-Language Production: handwriting & keyboarding
- Social participation: engagement, problem-solving, play
- School Self-Help: organization, toileting, school meals

Bottom-up (list the suspected performance skill or concern)
- Fine or Visual Motor
- Visual Perception
- Executive Function (performance based)
- Sensory Processing
- Social Interaction

Methods of Evaluation
- Observations
- Individually Administered Assessment
- Standardized/Non-Standardized Measures
- Rating Scales

Evaluator
- Will always be the Occupational Therapist

Did You Know?

Signed consent must be obtained before starting the OT evaluation

Occupational Profile

Best practices suggest that the therapist develop an occupational profile before administering assessments related to occupational performance (AOTA, 2020). The most effective ways for completing an occupational profile are record review, interview, and initial observations. The information gathered during this process should help identify the student's successful occupations, activities that hinder their performance, their occupational history, and their interests.

Record review. Record reviews are typically completed to gain an understanding of the child's history and prior levels of growth. Additionally, records (e.g., education and/or health records) can provide medical history and information that may help the occupational therapist understand any safety precautions that are necessary for the evaluation session. Finally, examining prior records allows the occupational therapist to see what evaluation methods were used before. This can allow comparison with prior measurement or ensure that specific assessment tools are not used again too soon, or by multiple disciplines.

Interview. Interviews should be completed with the teacher, the parent(s)/guardian(s), and, when possible, the student. Interviewing the student allows the occupational therapist to understand the student's performance and behavior from his or her point of view, and may allow the therapist to tailor the evaluation to specific student needs.

Interviewing teachers provide information about the areas of student strengths. Key questions to ask during the teacher interview include, but are not limited to the following:
- Tell me what this student's strengths are?
- What strategies are you currently using that are helping this student's performance?
- How is this student performing in relation to their peers?
- What strategies have you utilized to support this student? Have they been successful?

Additionally, the interview process assists with building rapport with the student, their team and family. It enables the occupational therapist to share information regarding the role of occupational therapy. Particularly during initial meetings as information is gathered, the family, and even the teacher, may have little understanding of occupational therapy. Important information may be left unsaid because particular questions were not asked and the parent(s) did not know occupational therapy could help, so they did not mention the problem. As the occupational therapist asks questions of the family during an evaluation, it can be very helpful to also explain WHY questions are being asked. If the occupational therapist explains how the information is helpful, the family learns more about what an occupational therapist wants to know about, and the family will gain skill as informants and become better at providing information spontaneously. AOTA provides a variety of resources for occupational therapy practitioners to share with others. Please see the [AOTA resources for school based therapists](#), the [AOTA OT in Schools](#) document and [What Parents Need to Know About School-based Occupational Therapy](#).

Analysis of Occupational Performance

Following the completion of the occupational profile, the occupational therapist next completes an analysis of occupational performance (AOTA, 2020). During this step, the occupational therapist gathers information regarding the student's strengths and the barriers to their performance in the educational setting. Occupational therapists should assess the student's performance in all appropriate school environments such as the classroom, hallway, cafeteria, playground, restroom, and even on the bus. Community and/or work environments may be included for older students beginning transition processes. During this portion of the evaluation, observation of actual performance in natural environments is typical and occupational therapists may additionally supplement these observations with the use of specific and targeted assessments (Froleck-Clark & Rioux, 2019). Standardized tools and measures should only be administered when they will provide relevant information for answering referral questions (Hinojosa, et al., 2014; Asher, 2014). When analyzing a student's occupational performance, there are multiple methods that may be included.

Observations. A key skill for an occupational therapist is observation and activity analysis through the occupational therapy lens. Therapists are trained to view performance considering multiple interacting factors within the person, in the environment, and those that are part of the task the person is trying to accomplish (Skuthan & Stav, 2023). Applying the *person-environment-occupation* model (Strong et al., 1999) and the unique skill of activity analysis allows the occupational therapist to sort out what exactly is supporting and hindering the student's performance in any given task. No student evaluation is complete without direct observation of performance in the school setting(s) of concern.

In addition, observations may provide quantitative or qualitative information about a student's performance in relation to educational expectations that is crucial to the development of appropriate goals and interventions (AOTA, 2020). Observing the student in context allows the occupational therapist to further gather information about the student's performance and participation. When conducting an observation, it is important to consider:
- General environment: room arrangement, furniture, traffic patterns, and routines
- Skill requirements: motor, sensory, communication, and social
- Contextual factors: space, materials, organization, and activity demands
- Curriculum-specific activities & academic expectations: presentation, response, setting, timing, and scheduling

Assessment Selection. The selection of assessments should be individualized for each student based on the specific referral concern. There are numerous assessment types used in schools (Frolek-Clark & Kingsley, 2013).

- **Authentic assessments**. Involve collecting and analyzing work samples or developing student portfolios.
- **Curriculum-based assessments**. Utilize criterion-referenced tools aligned with the curriculum to directly evaluate student performance within it.
- **Dynamic assessments**. Selected to determine if a child can enhance performance through specific instructional interventions. The student is tested, taught, and immediately retested to assess *improvement, aiding the therapist in predicting future performance post-teaching.*
- **Formative assessments.** Provides ongoing feedback during the intervention process.
- **Naturalistic assessments**. Observing the student while engaging in actual daily tasks.
- **Occupation-based assessments**. Use a top-down approach, focusing on occupations that hold significance for the student (Skuthan & Stav, 2023).
- **Outcome measures.** Assesses student's progress and functional abilities toward goals.
- **Play-based assessments**. Observing specific motor and cognitive skills demonstrated during play, sometimes conducted with peers or parents to observe interaction.
- **Standardized assessments**. Tools that have very specific instructions that must be followed with each administration to ensure reliable and valid results. The test is administered and scored in the same way each time.

Did You Know?

Standardized assessments can be norm referenced, criterion referenced, or both.

Standardized norm-referenced assessments compare a child's performance to a normative group, aiming for similarity. They diagnose delays in specific areas measured by the test and are highly reliable and valid, yet caution is needed in interpretation as they don't always directly relate to school performance.

Standardized criterion-referenced tools evaluate a child's skills against specific criteria, usually organized in a developmental sequence. They don't compare the child to others yet offer a snapshot of the child's abilities at a given time.

Synthesize Information & Document

The evaluation summary should accurately consider all data collected and represent a student's current performance related to referral concerns. Reports should describe the student's participation in the educational environment and highlight strengths before addressing difficulties. The report's organization should follow a logical progression, addressing referral concerns, aligning with educational relevance, and avoiding

profession-specific jargon. The educational team, including parents, would use information from this report along with other sources of information to inform next steps (e.g., IEP development). No one discipline makes these decisions alone.

The information provided in the evaluation summary can empower everyone involved, including the student, to understand opportunities and barriers to the student's participation in their education. For more information regarding specific documentation considerations, please refer to the documentation chapter,

In addition to the written report, occupational therapists explain the results to team members (including the family). Strategies for sharing results are provided below:

Prior to the PPT Meeting
- Upon request or district practice, provide the parent, guardian, surrogate, or student a copy of the evaluation results at least three days before the PPT meeting
- It is strongly encouraged to call or meet with the parent prior to the PPT meeting. Review in detail the evaluation results, invite questions, provide information, and actively listen to parent(s) as they share their perspective
- It is a team decision whether the student is eligible for special education and needs occupational therapy services. This topic would not be discussed outside the PPT

At the PPT Meeting
- Provide a summary or snapshot of evaluation results and focus on those components that answer the referral questions and assist the educational team in understanding student's strengths and needs
- If the student is eligible for special education, the team under the guidance of the occupational therapist should collectively assess whether the student needs occupational therapy services to benefit from their special education program, and if so, determine the specifics of those services and goals/objectives.

Following the PPT meeting
- Review the IEP to ensure all discussed accommodations, goals, and services are accurately reflected. If corrections are needed, make appropriate corrections prior to the IEP being finalized.
- Implement the IEP, collect data on student's response to interventions, and maintain communications with the team as appropriate.

Evaluation Timeline
Complete within 45 School Days

1

Receipt of Referral

- A referral can be made by the school, the parent, the student if over 18, or through Birth to Three transition (timeline is determined by before the child's third birthday)
- Once a referral is made this starts the 45 day timeline

2

Notice of Meeting

- Planning and Placement Team (PPT) invitation
- Minimum 5 days before the meeting is scheduled

3

First PPT Meeting to Review Referral

- The PPT team meets to discuss the referral and determine next steps

4

Parent is Given Consent for Initial Evaluation

- Timeline pauses for up to 10 days from parental receipt of form
- If consent is not received within 10 days the consent form is considered null and void

7

Notice of Meeting for Second PPT

- This is generated at a minimum of 5 days prior to the PPT meeting

6

Comprehensive Evaluation is Conducted

- Evaluations that were signed for on the consent form are conducted and a narrative report is written to summarize the findings

5

District Receives Signed Consent Form

- Once the district receives the signed consent form the timeline restarts

8

Parent is Provided with Initial Reports

- Parents are provided with initial evaluation reports from each discipline 5 days prior to the second PPT

9

Second PPT to Review Initial Evaluations and Determine Eligibility

- Each discipline reviews their evaluation results with the team
- Eligibility is discussed based on evaluation results

10

If Student is Found Eligible

- Parent is Given Consent for Provision of Special Education Form
- Timeline pauses for up to 10 days from parental receipt of form

11

District Receives Signed Consent Form

- Timeline restarts
- IEP is implemented (Student begins to receive special education and related services if found elgigible)

Data Source: CT SDE Evaluation Timelines User Guide (2021)

Guidelines for Occupational Therapy in Connecticut Schools: Section 5 Evaluation in Schools

⚠ **Approaches to Evaluation**

Top-down approach: A top-down evaluation approach involves therapists initially examining the student's overall performance in occupation to identify strengths, concerns, and difficulties before conducting specific assessments of client factors and skills (Case-Smith & O'Brien, 2015; Skuthan & Stav, 2023). Specific assessment methods are carefully selected and used sparingly to supplement naturalistic assessment techniques, helping therapists understand the reasons behind the student's performance. This approach contrasts with the bottom-up method, where therapists administer a battery of assessment tools first to document skill deficits and client factor difficulties, assuming they affect school functioning (Polichino, et al., 2007).

Strength-based approach: A strength-based approach focuses on identifying how the student is performing in the school, what is successful, and what contexts support or hinders their performance (Morris & Hollenbeck, 2016). An occupational therapist using a strength-based approach focuses on determining what *is* working for a student. It is both a process and an attitude. Strength-based approaches work for all students including children in general education with and without identified problems, children at risk, and those with special education needs. Using this approach, therapists focus on contextual support and personal traits (Bazyk & Cahill, 2015). There are a number of strength-based tools readily available including the School Functional Assessment, Short Child Occupational Profile (SCOPE), and The Child Occupational Self-Assessment (Morris & Hollenbeck, 2016).

Client-perspective approach: A client centered approach to evaluations incorporates respect for and partnership with the client (student and their team) (Schnell & Gillen, 2019 p. 1194). There are a variety of assessment tools that may provide the occupational therapist with the student's perspective (Bazyk & Cahill, 2015). A few of these tools include the Perceived Efficacy and Goal Setting System - 2nd edition, the School Setting Interview, and the Rosenberg Self Esteem Inventory.

Parent-inclusive approach: Parent inclusive practice consists of a set of beliefs and attitudes that value the uniqueness of parents and recognizes that they are the constant in a student's life. A therapist using this approach will consider the parent as the expert about the student, not the practitioner or teacher. Listening carefully and allowing parents to express their thoughts and feelings facilitates collaborative communication (Brady, 2004). Including parent's input at different stages of the evaluation process (e.g., referral question development, occupational profile contributions, information sharing, goal considerations) promotes parent-inclusive practices. This further allows the parent(s) to become an active member of the educational team and contribute to their child's IEP development.

Frequently Used Assessments in School Occupational Therapy

Occupation-based assessments are used to evaluate a student's capacity to participate in meaningful daily activities or occupations. These assessments prioritize tasks that align with the student's life roles, interests, and aspirations. Conversely, skill-based assessments begin by assessing the student's physical or mental abilities, focusing on particular skills or challenges they may encounter. Below are examples of both types of assessments, this is not an exhaustive list. It's important for the evaluator to utilize the latest available version when selecting an assessment.

Occupation Based

Assessment*	Ages/Grades	Purpose	Type
Canadian Occupational Performance Measure	6-65 years	Gather information directly from student about their self-perceived performance and satisfaction with activities that are important to them	Outcome measure
Child Occupational Self-Assessment	7-18 years	To assess a student's perceptions of their own occupational performance and participation	Outcome measure
DeCoste Writing Profile	K-High School	Assesses handwriting and keyboarding skills under various writing conditions, such as timed alphabet writing, sentence copying, and composing text	Formative assessment
Evaluation Tool of Children's Handwriting	1st-6th grade	Assesses various components of handwriting during near-point copy, far-point copy, dictation, and composition	Criterion referenced
Goal-Oriented Assessment of Life Skills	7-17 years	Assesses a student's performance against specific criteria related to daily living activities	Performance Based Norm referenced
McMaster Handwriting Assessment Protocol	K-6th grade	Assesses student's ability to perform handwriting tasks like those required at school	Formative Assessment
Miller Function and Participation Scales	2.6-7.11 years	Measures hand function, non-motor visual perceptual abilities, postural abilities and executive function and participation	Norm referenced and Criterion referenced
Pediatric Evaluation of Disability Inventory	Birth-20 years	Assesses a student's performance in daily activities, mobility, social interaction, and cognitive abilities, including their level of responsibility in managing life tasks	Criterion referenced

Occupation Based

Assessment*	Ages	Purpose	Type
Print Tool	K-6th grade	Assesses quality and legibility of handwriting including letter formation, size, alignment, spacing, and overall neatness	Outcome measure
Roll Evaluation of Activities of Life	2-18.11 years	Assesses a student's performance and ability based on specific criteria related to daily living skills	Criterion referenced
School Function Assessment	K-6th grade	Assesses a student's functional performance in areas of participation, task supports, and activity performance in school	Criterion referenced
Short Child Occupational Profile	Birth-21 years	Gather information through structured interviews to provide a snapshot of the student's occupational performance in various contexts	Outcome measure
Test of Handwriting Skills	6-18 years	Assesses handwriting abilities for both manuscript and cursive writing; areas assessed include alphabet writing, dictation, and near point copy	Criterion referenced

Skill Based

Assessment	Ages	Purpose	Type
Battelle Developmental Inventory	Birth-7 years	Measures skills in 5 domains: cognitive, communication, social emotional, motor, and adaptive	Norm referenced
Beery-Buktenica Developmental Test of Visual Motor Integration	2-100 years	Measures visual motor integration, visual perception, and motor coordination subtests	Norm referenced
Bruininks-Oseretsky Test of Motor Proficiency	4-21 years	Measures motor proficiency in multiple areas including fine motor control, manual coordination, and body coordination	Norm referenced
Cognitive Assessment of Young Children CAYC	2-5.11 years	Measures different cognitive skills through play-based activities, covering areas such as language, memory, attention, problem-solving, and perceptual abilities	Norm referenced

Skill Based

Assessment	Ages	Purpose	Type
Developmental Assessment of Young Children	Birth-5.11 years	Assesses various areas of development: cognition, communication, social-emotional development, physical development, and adaptive behaviors	Criterion referenced
Developmental Test of Visual Perception	4-12.11 years	Measures visual motor and visual perceptual skills under motor and non-motor conditions	Norm referenced
Developmental Test of Visual Perception - Adolescent	11-21 years	Measures visual motor and visual perceptual skills under motor and non-motor conditions	Norm referenced
Motor-Free Visual Perception Test	4-80+ years	Measures a student's visual perceptual abilities without a motor component	Norm referenced
Peabody Developmental Motor Scales	Birth-6 years	Assesses reflexes, stationary, locomotion, object manipulation, grasping, and visual motor integration	Norm referenced
Schoodles Pediatric Fine Motor Assessment	3+ years	Assesses a student's abilities against established benchmarks related to tasks such as handwriting, drawing, cutting, and manipulating small objects	Criterion referenced
Sensory Processing Measure	2-5 years 5-12 years 12-21 years	Assesses various aspects of sensory processing, including sensory modulation, sensory discrimination, and behavioral and emotional responses to sensory input in different contexts, such as home and school	Criterion referenced
Sensory Profile	3-14 years	Assesses how a student responds to sensory stimuli including auditory, visual, tactile, vestibular, and proprioceptive in different contexts, such as home, school, and community	Criterion referenced
Sensory Profile Adult/Adolescent	11-21+ years	Assesses student's sensory responses to stimuli from their perspective	Criterion referenced
Test of Visual Motor Skills	3-99 years	Measures visual motor skills	Norm referenced
Test of Visual Perceptual Skills	5-21 years	Measures visual perceptual skills under non-motor conditions	Norm referenced

Note. *New assessment versions are periodically released and the latest version should be prioritized. When using an older tool, consult publisher guidelines first. Parents can request an independent educational evaluation (IEE) if outdated assessments were used.
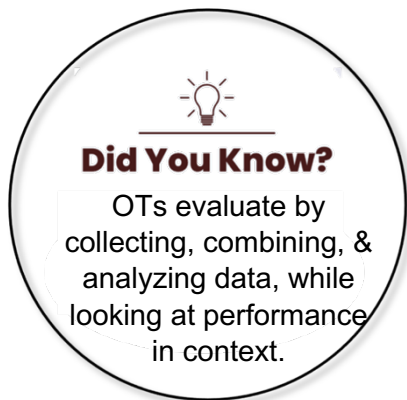
Assessments & Occupational Therapy Evaluations

IDEA, 2004, supports the use of assessments that provide insight into a student's academic, developmental, and functional abilities. While occupational therapy is offered as a related service tailored to individual student needs, it is not mandatory to conduct standardized assessments. However, it's highly recommended to adhere to an evaluation process focused on understanding the student's goals and needs, assessing their abilities and achievements, gathering meaningful data, and identifying factors impacting their health, well-being, and participation in school.

Did You Know?

OTs evaluate by collecting, combining, & analyzing data, while looking at performance in context.

Discontinuation of Occupational Therapy Services

By law, an evaluation is not required to exit from a related service, though the team must determine that the student no longer needs the service to benefit from special education. It is best practice to document the student's current level of performance with data (via an evaluation or discontinuation summary) and ensure all service-related areas are well documented, which is crucial for any potential re-referral. If the student's special education program is changing to a more functional approach or expanding, an evaluation may be necessary to address new participation or performance areas not previously covered by occupational therapy services. For further information on documenting discontinuation, please see the chapter on documentation.

Questions & Answers

Q: What is an IEE?
A: An IEE is an independent educational evaluation that is conducted by a qualified person who is not employed by the school district. An IEE can be requested by parents. IEE is at the expense of the school district. For more information on IEE https://portal.ct.gov/-/media/SDE/Digest/2017-18/IEE-Memo-and-Guidance.pdf

Q: What if a medical provider or outside consultant prescribes occupational therapy services to be delivered in the school setting?
A: If the parent(s) obtains a prescription or recommendation for occupational therapy services, then the IEP team, in accordance with IDEA (2004), would consider the request. During consideration, the team would determine whether barriers exist and restrict the student's learning and participation in school activities. If identified barriers (or concerns) were in the domain of occupational therapy practice and not being addressed, then a referral for a school occupational therapy evaluation along with questions to be answered through the evaluation would be appropriate.

Q: Can occupational therapy services be provided without an occupational therapy evaluation?
A: Following AOTA's Standards of Practice (2010), an evaluation precedes intervention (e.g., direct, indirect, consultation services). For more information on standards of practice for occupational therapy, please see the AOTA website.

Q: What is the difference between a screening and an evaluation?
A: IEP teams sometimes ask occupational therapists for a screening or evaluation on a specific area of concern. Understanding the referral's purpose helps decide whether a screening or evaluation is appropriate. A screening recommends strategies for instructional purposes for others to implement, while an evaluation determines eligibility for special education and the need for related services.

Q: Can an IEP team direct which assessment an occupational therapist should administer?
A: Directing the use of a specific assessment is not best practice. Instead, the team should identify areas of concern and generate questions to be answered through the occupational therapy evaluation. The occupational therapist, using their professional expertise, should determine the best method for examining the area of need and selecting assessments that will provide the most meaningful information.

Q: Once a new version of an assessment is released how long can the previous one be used for?
A: When a new edition of an assessment is released yet there are remaining protocols from the prior edition, it is generally recommended to adhere to the guidelines provided by the assessment's publisher or the governing body overseeing its use.

Q: When an outside evaluator has administered an assessment as part of their evaluation, can the same assessment be administered as part of the school evaluation?
A: In some cases, administering the same assessment (e.g., criterion-referenced assessments) might be feasible. However, thorough attention to factors like purpose, consent, overlap, timing, and validity is essential to ensure effective and ethical administration of assessments. The re-administration of most norm-referenced assessments within a specific time window is generally not feasible. Refer to the assessment manual for guidance.

Q: How long does a parent have to sign the consent form for an evaluation that has been generated at an initial PPT?
A: They have 10 school days from the PPT date.

Q: Does a 504 follow the same PPT timeline as an IEP?
A: While Section 504 is silent on timelines and procedures, the intent of Section 504 is to ensure all students with a disability or suspected of having a disability receive equal access to their education. With this in mind, timely implementation of accommodations and services is important. As for procedures, many districts opt to follow IDEA procedures.

Q: Can an occupational therapist evaluate a student at an initial PPT for a student who has not yet been determined eligible for special education?
A: Yes, the purpose of the evaluation would typically be to gather information about the student's functional abilities, needs, and any potential barriers to learning (IDEA, 2004). This evaluation can help inform the PPT's decision-making process regarding eligibility for special education services and the development of an IEP if necessary.

Q: If a student was recently evaluated by OT, but their re-evaluation is due, should OT also be completing a re-evaluation?
A: If the evaluation was within the last 6 months, the occupational therapist should use their professional judgment to determine whether a re-evaluation is warranted. It is best practice to consider whether more information regarding the student's strengths, needs, and programming is warranted. If yes, then the occupational therapist may request inclusion & seek consent in the re-evaluation process.

References

American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th edition.). *American Journal of Occupational Therapy*.

American Occupational Therapy Association. (2021). Standards of practice for occupational therapy. *American Journal of Occupational Therapy*, 75, 7513410030. https://doi.org/10.5014/ajot.2021.75S3004

Asher, I.E.(Ed.). (2014). *Occupational Therapy assessment tools: An annotated index* (4th edition). Bethesda, MD: AOTA Press.

Bazyk, S. & Cahill, S. (2015). School-based occupational therapy. In J. Case-Smith & J. O'Brien (Eds.), Occupational Therapy for Children (7th ed.), (pp. 664-703). St. Louis: Elsevier.

Bazyk, S. (Ed.) (2011). Mental health promotion, prevention and intervention in children and youth: a guiding framework for occupational therapy. Bethesda, MD: AOTA Press.

Breithart, D. (2021). The most common school-based OT assessments. Retrieved from https://devonbreithart.com/common-school-based-ot-assessments/

Connecticut State Department of Education. (2018). Guidelines regarding independent educational evaluations at public expense and in-school observations. Retrieved from https://portal.ct.gov/-/media/SDE/Digest/2017-18/IEE-Memo-and-Guidance.pdf

Connecticut State Department of Education. (2020). Evaluation timelines user guide. Retrieved from https://portal.ct.gov/-/media/SDE/Performance/Data-Collection/Help-Sites/Evaluation-Timelines/FS_EvaluationTimelines.pdf

Every Student Succeeds Act, Pub. L. 114-95, 20 U.S.C. 6301 (2015).https://www.congress.gov/114/plaws/publ95/PLAW-114publ95.pdf

Frolek-Clark, G., & Kingsley, K. L. (2020). Occupational Therapy Practice Guidelines for Early Childhood: Birth-5 Years. *The American journal of occupational therapy, 74*(3), 7403397010p1–7403397010p42. https://doi.org/10.5014/ajot.2020.743001

Frolek-Clark, G. & Rioux, J. (2019). *Best practices in school occupational therapy evaluation and planning to support participation.* In Frolek Clark, G; Rioux, J., & Chandler, B. (Eds.). Best Practices for Occupational Therapy in the Schools Second

Edition (pp. 331-339). Bethesda, MD: AOTA Press.

Hanft, B., & Shepherd, J. (2016). Collaborating for Student Success: A Guide for School-Based Occupational Therapy, 2nd Edition. AOTA Press.

Hinojosa, J., & Kramer, P. (2014). Evaluation in occupational therapy: Obtaining and interpreting data (4th ed.). Bethesda, MD: AOTA Press.

Hinojosa, J., Kramer, P., & Crist, P. (2014). *Evaluation: Where do we begin?* In J. Hinojosa & P. Kramer (Eds.), Evaluation in occupational therapy: Obtaining and interpreting data (4th ed., pp. 1–18). Bethesda, MD: AOTA Press.

Jackson, L. (2019). *Best Practice in Supporting Students with a 504 Plan.* in Frolek Clark, G; Rioux, J., & Chandler, B. (Eds.). Best Practices for Occupational Therapy in the Schools (pp. 331-339). Bethesda, MD: AOTA Press.

Klein, S., Wynn, K., Ray, L., Demeriez, L., LaBerge, P., Pei, J., et al. (2011). Information sharing during diagnostic assessments: What is relevant for parents? *Physical and Occupational Therapy in Pediatrics, 31,* 120–132. doi: 10.3109/01942638.2010.523450

Laverdure,P.; VanCamp,A.; & LeCompte, B. Empowering ESSA in Schools. (2023). *OT Practice, 2*8(4). pp. 15–19

Laverdure, P. (2018). Collecting participation-focused evaluation data across the school environment. *SIS Quarterly Practice Connections,* 3(2), 5-7.

Morris, M. & Hollenbeck, J. (2016). Evaluating student participation: Focus on strengths in your school-based evaluation. OT Practice. 21(1), CE-1—CE-8.O'Brien, J. C. & Kuhaneck, H. (Eds.). (2020). Case-Smith's occupational therapy for children and adolescents (8th ed.).

OT Schoolhouse. (n.d.). Taking a strengths-based approach toward students. Retrieved from https://www.otschoolhouse.com/single-post/taking-a-strengths-based-approach-for-students-in-occupational-therapy

Polichino, J.. , Frolek Clark, G.., Swinth, Y., & Muhlenhaupt, M. (2007). Evaluating occupational performance in schools and early childhood settings. In. L. Jackson (Ed.). Occupational therapy services for children and youth under IDEA (3rd ed.). Bethesda, MD: AOTA Press.

Skuthan, A., & Stav, W. (2023). Profile of assessments in pediatric occupational therapy

Guidelines for Occupational Therapy in Connecticut Schools: Section 5 Evaluation in Schools

practice. *American Journal of Occupational Therapy, 77*,7705205010. https://doi.org/10.5014/ajot.2023.050190

Strong, S., Rigby, P., Stewart, D., Law, M., Letts, L., & Cooper, B. (1999). Application of the Person-Environment-Occupation Model: a practical tool. *Canadian Journal of Occupational Therapy, 66*(3).

INTERVENTION IN SCHOOLS
Section 6

Learning Objectives
Readers will gain a better understanding of
- ◆ Occupational therapy intervention approaches;
- ◆ The occupational therapy intervention process; and
- ◆ Intervention under ESSA, Section 504, and IDEA

Occupational Therapy Intervention Approaches

Occupational therapy intervention consists of services provided by occupational therapy practitioners in collaboration with educators, families, students, and others to ensure every child can fully participate and thrive in their education (AOTA, 2020). These interventions may be provided directly with students or indirectly on their behalf. The occupational therapy evaluation informs the development of the intervention plan and selection of occupation-based interventions that help all students achieve physical, mental, and social well-being; set and reach goals; adapt to situations; and meet their educational needs.

Promote
Promote participation and performance through proactive strategies and positive environments.

Prevent
Prevent barriers to participation or performance for all students, with or without disabilities.

Create
Create opportunities for enjoyable & meaningful activities to improve students' skills & performance in everyday situations.

Establish, Restore
Help students develop new skills or restore skills that have been lost or impaired. techniques, like adding cues or minimizing distractions.

Modify
Modify the environment or activity demands to support performance in natural settings including compensatory

Maintain
Help students maintain their skills and abilities. Without continued support, their performance may decline, affecting their health, well-being, and quality of life.

Page 117

Best Practice

Best practice in the delivery of occupational therapy in schools is shaped by a variety of interrelated factors:

- Student-centered, occupation-based interventions, and a continuum of service delivery options, across general education and special education and post educational transition settings
- Integrating services into the student's daily routines and environments, such as classrooms, playgrounds, hallways, lunchrooms, and essential classes
- Establishing collaborative partnerships with teachers, other educational personnel, parents, and outside providers
- Prioritizing functional and educational outcomes to support student success
- Implementing evidence-based practices to ensure effective and informed interventions

The intervention process is closely integrated with screening, evaluation, and outcome identification, requiring professional reasoning at each stage. Practitioners collaborate with the educational team to use insights gathered during screening and evaluation to develop contextually relevant interventions that support students' successful engagement in daily school activities. This approach ensures that intervention planning is student-centered, collaborative, and aligned with both academic and functional outcomes. Continuous communication with the student, family, and educational team is essential for refining and adapting interventions to meet students' evolving needs within the broader framework of IEP development and MTSS supports.
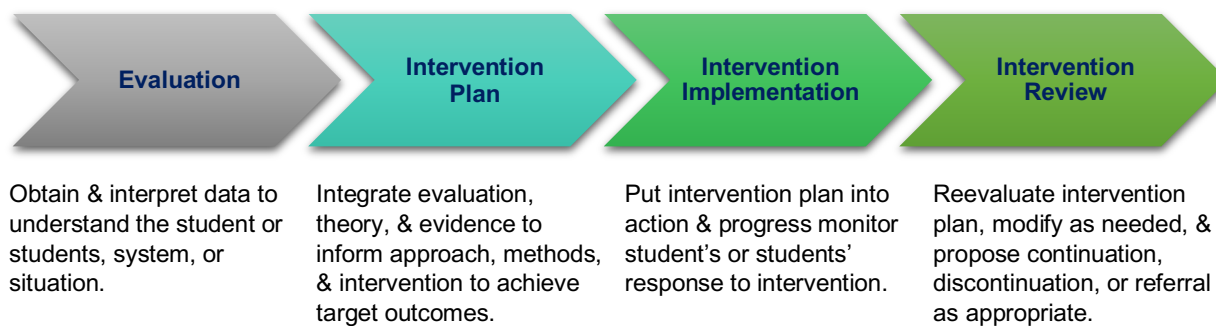
Occupational Therapy Intervention Process

Central to the occupational therapy intervention process is the identification of factors that limit a student's ability to participate in learning, school activities, and extracurricular engagements. By working closely with the educational team, family, students, and other key individuals, practitioners can develop targeted strategies to foster success. This process often includes the consideration of accommodations and modifications as integral parts of the intervention to ensure that the student's environment and tasks are adapted to support their participation and success.

The following guiding questions help practitioners focus their professional reasoning and determine the appropriate intervention strategies (Laverdure & Seruya, 2024):

1. Who is this student as a learner? (What is the student's occupational identity?)
2. What can this student do? (What is the student's level of occupational competence?)
3. What barriers are preventing this student from fully participating? (What factors hinder the student's engagement in school occupations?)
4. How can I support this student in overcoming these barriers and enhancing participation? (What interventions can address the identified barriers and promote engagement?)

When a course of intervention is appropriate, therapy practitioners then use evidence-based research, professional reasoning, and contextual knowledge to select theories, models, and frames of reference to guide their intervention planning. This process is tailored to each student's or students' unique needs and goals.

Figure 4.1. Occupational Therapy Intervention Process

Evaluation	Intervention Plan	Intervention Implementation	Intervention Review
Obtain & interpret data to understand the student or students, system, or situation.	Integrate evaluation, theory, & evidence to inform approach, methods, & intervention to achieve target outcomes.	Put intervention plan into action & progress monitor student's or students' response to intervention.	Reevaluate intervention plan, modify as needed, & propose continuation, discontinuation, or referral as appropriate.

Intervention at the District or School Level: ESSA & IDEA

Under ESSA (2015), occupational therapy practitioners are Specialized Instructional Support Personnel (SISPs) and can participate in Multi-Tiered Systems of Support (see chapter on Collaborative Practices). This includes programs like Scientific Research-Based Intervention (SRBI) and Positive Behavioral Intervention Supports (PBIS). In addition, IDEA (2004) provides for Coordinated Early Intervening Services (US DOE, 2008) to support students "who have not been identified as needing special education or related services but who need additional academic and behavioral support to succeed in a general education environment" (613(f)(1)).

When introducing a district or school-wide intervention, it is essential to engage in discussions with school and district administration to ensure that the intervention is aligned with broader goals and implemented effectively. This collaboration promotes a clear understanding of the intervention's importance and facilitates its successful integration into the school or district framework.

Intervention at the Student Level: Section 504

Section 504 of the Rehabilitation Act is designed to provide equal opportunities for students who have or are suspected of having a medical disability, ensuring they have equal access to academics and school activities. Due to their expertise in health sciences, occupational therapy practitioners may be invited to join a student's 504 team. In this role, they can educate the school team about the student's medical disability and collaborate with the student's medical team when appropriate. Using this information, the team can identify necessary accommodations and, when needed, modifications (i.e., modifications "that change, lower, or reduce learning expectations" [CCSSO, 2011, p. 10]). Additionally, the team can determine whether support services are needed to implement accommodations or modifications that ensure access to learning content and school activities. In some instances, occupational therapy practitioners may be identified as the most appropriate providers for these intervention services.

Intervention at the Student Level: IDEA

In Connecticut schools, occupational therapy practitioners often support students receiving special education under IDEA (2004). Students aged 3 to 22 years with an identified educational disability are eligible for special education and related services, such as occupational therapy. Related services are provided when they are determined to be educationally relevant and educationally necessary to help the student benefit from their special education program.

Special education refers to specially designed instruction tailored to meet the unique needs of each student. Occupational therapy, as a related service, focuses on intervention strategies that enable students to learn and participate in school activities, ensuring they can access and succeed in their educational programs.

Educational relevance is established when the proposed service is explicitly connected to a component of the student's educational program. There should be a clear objective or purpose when proposing a referral for school occupational therapy services.

Educational necessity exists when it is believed that the student will not have access to an appropriate education or experience educational benefit without the proposed related service.

Questions for the IEP team to consider when determining the need for occupational therapy services might include:

- Will the absence of this service affect the student's ability to benefit from their special education program?
- Can the special educator or classroom teacher address the identified need appropriately and effectively?
- Has the student been successful in their educational program without this service?
- Do the proposed services create any gaps, overlaps, or contradictions with other services?

Therapy practitioners should consider current evidenced based practices when designing and implementing therapeutic interventions in the educational environment. Data collection and documentation should be in collaboration with educational staff to effectively measure student outcomes.

Occupational Therapy Intervention Process

| Intervention	Components
Plan	**Develop the Plan** ● Creates an intervention plan with therapy goals and approaches that will yield mastery of IEP educational goals and objectives ● Integrates data from evaluation with theories, practice models, frames of reference, and evidence ● Determines action for collaboration, training, supports, and resources needed to implement plan **Consider Potential Discontinuation Needs & Plans** ● Focus on planning for discontinuation and transition **Documentation** ● Maintain a documentation system that outlines the intervention plan and facilitates communication between the occupational therapist and occupational therapy assistant, when applicable **Refer to Others as Needed** ● Make recommendations to other professionals as needed

Implementation	**Carry Out Interventions**
	● Select and carry out the intervention(s) based on student(s) or team need to support the student(s)
	  ○ Therapeutic use of occupations & activities
	  ○ Interventions to support occupations
	  ○ Education and training
	  ○ Advocacy
	  ○ Group intervention
	  ○ Virtual interventions
	Monitor Student's Response to Intervention
	● Collect meaningful qualitative and quantitative data to monitor student's progress

Review	**Reevaluate Intervention Plan** ● Document progress on IEP goals and objectives at scheduled timelines ● Re-evaluate the intervention plan based on progress toward IEP goals ● Adjust the intervention plan when needed & communicate change with service providers as appropriate ● Request an IEP review meeting when student will not make expected progress on IEP goals and objectives ● At an IEP meeting, provide information to help the team determine if the student needs occupational therapy services to benefit from their special education program

Intervention Planning

Occupational therapy practitioners design interventions and supports for students, schools, or districts. They do this by considering various factors gathered during the evaluation process (see the chapter on Evaluation) and through collaborative discussions with the educational team, family, student(s), or other key individuals.

By using careful planning and professional reasoning, the most effective intervention approach and method can be selected. This planning ensures that interventions target specific educational outcomes. The goal is to support successful engagement and participation in the curriculum and school activities. Emphasis is placed on implementing these interventions in the least restrictive environment possible (see figure 4.3).

Figure 4.3. Intervention Continuum
Least restrictive service delivery method anchored at the bottom of the pyramid to most restrictive method situated at the smallest point.
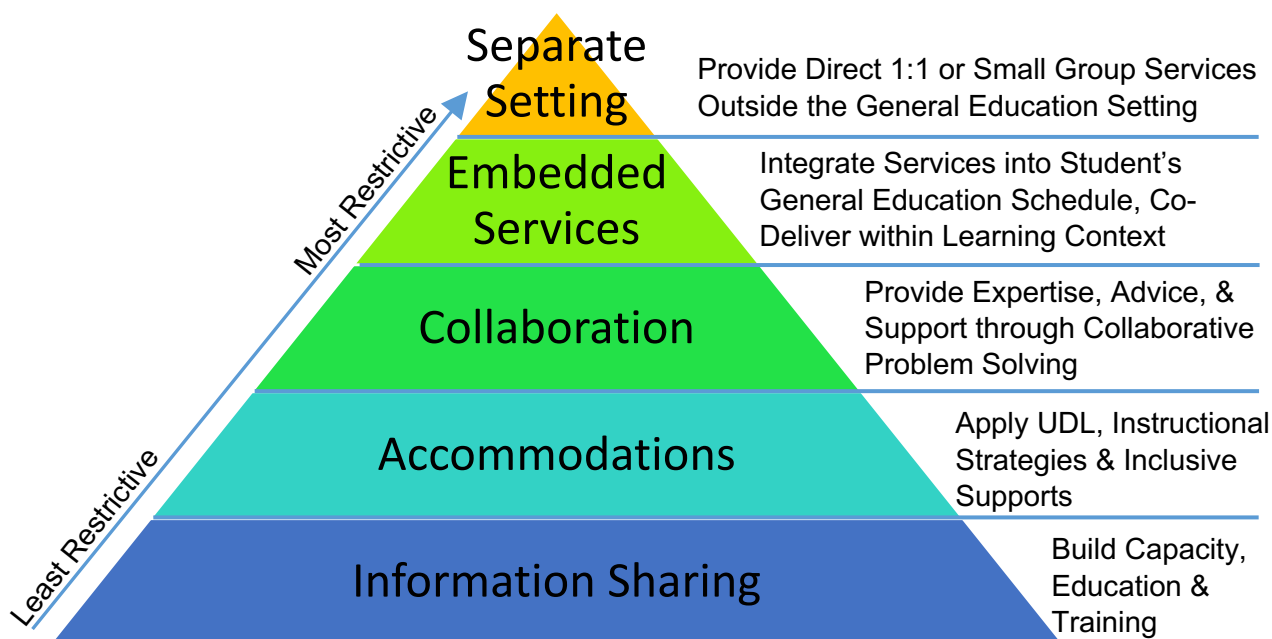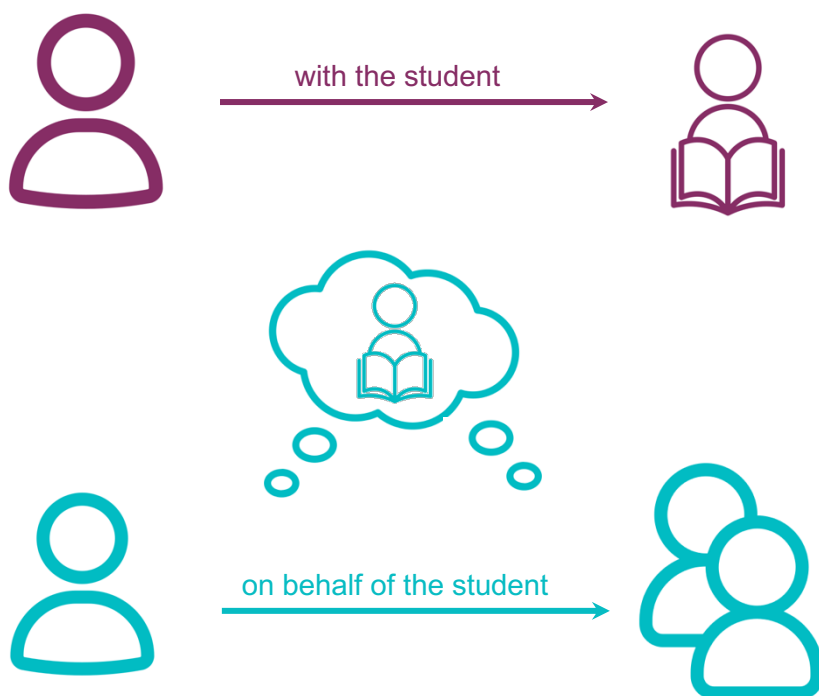
Select Intervention Approaches. Occupational therapy practitioners choose intervention approaches based on the student's needs, research evidence, and desired outcomes (AOTA, 2020). As shown on the first page of this chapter, these approaches may focus on creating, promoting, establishing, restoring, maintaining, modifying, or preventing specific skills or conditions.

Select Service Delivery Methods. Occupational therapy practitioners propose the method of service delivery either directly, indirectly, or through alternative methods. The choice of service delivery methods will always be dependent upon the student, the educational goals, and the educational context.

Direct Service. Involves intervention provided by the occupational therapy practitioner directly **with the student**. Services can be one-on-one, in small groups, or embedded within the context of the student's day.

Indirect Service. Involves intervention provided by the occupational therapy practitioner **on behalf of the student**. Services focus on consulting with teachers and staff, providing training and professional development, engaging in planning and collaboration, and monitoring and assessing environments and curricular demands to address the student's needs.

Service Delivery Methods

Direct	Indirect
Definition	
Occupational therapy services provided with the student or group of students.	Occupational therapy services provided on behalf of students to support teachers, other school staff, or the school community.
Criteria	
Occupational therapy practitioner & student(s) are simultaneously present.	Student(s) is not required to be present. If present, then services are not directly provided to them.
Service Model	

Embedded Services
Therapy is integrated into the student's school routine, targeting skill application in real activities. Options:
- **Team Intervention**: Professionals (e.g., OT & SLP or OTA & PT) work with the student(s) to address different focus areas.
- **Co-Teaching**: The teacher & occupational therapy practitioner deliver instruction together to support participation & learning.
  - Lead & Support: One leads while the other assists.
  - Station Teaching: Students rotate through stations.
  - Parallel Teaching: Both deliver the same material to different groups.
  - Alternative Teaching: Occupational therapy practitioner provides small group instruction (e.g., pre-teaching, re-teaching, enrichment) while teacher instructs the larger group.
  - Team Teaching: Teacher & occupational therapy practitioner co-plan & co-deliver instruction.

Separate Setting: Non-Contextual Services
The occupational therapy practitioner provides skilled therapeutic interventions by removing the student(s) from the classroom routine. This can occur within the classroom at a back table or outside the classroom, such as a therapy room or another designated area.

Information Sharing
Training & sharing professional knowledge with administrators, certified and non-certified staff (e.g., PBIS, health & wellness, leisure, mental health, executive functioning, transition).

Collaborative Practices: Intervention Planning & Monitoring
Practitioner collaborates with the teacher or members of the educational team to develop and monitor intervention that will be carried out by persons in the school or home.

Collaborative Practices: Education Team & Parent Meetings
Practitioner meets with members of the educational team and/or parents to develop, create, plan, or discuss student programming needs.

Collaborative Practices & Accommodations
- Making student-specific materials
- Student-specific documentation
- Technical assistance & training for staff to implement student-specific program (student may need to be present for experiential training instances)
- Lesson planning that addresses unique student needs
- Collaboration with the educational team

Determine Frequency & Duration

Under IDEA, once it is determined that a student needs occupational therapy services, an intervention plan should be drafted. This plan, separate from the IEP, can serve as a guide to predict the direct and indirect time required to implement the interventions to target student outcomes. Considerations should include:

- The IEP goals and desired outcomes
- Diagnostic conditions
- The student's schedule to embed services
- The student's progress and response to intervention
- The student's motivation and engagement
- The availability of student' resources and supports
- Best practice recommendations

Estimates of time can range from a traditional frequency (e.g., .5 hour/week, 1 hour/month, 28 half hour sessions/year), a short-term intensive to front load services (e.g., .25 hour/day for 4 weeks), intervals to check in on students at specific points during the school year (e.g., 1 hour/marking period), and under certain conditions (e.g., 1 hour when transitioning to a new work site). Time should be calculated based on student need not based on IEP management systems or predetermined timeframes.

In Connecticut, direct and indirect time can be captured in the IEP. Direct services must be linked to an IEP goal and objectives; indirect services may or may not be linked to an IEP goal and objectives. Service time that does not follow the traditional frequency should be described in the meeting minutes for the purposes of transparency and clarity should the student transition to a new school or occupational therapy practitioner.

Evaluation → Intervention Plan → Intervention Implementation → Intervention Review

Intervention Implementation

Occupational therapy practitioners may have different foci for intervention implementation depending on the individual needs of the student, the educational setting, and the specific goals being addressed. Interventions below are examples of how interventions are put into action in different contexts. For additional examples of occupational therapy interventions that support student success, refer to Chapter 1: OT in Schools.

1. Therapeutic Use of Occupations and Activities

- **With Students**: Supporting students in engaging in leisure activities, such as games or hobbies, to build social skills, improve emotional regulation, and increase engagement in the school environment.

- **On Behalf of Students**: Collaborating with teachers to design activities that integrate education-focused play, such as role-playing exercises, to promote language skills, social interaction, and emotional expression across subjects.

2. Interventions to Support Occupations

- **With Students**: Helping students develop the skills necessary for self-care routines (e.g., dressing, grooming, feeding) to foster independence in daily life and school activities.
- **On Behalf of Students**: Partnering with school staff to implement school-wide strategies that support students' sleep hygiene, such as creating quiet spaces for rest during break times or recommending adjustments to classroom lighting to enhance focus and rest.

3. Education

- **With Students**: Educating students on time management strategies, such as using visual schedules or alarms, to help them balance educational tasks, leisure, and health management routines (like physical activity) throughout the school day.
- **On Behalf of Students**: Providing training to educators on how to incorporate health management routines (e.g., hand washing, hydration, and physical activity breaks) into the school day to improve students' overall health and participation in learning activities.

4. Training

- **With Students**: Teaching students about work-readiness skills through hands-on experiences, such as organizing classroom materials or helping with class jobs, to prepare them for future work settings and responsibilities.
- **On Behalf of Students**: Training staff to support students in activities of daily living such as meal preparation, hygiene routines, and using public transportation, to promote independence and prepare them for post-school life.

5. Advocacy

- **With Students**: Encouraging students to advocate for breaks or sensory supports, such as using noise-canceling headphones or taking a movement break, to support their ability to focus on education-related tasks.
- **On Behalf of Students**: Advocating for students' participation in extracurricular activities, like school clubs or sports, to enhance their social skills, health, and leisure experiences while supporting their learning goals.

6. Self-Advocacy

- **With Students**: Empowering students to express their need for support with activities such as organizing schoolwork or managing group interactions during class projects to increase their sense of control and independence.
- **On Behalf of Students**: Facilitating meetings where students can communicate their needs for self-care support or accommodations (e.g., rest breaks, sensory aids) to educators and parents to improve their participation in school activities.

7. Group Intervention

- **With Students**: Leading group sessions that focus on developing social skills, such as turn-taking during play or cooperative work, which enhance students' ability to interact with peers and succeed in both structured and unstructured school environments.
- **On Behalf of Students:** Suggesting group interventions to enhance written production, where students practice organizing ideas, managing writing tasks, or engaging in collaborative writing activities that support both academic and social skills.

8. Virtual Interventions

- **With Students**: For students identified by the team as needing telehealth services, providing remote interventions that teach self-regulation strategies, such as mindfulness techniques or task management skills, to enhance their participation in educational activities.
- **On Behalf of Students**: Conducting virtual meetings or consultations with educators, families, and school staff to provide guidance and training on supporting students in their educational program.

Intervention Review

Intervention review is an ongoing process of reevaluating the effectiveness of an intervention plan, its delivery, and progress toward outcomes (AOTA, 2014). This process involves collaboration with the educational team—special education teachers, speech-language pathologists, specialists, paraeducators, and families—to assess whether changes are necessary. However, before conducting an effective intervention review, various considerations must be considered to understand what factors may be enabling or restricting student progress.

Intervention Considerations
    Embracing Cultural Humility: It's essential to recognize and respect the diverse cultural backgrounds, beliefs, and perspectives of students, families, and colleagues, ensuring that cultural considerations are woven into the intervention process.

    Knowledge Sharing: Sharing expertise and information among the team members helps ensure that all parties are informed and can contribute to effective decision-making, ensuring that each student's unique needs are considered.

    Monitoring & Data Collection: Continuous monitoring of the student's response through data collection—whether quantitative, qualitative, or both—is critical to adjusting interventions and measuring progress toward the desired outcomes.

    Team Collaboration: Successful intervention requires a collaborative approach with the educational team. This involves shared problem-solving, goal setting, and the development of tailored strategies that are based on collective input.

    Therapeutic Use of Occupations & Activities: Effective interventions utilize purposeful and meaningful occupations and activities to enhance skill development and promote successful student participation in educational settings.

    Therapeutic Use of Self: The foundation of occupational therapy services begins with the therapeutic use of self. This includes using personal qualities, such as mindfulness, empathy, and encouragement, to build rapport and engage the student effectively.

These considerations ensure a comprehensive approach to intervention review, highlighting that factors beyond the intervention plan itself—such as cultural context, team collaboration, and ongoing data collection—play critical roles in determining what may be helping or hindering student progress.

Group Programming: Occupation-Focused & Embedded

Groups, as defined by the Occupational Therapy Practice Framework (OTPF-4), are "collections of individuals having shared characteristics or a common or shared purpose" (AOTA, 2020, p. 2). Within the school setting, occupational therapy practitioners should design group interventions with the primary goal of enhancing student participation in meaningful school occupations. Rather than focusing solely on skill development in isolation, groups should be structured to support engagement in daily routines, academic tasks, social interactions, and other essential activities that contribute to a student's overall success in the school environment.

Examples of Embedded, Occupation-Focused Group Interventions
    Classroom Participation Groups: Supporting engagement in academic tasks, transitions, and routines.

    Peer Interaction & Social Participation Groups: Facilitating engagement in communication, play, and collaboration within natural settings.

Handwriting & Written Expression Groups: Enhancing functional participation in writing tasks during instructional time.

Recess & Leisure Participation Groups: Encouraging play, turn-taking, and movement-based engagement.

Emotional Regulation & Self-Management Groups: Integrating mindfulness, coping strategies, and self-regulation into daily routines.

Transition to Adulthood & Executive Function Groups: Developing skills for independent living, time management, organization, problem-solving, and self-advocacy to support post-secondary education, employment, and community participation.

Key Considerations for Structuring Embedded Therapy Groups
- ✓ **Align Groups with School Occupations**: Focus on participation in **real-life** school activities rather than isolated skill-building.

- ✓ **Embed Services Within the Natural School Day**: Utilize **integrated models, co-teaching, and collaboration** instead of separate setting sessions whenever possible.

- ✓ **Integrate with Multi-Tiered Systems of Support (MTSS)**: Align groups with school-wide initiatives in **academic, behavioral, and social-emotional learning and wellness.**

- ✓ **Reinforce a Collaborative Team Approach**: Partner with teachers, counselors, and paraeducators to support sustainable strategies.

Shifting from a Traditional Therapy Group Model to an Embedded Approach
Instead of structuring groups as stand-alone therapy sessions, integrate interventions into **authentic school environments**:

Traditional Therapy Group Model	Embedded Group Approach
Orientation, activity, wrap-up in therapy space	Co-delivering a morning meeting with movement-based regulation strategies
Social skills group in a separate room	Facilitating peer interactions during classroom centers or recess
Fine motor group focused on skill drills	Supporting handwriting within a classroom writing block
Emotional regulation group in therapy room	Embedding self-regulation tools into daily transitions (e.g., arrival, lunch, dismissal)

Framework for Implementing Embedded Groups
1. **Identify Natural Opportunities for Group Work**: Where do students need support in daily routines?

2. **Co-Plan with Educators & Support Staff**: Align group goals with classroom expectations.

3. **Facilitate Participation in Occupations**: Provide strategies within real tasks (e.g., supporting organization during group projects).

4. **Promote Independence & Generalization**: Ensure skills carry over beyond structured occupational therapy-led sessions.

By reframing group interventions as embedded, occupation-focused services, occupational therapy practitioners **enhance student participation, collaboration, and meaningful engagement** within the school setting.

Questions & Answers

Guidance on Using Therapeutic Equipment

Q: Can therapeutic equipment be used without prior training by the student's assigned occupational therapy practitioner?

A: When therapeutic equipment (e.g., therapy swings, weighted products, oral motor chewies, brushing tools) is being used with therapeutic intent—defined as using tools or techniques to promote specific physical, sensory, or developmental goals— it is essential to consult with the assigned occupational therapy practitioner. The occupational therapist, in partnership with the occupational therapy assistant when applicable, will evaluate the appropriateness of the equipment, review current evidence, and create a training plan for staff. The assigned occupational therapy practitioner will then provide training on how to use the equipment correctly, including usage protocols and methods for monitoring progress.

According to AOTA Best Practices (formerly Choosing Wisely®), it is critical to evaluate and document the student's sensory needs before implementing sensory-based interventions. The occupational therapist, in partnership with the occupational therapy assistant when applicable, will collaborate with the student's team to design an individualized plan that considers the student's accommodations, health and wellness considerations, specific outcomes, and a system for data collection to monitor progress. The assigned occupational therapy practitioner will also address staff training, involve parents, and handle any logistical considerations.

Guidance on Addressing Student's Mealtime Needs in School

Q: Can occupational therapy practitioners work with a student on feeding, eating, and swallowing skills?

A: When addressing mealtime skills (clinically referred to as feeding, eating, and swallowing), school occupational therapy practitioners take a collaborative approach. The Connecticut State Department of Education's 2008 Guidelines for Feeding and Swallowing Programs in Schools emphasize the importance of using a collaborative team approach to address mealtime challenges effectively.

A school occupational therapy practitioner with specialized knowledge and ongoing competence in feeding, eating, and swallowing may play a key role in leading the

educational team, in collaboration with the medical team, to develop a comprehensive mealtime support plan. This plan ensures the student has safe mealtimes, receives adequate nutrition to support learning, and participates in the least restrictive environment possible. Maintaining practice competence in this area is crucial for providing effective, evidence-based interventions.

In addition to direct intervention, the school occupational therapy practitioner may also lead or advise on team training related to feeding, eating, and swallowing. This training ensures that staff members are equipped with the knowledge and skills necessary to support the student's mealtime needs effectively and safely. Using a mealtime support planning form can help guide the development and implementation of this plan.

Guidance for Considering Medical Recommendations in Schools

Q: If a medical provider makes specific occupational therapy intervention recommendations, is the school occupational therapy practitioner required to implement those interventions in the school setting?

A: If a medical provider makes specific occupational therapy intervention recommendations, the assigned school occupational therapist, along with the occupational therapy assistant when applicable, should review these recommendations in consultation with the student's educational team. During this process, the therapist should evaluate whether the intervention is:

> (a) supported by evidence,
> (b) necessary for the student to benefit from their special education program,
> (c) aligned with the student's IEP goals and objectives, and/or
> (d) feasible to implement within the school setting.

If the intervention is determined to be educationally necessary and relevant, the therapist must also assess their own competence in delivering the intervention. It is important to note that some interventions or strategies that are effective in a clinical setting may not translate well to the educational environment, and vice versa. Therefore, careful consideration and collaboration with the team are essential in determining the appropriateness of the intervention for the school setting.

References

American Occupational Therapy Association. (2021). *Choosing Wisely®: Evidence-Based Practice.* Retrieved from https://www.aota.org/practice/practice-essentials/evidencebased-practiceknowledge-translation/aotas-top-10-choosing-wisely-recommendations

American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed.). American Journal of Occupational Therapy, 74(Suppl. 2), 7412410010. https://doi.org/10.5014/ajot.2020.74S2001

American Occupational Therapy Association. (2018). Telehealth in occupational therapy. *American Journal of Occupational Therapy, 72* (Suppl. 2). 7212410059. http://doi.org/10.5014/ajot.2018.72S219

American Occupational Therapy Association. (2017. Guidelines for occupational therapy services in early intervention and schools. *American Journal of Occupational Therapy, 71*(Suppl. 2), 7112410010. https://doi.org/10.5014/ajot.2017.716S01

Council of Chief State School Officers. (2016). *How to select, administer, and evaluate use of accessibility supports for instruction and assessment of all students*. Retrieved from https://www.ccsso.org/sites/default/files/2017-10/CCSSO%20Accessibility%20Manual.docx

Dunbar, S. B. (2007). *Occupational therapy models for intervention with children and families.* Thorofare, NJ: SLACK Inc.

Laverdure, P., & Seruya, F. M. (2024) *Theory in School-Based Occupational Therapy Practice: A Practical Application*. Taylor & Francis.

US Department of Education. (2008). *Coordinated Early Intervening Services (CEIS) Under Part B of the Individuals with Disabilities Education Act (IDEA).* Retrieved from https://portal.ct.gov/-/media/sde/special-education/spp/osep_memo09_ceis.pdf

Appendix

Theories, Models, & Frames of Reference

When team members focus on one diagnosis, theory, model, or frame of reference to determine when therapy is needed, they may overlook the student's strengths and what the student needs to be able to learn and do in school (Dunbar, 2007). For example, the team may focus on one component (e.g., a student's pencil grasp) and miss the wider perspective of classroom participation. When determining need and subsequently creating an intervention plan, occupational therapy practitioners integrate data from multiple sources with theories, models, and frames of reference to apply a student-centered and occupation-based focus.

Theory
Provides a predictive line of thinking for explaining observed phenomenon (e.g., developmental theory).

Model
An abstract representation of a theoretical concept (e.g., person-environment-occupation-participation model).

Frame of Reference
A systematic description and guide to support intervention planning (e.g., neurodevelopmental treatment frame of reference).

Occupational therapy practitioners use different frames of reference depending on each student's unique needs. Therefore, it should not be expected that a specific type of intervention will be provided simply because occupational therapy is included in the IEP.

Common theories, models, and frames of reference used by school occupational therapy practitioners along with simplified descriptions are provided below. For greater details, visit OT Theory or occupational therapy textbooks (e.g., Case-Smith & O'Brien, 2015).

Theory, Model, Frame of Reference	Overly Simplified Description
Biomechanical Frame of Reference	Focuses on improving impairments to enhance motor skills & occupational performance through therapeutic activities.
Coaching Model	Emphasizes a reciprocal, interactive process to encourage students to make their own decisions, participate fully, & maintain participation over time.
Cognitive-Behavioral Frame of Reference	Focuses on how thoughts, behaviors, emotions, physiology, & environment interrelate, influencing each other & student's overall well-being.
Developmental Frame of Reference	Emphasizes sequential mastery of skills as key to influencing behavior.
Dunn's Model of Sensory Processing	Explains how students respond to different things they see, hear, and feel, using four types: seekers, avoiders, sensitive people, & those who miss things.
Dynamic Model for Play Choice	Explains how interactions among student, activity, context, and relationships determine play preferences, emphasizing fun and "just-right" challenges for learning and mastery.
Ecology of Human Performance Framework	Focuses on understanding how students perform tasks by examining who they are, their environment, what they're doing, how well they do it, and how they can be supported to improve.
Model of Human Occupation	Explains how students do activities, learn new things, and improve by considering what they like, their routines, and how they perform tasks.
Model of Social Interaction	Focuses on guiding student's practice in social interactions within the context of activities of self-care, work, & play/leisure.
Occupational Adaptation Theory	Focuses on guiding students to change and interact with their environment to better participate in meaningful activities, emphasizing personal and environmental adaptation.
Person-Environment-Occupation-Performance Model	Explains how personal traits, environmental factors, & activities interact to impact occupational performance, with success leading to participation & well-being when student-environment fit is achieved.
Self Determination Theory	Emphasizes autonomy, competence, & relatedness to enhance well-being: autonomy involves choice, competence involves mastery, & relatedness involves feeling connected to others.
Sensory Integration Theory	Helps students understand & react to their surroundings through fun activities, improving how they see, hear, and feel things for better learning & behavior.

COLLABORATIVE PRACTICES
Section 7

Learning Objectives
Readers will gain a better understanding of:
- ◆ The definitions of collaborative practices
- ◆ The integration of diversity, equity, inclusion, justice, access, & belonging into collaborative efforts
- ◆ Strategies for effective collaboration to improve student programming

Collaborative Practices

In schools, collaborative practices are essential for providing comprehensive support to students. By working together, students, families, professionals, and support personnel enhance students' development, well-being, and educational success. Occupational therapy practitioners are vital in this process, partnering with others to help students benefit from and actively engage in the curriculum and school activities.

IEP Team Collaboration	Co-deliver Sessions	Consultation with Teachers
Inservice Training	Behavioral Support Teams	Mentorship & Peer Coaching
Parent & Caregiver Involvement	Professional Learning Communities	Interprofessional Goal Setting
School-Wide Initiatives	OT & OTA Partnerships	Transition Planning
Therapist/Student Collaboration	Telehealth	Consultation with Community Providers

Research demonstrates that collaboration and student inclusion in everyday activities are highly effective (O'Brien & Kuhaneck, 2019). When support is integrated into a student's daily routine, such as in the classroom, it fosters success. This approach is most effective when professionals work together to create these opportunities. By aligning support with the student's daily activities, overall educational outcomes are improved.

Definitions of Collaborative Practices

Collaborative practices involve joint planning, decision-making, and goal-setting as key components of the collaborative process. Team members align on shared goals and take collective responsibility for decisions and outcomes. They also have access to shared resources and are expected to engage with mutual respect and ethical conduct. Effective collaboration requires team members to share insights, seek feedback, and listen attentively to others, building relationships based on trust, respect, and a sense of community. Research supports that interventions marked by collaboration and inclusivity are the most effective (O'Brien & Kuhaneck, 2019).

Interprofessional Collaborative Practice

Interprofessional collaborative practice involves professionals from diverse backgrounds working together with students, families, caregivers, and communities to deliver the highest quality of care (World Health Organization, 2010). To ensure effective teamwork within a multidisciplinary team, schools can refer to the core competencies outlined by the Interprofessional Education Collaborative (2023). These competencies guide health professionals in their collaborative efforts and can be readily implemented by school teams focused on supporting educational outcomes.

- Values and Ethics: "Work with team members to maintain a climate of shared values, ethical conduct, and mutual respect" (p. 3)
- Roles and Responsibilities: "Use the knowledge of one's own role and team members' expertise to address health outcomes" (p. 4)
- Communication: "Communicate in a responsive, responsible, respectful, and compassionate manner with team members" (p. 5)
- Teams and Teamwork: "Apply values and principles of team science to adapt one's own role in a variety of team settings" (p. 6)

Occupational therapy practitioners should demonstrate mutual respect, acknowledge the roles and responsibilities of all team members, communicate appropriately and responsively, and foster relationships that enable effective, client-centered care (James et al., 2020).

Intraprofessional Collaboration

Intraprofessional collaboration involves professionals within the same field, such as occupational therapists working with other occupational therapists, or occupational therapy assistants or occupational therapy assistants working with each other. This type of collaboration is essential for coordinating effective service delivery and improving student outcomes (AOTA, 2023).

Intraprofessional collaboration may overlap with professional supervision, where a supervising occupational therapist oversees another occupational therapist or occupational therapy assistant. To foster effective and respectful collaborative supervision in such instances, recommended strategies include scheduling regular meetings, setting clear agendas, identifying and addressing issues and priorities, actively participating, setting goals, and documenting the collaboration (O'Brien & Connors, 2024). For more information on professional supervision, refer to the administrative chapter.

Consultation

Consultation in school practice is a collaborative approach where a specialist, such as an occupational therapist, psychologist, or special education teacher, offers expert advice, strategies, or support to another professional, like a general education teacher or school administrator, to address specific student needs or challenges. The goal is to enhance the consultee's ability to effectively support the student within the educational environment. As an indirect service, consultation requires a workload approach that allows time to become familiar with classroom routines, understand school culture, and build relationships with both students and adults. Practitioners may consider block scheduling to embed services in classrooms for extended periods or co-delivering services, where they partner with another professional for whole-class instruction.

Co-Delivery

Co-delivery is a model where an occupational therapy practitioner collaborates with another service provider or classroom teacher to plan, deliver, and assess instruction together. This approach enables the sharing of expertise and teaching strategies, resulting in more effective and varied instruction. Benefits include increased student engagement due to the personalized attention from two educators, enhanced inclusive education that addresses the needs of all learners, professional development through mutual learning, and improved classroom management by handling diverse classroom dynamics more effectively. In addition, strategies can be carried over throughout the week even when the occupational therapy practitioner is not present (O'Brien & Kuhaneck, 2019).

Coaching

Coaching is an adult learning strategy where experienced educators or service providers, such as occupational therapy practitioners, offer guidance and support to other educators or staff to enhance their skills and address specific challenges (O'Brien & Kuhaneck, 2019). Coaches model effective practices, observe coachees in action, provide constructive feedback, and share resources while facilitating ongoing reflection. This approach aims to improve instructional techniques, support professional growth, boost student engagement, and address diverse learning needs, ultimately fostering a more effective and inclusive educational environment. Coaching in natural settings, such as classrooms, playgrounds, cafeterias, and essential classes, is crucial. It involves listening to the coachee's needs and concerns and promoting collaboration throughout the planning process. During planning, coaches and coachees work together to select strategies for the upcoming week. Occupational therapy practitioners should be prepared to demonstrate and model techniques using various methods like written instructions, visuals, videos, and teach-back sessions to support the coachee's learning. They then review the effectiveness of these strategies and make adjustments as needed to enhance student success.

DEIJAB and Collaborative Practices

While we each bring our own expertise, we only become an effective team through genuine interprofessional collaborative practice. Team members should consistently practice cultural humility, which is a lifelong process of recognizing biases, understanding power dynamics, and ensuring institutional accountability. This involves ongoing learning, seeking feedback, and reflecting and challenging one's own assumptions (AOTA, 2023).

In collaborative practices, team members—inclusive of families and students—should be encouraged to actively seek understanding of one another's values and cultures, build strong relationships through openness, and embrace a willingness to learn about differing perspectives and roles. Occupational therapy practitioners, as part of the team, should recognize that mistakes and cultural misunderstandings may occur. When such issues arise, it is important to self-reflect, apologize, acknowledge own biases, seek feedback, and adopt an other-oriented mindset to repair any damage and restore the collaborative, consultative, and coaching processes (Solaru & Rhoten, 2022).

Diversity

Diversity means the differences between people, like race, gender, abilities, and backgrounds. Collaborative practices strengthen teams by incorporating diverse perspectives, leading to more creative ideas and better solutions. By celebrating diversity together, we build communities where everyone feels valued and can contribute meaningfully.

Equity

Equity means being fair by providing the right support and opportunities for everyone. Through collaborative practices, teams work together to identify and address barriers, ensuring each person gets what they need to succeed. By sharing responsibility, we promote fair outcomes and help everyone reach their full potential.

Inclusion

Inclusion means making sure everyone feels welcome and valued for who they are. Through collaborative practices, we can actively invite all voices, respect unique ideas, and ensure everyone has a chance to contribute. When we work together to include everyone, we create stronger, more supportive communities.

Justice

Justice means making sure everyone is treated fairly and with respect by addressing unfair rules or systems. Through collaborative practices, teams can work together to identify and remove barriers that cause unfairness, ensuring that everyone in the group or community has an equal chance to thrive.

Accessibility

Accessibility means ensuring everyone, including people with disabilities, can fully use and enjoy spaces, tools, and activities. Collaborative practices, such as co-delivering accessible learning activities or consulting with teams on environmental design, ensure that tools and spaces meet diverse needs and promote participation for all.

Belonging

Belonging means feeling accepted and valued for who you are. Collaborative practices like coaching, consultation, and interprofessional teaming create environments where everyone feels supported and connected. By working together, professionals foster spaces where every individual can thrive and feel a sense of belonging.

139

Actions to Foster DEIJAB Principles across Collaborative Practices
(AOTA, 2023)

Individual Actions in Daily Practice

- **Acknowledge and Value Differences**: Recognize and celebrate the unique identities, abilities, and perspectives of students, families, and colleagues as integral to creating an inclusive environment.
- **Foster Understanding and Inclusion**: Engage in active listening and respectful dialogue to ensure all voices are heard, fostering a culture of collaboration and shared problem-solving.
- **Provide Tailored Support**: Through collaborative assessments and planning, ensure students receive individualized tools and interventions that address barriers to their participation and success.
- **Integrate Assistive Technology and UDL**: Partner with teams to identify and implement assistive technologies and universal design strategies that enhance accessibility and engagement.
- **Include Student Voices:** Engage students in the goal setting and program development process by encouraging them to share their strengths, challenges, and aspirations. Collaborate with families and educational teams to ensure student perspectives shape decisions, preparing them to take an active role in their education and develop the skills needed for success in adulthood.
- **Promote Participation in School Activities**: Work with collaborative teams to remove barriers and provide necessary accommodations, enabling students to fully engage in activities like assemblies, field trips, and extracurriculars.
- **Model Advocacy for Neurodiversity**: Lead by example in promoting acceptance of neurodiverse students, using inclusive practices and language in daily interactions.

Collaborative Team Actions

- **Promote Shared Responsibility**: Foster a culture of shared accountability by co-delivering services, co-teaching lessons, and consulting regularly to meet the needs of all students.
- **Utilize Assistive Technology and UDL Principles**: Collaboratively select tools and strategies that eliminate barriers, enhance functional abilities, and promote independence in school settings.
- **Adapt Physical and Sensory Environments**: Work together to design accessible spaces that support participation, offering flexible seating, sensory tools, and visual aids to meet diverse needs.
- **Foster Belonging Through Collaboration**: Partner with teachers to integrate diverse learning approaches into classroom activities, leveraging both traditional methods and innovative tools like assistive technologies.

System-Level Actions for Schools & Districts

- **Implement Inclusive Policies**: Develop and uphold policies that challenge inequities, such as anti-ableism and anti-bias frameworks, ensuring fairness and justice for all students.
- **Offer Targeted Professional Development**: Provide ongoing training on trauma-informed care, anti-racism, and collaborative practices to empower staff to address systemic inequities effectively.
- **Evaluate Policies and Practices Through a DEIJAB Lens**: Conduct equity audits to identify systemic barriers affecting marginalized groups, and use findings to inform improvements in accessibility, inclusivity, and participation.
- **Ensure Accessible Transportation**: Work collaboratively to secure accommodations, such as wheelchair-accessible buses and adaptive car seats, to provide equitable transportation options for all students.
- **Provide Accessible Communication**: Ensure that important documents, like IEPs and school communications, are available in families' native languages to support equitable participation.
- **Adapt Curricular Materials**: Partner with educators to ensure curriculum design reflects diverse perspectives, promotes equity, and is accessible to all learners.

Occupational therapy practitioners play a critical role in fostering environments that prioritize DEIJAB (AOTA, 2023). When embracing and celebrating the full range of human diversity, including neurodivergence, physical abilities, cultural identities, and communication styles, practitioners help schools and districts embed DEIJAB principles into daily practices. Collaborating with educators, families, and students to co-create inclusive environments honors the strengths, preferences, and sensory, social, and learning needs of all individuals.

Drawing on their expertise in universal design for learning, trauma-informed care, and environmental adaptation, occupational therapy practitioners actively work to dismante systemic barriers, challenge ableist assumptions, and promote equitable participation. By empowering all learners to self-advocate and engage fully in their education, practitioners help build a culture of respect, belonging, and opportunity where every student can thrive authentically.

Leveraging Collaborative Practices

There are many ways to engage in collaborative practices, such as developing interprofessional goals, using a team-based approach within the MTSS model, or applying a Public Health Approach to involve the greater community in supporting students, families, and staff. These methods emphasize the value of working together across disciplines to provide comprehensive support for everyone in the school community.

Occupational therapy practitioners bring their unique expertise to help students engage in school activities, promoting health and well-being. Their work focuses on enabling students to fully participate in their education by addressing barriers and building skills that support success in school and beyond.

## Interprofessional Collaborative Goals

Adhering to interprofessional collaborative practice when developing a student's individualized education program ensures that the goals and strategies are thorough, well-informed, and specifically tailored to address the student's diverse needs. This approach leverages the combined expertise and perspectives of all team members to improve the student's overall educational experience and outcomes. According to the *Joint Statement on Interprofessional Collaborative Goals in School-based Practice*, published by the alliance of AOTA, APTA, and ASHA (2022), effective team collaboration involves clearly defining each member's role, demonstrating their value, and appreciating each other's contributions. Key elements for successful collaboration include sharing information, planning strategies, and adhering to timelines. When designing collaborative goals, the team should follow a structured process:

1. **Identify educational impact.** Determine how the student's difficulties affect their educational performance.
2. **Share knowledge of a student's present level of performance.** Assess the student's strengths and challenges based on available data.
3. **Collaborate on goal development.** Define what the student needs to achieve within a year
4. **Discuss support strategies.** Plan how each team member will assist the student in reaching their goals, including direct and indirect services, and establish methods for tracking student progress.

Following this structured process ensures that goals and objectives are tailored specifically to the student's needs, rather than being dictated by individual disciplines. It's important to remember that in a student's IEP, there are no separate occupational therapy goals and objectives; instead, they are student goals and objectives. For example, goals may aim to increase the student's participation in daily school activities, rather than focusing on improving performance in occupational therapy alone.

Multi-Tiered Systems of Support

Multi-Tiered Systems of Support (MTSS; CT SDE, 2025) is a framework used in schools to improve the learning environment, curriculum, and instruction, ensuring the success of all students and staff. Within this framework, occupational therapy practitioners, as specialized instructional support personnel, collaborate with school teams in delivering a continuum of services to students, staff, and schools, focusing on promoting, preventing, identifying, and supporting occupational performance and participation. See the Laws & Policies chapter for more information.
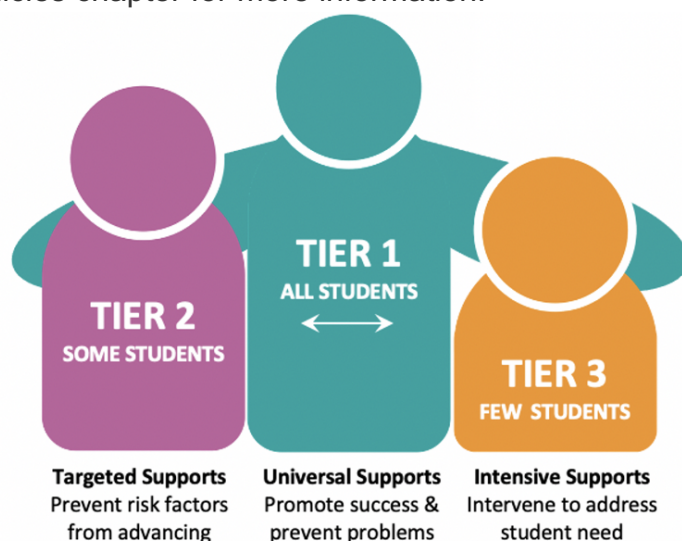
Tier 1 Universal Supports

Universal supports emphasize enhancing the overall **participation and well-being of the entire student population** by delivering high-quality, evidence-based, differentiated core instruction and interventions. At this level, occupational therapy practitioners work collaboratively with other school staff to strengthen the school's capacity to support all students collectively. This collaboration includes contributing to professional development and coaching, designing and selecting universal screenings, developing schoolwide programs and curricula, analyzing data, and making environmental adjustments (Laverdure, VanCamp, and LeCompte, 2023).

Tier 2 Targeted Supports

Tier 2 includes the foundational Tier 1 Universal Supports and builds on them by adding Targeted Supports for **groups of students identified as at risk or needing additional assistance**. These supports or interventions are more specific and intensive, focusing on small groups of students who require extra help to succeed. Occupational therapy practitioners play a crucial role in this process by using collaborative practices to contribute to the development and implementation effective programs tailored to these students' needs.

Under IDEA (2004), occupational therapy practitioners may have a supporting role in providing early intervening services to help students succeed in the general education setting before requiring special education or related services. This role may involve conducting individual or group screenings, offering recommendations for educators and

143

staff to implement, and, when appropriate, engaging in co-delivery of targeted interventions for groups of students. By collaborating with school personnel, occupational therapy practitioners help address academic and behavioral needs, preventing the escalation of challenges and supporting students in reaching their full potential.

Tier 3 Intensive Supports

Tier 3 builds on the foundational Tier 1 Universal Supports and Tier 2 Targeted Supports by providing additional, **highly personalized supports for individual students** who need extra assistance beyond what is offered in the previous tiers. These supports or interventions are more specific and tailored to address the unique needs of individual students, often delivered through one-on-one or very small group settings. Occupational therapy practitioners collaborate with educators, families, and school staff to guide and support the development and implementation of individualized programs, ensuring that these intensive supports complement and build on the strategies from Tiers 1 and 2 to help students succeed.

Under IDEA (2004), when a student continues to struggle despite receiving supports, a referral would be made to determine eligibility for special education and need for related services to benefit from their special education program. Occupational therapy practitioners may be involved in this process, providing evaluations, consultations, and assisting in the development of IEPs. They work collaboratively with the student's team to design personalized supports that address the student's unique needs. This team approach ensures the student receives the necessary services to support their educational progress.

Did You Know?

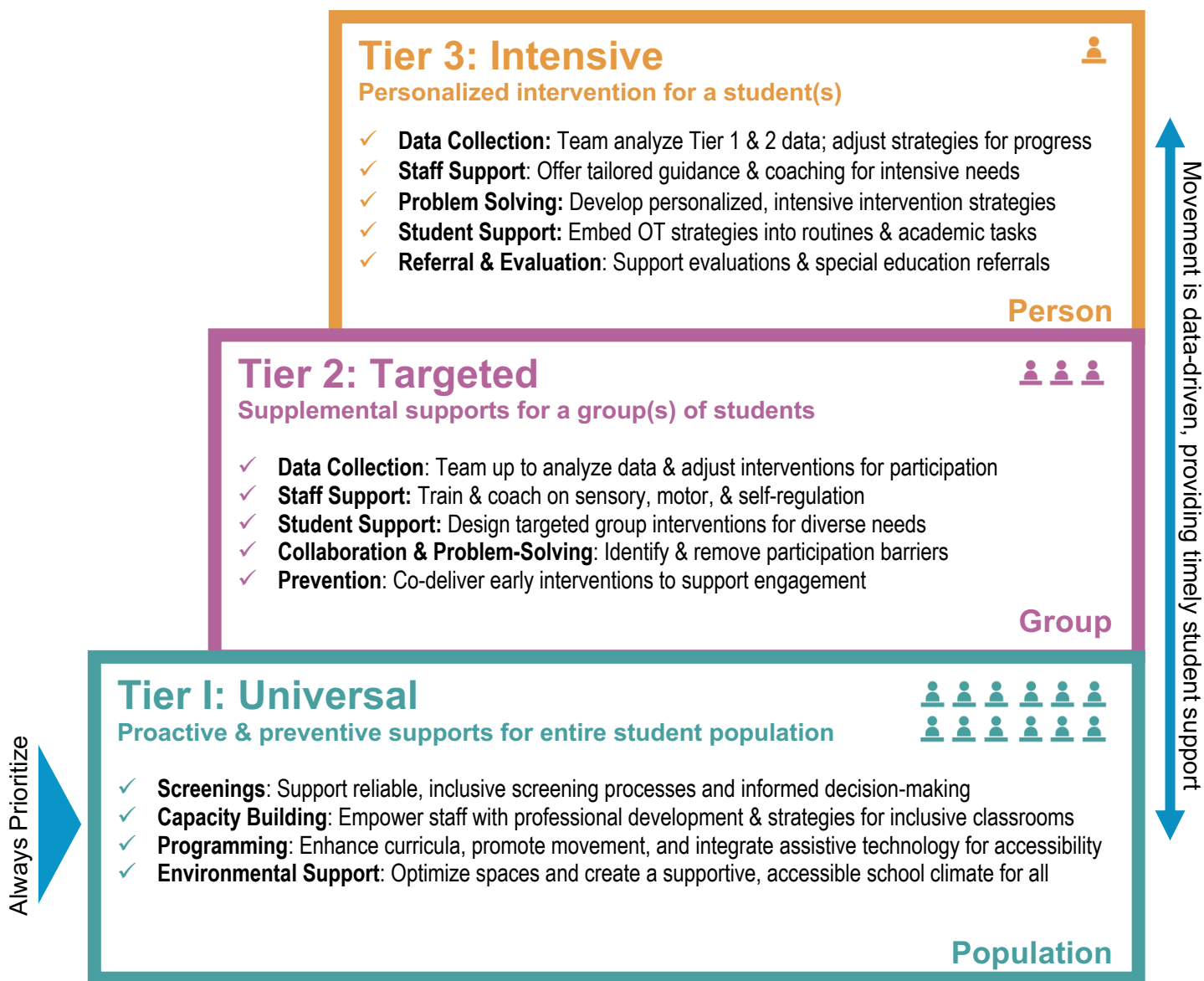SRBI & PBIS are models within the MTSS framework.
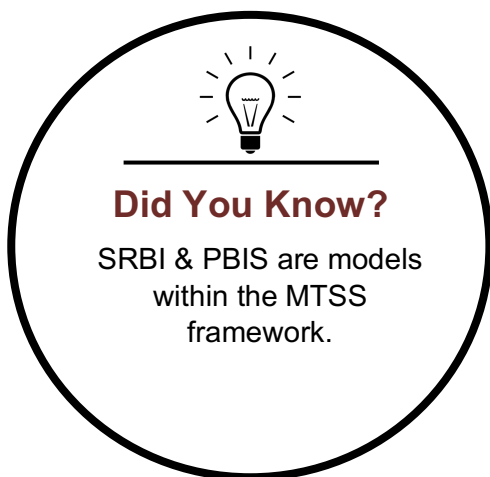
The Connecticut State Department of Education uses the term Scientific Research-Based Instruction (SRBI; CT SDE, 2025) to align with IDEA's Response to Intervention and promotes Positive Behavioral Interventions & Supports (PBIS) to improve outcomes for all students. Understanding these terms and models within the MTSS framework is key for effective implementation.

Regardless of the specific model used within the MTSS framework, research indicates that the most effective outcomes are achieved when services include timely collaborative practices and effective support strategies across the continuum (Campbell, et al., 2023).

Introducing an Example of MTSS

Occupational therapy practitioners collaborate with school teams at all tiers to support student success. Figure 7.1 illustrates an example of the MTSS process. While each district may vary dependent on local needs and resources, the core principles remain the same – providing layered supports to meet the diverse needs of students.

Figure 7.1 Example of an MTSS Process

Tier 3: Intensive
Personalized intervention for a student(s)

✓ **Data Collection:** Team analyze Tier 1 & 2 data; adjust strategies for progress
✓ **Staff Support**: Offer tailored guidance & coaching for intensive needs
✓ **Problem Solving:** Develop personalized, intensive intervention strategies
✓ **Student Support:** Embed OT strategies into routines & academic tasks
✓ **Referral & Evaluation**: Support evaluations & special education referrals

Person

Tier 2: Targeted
Supplemental supports for a group(s) of students

✓ **Data Collection**: Team up to analyze data & adjust interventions for participation
✓ **Staff Support:** Train & coach on sensory, motor, & self-regulation
✓ **Student Support:** Design targeted group interventions for diverse needs
✓ **Collaboration & Problem-Solving**: Identify & remove participation barriers
✓ **Prevention**: Co-deliver early interventions to support engagement

Group

Tier I: Universal
Proactive & preventive supports for entire student population

✓ **Screenings**: Support reliable, inclusive screening processes and informed decision-making
✓ **Capacity Building**: Empower staff with professional development & strategies for inclusive classrooms
✓ **Programming**: Enhance curricula, promote movement, and integrate assistive technology for accessibility
✓ **Environmental Support**: Optimize spaces and create a supportive, accessible school climate for all

Population

Always Prioritize

Movement is data-driven, providing timely student support

⚠ Check the MTSS process in your district or school, as it may differ based on local needs, resources, policies, and procedures.

TIER 1: Universal Supports – Proactive & Preventive Supports for Entire Student Population

Component	Examples of Occupational Therapy Collaborative Practices

Screenings	✓ **Screening Support**
	  ○ Support teams in selecting & implementing reliable universal screenings
	  ○ Assist in identifying & integrating additional data sources
	  ○ Help develop standardized procedures for screening processes
	  ○ Provide training for staff to ensure effective participation in screenings
	  ○ Assist with screening administration as needed
	  ○ Interpret screening results to inform next steps & decision-making

Capacity Building	✓ **Professional Development & Coaching**
	  ○ Provide or contribute to professional development and coaching by:
	    ▪ Providing insight into developmental milestones & learning progression
	    ▪ Highlighting the role of play in learning & development
	    ▪ Offering strategies for diagnostic considerations & accommodations
	    ▪ Advising on creating inclusive & accessible learning environments
	✓ **Classroom Management & Organization**
	  ○ Provide guidance on classroom management & organization by:
	    ▪ Contributing to environmental design
	    ▪ Assisting with scheduling strategies
	    ▪ Helping establish effective routines
	    ▪ Promoting universal design for learning

Programming	✓ **Curriculum & Program Development**
	  ○ Provide recommendations and contribute to the selection, differentiation, and creation of curricula & programs that support all students
	  ○ **S**upport s**chool-wide movement programs** to enhance physical activity and engagement
	  ○ Offer strategies to improve writing productivity & develop writing curricula that support classroom participation
	  ○ Encourage h**ands-on learning** approaches & fine motor skill development to foster experiential engagement
	✓ **Assistive Technology & Accessibility**
	  ○ Assist with the integration of assistive technology to ensure accessibility for all learners
	  ○ Recommend s**ensory strategies & accommodations** to create inclusive learning environments

Programming (continued)	✓ **Social-Emotional Learning & Wellness** 　o Support evidence-based social-emotional learning programs selected by the district, focusing on self-awareness, self-regulation, social awareness, relationship skills, & responsible decision-making 　o Contribute to complementary approaches that support desired outcomes ✓ **Transition Planning** 　o Support students during transitions, including grade-to-grade, school-to-school, and high school to post-secondary settings
Environmental Support	✓ **Understanding the Environment** 　o Promote awareness of how physical, social, & attitudinal factors impact accessibility and engagement 　o Guide teams in creating universally accessible programs, materials, and spaces that benefit all students 　o Contribute to emergency response plans for students with mobility, sensory, or behavioral needs ✓ **Environmental & Ergonomic Design** 　o Address barriers in common spaces (e.g., hallways, playgrounds, cafeterias) to ensure equitable participation 　o Optimize classroom layout to enhance mobility, reduce distractions, and support effective learning 　o Provide strategies for seating and positioning that promote attention, comfort, & engagement 　o Offer recommendations for building & playground design that are accessible & support student engagement ✓ **School Climate & Culture** 　o Participate in health, wellness, & safety task forces or teams focusing on areas such as emergency evacuation planning, mental health supports, bullying prevention, backpack safety, trauma-informed care, and feeding and swallowing needs 　o Contribute to parent/community training on health, wellness, & safety topics

TIER 2: Targeted Supports – Universal Supports with Additional Targeted Supports for Extra Intervention

Component	Examples of Occupational Therapy Collaborative Practices
Data Collection	✓ **Data Analysis & Progress Monitoring** ○ Collaborate with the school team to analyze screenings, work samples, & classroom observations to identify common barriers to group performance & participation ○ Assist in interpreting data to identify trends and inform necessary adjustments to interventions, such as environmental modifications, sensory supports, & motor strategies ○ Provide recommendations for accommodations & strategies to promote inclusive group participation
Staff Support	✓ **Staff Training & Coaching** ○ Train staff on sensory, motor, and self-regulation strategies to improve group engagement ○ Coach staff on group-based sensory accommodations, motor strategies, and assistive technology ○ Support the school team in applying UDL principles to promote inclusive group participation ○ Educate staff on neurodiversity-affirming practices to encourage positive and strengths-based interactions within groups
Student Support	✓ **Targeted Group Interventions** ○ Collaborate with the team to provide strategies for improving writing productivity, fine motor skills, and classroom positioning, supporting engagement in group tasks ○ Create small group interventions that target self-regulation, including sensory regulation, body awareness, emotional regulation, attention, & energy regulation to enhance participation in both academic and social activities ○ Design group activities that cater to diverse engagement needs, ensuring that students can full participate in the learning process
Collaboration & Problem Solving	✓ **Sensory, Motor, & Functional Strategies** ○ Work with educators and staff to identify barriers impacting group-wide engagement and develop strategies addressing sensory, motor, and functional needs ○ Coach team members on implementing group-based strategies, such as adjusting classroom positioning and routines, to support sensory and motor needs to foster better participation ○ Collaborate with the multidisciplinary team to refine group interventions, ensuring solutions are effective in promoting functional engagement and inclusive participation in academic and school activities
Prevention	✓ **Early Intervention & Proactive Support** ○ Co-deliver early intervention programs focusing on self-regulation, sensory processing, and motor development to prevent barriers in academic and school access ○ Continuously monitor group progress and adjust strategies as needed to ensure students engage effectively in self-management, classroom tasks, and peer interactions

TIER 3: Intensive Supports – Universal & Targeted Supports with added Intensive Supports for Higher Needs

Component	Examples of Occupational Therapy Collaborative Practices
Data Collection	✓ **Comprehensive Data Analysis & Evaluation** ○ Review data collected by the school team (e.g., teacher observations, work samples, assessment results) to identify barriers to student participation and performance in school ○ Collaborate with the team to analyze data and track individual student progress, assess intervention effectiveness, and adjustment strategies to meet higher needs
Staff Support	✓ **Specialized Staff Guidance & Intervention** ○ Provide tailored recommendations for staff to implement individualized strategies that address sensory, organizational, or academic needs in students requiring intensive support ○ Offer coaching and mentoring to educators on applying personalized sensory regulation, executive function support, and academic accommodations to meet the unique needs of a student
Problem Solving	✓ **Individualized Problem Solving & Strategy Development** ○ Work collaboratively with the team to develop personalized, intensive intervention strategies for students facing persistent barriers in learning and school and school engagement ○ Offer specialized sensory strategies, organizational tools, and accommodations based on individual student needs to support their functional engagement
Student Support	✓ **Embedded Support for Skill Development** ○ Embed individualized occupational therapy strategies into the student's daily routine, supporting sensory regulation, executive function, and academic skills in natural school settings ○ Collaborate with educators to incorporate strategies informed by occupational therapy practices into group activities and academic tasks ensuring meaningful participation and skill development ○ Provide ongoing embedded support during classroom activities, peer interactions, and self-management routines to help students access their learning curriculum and learning environment
Referral & Evaluation	✓ **Evaluation Support & Special Education Referral** ○ Collaborate with the team to determine when a full and individual evaluation is needed for a suspected disability ○ Assist in facilitating referrals for IDEA eligibility determination and participate in multidisciplinary evaluations ○ Assist in interpreting results to first determine specialized instruction needs and then whether occupational therapy is needed as a related service ○ Support goal development for eligible students to ensure access, participation, and progress ○ Encourage family collaboration with healthcare providers for coordinated support across settings

Fulfilling the Specialized Instructional Support Personnel Role

The Every Student Succeeds Act (ESSA; 2015) recognizes occupational therapy practitioners as Specialized Instructional Support Personnel (SISPs), highlighting the value of their diverse contributions to student success. To fully realize the goals of ESSA, the following strategies can help occupational therapy practitioners, alongside other professionals, apply their unique expertise to effectively support every student.

Focus on Meaningful Educational Outcomes
- Ensure all services are designed to achieve significant educational outcomes and prepare students for life beyond the classroom.
- Promote UDL to enhance inclusion for all learners (Kennedy et al., 2018).

Contextual Services
- Embed services into the school environment, making them relevant to students' daily experiences. (Campbell et al., 2023; Laverdure et al., 2017).

Clarify Roles and Build Relationships
- Clearly articulate your role and contributions.
- Form partnerships with educators that leverage mutual expertise.
- Communicate using clear, context-specific language aligned with educational services.

Regular Presence and Collaboration
- Engage in interprofessional collaborative practice to build relationships and mutual understanding of roles (Friedman et al., 2022).
- Establish strong connections with the school community.

Promote Collaborative Practices
- Emphasize collaboration, coaching, and support with school staff.
- Use coaching, co-teaching, and professional development to support effective practices (Gagnon et al., 2024).

Implement Evidence-Informed Practices
- Apply evidence-based practices in service design and delivery.

Address Implementation Challenges
- Acknowledge the complexity of MTSS implementation, including the need for political, structural, attitudinal, and cultural changes (Anaby et al., 2019; de Oliveira Borba et al., 2020; Lynch et al., 2023).
- Dedicate time each week to advancing strategies (Campbell et al., 2023).

Public Health Approach to Education

The Centers for Disease Control and Prevention (CDC, 2024) developed the Whole School, Whole Community, Whole Child (WSCC) model as a public health framework designed to improve student health and educational outcomes. This model encourages collaboration between schools, families, community organizations, and public health systems to create environments where students can thrive. At the heart of WSCC is the goal of supporting the whole child by addressing multiple factors that influence learning and well-being.

The model includes ten essential components:

1. Physical education and physical activity
2. Nutrition environment and services
3. Health education
4. Social and emotional climate
5. Physical environment
6. Health services
7. Counseling, psychological, and social services
8. Employee wellness
9. Community involvement
10. Family engagement

Source: Centers for Disease Control and Prevention (CDC), Whole School, Whole Community, Whole Child (WSCC) Model.

Occupational therapy practitioners are well-positioned to contribute within this model by promoting participation, engagement, and well-being at the student, school, and community levels. Their expertise can enhance many of these components, supporting efforts to create healthy, inclusive, and supportive school environments.

Workload Considerations for Collaboration

Effective collaborative practice requires time for planning, implementation, review, and documentation. Administrators play a key role in ensuring all team members—occupational therapy practitioners, teachers, and support staff—have the resources to collaborate meaningfully. This includes allocating time for collaboration beyond direct programming and integrating team efforts into daily practices. When determining staffing levels, administrators should consider the time needed for team collaboration, which may vary by district and school.

Investing in collaboration improves student outcomes and leads to more efficient use of resources, potentially reducing the need for additional interventions. Fostering a collaborative culture maximizes team strengths and creates a supportive, inclusive learning environment. Practical strategies, like adjusting schedules or organizing joint planning, can further streamline the process and create long-term educational benefits.

References

American Occupational Therapy Association, American Physical Therapy Association, & American Speech-Language-Hearing Association. (2022). *Joint statement on interprofessional collaborative goals in school-based practice*. Retrieved from https://www.aota.org/-/media/corporate/files/practice/schools/joint-statement-on-interprofessional-collaborative-goals-in-school-based-practice.pdf

American Occupational Therapy Association. (2023). *Let's talk DEI: Intraprofessional collaboration: Bridging the gap between OT and OTA*. Retrieved from https://www.aota.org/publications/ot-practice/ot-practice-issues/2023/lets-talk-dei-intraprofessional-collaboration

Anaby, D. R., Campbell, W. N., Missiuna, C., Shaw, S. R., Bennett, S., Khan, S., ... & GOLDs (Group for Optimizing Leadership and Delivering Services). (2019). Recommended practices to organize and deliver school-based services for children with disabilities: A scoping review. *Child: care, health and development*, *45*(1), 15-27.

Campbell, W., Missiuna, C., Dix, L., & Whalen, S. S. (2023). Partnering for Change: collaborating to transform occupational therapy services that support inclusive education. *Frontiers in public health*, *11*, 1275920. https://doi.org/10.3389/fpubh.2023.1275920

Centers for Disease Control and Prevention. (2024). Whole school, whole community, whole child. Retrieved from https://www.cdc.gov/whole-school-community-child/about/index.html

Connecticut State Department of Education. (2025). *Robust multi-tiered system of supports.* Retrieved from https://portal.ct.gov/sde/academic-office/new-center-home-page/for-educators/explore-the-center/robust-mtss

de Oliveira Borba, P. L., Pereira, B. P., de Souza, J. R., & Lopes, R. E. (2020). Occupational therapy research in schools: a mapping review. *Occupational Therapy International*, *2020*(1), 5891978.

Every Student Succeeds Act of 2015, Pub. L. No. 114-95 § 114 Stat. 1177.

Friedman, Z. L., Hubbard, K., & Seruya, F. (2022). Building Better Teams: Impact of Education And Coaching Intervention on Interprofessional Collaboration Between Teachers and Occupational Therapists in Schools. *Journal of Occupational Therapy, Schools, & Early Intervention*, *16*(2), 173–193. https://doi.org/10.1080/19411243.2022.2037492

Gagnon, M., Couture, M., Hui, C., Obradovic, N., Camden, C., Lemay, L., & Jasmin, E. (2024). Occupational performance coaching for significant adults of preschoolers: Multiple case studies. *Early Childhood Education Journal*, *52*(2), 233-241.

Individuals with Disabilities Education Improvement Act of 2004, 34 CFR § 300 *et seq.* (2004).

Interprofessional Education Collaborative. (2023). *Core competencies for interprofessional collaborative practice. Preliminary draft revisions 2023.* Retrieved from https://www.ipecollaborative.org/assets/core-competencies/IPEC_Core_Competencies_2023_Prelim_Draft_Revisions%20(2023-04-12).pdf

James, L. W., Pizur-Barnekow, K., Copeland, D. T., Ponsolle-Mays, M., Kadlec, M.B., & Schekind, S. (2020). Team players: Fostering interprofessional collaborative practice within pediatric settings, *OT Practice 25*(3), 16-19.

Kennedy, J., Missiuna, C., Pollock, N., Wu, S., Yost, J., & Campbell, W. (2018). A scoping review to explore how universal design for learning is described and implemented by rehabilitation health professionals in school settings. *Child: care, health and development*, *44*(5), 670–688. https://doi.org/10.1111/cch.12576

Laverdure, P., Cosbey, J.; Gaylord, H.; LeCompte, B. (2017). Providing collaborative and contextual service in school contexts and environments. *OT Practice, 22*(15), CE1-CE8.

Laverdure, P., VanCamp, A. B., & LeCompte, B. (2023). Empowering ESSA's value in schools. *OT Practice, 28*(4), 15–19.

Lynch, H., Moore, A., O'Connor, D., & Boyle, B. (2023). Evidence for implementing tiered approaches in school-based occupational therapy in elementary schools: A scoping review. *American Journal of Occupational Therapy, 77*, 7701205110. https://doi.org/10.5014/ajot.2023.050027

Mills, C., & Chapparo, C. (2018). Listening to teachers: Views on delivery of a classroom based sensory intervention for students with autism. *Australian occupational therapy journal*, *65*(1), 15–24. https://doi.org/10.1111/1440-1630.12381

O'Brien, J. C., & Connors, B. L. (2024). *Introduction to occupational therapy* (6th ed.). Elsevier.

O'Brien, J. C., & Kuhaneck, H. (2019). *Case-Smith's Occupational Therapy for Children and Adolescents*. Elsevier Health Sciences.

Rens, L., & Joosten, A. (2014). Investigating the experiences in a school-based occupational therapy program to inform community-based paediatric occupational therapy practice. *Australian occupational therapy journal*, *61*(3), 148–158. https://doi.org/10.1111/1440-1630.12093

Solaru, A., & Rhoten, C. (2022). *Learning To Practice With Cultural Humility.* [Webinar]. Occupationaltherapy.com. https://www.occupationaltherapy.com/ot-ceus/course/learning-to-practice-with-cultural-5620

World Health Organization. (2010). *Framework for action on interprofessional education and collaborative practice*. Geneva, Switzerland: WHO.

DOCUMENTATION IN SCHOOLS
Section 8

Learning Objectives
Readers will gain a better understanding of:
- Documentation & coordination of services;
- Key laws, regulations, & practices that influence school therapy documentation;
- Common types of school therapy documentation; and
- Legal, professional, & administrative considerations specific to school therapy documentation

Documentation & Coordination of Student Services

School practitioners provide a range of services and activities that require documentation. This documentation can be created by the practitioner and included in a student's educational file, a therapist's records, or classroom support materials. Additionally, practitioners may collaborate with educational teams to develop documents for IEPs, program implementation, or data collection. Below are examples of commonly documented student services and coordination efforts.

Occupational Therapy Documentation
- Complete **screening reports** for early intervening services
- Prepare **evaluation or re-evaluation reports** based on assessment findings
- Create **intervention plans** tailored to student(s) needs
- Write **contact reports** summarizing meetings, interactions, & student outcomes
- Issue **progress reports** regularly to monitor student development
- Document **discontinuation reports** for students exiting services

Educational Planning & Development
- Collaborate with the educational team to create **IEPs** or **504 plans**
- Develop & implement **data collection tools** to gather relevant information
- Maintain records of **progress monitoring** to assess student performance and growth
- Develop **transition plans** for students transitioning to new programs

Administrative & Communication
- Manage **email communications** for timely and effective correspondence
- Prepare **letters of medical necessity** for equipment when necessary
- Maintain **Medicaid documentation** to ensure compliance and reimbursement
- Update **parent communication logs** to keep parents informed
- Coordinate **scheduling** for meetings and services

Staff Support & Training
- Document **pre-referral recommendations** to guide early intervening strategies
- Prepare **consultation summaries** to document insights and recommendations
- Maintain **supervision logs** to track and review supervision activities
- Develop **training & PD materials** to support staff learning & program implementation

Therapy Specific Documentation

Documentation serves as a record of data supporting service delivery by occupational therapy practitioners (Frolek Clark & Handley Moore, 2017). *Best Practices for Documenting Occupational Therapy Services in Schools* (Frolek Clark & Handley Moore, 2017) is a useful reference with samples of specific data and documentation forms. Below is a section listing common types of occupational therapy reports within school settings. This list is not exhaustive but aims to guide meeting specific documentation requirements.

DOCUMENTATION[1]	
Need to Know	**Why This Matters**
Screening Reports	
Universal Screening	**Documentation for Universal screenings occurs when**
A "systematic process for identifying students [and schools] who may be at risk for poor learning outcomes, including academic, behavioral, social, emotional, school completion, and college & career readiness outcomes" (AIR, 2024, para. 1).	• **Providing rationale** for selecting a universal screener & establishing a procedure for screening. OTPs can contribute to these elements.
Examples: • Child Find screening • Developmental screening for preschoolers • Handwriting screening for kindergartners • Ecological screening of classroom environment • Screening of group routines	• **Documenting results** and overall findings to inform individual student needs, program improvement, & district-level decision-making. • **Recommending in writing** professional development, ideas for modifying classroom/school environments, embedding universal design for learning, or creating routines that further student learning & participation.
Under the Protection of Pupil Rights Amendment (20 USC § 1232h; 34 CFR Part 98), districts are required to notify parents of universal screenings and offer them an opportunity ahead of time to opt-out (i.e., remove their child) from participation.	

Need to Know	Why This Matters
Screening Reports (continued)	
Individual Screening A closer look at an individual student's educational performance and participation for the purposes of recommending strategies and data collection methods that others would implement. Example: • Early Intervening Services IDEA (2004) specifies that screening is not for special education eligibility or related services determination. A screening may involve file reviews, student work review, teacher/parent interviews, and in-context student observation but not individual assessment measures.	**Documentation for Individual screenings occurs when** • **Providing rationale** for focused instructional strategies, program accommodations, and/or data collection methods to be considered by the classroom teacher, special educator, other staff, and/or parents. • **Recommending to the educational team** a follow-up screening (e.g., check-in quarterly for students who receive medical therapy services for rehabilitation/habilitation yet do not demonstrate educational concerns or needs in the context of their schooling). • **Recommending to the educational team** that a formal occupational therapy evaluation be conducted, or another service, to help determine those areas that facilitate and inhibit student participation and/or access to learning & school activities.

DOCUMENTATION[1]

Need to Know	Why This Matters
Evaluation & Re-Evaluation Reports	
Occupational therapy evaluations/re-evaluations may be requested as part of • A determination for reasonable accommodations & services for a student with, or suspect of having, a medical disability that adversely impacts their access to academics, non-academics, and/or extracurricular activities • An initial special education eligibility evaluation • A diagnostic placement • A determination on whether a student with an educational disability under IDEA needs occupational therapy services to benefit from their special education • A determination on whether a student remains a child with an educational disability and needs occupational therapy services to benefit from special education	**The evaluation/re-evaluation report captures** the "synthesis of all data obtained, analytical interpretation of that data, reflective critical reasoning, and consideration of occupational performance and contextual factors" (AOTA, 2020, p. 76). **The evaluation/re-evaluation should match the reason for referral** and help the PPT determine need and educational programming. Parents can request that the district send evaluation reports to them for review 3 days prior to the PPT, according to the Timeline for Initial Evaluation memo from B. Klimkiewicz (personal communication 1/23/2020). Some districts may have procedures in place to share the report in advance of the PPT
504 Plans & IEPs	
CT Special Education Data System (CT SEDS) includes the statewide IEP document and 504 plan. Additional information can be found at: New IEP/CT-SEDS.	**Occupational therapy practitioners collaborate** with a student's educational or building team (parents and students included) to develop an IEP or 504 plan. • Occupational therapy practitioners must ensure that educational goals and objectives are discipline-free, focusing on educational outcomes rather than therapeutic ones. • Each child has only one IEP or 504 plan, not separate IEPs or 504 plans for each related service. • An IEP or 504 plan should not be confused with an Intervention Plan.

DOCUMENTATION[1]

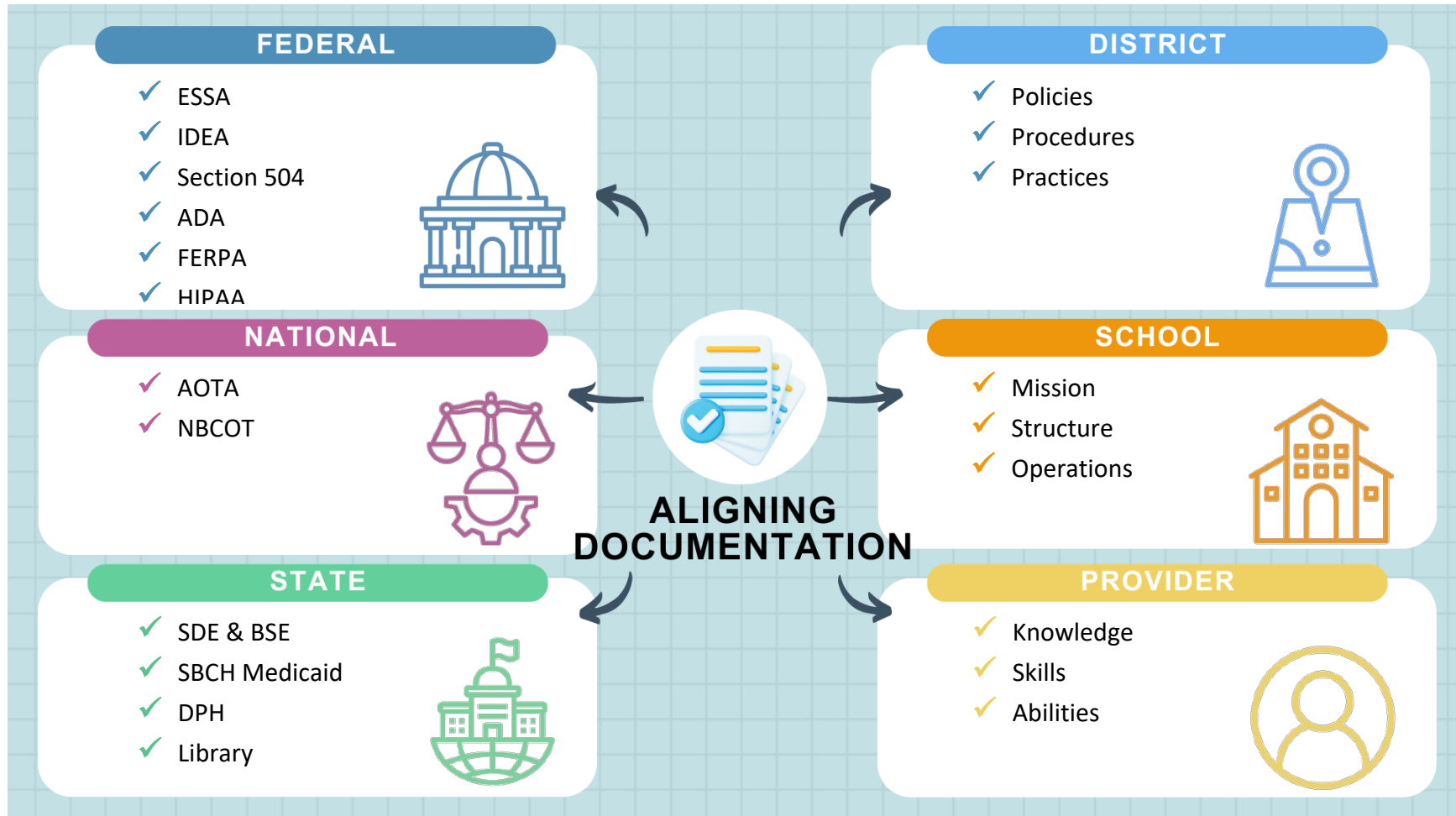| Need to Know	Why This Matters
Intervention Plans	
An intervention plan lists the steps that the occupational therapy practitioner will take and details the methods and types of interventions to be used to achieve the student's desired outcomes (AOTA, 2020). It is like a teacher's lesson plan, as both are structured guides aimed at meeting the specific needs of the student.	**The occupational therapist creates** an intervention plan with occupation-based goals, steps to achieve them, and methods for monitoring and adjusting as needed. • The intervention plan can be used to collaborate with the occupational therapy assistant when applicable. • The occupational therapy assistant can modify the intervention plan when needed. • The intervention plan would be considered part of the therapist's working folder.
Contact Reports	
Contact reports document the chronological record of interactions between the student and practitioner, including direct services and activities conducted on the student's behalf (e.g., meetings, phone calls, communications). These reports serve as personal memory aids for the practitioner and can be requested in legal situations.	**Therapy practitioners might capture notes** on students separate from the educational record when the following conditions are met: • The notes are in the sole possession of the practitioner • The notes used as personal memory aids are not accessible, nor the content revealed to any other person (except a temporary substitute) • When notes are discussed with others, the notes lose their "sole possession" status and they become part of the student's permanent record. As with all confidential materials, personal notes should be kept in a secure location." (Connecticut State Department of Education, 2013, p. 11). **Therapy practitioners record student attendance and reasons for missed sessions.** To protect confidentiality, use a separate attendance page for each student. Documentation may vary by district.

DOCUMENTATION[1]

Need to Know	Why This Matters
Progress Reports	
IDEA (2004) mandates that the IEP must include "a description of when periodic reports on the child's progress toward meeting the annual goals will be provided" (Section 300.320(a)(3)(ii) 614(d)(1)(A)(i)(III)) https://sites.ed.gov/idea/regs/b/d/300.320 Each district may have its own scheduled timelines for reporting. Progress reports should include both qualitative and quantitative data, as well as notes for each student's goal and objective Section 12: Progress Reporting - Connecticut IEP Manual	**Therapy practitioners must collect data for reporting** and be aware of their district's reporting timelines.
Transition/Discontinuation Reports	
Transition Reports Students, throughout their school career, may transition from programs, schools, grade levels, service providers, and more. In many instances, there are formal practices in place to ensure a smooth transition (e.g., updated IEP, summary of performance plan, entry-level IEP meeting summary). When a student is transitioning from school to adulthood, the educational team will draft a summary of performance as part of a transition plan Section 6: Transition Planning - Connecticut IEP Manual	**The occupational therapy practitioner can help document necessary content for transition planning.** This plan should support a student's transition from school to post-school life by providing essential information for accessing resources and support systems that contribute to successful outcomes in adulthood.

DOCUMENTATION[1]

Need to Know	Why This Matters
Discontinuation Summary As students exit from therapy services, summarizing the student's present level of performance and the points that the educational team considered when making such a decision is beneficial to document. This provides a timeline of services and decision-making during a student's schooling.	**At times, the summary points will be sufficiently outlined in the IEP minutes.** **On other occasions, a discontinuation plan may be required** to be uploaded to CT SEDS to supplement the IEP summary and provide a record of change and rationale for that change
Other Documents	
When delivering occupational therapy services, districts, schools, or practitioners may have additional documentation needs. Examples: • Supervision logs • Parent communication books • Training logs • 3rd party billing records	When developing forms, key questions to ponder include the following: • Is it needed? • Where will the document be kept? • Who will the document belong to? • Should the form be vetted? • Will the form duplicate processes already in place? • In using the form, will a reduction in paperwork result? • What techniques can be applied to decrease time spent on paperwork?

Note. [1]Please see Section on Laws and Section on Evaluation for additional information.

Ensuring Alignment in School Occupational Therapy Documentation

The documentation of school occupational therapy services is shaped by federal and state laws and regulations, national and state standards, district policies, school protocols, provider expertise, and more. A comprehensive understanding of these factors is crucial for the school district and therapy practitioners to comply with regulatory requirements, promote best practices, produce meaningful documentation, and capture students' educational progress and needs.

FEDERAL
- ✓ ESSA
- ✓ IDEA
- ✓ Section 504
- ✓ ADA
- ✓ FERPA
- ✓ HIPAA

DISTRICT
- ✓ Policies
- ✓ Procedures
- ✓ Practices

NATIONAL
- ✓ AOTA
- ✓ NBCOT

SCHOOL
- ✓ Mission
- ✓ Structure
- ✓ Operations

ALIGNING DOCUMENTATION

STATE
- ✓ SDE & BSE
- ✓ SBCH Medicaid
- ✓ DPH
- ✓ Library

PROVIDER
- ✓ Knowledge
- ✓ Skills
- ✓ Abilities

NEED TO KNOW Federal	NEED TO UNDERSTAND & DO
General Education Law **Every Student Succeeds Act (ESSA; 2015)** Focus on educational equity and improving student outcomes for all • Promotes high standards, mandates statewide testing, fosters local innovations, expands access to preschool, and strengthens support for all.	**Improve understanding of ESSA** to document: • Legal requirements • Promotion of student wellness & prevention • Emphasis on evidence-based decision making • Facilitation of effective communication & collaboration • Achievement of improved outcomes for all students
Special Education Law **Individuals with Disabilities Education Act (IDEA; 2004)** Focus on the student with a disability & determining eligibility for special education & need for related services to ensure FAPE in the LRE • Defines necessary IEP elements (§ 300.320) • Clarifies what counts as personally identifiable information (§ 300.32) **Defines** **Observation**: The child observed in a "learning environment to document… academic performance & behavior in the area of difficulty" (§ 300.310) **Screening**: "to determine appropriate instructional strategies for curriculum implementation" (§ 300.302) **Evaluation**: "use a variety of assessment tools & strategies to gather relevant functional, developmental, & academic information about the child" (§ 300.304) **Progress reporting**: "periodic reports on the progress the child is making toward meeting the annual goals" (§ 300.320(a)(3)(ii))	**Improve understanding of IDEA** to document: • Legal requirements • Accountability for service delivery • Support for student progress monitoring • Facilitation of effective communication & collaboration • Legal protection in potential disputes • Drive ongoing improvement in special education programs **Align documentation** with the intended purpose and objectives of IDEA to ensure student's educational benefits are fully realized.

NEED TO KNOW **Federal**	NEED TO UNDERSTAND & DO
Civil Rights Law **Section 504 of the Rehabilitation Act, 2008** Prohibits discrimination on students with disabilities in programs and activities that received federal financial assistance • Focus on ensuring equal access to education & extracurricular activities **Defines** **Evaluation and placement procedures**: "information from a variety of sources… is documented" (34 CFR § 104.35(c))	**Improve understanding of Section 504** to document: • Legal requirements • Record of accommodations and services • Facilitation of effective communication & collaboration • Monitoring of student progress & effectiveness of accommodations & interventions • Legal protection in potential disputes • Facilitation of transition & continuity of services across grades & between schools
Civil Rights Law **Americans with Disabilities Act (ADA; 2009)** Guarantees equal opportunity in public accommodations, employment, transportation, and telecommunications	**Improve understanding of ADA** to document: • Requests for accommodation at public events & facilities • Assessments of accessibility to identify & address needs in public spaces • Circumstances, actions taken, & resolutions to ensure ADA compliance

Guidelines for Occupational Therapy in Connecticut Schools: Section 8 Documentation

NEED TO KNOW Federal	NEED TO UNDERSTAND & DO
Privacy Law **Family Educational Rights & Privacy Act (FERPA)** Ensures the confidentiality of student education records **Defines** **Education records**: Records that are: (a) directly related to a student and (b) maintained by an educational agency or institution or by a party acting for the agency or institution (§ 99.3). **Exclusions from Education records**: (a) Records that are kept in the sole possession of the maker, (b) are used only as a personal memory aid, and (c) are not accessible or revealed to any other person except a temporary substitute for the maker of the record (§ 99.3). **Personally identifiable information**: Information that can be used to identify a student, such as name, address, or other identifying details (§ 99.3).	**Improve understanding of FERPA** to: • Safeguard student information from unauthorized disclosure • Enhance understanding of when to obtain consent before accessing or disclosing student records • Mitigate legal risks associated with unauthorized disclosure of student information • Fulfill professional obligations to protect student data • Facilitate responsible collaboration with others in student programming • Ensure secure record-keeping procedures to ensure data integrity and confidentiality
Privacy Law **Health Insurance Portability & Accountability Act (HIPAA; 1996)** Protect the privacy and security of individually identifiable health information Healthcare providers who bill Medicaid are subject to HIPAA requirements (e.g., obtain parental consent to disclose Medicaid billing information about a service provided to a student [34 CFR §99.30])	**Improve understanding of HIPAA** to: • Safeguard medical information from unauthorized disclosure • Enhance understanding on when consent is needed from the medical team before releasing or disclosing medical records to the educational team

NEED TO KNOW National	NEED TO UNDERSTAND & DO
Professional Association **American Occupational Therapy Association** The Guidelines for Documentation (AOTA, 2018) describe the typical types of documentation used by occupational therapy practitioners. These include the screening report, evaluation or re-evaluation report, intervention plan, contact report, progress report, transition plan, and discontinuation report. The Code of Ethics (AOTA, 2020) establishes principles to guide ethical decision-making and encourage occupational therapy personnel to uphold the highest ideals. The principle of veracity emphasizes the importance of conveying information comprehensively, accurately, and objectively. Additionally, the code outlines specific standards of conduct for occupational therapy personnel, particularly focusing on written communication, documentation, reimbursement practices, and financial reporting.	**Understand that documentation is crucial for professional services** as it reflects the occupational therapy practitioner's reasoning, demonstrates skilled services, and provides essential details for safe and efficient service delivery. **Record and report information** fully, accurately, & promptly. **Adhere to ethical principles & professional standards** when using technology, including email, text, social media, & electronic documentation.
Credentialing Agency **National Board for Certification of Occupational Therapy** The Code of Conduct (NBCOT, 2022) describes the importance of accurate, truthful, and complete documentation Maintaining NBCOT certification allows the use of post-nominal initials such as OTR (occupational therapist registered) or COTA (certified occupational therapy assistant).	**Correctly use post-nominal initials** in your professional signature. OTs can use "OTR" and OTAs can use "COTA" while maintaining NBCOT certification **Clarify your role** by including "School Occupational Therapist" or "School Occupational Therapy Assistant" in your professional signature **Record eligible professional development activities** for maintaining certification

Guidelines for Occupational Therapy in Connecticut Schools: Section 8 Documentation

NEED TO KNOW State	NEED TO UNDERSTAND & DO
Entitlement Program **School-Based Child Health and Medicaid** Districts may opt to pursue Medicaid funding for school health services listed in an IEP or 504 plan. Districts must follow certain requirements. • Obtain prior consent from parents or guardian to submit claims • Ensure providers complete permanent service records in paper or electronic format based on district's preference or guidelines • Retain all records for a minimum of six years as per the guidelines from Connecticut Department of Social Services (2015)	**Improve understanding of SBCH Medicaid** to • Complete auditable documentation that supports skilled services • Advocate for time to complete this additional service and training on documentation systems • Stay up to date on rule changes and submission timelines • OT signature on OTA documentation is no longer required in CT • Supervising OT signature on OT or OTA intern is required in CT
CT State Department of Education **Bureau of Special Education** Oversees CT IEP & 504 documents and Special Education Data System (CT SEDS) to "assist planning and placement teams (PPTs) in creating high quality IEPs [and 504 plans] for students in Connecticut" (CSDE, Intro section; 2022)	**Improve understanding of CT SEDS** to • Collaborate with team on IEP development & 504 plans • Accurately record student's educational needs & progress • Adhere to regulatory requirements
State Library **Education Records** Establishes education records retention schedules for municipalities (CT State Library, 2013).	**Improve understanding of Education Records** retention schedules to • Work with employer/agency when determining policies or practices in retention or disposition of common records/documentation

NEED TO KNOW State	NEED TO UNDERSTAND & DO
Professional Licensure **Department of Public Health** Sets professional licensing requirements. Post-nominal initials: must maintain licensing with DPH to maintain practice and use OT/L (occupational therapist/licensed) or OTA/L (occupational therapy assistant/licensed) initials	**Improve understanding of CT Practice Act** to • Record eligible continuing education activities for maintaining licensure •
Professional Association **CT Occupational Therapy Association** Maintains guidelines, with collaborative input from interested parties, for school practice in CT based on best practice, research, and educational standards.	**Improve understanding of CT School OT Guidelines** to • Document best practice

NEED TO KNOW District	NEED TO UNDERSTAND
Policies, procedures, & practices Establish policies, procedures, and/or practices for documentation (e.g., formats, dissemination, compliance, confidentiality, tips, and storage) May use web-based software or an electronic system for documentation Formally support time requirements, provide access to technology, and identify supervision or peer review practices for documentation	

NEED TO KNOW School	NEED TO UNDERSTAND
Processes Dependent on the mission, organizational structure, or operations of the school or educational program, documentation practices, flow of information, site-specific terminology, or focus may vary Dependent on the experience of the team(s) and collaborative skill sets, documentation practices may vary Dependent on the philosophy and history of therapy services, variations along the continuum of the educational model may exist and influence documentation content	Setting specific guidance on timelines, report submission, and how services will be documented Documentation systems Email

NEED TO KNOW Provider	NEED TO UNDERSTAND
Knowledge, skills, & values Dependent on the practitioner's specialized knowledge and practice in school therapy services, variations may exist in the documentation of critical reasoning Dependent on written communication skills and practices, variation may exist in writing styles	

Suggested Content for Therapy-Specific Documentation

Individual Screening Report
1. General info: name, birth date, district, school
2. Referral info: report date, provider name, referral reason, screening questions
3. Info sources: file review, work review, teacher interview, student observation
4. Performance: brief observation summary
5. Impressions and recommendations: clinical reasoning on strategies, accommodations, data collection, need for formal OT evaluation
6. Therapy provider: name, credentials

Intervention Plan
1. General info: name, birth date, school, provider, precautions, doc date, review dates
2. Student info: concerns, goals (e.g., brief IEP goals)
3. Intervention: performance baseline, approaches (e.g., establish, restore, adapt, prevent, create)
4. Service model: individual, integrated, group, consult, other
5. Additional info: data collection, follow-up, compliance tasks
6. Discontinuation plan: points for ending therapy
7. Therapy provider: name, credentials

Service Contact Report
1. General info: name, birth date, school, teacher, year, IEP service frequency/model, brief IEP goals
2. Notes: date, intervention/activity (e.g., training, call, meeting), outcomes
3. Therapy provider: name, credentials

Evaluation/Re-Evaluation Report
1. General info: student name, birth date, district, school
2. Referral info: report date, provider name, referral reason, evaluation questions
3. Occupational profile: summary of profile and performance issues, targeted areas, expected outcome, service history, student perspective, relevant school expectations. See template (AOTA, 2020).
4. Info sources: file review, student work review, teacher interview, student observation, assessment tools
5. Performance: observations, test results, performance changes with adaptations
6. Learning and participation: impact on learning/participation, educational needs
7. Preliminary recommendations: educational needs, accommodation/modification/support discussion points
8. Therapy provider: name, credentials

Progress Report
1. General info: name, birth date, district, school
2. Service summary: frequency, duration, interventions, progress, modifications, adaptive equipment, updates, training
3. Team recommendations: strengths (facilitates participation), needs/concerns (restricts participation)
4. Therapy provider: name, credentials

Transition Plan
1. General info: name, birth date, school, district, date
2. Service summary: frequency, location, equipment, concerns, abilities, interventions, future plans, pertinent info
3. Therapy provider: name, credentials

Guidelines for Occupational Therapy in Connecticut Schools: Section 8 Documentation

Legal, Professional, and Administrative Considerations

Education record documents must withstand legal review.

Legal Liability

Education Records: For students receiving special education, their education records routinely include IEP documentation, evaluation and three-year evaluation reports, and essential compliance documents. Occupational therapy practitioners, as IEP team members, must understand what information is essential for IEP reporting. This knowledge ensures they can effectively contribute to developing the IEP document.

Information to include in IEP Documentation
- ✓ Present level of performance
- ✓ Services on behalf of the student
- ✓ Accommodations and modifications
- ✓ Educational goals and objectives
- ✓ Progress reporting
- ✓ Related service summary

Additional Considerations

Practitioners need to know that prior to conducting an evaluation, the school district must obtain written consent of parents for the evaluation procedures recommended.

This written consent document would become part of the student's education record.

For more information specific to IEPs, please see the CSDE's Bureau of Special Education *Connecticut IEP Manual*

Confidentiality. In compliance with privacy laws, professional standards, and school/district policies, practitioners must put practices in place to adhere to standards to protect confidential student information (e.g., written, electronic).

Records Retention. Schools/districts should have policies and procedures in place for records retention. Some may specifically outline procedures regarding testing protocols (e.g., immediately destroying test protocols upon the transfer of relevant information into a comprehensive report summary). The occupational therapist will need to know and adhere to the district's records retention policies and procedures. For more information specific to Connecticut's Records Retention Schedule, please see Connecticut's State Library web site.

Professional Practices

While documentation can be seen as a barrier to productivity (Yamkovenko, 2014), it is invaluable for recording professional reasoning, identifying concerns and needs, planning interventions, communicating with the team, logging student outcomes, and proving compliance. Adopting practices that ensure quality documentation results in better services, improved student outcomes, and enhanced team collaboration.

Documentation Quality

Key Considerations

- ✓ Maintain professionalism in all forms of documentation
- ✓ Showcase the unique perspective of occupational therapy
- ✓ Use documentation to explain critical reasoning and enhance understanding
- ✓ Base practice on credible evidence to contribute meaningfully
- ✓ Align documentation with relevant laws and regulations
- ✓ Establish peer review processes for professional dialogue and improvement

Privacy and Security

Key Considerations

- ✓ Is documentation kept in a secure area?
- ✓ Who has access to the documentation?
- ✓ Is personally identifiable information secure from public viewing (e.g., schedules, notice board)?
- ✓ What data does it provide?
- ✓ For electronic documentation, is data encrypted in transit and at rest?
- ✓ Do you know who the district's Privacy and Security Officers are for establishing site-specific procedures?

Parent Friendly

Key Considerations

- ✓ Avoid acronyms; use full words (e.g., "occupational therapy" instead of "OT").
- ✓ Describe educational goals based on skills, not the responsible discipline (e.g., "fine motor goals"; not "occupational therapy goals").
- ✓ Adapt profession-specific language for better understanding.
- ✓ Avoid overly academic writing styles; prioritize clarity in communication.
- ✓ Use photos or scans of student work to show outcomes (e.g., changes in grasp, writing samples) instead of lengthy descriptions.
- ✓ Use quantitative data when it adequately describes changes in student outcomes.
- ✓ Organize qualitative data by themes and use bullet points or tables when possible, for clarity.

Note. While labeled as "parent-friendly," practitioners must acknowledge that each educational team member comes from a different discipline and uses their professional terminology (Rioux, 2012). Using universally understandable terminology is crucial.

Administrative Considerations

Collaboration between school practitioners and administrators is essential to ensure sufficient resources for completing documentation tasks effectively.

Key Considerations
- ✓ Allocation of time for various documentation tasks (e.g., report writing, parent communications, third-party billing)
- ✓ Access to necessary technology and supports (e.g., computers, Internet access, printers, electronic IEP systems, technical support)
- ✓ Training on electronic management systems (e.g., IEP or Medicaid)
- ✓ Provision of materials and supplies (e.g., paper, files, secure storage systems).
- ✓ Support for peer review of documentation
- ✓ Implementation of site-specific policies and procedures for documentation

References

AIR. (2024). Center on multi-tiered system of supports. Retrieved from
https://mtss4success.org/essential-components/screening

American Occupational Therapy Association (2018) American Journal of Occupational
Therapy, Volume 72, (Supplement 2)

American Occupational Therapy Association 2020 Occupational Profile AOTA's
Occupational Profile Template for Documentation

American Occupational Therapy Association. (2020). Occupational therapy practice
framework: Domain and process (4th ed.). *American Journal of Occupational
Therapy, 74*(Suppl. 2), 7412410010. https://doi.org/10.5014/ajot.2020.74S2001.

American Occupational Therapy Practice Framework: Domain and Process- Fourth
Edition (OTPF-4) (2021) Improve Your Documentation and Quality of Care With
AOTA's Updated Occupational Profile Template

American Occupational Therapy Association. (2020). AOTA 2020 Occupational therapy
code of ethics. *American Journal of Occupational Therapy, 74*(Supplement_3),
7413410005p1–7413410005p13. https://doi.org/10.5014/ajot.2020.74S3006

American Speech-Language-Hearing Association. (2002). A workload analysis
approach for establishing case-load standards in the schools. Guidelines. ASHA
Desk Reference (vol. 3). Rockville, MD: Author.

Americans With Disabilities Amendments Act of 2008, Pub. L. No. 110-325, 42 USC §
12101 (2008).

Clark, G. F., Rioux, J. E., & Chandler, B. E. (2019). *Best practices for occupational
therapy in schools*. AOTA Press/The American Occupational Therapy
Association.

Connecticut State Department of Education: Bureau of Special Education IEP Manual ,
2022 Connecticut IEP Manual

Connecticut State Library. (2013). General records retention schedule for municipalities.
https://ctstatelibrary.org/publicrecords/general-schedules-municipal/

Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g (1974).

Frolek Clark, G,, & Handley-More, D. (2017). *Best Practices for Documenting
Occupational therapy Services in Schools,* AOTA Press.

Health Insurance Portability and Accountability Act of 1996, Pub. L. 114-38, 42 USC § 300gg (1996).

Individuals with Disabilities Education Improvement Act of 2004, Pub. L. No. 108-446, 20 U.S.C. § 1400 *et seq* (2004).

National Board for Certification in Occupational Therapy. (2022). Code of Conduct

Protection of Pupil Rights Amendment of 1978, 20 USC § 1232h (1978).

Rioux, J. (2012). School system occupational therapists: Using language in everyday practice. *Proquest, UMI Dissertations Publishing*, 3507413.

Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. § 794. (2008).

State of Connecticut School Based Health Services Bulletin, 2022 Bulletin - SBCH Service Documentation & Retention and MSI Form Part 2

RESOURCES
Section 9

Top 10 Sources of Information
These top 10 resources have been identified by Connecticut school occupational therapy practitioners as essential in providing knowledge and tools to navigate the unique demands of their roles while fostering professional growth and collaboration.

---

1. American Occupational Therapy Association (AOTA)
- **Why**: Provides comprehensive resources, evidence-based practice guidelines, webinars, communities of practice, specialty conferences, and advocacy tools for school practitioners.
  - **Key Resource**: *Occupational Therapy Practice Framework (OTPF-4)* – Defines the scope of practice, domains, and processes specific to occupational therapy.
- **Access**: www.aota.org

---

2. U.S. Department of Education (US DoE)
- **Why**: Essential for understanding federal laws and policies, including IDEA, Section 504, and ESSA, which directly impact school-based occupational therapy practice.
- **Access**: www.ed.gov

---

3. Connecticut State Department of Education (CT SDE)
- **Why**: Offers state-specific guidance on education policies, special education regulations, IEP development, and the use of CT SEDS. Supports a statewide OT Community of Practice through partnerships with the RESC Alliance, offering CEUs via ConnOTA.
- **Access**: portal.ct.gov/sde

---

4. Connecticut Occupational Therapy Association (ConnOTA)
- **Why**: Provides state-specific guidelines, professional development opportunities, CEUs for participation in CT SDE/RESC Alliance CoP, advocacy support, and networking for occupational therapy practitioners working in schools.
- **Access**: connota.memberclicks.net

---

5. Connecticut Department of Public Health (CT DPH)
- **Why**: Regulates licensure and continuing education requirements for occupational therapy practitioners in Connecticut. Offers guidance on legal and ethical practice standards.
- **Access**: portal.ct.gov/dph

6. Book
- **Title**: *Best Practices for Occupational Therapy in Schools (2nd ed.)*
- **Author/Publisher**: Frolek Clark, G., Rioux, J. E., & Chandler, B. E. (Eds.) (2019)
- **Why**: A foundational text offering evidence-based practices and guidelines for school occupational therapy practitioners.
- **Access**: Available via AOTA Press

---

7. Journal
- **Title**: *Journal of Occupational Therapy, Schools, and Early Intervention*
- **Why**: Offers peer-reviewed research and insights into occupational therapy in school and early intervention settings.
- **Access**: Available via Taylor & Francis

---

8. Website
- **Title**: *SeekFreaks*
- **Why**: Features practical resources, blog posts, and tools tailored for school therapy practitioners.
- **Access**: www.seekfreaks.com

---

9. Podcast
- **Title**: *The OT Schoolhouse Podcast*
- **Why**: Provides insights, interviews, and discussions on best practices and trends in school occupational therapy.
- **Access**: Listen on Apple Podcasts

---

10. Network
- **Title**: ESSA Advocacy Network
- **Why**: Supports practitioners in navigating the Every Student Succeeds Act (ESSA) and advocating for occupational therapy services within its framework.
- **Access**: Connect via Facebook

A Message to Students & Families

We know that understanding school occupational therapy can be overwhelming, and we want to make sure you feel informed and empowered. While these guidelines were created primarily for school occupational therapy practitioners and administrators, we recognize the essential role that students and families play in shaping these services. That's why we want to take a moment to speak directly to you.

Dear Students, Parents, and Guardians,
We're excited to share valuable information about how occupational therapy supports student success in school. This resource highlights the collaborative role of OT in helping students thrive. You may find the following sections particularly helpful:

✓ **Chapter 1: Predictors of Student Success & Occupational Therapy Contributions**
Table 1.1 offers examples of how occupational therapy services contribute to student success by addressing skills, environments, and learning strategies.

✓ **Chapter 2 Appendix: Educational Terminology**
This section breaks down common educational acronyms and terms—often referred to as the "alphabet soup"—to help you better understand and navigate school processes.

✓ **Chapter 3 Appendix: Sample Job Descriptions**
This appendix outlines the typical responsibilities of occupational therapists and occupational therapy assistants, providing clarity on their roles within the school team.

✓ **Chapter 4: Continuing Competence Practices**
Learn about the practices occupational therapy practitioners follow to stay skilled and effective in navigating complex and ever-changing school environments.

✓ **Chapter 5: Person-Environment-Occupation in School Practice**
Figure 5.1 illustrates how occupational therapy practitioners evaluate the interplay between students, their environments, and school tasks to identify supports and address barriers to learning and engagement.

✓ **Chapter 6: Occupational Therapy Intervention Approaches**
This section explains how occupational therapy helps children succeed in school through direct service and behind-the-scenes support. Working with teachers and families, therapy providers create plans that build student's confidence, support their learning, and help them overcome challenges.

✓ **Chapter 7: Diversity, Equity, Inclusion, Justice, Accessibility, and Belonging (DEIJAB)**
This chapter explains how occupational therapy integrates DEIJAB principles to

recognize each student's unique strengths and challenges. It emphasizes collaboration to ensure equitable, individualized support and create a school environment where every student feels valued and capable.

- ✓ **Chapter 8: Writing for Effective Communication and Collaboration**
  Documentation plays a vital role in teamwork. This chapter highlights the importance of reports written clearly to foster collaboration. If you encounter language you don't understand, don't hesitate to ask for clarification.

- ✓ **Chapter 9: Resources for Information and Support**
  Explore resources from the American Occupational Therapy Association (AOTA), U.S. Department of Education (US DoE), Connecticut State Department of Education (CT SDE), and Connecticut Occupational Therapy Association (ConnOTA). Additionally, your school team can provide guidance on accessing occupational therapy services.

Your voice matters. Whether you are a student learning new skills and navigating school life or a family member supporting a student's growth, your insights help shape the support provided. If something isn't working, speak up! By working together, we can find the best ways to support learning and success.

Occupational therapy empowers students to build skills for learning, social participation, and independence. Students, your experiences and goals help guide the support you receive. Families, your involvement plays a key role in advocating for your child's needs. We encourage open communication and collaboration with the school team to create meaningful goals that support student success.

Let's work together to ensure every student has the tools and opportunities to thrive!