Developing Occupational Therapy Services in Vermont Schools: A Guide for Administrators

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April, 2007
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The materials in this guide are designed to assist administrators as they work to establish quality occupational therapy services in their schools. The guide can also be used in the development of self-assessment materials for occupational therapists in Vermont schools. Administrators are encouraged to use the resources to help identify the strengths and needs of their occupational therapy service providers who are new to school-based practice. The tools in this guide are useful resources to support the development of effective, competent occupational therapists in Vermont schools.

Information has been drawn from current federal and state law, Vermont Department of Education priorities, and best practices reflected in the occupational therapy and special education literature. Every attempt has been made to find materials that are easily accessible on the Web and provide concise summaries of important issues. Membership in the American Occupational Therapy Association (AOTA) is strongly recommended. Not only does this organization routinely update its members on practice issues, but also will also enable online access to a number of pertinent occupational therapy practice articles.

The guide is divided into 6 sections reflecting occupational therapy service in Vermont schools: referral and assessment, collaboration and goal setting, intervention, student transition, systems change, and professional development and leadership activities. Each section begins with a discussion of the topic to frame issues essential to competent school-based occupational therapy service. Recommendations for administrators follow, along with suggested activities and resources to help therapists develop into skilled practitioners and valued team members.

Links to online resources are underlined in blue. Click on the blue text to navigate quickly to boxes and tables associated with suggested activities. A full list of references can be found at the end of the document.

Use This Guide To:
- Assess the learning needs and supports for your occupational therapists at the beginning of the academic year and identify priority activities.
- Review scheduling and access to professional development opportunities when planning budget and workloads.
- Design a program of training and supports during the school year, such as inservice programs, peer study groups, mini-courses, and participation in statewide training.
- Plan for summer curriculum work to develop collaborative skills and programs.
This guide is designed for administrators to help them develop the role of occupational therapy in the educational arena through supervision, staff development and training, and ultimately increase and improve the comprehensive system of supports and services by which all Vermont students can be successful.

As education initiatives broaden to require educational success for all students, occupational therapists can assume a variety of roles in supporting classrooms and local school teams through assisting in developing school wide supports and providing education and training for other staff. The information in this guide will assist special education administrators and their teams in Vermont schools to attract, develop, and support highly-qualified school-based occupational therapists as well as increase the awareness of the full breadth of occupational therapy skills and services that can be used to support both individual students and mandates for excellence in educational programs in Vermont.

Occupational therapists who are new to school-based practice may also find this guide helpful to understand the priorities and procedures common to Vermont school-based practice. Seasoned therapists will find resources to help them work with their administrators to develop new programs and to support school-wide school improvement efforts.

Promoting Function and Participation
Occupational therapists have played an integral role in the education of children with disabilities since the enactment of P.L. 94-142 in 1975 (Gilfoyle, 1979). Occupational therapy services support children’s participation in the many occupations of school: education, activities of daily living, play, leisure, and social interactions. Therapists not only assess the skills of the student, but also explore the many factors that influence a child’s performance in the educational setting. By looking at the broader context of performance, therapists can assist teams to develop practical and meaningful solutions to enable students to enhance participation and progress in the educational curriculum and overall school access (AOTA 2004). Occupational therapy services are also used to support school-wide programs in diverse areas such as self-regulation, sports, and mental health (Salls & Bucey, 2003; Reynolds, 2006; Vogtle & Rickelhover, 2002).

“Occupational therapists and occupational therapy assistants provide services to children, families, caregivers, and educational staff within a variety of programs and settings. Regardless of where the evaluation and intervention services are provided, the ultimate outcome is to enable the child to participate in activities of daily living, education, work, play, leisure, and social interactions.” (AOTA, 2004)
“Occupational therapy practitioners are skilled professionals whose education includes the study of human growth and development with specific emphasis on the social, emotional, and physiological effects of illness and injury.” (AOTA, 2004)

with special education needs (Brandenburger-Shasby, 2005). Though occupational therapy preparatory programs provide a strong grounding in the biological, social, and behavioral sciences, the provision of school-based occupational therapy services has long been seen as a specialized practice area with additional training and experience needed to understanding the laws, culture, and expectations of the school system. (Gilfoyle, 1979, AOTA, 2004). Many therapists learn most of their school-based skills and the culture of the educational system when they are on the job.

Vermont has so few occupational therapists in school-based practice that their numbers are combined with physical therapists and other related service providers in service reports at the state level. In 1990, there were 12 full-time equivalent positions in occupational and physical therapy combined, which increased to 28.5 in 2001 (VDE, 2001). The most recent membership information lists 34 therapists as working in schools. Nationally there continues to be a chronic shortage of school-based occupational therapists (COPPSE, 2004). Special education administrators are under pressure to fulfill Individualized Education Program (IEP) requirements for occupational therapy services. Consequently, therapists are often novice, with their experience obtained in hospitals, home health agencies, or private clinics. Many therapists have no previous training in school-based practice and have limited access to training resources and networks (Swinth, Chandler, Hanft, Jackson, Shepherd, 2003). Without the specialized understanding of the education system and laws directing intervention, therapists may not be able to articulate the unique role and perspective of occupational therapy in supporting educational outcomes. This can lead to a limited understanding of occupational therapy services and intervention approaches (Spencer & Turkett, 2006).

Meeting the Needs of Vermont Students
As a rural state, Vermont has had to be creative in using available staff to support student needs. Vermont is a leader in the use of collaborative teaming in educational settings (Giangreco 1996, Giangreco, Cloninger & Iverson 1998, Giangreco, 2001). There remain gaps and inequities across the state due in part to the uneven distribution of professionals such as occupational therapists. Current staffing

Specialized Skills for School-Based Practice
In today’s educational climate, accountability, measurable outcomes, and use of evidence-based practice are essential to providing quality services in regular and special education (The Education Trust, 2003). Occupational therapists use skills and knowledge in inclusive practices, accommodations, data-based decision-making, transition issues, and collaborative teaming to help meet the mandates for educating students
patterns present barriers to the teaming process, even though using effective teaming skills has been seen as leading to increased teacher satisfaction with services (Barnes & Turner, 2001) and is seen as an important “best practice” in occupational therapy in school settings (Spencer & Turkett, 2006).

The changing face of special education has impacted the direction of special education in the state. A report in 2002 identified the most rapidly increasing disability groups as traumatic brain injury, emotional and behavioral disturbance, and autism. Since then, the Vermont Department of Education has developed several initiatives to help address these expanding need areas (Vermont Department of Education, 2006). Partnerships between higher education, the department, and local school districts have been formed to support training and capacity building for these challenging disability areas. New regulations and best practice point to increasing emphasis on independence, functional skills, and home-school partnerships, all areas where occupational therapists have valuable expertise to bring to the team. To date occupational therapists have been minimally involved in these efforts, perhaps due to the small numbers and isolation from the education community’s activities and mission.

This guide offers tools to address a more comprehensive use of occupational therapy services, design continuing education supports, and develop the important teaming skills needed for effective school-based practice.

“When several disciplines work together for the complex needs of students with disabilities, collaborative practices are considered vital to accomplish the related educational outcomes.” (Barnes and Turner, 2001)
There are several ways that occupational therapists can participate in referral and assessment process in Vermont schools.

**ACT 117**

Vermont has a continuum of services mandated through Act 117 to address the learning needs of all students. The statewide system of supports starts with pre-referral activities at the classroom level for students who are struggling or appear to be at risk. Increasing the capacity of teachers and schools to support all learners is a means of reducing the special education overload and increasing overall school success. Activities under Act 117 target early identification and prevention services for at-risk students through a range of support and remedial services including academic and behavioral interventions and accommodations.

http://www.leg.state.vt.us/docs/2000/acts/ACT117.HTM. Therapists can join local Educational Support Teams (EST) as regular or invited team members to assist teams in developing student support plans and providing informal observation and assessment. Issues that therapists might address include difficulty with school task skills such as cutting or writing, problems with organization and independent work skills, inappropriate behavior regulation such as inattention or being disruptive in class, and delays in activities of daily living, such as arrival routines or managing clothing. Often younger students are referred initially to an EST as they are struggling in many related areas. Occupational therapists can be most effective in these situations when they team with another professional, such as a special educator or speech-language pathologist. For example, an occupational therapy observation might be requested for a first-grader with poor handwriting. A comprehensive look might reveal that one reason the child is not writing is that they do not know their letter names. By more clearly identifying what the actual cause is of the performance difficulty, the appropriate supports can be put in place, in this case, providing additional tutoring in identifying, matching, naming, and forming letters as a cross-disciplinary plan.

**Section 504**

Occupational therapists participate in assessment for eligibility and accommodations under Section 504 of the Civil Rights Act. Therapists gather information about body functions and structures (strength, endurance, perception, cognition) that help in identifying a diagnosed physical or mental impairment. They use a variety of assessment tools that explore participation in the school setting to determine impact on
major life activities as part of the eligibility process. Major life activities in school include education, learning, and behavior.

If students are found eligible, occupational therapy assessment activities are used to help design necessary aids and services as part of the 504 service plan. Occupational therapy services under a 504 plan are typically consultative in nature, designing accommodations and working with teachers to modify instructional materials and adapt lesson delivery to support the learning needs of the student with the disability. Some examples of occupational therapy services are clothing modification and training for independent dressing for a student with muscular dystrophy, assisting with classroom and desk set-up for a student with a visual impairment, or developing an alternate plan to use a powerpoint presentation for a student with a language-based learning disability.

“The Section 504 regulation requires a school district to provide a "free appropriate public education" (FAPE) to each qualified student with a disability who is in the school district's jurisdiction, regardless of the nature or severity of the disability. FAPE consists of the provision of regular or special education and related aids and services designed to meet the student's individual needs.”

“To be protected under Section 504, a student must be determined to: 1) have a physical or mental impairment that substantially limits one or more major life activities; 2) have a record of such an impairment, or 3) be regarded as having such an impairment.... Major life activities, as defined in the Section 504 regulation at 34 C.F.R. 104.3(j)(2)(ii), include functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.”

http://www.ed.gov/about/offices/list/ocr/504faq.html

**IDEA 2004**

Under the Individuals with Disabilities Education Act 2004 (IDEA 2004), occupational therapists, as a related service, help address a wide variety of assessment concerns that affect academic performance, participation in the general education curriculum, and transition to adult work and community roles.

New language creates a distinction between screening activities designed to aid in instructional planning and formal assessment for special education eligibility. (AOTA, 2006). This allows more flexibility for occupational therapists to get information to teachers about children not eligible for special education services. Assessment is now not only part of the special education eligibility process, but also is listed as one of an array of early intervening services (EIS), which allows therapists to use their assessment skills to support a broader group of students, often resulting in these students getting help before a cycle of failure has set in. In designing evaluation activities for special education eligibility, team members should select tools that yield accurate information on what the child knows and can do academically, developmentally, or functionally using a variety of measures. Information is also needed regarding supports that will help a child progress in the curriculum. At the secondary level, assessments are to be age-appropriate and designed to address needs in vocational training, education, employment, and independent living.
skills. (US Department of Education, 2006). Occupational therapists can assist with developmental testing and determine functional skills levels. They use their expertise in assessing the student, the setting, and the activities to develop specific accommodations and modifications to help the student benefit from specialized instruction. Recommendations might be in the area of group size, positioning in the classroom, use of specific visual or tool supports, and specific instructional methods.

Early intervening services (§300.226) “implications for occupational therapy include the need to educate student support teams (which are not the same as the IEP team) to help them understand how occupational therapy can help as an early intervening service; ensure that occupational therapy is included in the district professional development activities related to early intervening; and emphasizes the real need for occupational therapy professionals to become full participants on the teams that will making decisions about early intervening services.” (AOTA, 2006)

Any assistive technology needs must also be identified as part of the evaluation process. Occupational therapists have long had a role in assessing need for both low- and high-tech assistive technology to aid with self-care skills, positioning and tool use (e.g., pencil grips, adapted scissors), and academics (computer reading and writing supports, organizational software). Therapists work in partnership with teachers and other education professionals to identify needs and appropriate technology tools and services, including need for staff training to use assistive technology tools.

Vermont Special Education Regulations
Vermont’s regulations further refine the evaluation activities for special educational eligibility. In determining eligibility for Essential Early Education (ages 3-5) occupational therapists assist in providing information from both norm- and criterion-referenced developmental assessments. For older students, therapists provide information for eligibility based on motor deficits. Therapist assessments and observations support formal evaluations in written expression using both standardized and clinical measures when determining “adverse effect”, a requirement for eligibility. Once eligibility has been established, therapists have many measures that can assist in the determination of appropriate supports and services to help carry out specially designed instruction as the final step in the special education evaluation process.

The evaluation team is also charged with identifying all associated special education and related needs, whether or not they are typically associated with the primary disability. Occupational therapists have expertise include gathering information on child and family history, physical characteristics, social/behavioral/ emotional characteristics such as self-esteem, self-regulation, and social interaction, and adaptive behaviors of self-care, coping, and independence skills along with assistive technology needs. Developmental assessment is another skill occupational therapists bring to the evaluation team.
Occupational Therapy Evaluation

Occupational therapists use a variety of tools and strategies to assess a student’s “occupational performance” in natural, everyday settings as they perform their various school occupations. Best practices in occupational therapy include assessing students in their classrooms, playgrounds, computer labs, lunchrooms, and any other settings where students access their education. (AOTA, 2006)

Areas of occupation addressed in school-based practice include activities of daily living, education, work, play/leisure, and social participation. The occupational therapy assessment process differs from other assessments which focus solely on identifying specific motor or performance deficits. Occupational therapy assessment is a multi-step process that builds understanding of the full context in which a student is experiencing difficulties. Student, parent, and teacher concerns are identified. Information is gathered about student strengths, interests, needs, and both successful and challenging activities in school-centered occupations. Occupational performance is analyzed by exploring a range of factors that impact participation in school-based occupations such as motor skills, cognitive or processing skills, behavioral regulation, task demands, and the learning setting. Student observation in natural settings is a powerful tool in identifying potential areas of difficulty in performance and participation. Broad-based evaluation tools are also used to determine the extent of participation or difficulty in the actual settings where students learn, work, and play. Therapists may also then choose to use specific skill-related assessments to pinpoint issues in performance skills and patterns, such as assessing strength, range of motion, sensory processing, or visual perception. (AOTA, 2004)
Recommendation 1:

The occupational therapist is an integral part of the referral and evaluation process by:

• Attending Educational Support Team meetings on a regular basis and evaluation planning meetings based on anticipated need for occupational therapy assessment.

• Having concerns specific to occupational therapy screening and assessment identified on the student support team (SST) referral form.

• Working flexibly and collaboratively with other educational team members to observe, screen, and do initial assessments in functional school settings and occupational performance areas as part of the EST information-gathering process, as well as the formal assessment process.

• Relating findings directly to the referring educational concerns and including a summary of the occupational therapy findings are included in the body of the evaluation report.

• Participating in team assessments for assistive technology supports and services.

Suggested Activities:

• Provide training on Federal and state education and special education laws, regulations, and eligibility standards including NCLBA, IDEA 2004, and Vermont Educational Support System (Box 1.1)

• Highlight areas on the state EST referral form that reflect occupational therapy areas of interest: http://education.vermont.gov/new/pdfdoc/pgm_ess/forms/referral.rtf

• Schedule a presentation to the school staff by the occupational therapist, providing examples of supports to teachers to enhance participation in class and general school activities.

• Provide materials to the occupational therapist on curriculum and grade-level expectations.
• Arrange time throughout the year for therapists to observe students in a variety of settings and grades to increase their knowledge of normal school-age child development and teacher expectations.

• Schedule a meeting with special education case managers/ team leaders to identify when occupational therapists should be part of evaluation planning. (table 1.1)

• Help your therapist design a comprehensive evaluation protocol (box 1.2)

• Establish assessment days or “blocks” within the schedule to accommodate appropriate occupational therapy assessment activities, including home-based assessment when indicated.

• Provide materials and training for occupational therapists to select and administer a range of pediatric occupational performance and specific skill-based assessment tools (box 1.3).

• Provide training and access to use the district special-education software in reporting assessment results (currently SPED Doc in most districts). Work with case managers to merge OT findings into the body of the report in a timely manner.

• Develop an assistive technology assessment protocol using a resource such as the SETT
  http://sweb.uky.edu/~jszaba0/JoyZabala.html

• Send a team, including the occupational therapist, to the Vermont Department of Education assistive technology training http://education.vermont.gov/new/html/dept/calendar.html


Table 1.1: Occupational Therapy Assessment Areas and Examples

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<tr>
<th>Occupational Area</th>
<th>Educational Outcome</th>
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<tr>
<td>Activities of Daily Living (basic and instrumental)</td>
<td>Caring for self-care needs (eating, dressing, toileting, nose care), accessing buildings and transportation, using communication aids and devices.</td>
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<tr>
<td>Education</td>
<td>Achieves in learning environments: academic, non-academic, prevocational, and vocational activities.</td>
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<tr>
<td>Work</td>
<td>Interests and skills for work or volunteer activities needed to transition to community life upon graduation.</td>
</tr>
<tr>
<td>Play/Leisure</td>
<td>Interacts with age-appropriate toys and objects; identifies and participates in appropriate game and leisure experiences, participates in art, music, sports, and after-school activities.</td>
</tr>
<tr>
<td>Social Participation</td>
<td>Develops appropriate social relationships with peers, teachers, and other school personnel across settings; engages in appropriate behavior that does not interfere with learning and social relationships. *adapted from Personnel Issues in School-Based Therapy</td>
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*adapted from Personnel Issues in School-Based Therapy
Box 1.1: Resources on Federal and State Laws

  http://store.aota.org/aotastore/product.asp?p%5Fid=4810&mscssid=7QXVFJLADQRL8HQ6QM86EK7VNUGHFVF


• AOTA (2006). AOTA’s comments included in New IDEA regulations.
  http://www.aota.org/nonmembers/area1/links/link352.asp

  http://www.ed.gov/nclb/overview/intro/4pillars.html

• Vermont’s Act 117: http://www.leg.state.vt.us/docs/2000 acts/ACT117.HTM

• Vermont’s Educational Support System:

• Vermont Special education Eligibility Standards:
Box 1.2: Elements of a Comprehensive Occupational Therapy Evaluation

Include the following elements when assessing students:

- **Student Profile**: learner strengths, challenges, interests.

- **Teacher/family input**: relevant past history, current concerns across settings.

- **Analysis of school-based performance**: student/activity/setting interplay and its impact on function.

- **Tests of performance skills/patterns, activity demands, student factors**: specific focused assessment of possible underlying factors impacting function.

- **Interpretation of assessment data**: discussion of occupational performance strengths and weaknesses.

- **Recommendations for goal areas, intervention approaches, and outcome measures to share with the team.**


**Use a comprehensive assessment form:**

Box 1.3: School-Based Assessment

Selected Pediatric Occupational Performance Evaluations
- School Function Assessment (SFA):
- Assessment of Motor and Process Skills (AMPS)
  http://ampsintl.com/
- School Assessment of Motor and Process Skills (SCAMPS)
  http://www.schoolamps.com/
- Canadian Occupational Performance Measure (COPM)
  http://www.caot.ca/copm/description.html
- Pediatric Evaluation of Disability Index (PEDI)

Selected Pediatric Skill-Based Evaluations
- Peabody Developmental Motor Scales (PDMS-2)
- Sensory Profile (basic, school, adolescent and adult version)
  http://harcourttassessment.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=076-1638-008
- Psychoeducational Profile (PEP-3)

Pediatric Evaluations of Learning Profiles
- Dynamic Occupational Therapy Cognitive Assessment-Children (DOTCA-CH)
  http://www.ot-innovations.com/content/view/26/47/
- Psycho-educational Profile Revised (PEP-3)
- TEACCH Transition Adolescent Profile (TTAP)
  http://www.teach.com/documents/TTAPSalesinfo.html

Evaluation Reference
**Collaboration and Goal Setting**

Occupational therapists support student success across a variety of settings and types of activities. The information they bring to the intervention planning process informs all team members and helps with setting appropriate student goals. Service delivery built on these goals can take a variety of forms, using the unique array of skills and services within each school team (Giangreco, 2001). There are many issues that need to be considered when teams design an intervention plan for a student on an IEP.

**Collaborative Teaming**

A team approach is embedded within all levels of educational and special education support systems. The ability to participate as an active team member is essential to creating an effective intervention plan for students. A collaborative process of developing student-centered goals enhances the skills of the entire group and increases the likelihood of innovative, individualized programming (AOTA, 1999). The need for teaming skills has been identified at the pre-service level for special educators and speech-language pathologists in programs through the University of Vermont, and is an integral part of every offering through the Vermont Department of Education, such as the Higher Education Collaborative programs for autism case management and early childhood special education (Vermont Higher Education Collaborative, 2006). Occupational therapists who come from a medical model may have less experience in teaming as mandated and practiced in Vermont schools. The Training and Resources for Professionals Serving Children and Youth (TRIPSCY) has worked to specifically address collaboration issues in its outreach programs for related service providers. [http://www.uvm.edu/~cdci/tripscy/](http://www.uvm.edu/~cdci/tripscy/)

Five essential elements of collaboration are: agreement on a common goal, respect for the expertise of all team members, equality in the team process, shared leadership and face-to-face interactions promoting positive interdependence, awareness of interpersonal skills, and individual accountability. (AOTA 1999)

**Visioning Long-Range Priorities**

Students typically are assigned to a classroom teacher for an academic year. Teachers are required to focus on the needs of their students in the current year, while students with disabilities typically have issues that continue for several years. Many disabilities are life-long and will affect participation right through school and into adult life. A team approach to intervention planning helps balance the needs of the current year with programming for life-long issues. The concerns and desires of both the student and his/her family are essential in guiding intervention planning. Vermont has a long tradition of including families as active partners in developing priorities and goals for their children as they move through the school system. Tools such as the Magill Action Planning Process (MAPS) have helped team members gain a more complete understanding of long-term
goals and the steps needed to be taken over several years to meet these goals (Rhode Island College, 2006). Vermont has developed resources to help school teams and families create this long-term “map”. Vermont I-Team personnel in each district are one affordable resource to conduct these visioning sessions. Therapists bring training and expertise regarding the range of life occupations to the planning process, helping teams and families identify a both a long-term vision and the path toward that goal.

Vermont education researchers have helped pioneer procedures to identify target goals for students with complex needs. Rather than listing goals for every discrete identified need, educators are encouraged to develop a streamlined set of priority goals, while other experiences are provided within an identified “broadth of curriculum” (Giangreco, 1998). A process called “Choosing Options and Accommodations (COACH)” was developed to help families of students with intensive special needs identify key goal areas to be addressed in the IEP. These areas can guide all team members as they develop the comprehensive annual intervention plan. This approach is quite different from the intervention plans done in medical and clinical settings, where each service provider is expected to outline a specific intervention plan and goals for their respective discipline. Learning to streamline and identify common objectives is vital to addressing student learning needs in a comprehensive and responsible manner.

The Individualized Education Program (IEP)
Under IDEA 2004, the IEP continues to be the tool by which a comprehensive, coordinated program is designed for each student eligible for special education. By law, the team includes parents, teachers, and related service personnel who work together to develop a program individualized for the student. Students are encouraged to actively participate in the development of their IEP, usually at the middle and high-school level (Martin, VanDyke, Christiansen, Greene, Gardner, Lovett, 2006).

The IEP is a student-centered plan detailing how the combined array of services and supports will help the student achieve specific short and long-term goals. The most recent legislation continues to emphasize that special education is a “service, not a place” and that services can be provided in a variety of settings, with the law emphasizing that students are to be educated “to the maximum extent appropriate” with children who are not disabled. To fully utilize the resources of individual teams, team members need a thorough understanding of the respective skills and roles of all team members. By avoiding unnecessary gaps and overlaps in service delivery, students can best access a free and appropriate public education (Giangreco, 2001). In a rural state such as Vermont, using team skills in a creative and flexible manner can extend access to interventions that might not otherwise be available due to distance and limited access to therapy services. The occupational therapist’s responsibility as a member of the IEP team is to help

Who can conduct a MAPS?
While any professional can be trained to lead this activity, Vermont has several resources to help small or novice teams begin the process. The University of Vermont Center on Disability and Community Inclusion offers an array of supports. (http://www.uvm.edu/~cdci/programs/it team.htm). The Vermont Parent Information Center is a statewide resource offering assistance and parent advocacy in the planning process (http://www.vtpic.com/programs.html)
develop these common goals and to identify strategies that reflect the student’s own preferences and learning style as well as the resources and challenges of each community, school, or classroom. Further, therapists can help the team to write goals that are meaningful, measurable, and functional and reflect where the student is in the educational process. Teams will likely work to build foundation skills (sitting, attending, holding a pencil, playing and working beside peers) at younger grades. As students get older, exploring accommodations and alternate materials as well as focusing on the social context becomes more important. By high school, students need to build job skills, community awareness and independent living skills, and networks within and beyond the school. In recent years, efforts have increased to help students learn to represent themselves and their needs within the IEP process. (Martin et al, 2006).

The Occupational Therapist/ Occupational Therapy Assistant Partnership

Occupational therapy services can be delivered by a registered occupational therapist (OTR) or a certified occupational therapy assistant (COTA). The occupational therapist is responsible for “all aspects of service delivery and is accountable for the safety and effectiveness of the occupational therapy service delivery process”. (AOTA 2004) The certified occupational therapist delivers selected services under the supervision of, and in partnership with the occupational therapist. Certified occupational therapy assistants are a valuable part of the occupational therapy team when properly supervised and with clearly defined roles.

With a limited supply of occupational therapists in Vermont, many schools rely heavily on an occupational therapy assistant to provide IEP and student support services. COTA’s have a legal requirement to work within the rules for their position as put forth by the state licensing board. Administrators or case managers unfamiliar with the difference between these professional staff and under pressure to provide occupational therapy services may inadvertently assign occupational therapy assistant staff to perform services that exceed a COTA’s legally licensed role. Administrators and case managers, along with their therapists, need to look carefully at individual student needs to determine how best to allocate resources. For more complex situations, the additional layers of staff may become cumbersome and impede the teaming process, where in other situations the COTA can easily supply the needed expertise for the student and the team. The use of “therapy assistants” or paraprofessionals to carry out occupational therapy activities is not supported under the occupational therapy practice act. Clarity is needed to distinguish between occupational therapy services and the support activities that may accompany therapy activities. For example, a therapist may design a program to increase feeding skills in the lunchroom. Occupational therapy expertise is needed to determine the appropriate positioning, implements, and support procedures for safety and independence. The therapist can then train an assi-
tant to carry out these specially-designed procedures on a daily basis. The occupational therapist reviews the performance at regular intervals, makes changes, and provides the necessary training and supervision to ensure that the amended program is being carried out safely and effectively. Though other funding sources such as Medicaid, may apply different definitions of occupational therapy services in school, it is vital that the distinctions are made clear on the IEP in order to accurately represent service provision (AOTA 1999).

In the fall of 2006 the Secretary of State’s office issued a letter to therapists reminding them to inform their administrators about requirements for supervision and role delineation for occupational therapists and occupational therapy assistants in school-based practice.

“Services delivered by the occupational therapy assistant are specifically selected and delegated by the occupational therapist. When delegating to the occupational therapy assistant, the occupational therapist considers the following factors:

A) the complexity of the client's condition and needs  
B) the knowledge, skill, and competence of the occupational therapy assistant.  
C) the nature and complexity of the intervention”

Vermont Secretary of State’s Office
Recommendation 2:

The occupational therapist is an informed, collaborative participant within the team and planning processes by:

- Being knowledgeable regarding state and federal regulations guiding special education interventions and the roles of different team members in the overall educational plan.
- Articulating the role of occupational therapy as a related service within the school setting.
- Contributing to functional, measurable goals that reflect educational relevance and priorities as identified by the team, including the student and family.
- Assisting in the team meeting process, effectively performing a variety of team roles.
- Engaging in regular contact with teachers, parents, and other team members through formal and informal meetings, phone contact, brief notes, and shared observations and interventions.
- Meeting professional responsibilities regarding occupational therapist/occupational therapy assistant activities: OTR-led assessment, supervision plan and documented meetings, need-based vs. school-based student assignment.

Suggested Activities:

- Provide materials for therapists to learn about educational relevance, related services roles, and participation in the IEP process (box 2.1 and box 2.3)
- Provide funding and release time for team members to participate in a COACH training activity: [http://www.uvm.edu/~cdci/products.html](http://www.uvm.edu/~cdci/products.html), Vermont Interdependent Services Team Approach (VISTA) training or self-study activity. [http://www.uvm.edu/~cdci/products.html](http://www.uvm.edu/~cdci/products.html)
• Participate in local and state training on collaborative teaming skills through the Vermont Department of Education (rolling calendar at http://education.vermont.gov/new/html/dept/calendar.html)

• Review materials on the Vermont Parent Information Center website regarding collaborative parent/professional partnerships: http://www.vtpic.com/


• Provide time within the therapist’s contracted hours to participate in special education training at the district level or to attend statewide training regarding the special education and teaming process: Training and Resources for Interdisciplinary Professionals Serving Children and Youth (TRIPSCY) http://www.uvm.edu/~cdci/tripscy/

• Download and share materials on writing meaningful goals: https://tripscy.blog.uvm.edu/TRIPSCY-Trainings/2006/01/basic_iep_writing_measurable_a.

• Present to case managers or team leaders outlining the role distinctions and legal requirements for both OTR and COTA. (box 2.2)


• Review caseloads at the end of the school year, adjusting therapist assignments based on complexity of student issues, team strengths, planned intervention activities.
Box 2.1: Educational Relevance and Related Service Roles


- Using the IEP to promote occupation-based therapy:  

- NICHIY News Digest 2001: Related Services  
  http://www.nichcy.org/pubs/newsdig/nd16txt.htm


- Knippenberg, C., Hanft, B. (2004). The key to educational relevance: Occupation throughout the school day: What does a student need and want to learn? AOTA School System Special Interest Section, 11, 1-3.  
  http://www.aota.org/SISQuarterlies/SSSISDEC04.pdf

  http://www.aota.org/ajot/abstract.asp?!Vol=60&INum=3&ArtID=3&Date=May/Jun%202006.


- Related Support Services and VISTA  http://www.uvm.edu/~mgiangre/related.html

- “10 Things not to say at an IEP meeting” (box 2.3)

Box 2.2: Roles and responsibilities during the delivery of occupational therapy services

“(1) The occupational therapist is responsible for the overall delivery of occupational therapy services and is accountable for the safety and effectiveness of the occupational therapy service delivery process.

(2) The occupational therapy assistant delivers occupational therapy services under the supervision of the occupational therapist.

(3) It is the responsibility of the occupational therapist to be directly involved in the delivery of services during the initial evaluation and regularly throughout the course of intervention.

(4) Services delivered by the occupational therapy assistant are specifically selected and delegated by the occupational therapist. When delegating to the occupational therapy assistant, the occupational therapist considers the following factors:
   A) the complexity of the client's condition and needs
   B) the knowledge, skill, and competence of the occupational therapy assistant.
   C) the nature and complexity of the intervention

(5) Prior to delegation of any aspect of the service delivery process to the occupational therapy assistant, service competency must be demonstrated and documented between the occupational therapist and occupational therapy assistant. Service competency is demonstrated and documented for clinical reasoning and judgment required during the service delivery process as well as for the performance of specific techniques, assessments, and intervention methods used. Service competency must be monitored and reassessed regularly.

(6) The role delineation and responsibilities of the occupational therapist and the occupational therapy assistant remain unchanged regardless of the setting in which occupational therapy services are delivered (i.e., traditional, non-traditional, or newly emerging practice settings).”

Reference: Vermont Secretary of State’s Office of Professional Regulation
http://vtprofessionals.org/
Box 2.3: Ten Things NOT to say at an IEP meeting

1. “Let’s get started! We only have 30 minutes for each of these IEP meetings and we’ve already lost 5 minutes getting coffee. We’ll have parents stacked up and down the halls if we fall behind schedule.”
2. “Welcome Mr. And Mrs. Jones. This won’t take much time anyway, we already have the IEP written— all you have to do is sign it.”
3. “No, Mrs. Smith, Amy’s teachers aren’t here. They are too tired from yesterday’s meetings and we rotate teachers through these meetings anyway. It’s not their day to participate in IEP meetings.”
4. “No, I don’t recommend that Amy attend this IEP meeting. She’s only twelve years old.”
5. “No, I don’t recommend that Amy attend this IEP meeting. At 17 years of age, she’s too busy with her friends and school activities to be interested in such a meeting.”
6. Well, since we’ve established what Amy’s disability is— that automatically means she’ll be in Mrs. Jones room at least 3 hours each day. See, scheduling isn’t so difficult once you get the hang of it.”
7. “You know, this same question about disability category came up in our meeting with Mr. Nd Mrs. Reynolds about their son, John, just yesterday. Of course, his disabilities are a lot worse than Amy’s and he has faced suspension at least once this year.”
8. “Well, the general education curriculum is for most kids but not for our special education students. It’s best to provide these students with an alternative curriculum that’s easier and that the special education teacher is trained in.”
9. “Thank you for suggesting these modifications for Amy’s instruction. We can implement them in her special education classes but it’s really too much to expect her general education teachers to accommodate her needs in their classes.
10. No, we didn’t indicate occupational therapy as a related service. We only have one OT in the entire district and he is booked solid. Maybe next year-0 or if an OT student moves away.”

Educational Relevance

The field of occupational therapy encompasses a broad range of occupational issues and settings, from developing work hardening skills in a job rehabilitation program, teaching organizational strategies to a housewife with a brain injury, running social skills groups in a mental health facility, or working with at-risk youth at an after-school center. In school-based practice, however, therapists must confine their scope of practice to those areas that have a demonstrated relevance to the success of a child in the educational setting.

Assessment and intervention need to address participation and performance in school: expressing learning, managing activities of daily living, and involvement in the routines and activities of an educational setting. (Fisher et al, 2005) When needs for occupational therapy extend beyond this mandate, the school-based occupational therapist can refer the child for services outside the school, such as to a private clinic or medical facility. School-based occupational therapists need to understand the requirements of a related service under IDEA 2004 and be able to explain the arena of school-based therapy to families and colleagues.

Evidence-Based Practice/Alternative and Experimental Practices

In the past, many educational and therapy approaches have been promoted without strong evidence to support their use. Since the passage of IDEA '97 there has been an increased emphasis on using intervention methods that are research-based. The Federal No Child Left Behind Act (NCLBA) of 2001 supports use of educational methods which have been “proven effective through vigorous scientific research...to improve student learning and achievement” (US Department of Education, 2001). IDEA 2004 repeats the requirement to use “scientifically based research when designing interventions for students with disabilities. As new program models are being developed in Vermont to address identified student needs, those programs with strong evidence bases are being selected and supported. For example, the recent Vermont Autism White Paper specifically discusses the various interventions currently in use for individuals on the autism spectrum. Each intervention is rated according to the rigor and depth of evidence. Recommendations are then made for the allocation of resources to those programs that have a proven record of success. Interventions that have little research base are being discouraged at the state level. (Vermont Department of Education, 2006).


Occupational therapists are required to follow the mandate to choose interventions “based on peer research to the extent practicable” (U.S. Department of Education, 2005). The American Occupational Therapy Association (AOTA) has responded to this challenge by publishing a series of evidence-based occupational therapy guidelines. AOTA guidelines are designed to provide measurable outcomes and interventions that are research-based.

“...If outcomes research mandates clear distinctions regarding specific services and subsequent outcomes, then finding strategies to directly link treatment and performance is the central goal of today’s outcomes research in occupational therapy. The major challenges facing us are (a) what process variables should be measured, (b) what the best way to measure them is, and (c) how process and outcome can be linked in a treatment session.” (Robertson and Colburn, 2000).
based briefs and providing a variety of training activities for therapists to learn how to conduct evidence-based practice. Increasingly, there are resources for therapists to identify which intervention activities may work best for a specific disability or occupational performance issue. Though a stated goal of federal education laws, it may be some time before there are sufficient numbers of robust studies and programs that are clearly identified as exemplary for all types of teaching (NICHCY, 2006).

A number of practices that are strongly associated with occupational therapy services do not meet the requirements of an evidence-based practice. In some schools these approaches have become synonymous with “occupational therapy” in the eyes of teachers and families, who then expect and demand specific intervention strategies. For example, a sensory integration approach is considered experimental in supporting children with autism. Specific techniques such as the “Wilbarger Protocol” (erroneously known as “brushing”) are alternative practices and as such, need to be used in a considered and circumscribed manner. The American Occupational Therapy Association has developed guidelines for complementary and alternative practices and published several self-study materials to help therapists understand when to select and how to evaluate these interventions (Foss et al., 2003). These materials help therapists who are new to school-based practice be clearer in assembling intervention approaches and techniques.

Response to Instruction
Accountability has become increasingly important with the costs of special education and the need to apply limited resources in the most effective manner. Both IDEA 2004 and NCLBA have an expectation of progress and achievement in the general education curriculum. All education professionals need to show how what they are doing is contributing to positive student outcomes.

Response to Instruction (also known as “response to intervention”), is an alternative way under IDEA 2004 to identify students with specific learning disabilities at an earlier age. New materials from mental health centers are also looking to this approach to provide behavioral supports for all students (UCLA, 2006). Vermont is just beginning to explore RTI in a few school districts, and it will likely become more common as the materials and practices become more familiar. This approach measures a student’s response to high quality instruction in determining whether a disability exists, or whether the problems reflect instructional weaknesses. (Hiney, 2006). The RTI approach is rigorous and presses all educational personnel—both regular and special education—to track their interventions closely to see if real improvements are being made, and monitor and revise frequently so skills are being transferred into the classroom. RTI is of particular interest as it offers an opportunity to identify and provide individualized support to students before they have developed a history of repeated failure, which makes addressing the issue much more challenging.

Data-based Decision-making
Data-based decision making is the tool for monitoring RTI and other instructional activities. Data collection starts with a description of the specific behaviors being measured, baseline measurement, and ongoing system for collecting data. (http://www.specialconnections.ku.edu/cgi-bin/cgiwrap/specconn/main.php?cat=assessment&section=ddm/main). Outcomes measures identify the desired end result in behavioral terms and use specific measurements (frequency, duration, finished product) to show how close a student has come to mastery of stated objectives.
Occupational therapists participate routinely in this process as they develop hypotheses and design interventions based on a frame of reference (AOTA, 2002). As the interventions progress, careful monitoring will bring about needed changes in program design or new ways of intervening that may be more successful. Single case study design is one tool available to help therapists identify whether their interventions are working and if not, whether a new direction may be more promising. For example, there are many resources and approaches to working with students struggling to maintain attention or control their behavior. Therapists might choose to work from a sensory integrative perspective, helping the student gain better control of their body during the school day. They might choose a cognitive-behavioral model to directly teach the desired behaviors for the classroom. They might use behavioral theory and applied behavioral analysis to shape attending skills, or work at the social skills level to enhance self-esteem and peer relationships as a means of fostering a stronger connection to the class. Any of these approaches may be effective. Careful monitoring and frequent review and revision are needed to ensure that there is an actual “response” to intervention. According to new material on RTI, in the area of reading there should be a demonstrated change after 21 units of instruction (Hiney, 2006). If not, the practitioner is encouraged to explore other and possibly more effective interventions. For programs designed by therapists and carried out across school settings, this may mean a change in direction as often as monthly. Being flexible to shift and try new approaches is key to seeing the changes envisioned under this approach.

Assessing Outcomes

Therapists who are new to working in a collaborative manner with teachers, special educators, and families need support to design simple, effective systems for data collection in the locations where target behaviors are occurring as well as to clearly define the types of outcomes they are seeking. Some examples of outcomes that are meaningful for students and their families are occupational performance skills (e.g., improved self-care skills or legible handwriting), client satisfaction (student or teacher’s positive response to engaging in the occupational therapy process), role competence (ability to perform in role of student, friend, teammate), adaptation (being able to change responses to better fit the situation), and quality of life (life satisfaction as determined by the student and family) (AOTA, 2002).

Accommodations and Modifications

Accommodations are changes made to allow a student to complete work with the same academic requirements, using necessary supports, such as a built-up handle or pencil grip, reduced number of math problems on a page, providing individual directions, or allowing more time to complete a test. Modifications are alterations made such that the academic requirements are changed to be more appropriate to the learner’s skills, such as reducing the amount of writing required, completing half the math assignment, or providing velcro instead of a zipper on a coat. Often the provision of simple accommodations will

“Although it might appear cumbersome to examine individual session outcomes, collecting outcomes data is done informally by every therapist and client at the end of a treatment session. We suggest that this informal procedure become a formal part of outcomes research and a more routine part of occupational therapy interventions.” (Robertson and Colburn, 2000).
make significant differences in how successful a student is in displaying skills or expressing their knowledge. Occupational therapists contribute to the IEP in the area of accommodations by creating/obtaining and teaching the use of supports and aids as well as guiding changes in instructional material design and pacing to help many students complete grade-level expectations. When students’ cognitive or motor skills are more impaired, the use of modified tasks allows for participation in many regular education settings at the skill and stamina level of the individual student. The purpose of both accommodations and modifications is to enable the student to learn and progress as much as possible with their non-handicapped peers.

Assistive Technology

Technology has become one of the areas addressed within the regular education curriculum. Vermont educational standards state that students need skills in selecting and using a variety of technology tools as a part of their educational experience (Vermont Department of Education, 2000). For students with disabilities, access to technology is even more critical. It can make the difference between dependence and independence for many students with special needs. Vermont has technical support staff to assist in evaluating and obtaining a variety of assistive technology supports, but it remains the role of the IEP team to investigate, identify, and train the staff and student in appropriate assistive technology. Under IDEA 2004, the IEP team is mandated to consider the assistive technology needs of every student when developing the IEP.

Assistive technology is more than using a computer as an alternative to handwriting. “Low-tech” refers to the wide range of simple adaptations that permit easier access to school materials, such as putting spacers between pages of a book for a student with coordination problems, using larger font size when there are visual difficulties, providing a picture sequence strip for cooking for a student with memory or cognitive difficulties. Common low-tech supports we all use include watches, schedule books, and recipe bookstands. “Hi-tech” solutions usually imply electronics/computers or specialized fabrication of external supports that take over for impaired or lost function. This might include an electric feeding device for an individual with no control over their arm movements, or using a computer visual webbing program to help with organization of social studies papers. Students with communication difficulties can access a wide range of specialized equipment to provide a voice or use a keyboard to communicate with peers. For children with weakness from arthritis or degenerative diseases, special keyboards and computer access inputs enable them to express their learning while conserving their energy or compensating for lost movement.

Many professionals participate in assistive technology evaluation, planning, and service delivery. As with other areas, collaborative teaming is the best way to ensure that all issues regarding assistive technology use are considered. Tools such as the SETT by Joy Zbola help guide the team to make decisions appropriate to the age and skill of the learner as well as the task demands in the classroom http://sweb.uky.edu/~jszoba0/JoySETT.html. A good team approach is needed to address such areas as the purpose of the technology, the optimal positioning for the tools as well as the student, and the training needed to use the technology. On the IEP, assistive technology includes not only the devices, computers, or other materials, but the “services”, which are the training for staff, student, and families to ensure that the technology is not only available, but used effectively by the student.
Occupational Therapy Approaches To Service Delivery

As related service providers, occupational therapists use their skills in a supporting role to help students benefit from their specially designed instruction. Therapists use their knowledge of the educational setting and process to create interventions that are appropriate to the school setting. Therapists also draw on occupational theory to determine which approaches will best meet the student objectives. Most school programs are familiar with the therapist using a “direct” or “consultative” approach. In fact, therapists can draw upon many more intervention options best suited to individual student/team needs. Therapists have a wide range of intervention approaches that include therapeutic use of occupations and activities in the settings in which they occur, simulated practice, and using preparatory techniques. These approaches specifically target the student. Other approaches work to create a relationship with the student or team to help them access offered supports, and to provide educational interventions through training and other materials to increase the knowledge and awareness of individuals working with students. Typically a mix of interventions is appropriate to address problems that occur in the multiple school settings and with the many different occupations within the educational experience. By using their knowledge and tools across a range of intervention choices, therapists can build significant supports for the special education process as well as reflect each team and school’s unique strengths and needs. See appendix 1 for a complete description of occupational therapy intervention approaches.

Some examples of the range of intervention approaches include working directly with a child, modifying the home or school environment, working with the teacher to identify alternative ways for the student to demonstrate competency or understanding of a concept, developing a dressing routine for implementation by an aide, contacting a physician about a student’s recent operation, meeting with the school psychologist to combine progress information into a report to the family, and re-evaluating student progress (AOTA, 2000).

“when providing consultation, the practitioner is not directly responsible for the outcome of the intervention”. (AOTA, 2002)
Occupational therapists provide a full range of educationally relevant interventions to address individual student needs by:

- Using a variety of intervention approaches across the student caseload.

- Relating intervention activities directly to participation and function in the educational setting [http://www.uvm.edu/~mgiangre/PDERS9614(2)1-12.pdf](http://www.uvm.edu/~mgiangre/PDERS9614(2)1-12.pdf)

- Identifying evidence-based practices and using alternative and experimental interventions only after more efficacious measures have been tried.

- Collecting and sharing outcomes data with team.

- Participating as a regular member of assistive technology teams, including developing assistive technology plans and providing student and staff training services.

### Suggested Activities:

- Present an inservice on the range of intervention activities for different ages and disability issues to the school/special education staff (box 3.1 and box 3.2).

- Design theme-based units to support students in the classroom, with therapist co-teaching and training regular education staff (box 3.3).

- Collaborate on a handout or web page describing the assistive technology planning process and a list of common student needs and possible low and high-tech supports (box 3.4).

- Create a list of recommended school-based practices and the evidence that supports their use, along with identification of alternative or experimental approaches and their limitations (box 3.5).
• Arrange for therapist participation in the TRIPSCY journal club for evidence-based practice:
  http://www.uvm.edu/~cdci/tripscy/?Page=journal/default.html&SM=journal/clubmenu.html

• Develop ongoing district team training or provide mentoring to design and collect data.
Box 3.1: Intervention Resources


Box 3.2: Occupational Therapy Association Practice Fact Sheets

- Occupational Therapy in Educational Settings under the Individuals with Disabilities Education Act: http://www.aota.org/featured/area6/docs/ssfact.pdf
- Occupational Therapy Services in Schools: http://www.aota.org/featured/area6/links/link02x.asp
- Attention Deficit Hyperactivity Disorder (ADHD): http://www.aota.org/featured/area6/links/link02t.asp
- Children With Psychosocial Deficits: http://www.aota.org/featured/area6/links/link02aj.asp
Box 3.3: Classroom-Based Activities


### Box 3.4: Assistive Technology Resources


- Assistive Technology Quickwheel:  
  [http://www.cec.sped.org/ScriptContent/Orders/ProductDetail.cfm?section=CEC_Store&pc=P551](http://www.cec.sped.org/ScriptContent/Orders/ProductDetail.cfm?section=CEC_Store&pc=P551)


- QIAT consortium Leadership Team (2001). Quality indicators for assistive technology services. [www.qiat.org](http://www.qiat.org)

Box 3.5: Evidence-based Practice Resources

- AOTA evidence-based briefs


- Natural Environments in Early Intervention
  http://www.vanderbiltchildrens.com/interior.php?mid=1218

  http://www.inspiration.com/vlearning/research/index.cfm

- QIAT. Quality indicators for assistive technology services: Research-based revisions.
  http://sweb.uky.edu/~jszaba0/QIAT%20Revised%202005.pdf

  http://www.aota.org/ajot/abstract.asp?Vol=60&INum=1&ArtID=4&Date=January/February%202006

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Box 3.5: Evidence-based Practice Resources (continued)


Transition activities are specified within IDEA 2004 for younger children entering the system and for older children who are aging out of special education at the post-secondary level.

Transition Across the School Experience

Though some transition activities are mandated by federal law for children with disabilities, there are several key points where all children face a new set of challenges and procedures. In addition to shifting from home to a pre-school/school experience, the move from kindergarten (both part and full-day in Vermont) to a more academic first grade is a significant shift for young child used to a more developmental and play-based environment. Elementary school focuses on teaching an array of foundation skills, from handwriting to reading to essential math concepts as well as learning how to work and play with peers. Children move into a middle school setting in 5th or 6th grade. Though many schools in Vermont house a K-8 or a K-12 program, the middle school section is usually distinctly different from the elementary grades. Classes are often in different locations, or are taught by several different teachers who specialize in specific areas of study, such as math or science. The emphasis at this age is on developing independence and personal responsibility (keeping an assignment book, doing homework, organizing papers and materials) as well as learning to work and play in small and large groups in class and in after-school activities such as sports. This is designed to prepare students to move into high school prepared academically and socially to tackle a demanding curriculum and display their knowledge in a variety of ways. Finally, students are expected to take their skills and developing interests into a post-secondary activity, such as going to college or joining the workforce. For many children with special needs, each of these transitions represents significant change and requires creative and forward-thinking planning on the part of their family and educational teams.

Creating Continuity

Under federal law there is a continuum of services for children as they move from Part C (infants and toddlers) to part B (special education). Families whose children have been receiving Early Intervention (EI) services have been part of a system that is highly family centered. The family is the client and services are designed to support a child within the context of their family. Occupational therapy can be a primary service for infants and toddlers. In Vermont, a transdisciplinary model with a primary interventionist is being developed and used on a pilot basis in a few areas of the state, with the intention of extending this statewide over the next few years. This may further shift the role of the occupational therapist into teaming and collaborative consultation, or to becoming the primary interventionist and main resource for the family.

In contrast, in the school system setting, the child becomes the focus of intervention with the IEP developed around the child’s strengths and needs. Therapists are related service providers, and a student must be receiving special education services to be eligible for occupational therapy. The Individual Family Service Plan (IFSP) shifts to an Individualized Education Program (IEP), with different guidelines and format. All these changes can be very bewildering to families who are used to a more in-home and low-key intervention model under Part C and direct access to therapists and their services.
As older students prepare to exit high school, another shift occurs. At the age of 16, transition plans that include adult services start to be identified so that by the time a student leaves high school between 18 and 22 years of age, they have been prepared for the transition to work and community living. As the time to leave school approaches, there is an increased shift to developing functional skills and teaching students to lifelong adaptations and accommodations. Once again the family may resume a caretaker role for students with more significant disabilities in planning for long-term living arrangements at home or in a sheltered living setting.

**Transition Planning in Vermont**

The Vermont Department of Education has developed an excellent series of materials designed to help families as their children move into the educational system (see box). These are accompanied by the Vermont Early Learning Standards and a companion parent guide that outline the expectations and activities in preschool and kindergarten programs. A self-assessment report in 2002 found that overall, there were appropriate materials and resources to help make a smooth transition from Early Intervention (EI) to Essential early Education Services (EEE) in the state. Vermont families also struggle with the shift from family-centered EI services to child-centered EEE perspectives. The report also cited increasing special education caseloads along with declining budgetary resources that create pressure on the school-based systems of service. At the same time, the report notes that nearly all children on IFSP’s make a smooth transition to an IEP, with many being able to move across systems without having to undergo comprehensive evaluations. (Vermont Department of Education, 2002).

At the secondary level, the 2002 self-assessment identified several statewide strengths, including the alignment of state and federal regulations, professional development efforts, and local core transition planning teams with good interagency participation. The study noted that nearly all Vermont students receive a diploma. Vermont results tended to reflect the national trends. Areas felt lacking in the transition process were: limited access to transition services, a lack of participation by the adolescents and young adults themselves, along with few programs to develop the self-advocacy and self-determination skills that would allow them to be active participant is their own planning processes (Vermont Department of Education, 2002).

“Inge’s summary of findings concluded that nationally, only a minority of school-based therapists worked with students of transition age; that students from birth to 13 years of age were the primary recipients of school-based occupational therapy services: that as students moved through the transition process occupational therapy services decreased; that occupational therapists involvement in community-based instruction for students 14-22 years of age was minimal; and that occupational therapists who worked with transition-aged youth had limited training in transition planning. ...School-based practice has traditionally been heavily focused on early intervention and the development of sensorimotor skills. In addition, the core of transition planning, with its focus on real-life activities practiced in context may be a departure from the way in which some occupational therapists have traditionally practiced in the school setting.”

(Kardos and White, 2005)
“By law, transition planning needs to be designed to lead to improved post-school outcomes for students, yet a number of indicators suggest that Vermont’s youth with disabilities are not adequately prepared to lead a successful adult life.” (Vermont Department of Education, 2002)

The Occupational Therapy Role in Transition Activities

As a collaborative team member, occupational therapists can work with families, students, and teaching teams to help identify the changing role of occupational therapy within the transition process. Parents will need information to understand how their access to occupational therapy services will shift. As the focus moves from the home to the school, therapists can help families to remain informed and active advocates and participants in the program planning process. They can help describe the new contexts where children may need support as well as identify accommodations that may be needed to foster a smooth transition.

When children move between grades, therapists use their knowledge of the settings and activities at each level to help prepare for changing expectations in independence, social function, and participation. They may assist with inservice training to receiving staff in using specific adaptations or materials. They may visit the next setting and analyze the requirements of the new environment, look over materials, assess level of activity in the hallways, degree of independence expected, rate and style of instructional delivery, as well as basics such as accessing restrooms and moving between classes.

IDEA 2004 has increased its emphasis on functional outcomes, an area of occupational therapy expertise. By the age of 16, occupational therapy services that may not have been necessary in the secondary setting may again be in demand, as the requirement to assess both academic and functional skills is a part of this post-secondary planning process.

There is limited research on the role of occupational therapy in post-secondary transition the skills and services. Preliminary findings suggest that though functional outcomes and independence are a mainstay of occupational therapy philosophy, education, and training, therapists currently do not participate widely in transition activities, particularly at the secondary level (Spencer, 2003, Kardos, Prudhomme-White, 2005). According to some surveys, activities supporting vocational skills and behaviors are typically done by special education staff. In Vermont, this may be partially due to the way many programs for high school students have developed out of an educational model. Educational staff are often unfamiliar with occupational therapists’ training and potential to contribute in this area. The overall shortage of therapists impacts their ability to extend their roles into this critical area. Therapists have tools and skills

Occupational therapists may need to rethink decisions to discharge middle and high school students from their caseloads because the students may no longer benefit from intervention for school performance or sensory motor performance components. Many of these students can still benefit from services targeted at future functional performance in occupational performance areas...best practice findings within the areas of teaching and learning are emphasizing the need for teachers and practitioners to deliver community-based instruction and to focus on natural learning environments ...to maximize learning while simultaneously minimizing the difficulties that many students with difficulty have with transfer and generalization of skills.

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to evaluate activities of daily living, functional mobility and communication skills needed in community work, leisure, and living settings.

Currently there is a gap between training and services in secondary transition. While occupational therapists have the skills to assess and develop programs in vocational and leisure skills, the preliminary research suggests that neither therapists nor their administrators have developed a clear role or way to utilize the training and skills that occupational therapists can bring to their team.
Recommendation 4:

Occupational Therapists aid in transition planning, staff training, and intervention services by:

- Participating in transition meetings for eligible students at all levels.
- Explaining the difference between a primary and related service to families and team members.
- Designing transition evaluation and intervention activities at the secondary level.

Suggested Activities:

- Provide IDEA and state regulation materials to therapists and include them in statewide and district training regarding transition requirements and roles of primary and related service providers.
- Include therapists in transition visits and meetings with sending and receiving programs.
- Develop a list of secondary transition issues matched to occupational therapy services (box 4.1).
- Establish formal and informal assessment and program support in student’s schools, homes, community settings, and job sites (box 4.2).
Box 4.1: Transition Resources

- Institute on community integration. (2003). Impact: Feature issue on achieving secondary education and transition results for students with disabilities. Institute on Community Integration (UCEDD) and the Research and Training Center on Community Living, University of Minnesota, 16(3) retrieved from the World Wide Web on October 12, 2006.  
  http://ici.umn.edu/products/impact/163/default.html

- Learn to Earn: A Job Development Program for students with emotional and behavioral disorders


  http://www.ericdigests.org/pre-9216/life.htm

  http://www.aota.org/ajot/abstract.asp?IVol=54&INum=6&ArtID=8&Date=November/December%202000

Box 4.2: Secondary Transition Assessments

- Enderle-Severson Transition Rating Scales (ESTR-III) [http://www.estr.net/index.cfm](http://www.estr.net/index.cfm)
- Assessment of Motor and Process Skills (AMPS) [http://ampsintl.com/](http://ampsintl.com/)
- Teach Transition Assessment PRofile (TTAP) [http://teacch.com/documents/TTAPsalesinfo.html](http://teacch.com/documents/TTAPsalesinfo.html)

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Partnerships for Systems Change

Educational practices have undergone huge changes over the past 25 years, reflecting a growing commitment to educate all of our children and give them opportunities for meaningful adult lives. Advances in the social and biological sciences have helped all team members have a fuller understanding of the underlying issues that affect behavior, attention, and learning, such as the effects of poverty and differences in neurological function. An increasing emphasis on self-determination for all individuals has emerged from the civil rights movement, fostering the concepts of least restrictive environment, inclusion within school and community, and the right of each individual to make choices in determining their own future.

As educators and therapists, the challenge is to bring together all of these parts within the public education system in a planful and effective manner. In the past, teachers shouldered the entire burden of trying to address the myriad needs of different learners. With the access to a full array of related services, schools now have an opportunity to develop broader and more effective supports for students with special needs as well as the entire school community.

In 2000, a blue-ribbon commission charged with identifying the sources and solutions for exploding special education costs found that: “...strengthening the educational support systems across the state, improving the consistency of the delivery of special education throughout the state, improving the recruitment, training, and retention of special education teachers and administrators, and improving the ability of all teachers and administrators to meet the educational needs of all students could help districts to control special education costs.” Several programs have emerged in Vermont to meet this mandate.

Creating Safe, Supportive Schools

Students with emotional and behavioral challenges were identified as one of 3 target populations requiring programs, funding, and access to technical support in Vermont. As a result of focused priorities, schools are actively encouraged to send teams to training opportunities to build collaborative skills and expertise in mental health issues at the local and regional level. A close relationship between various institutions of higher education and the Department of Education has made it possible to offer programs at reasonable cost across the state. In response to the growing numbers of students with emotional and behavioral challenges, the BEST initiative uses an annual summer institute to train local teams to create school committees to continue the work of creating safe and supportive school environments. Most schools now have access to a school-based mental health clinician. The American Occupational Therapy Association worked in partnership with the Vermont Agency of Human services to develop mental health competencies for early intervention, positioning occupational therapists as potential primary mental interventionists the 0-3 age group.

Providing Comprehensive Services for Autism

Several resources and programs have been put in place to address the huge and growing numbers of children with autism. The Autism Task Force, made up of 20 parents and service providers cross the state,
has developed resources on different interventions, evidence-based practices, and is beginning to serve as a clearinghouse and planning resource for autism issues. Autism consultants at the Department of Education and the Agency of Human Services are working collaboratively to create a comprehensive set of supports and training activities across the lifespan. A Summer Autism Institute is held annually, bringing national speakers to the state as well as serving as a forum for local teams to share their stories. An Autism White Paper has been published outlining the present status of autism services in the state and future needs for training and effective programing. There are fact sheets for primary care physicians (and a guide book for parents of children newly diagnosed with autism. The Higher Education Collaborative has established intensive training opportunities to create skilled autism practitioners, along with specific programs to train in interventions such as Applied Behavioral Analysis and TEACCH. A bill has been introduced into the legislature to explore the creation of autism resource centers throughout the state.

**Differentiated Instruction and Universal Design**

Vermont has embarked on training and pilot programs in differentiated instruction to better meet the needs of diverse learners. The vision statement for the Creating Responsive Schools Pilot Project states: “We will promote schools that are student centered and inclusive and teachers who differentiate their instruction, ensure high quality curriculum for all students, use a variety of appropriate assessments, and create a supportive, nurturing community. ([http://www.k8accesscenter.org/accessinaction/VermontCRS.asp](http://www.k8accesscenter.org/accessinaction/VermontCRS.asp)). Workshops have been offered state-wide in Differentiated Instruction and Universal Design, attracting a mix of regular and special educators and a few related service providers. These efforts have increased the understanding of the use of technology and multiple means of presentation as vital instructional strategies to reach a broader group of learners. Several school have participated in grant activities to bring universal access tools to their computer labs to support literacy and participation needs.

**Childhood Health and Developmental Readiness**

Vermont has a series of efforts directed to healthy babies and children and preparing preschoolers to become successful in school. The Success by Six program includes not only activities for maternal and child health, but also a variety of tool such as playgroups and parent support groups to help parents with developmentally appropriate practices including play, movement, and understanding important motor, social, and emotional milestones. ([http://humanservices.vermont.gov/publications/vermont-s-success-by-six-initiative/preview_popup/file](http://humanservices.vermont.gov/publications/vermont-s-success-by-six-initiative/preview_popup/file))

Building Bright Futures started in 2002 as a way to bring together the various agencies and activities or young children including developing standards for daycare programs, training activities for childcare providers, and support and training to families. A professional development branch, the Northern Lights Center, specifically focuses on training for early childhood care providers. A collaborative effort with the various health agencies serves to consolidate efforts and streamline access for families, including disability services.

“Gaps in the service system include....a lack of sufficient numbers of staff with training in ASD (autism spectrum disorders) to provide needed support, including direct support staff, case managers, behavior specialists, psychologists, psychiatrists, OTs, PTs, and SLPs. ...systems and processes to enhance services across school and home. ...(Vermont Agency of Human Services and Department of Education 2006) [http://education.vermont.gov/new/pdfdoc/pgm_sped/pubs/autism/interagency_autism_white_paper_06.pdf](http://education.vermont.gov/new/pdfdoc/pgm_sped/pubs/autism/interagency_autism_white_paper_06.pdf)
At the school level, the new support for Early Intervening Services under IDEA allows resources to be directed to children at risk but who do not qualify for special education services, along with funding specifically designed for these services.  


..”readiness” is a shared responsibility of families, schools, and communities. Children need to be ready to take advantage of the learning opportunities of formal schooling, but schools also need to be prepared to meet the varied needs with which children enter school.  


Nationally, occupational therapists are increasingly turning their attention to emerging practice areas including addressing childhood obesity and promoting health and safety across the age span, creating programs and settings to reduce bullying and prevent school violence, and expanding programs for mental health needs through the use of positive behavioral supports. These areas draw on the full range of occupational therapy training in child development, mental health, and community participation. Therapists can work with planning teams and provide training on how development, neurological differences, and social pressures affect all students. They can develop, lead, or train others to create school-wide supports such as walking and other early morning activity clubs, after-school exercise or dance programs, social skills training groups such as a “lunch bunch”, and other practical resources that can be accessed by a broad range of students. Additionally, they can help survey the physical, sensory, and temporal environment to ensure that schools and classrooms are welcoming, offer positive sensory experiences, are designed to reduce anxiety and confusion, and maximize student attention and alertness. Fostering experiences of success and belonging creates opportunities for all students.

“ I had a speech impediment when I was growing up. I could barely put a sentence together. I could barely talk....I had a lot of teachers that really didn’t pay that much attention to me. I had my speech impediment, and they just figured, it’s going too tough for Herschel so we will put him over there in the corner, and we will work with him when we have time, after we work with the other kids. Even though that disappointed me in their views, my parents said, “Herschel, you just study this, study that.” And my speech got better. My grades came up. And when I graduated high school, I was valedictorian of my class.”

comments by Herschel Walker, 1991 football Heisman Trophy Winner  

http://www.achievement.org/autodoc/page/wal0int-1

Occupational Therapy Supporting Systems Change

With over 25% of therapists nationally working in school-based settings, occupational therapy is now a known and valued part of most school special education programs. Most therapists routinely provide supports and accommodations for a wide range of students within sensory motor, self-care, movement and learning needs. As schools work to educate more challenging students, occupational therapy skills are needed to assist in developing student-based services and school/ district-wide supports.
Recommendation 5:

Occupational therapists are active agents in school and district systems change activities by:

• Including planning and participating in school improvement activities as part of occupational therapy job descriptions.
• Having access to information on local and statewide state-wide educational initiatives and priorities.
• Participating in district planning and program activities including curriculum, technology, and school climate/ BEST committees.

Suggested Activities:

• Identify sources of funding for systems-change activities and emerging practice areas, include in future budgets, and allocate time within therapist contracts (box 5.1).
• Highlight or circulate minutes of school board, planning committee, and team leader meetings to occupational therapists and promote discussion at the program level in supervisory meetings and annual reviews.
• Increase therapist skills to help design comprehensive programs for students with autism spectrum disorders (box 5.2)
• Include therapists on technology, school climate, and curriculum committees (box 5.3).
• Support therapist involvement in planning and executing school-wide events and activities such as kindergarten screening, designing an elementary handwriting curriculum, backpack awareness day and other health fair events, and running activity groups such as walking clubs or theme-centered social groups.
Box 5.1: Emerging practice areas


- AOTA. Emerging Practice Areas.

  http://www.aota.org/SISQuarterlies/SSSISep01.pdf

Box 5.2: Autism Intervention Resources (selected)

- Vermont Higher Education Collaborative http://www.vthec.org/currentcourses.htm
- Vermont Autism Summer Institute http://www.uvm.edu/cmsi/?Page=institute/default.html
- Applied behavioral analysis (ABA): http://www.uvm.edu/cmsi/?Page=institute/default.html
- Picture exchange communication system (PECS): http://www.vtautismtf.org/downloads/picture_exchange_communication_system_may_2006.pdf

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Box 5.3: Systems Change Resources

UDL/ Differentiated Instruction
- Center for Applied Special Technology (CAST) http://cast.org/
- The Access Center VT DOE Creating responsive schools project. http://www.k8accesscenter.org/accessinaction/VermontCRS.asp
- UVM Project Evolve http://www.uvm.edu/~cdci/evolve/

Curriculum Planning
- Handwriting Without Tears http://www.hwtears.com/different.html

School Climate

Mental Health
- Center for Mental Health in Schools. http://smhp.psych.ucla.edu/
Different Paths for Professional Development

All teaching positions within Vermont’s public schools have established competencies and specific endorsements. Prospective teachers must complete particular courses of study and complete a variety of assessment materials to gain and maintain their professional standing. Some professionals such as speech-language pathologists, psychologists, and school nurses have the same requirements. National and state educational organizations recognize these professionals and include them within bargaining groups for salary, benefits, and professional development opportunities. As NCLBA standards have grown to include increased requirements for paraprofessional skills, they also are benefitting from a variety of statewide programs to increase their knowledge and skills (UVM, 2006). Related service providers such as occupational and physical therapists are not a part of the educational infrastructure in Vermont. Salaries and benefits are individually negotiated, usually for specific services such as providing assessment and intervention to individual students. Therapists may not be not eligible to participate in education retirement plans. Access to health and disability benefits are often limited or prohibitively expensive. Special teaching experiences such as sabbaticals are usually not offered to therapists.

In the educational system, teachers progress along a salary scale reflecting not only years of experience, but also educational advancement. Each additional course or degree adds to the potential increase in salary. Since teachers must have robust portfolios to meet the Highly Qualified Teacher standards, school districts work to help them access appropriate coursework at affordable rates and during convenient times, such as evenings and weekends. Similar programs are being developed for paraprofessionals for the same reasons.

For occupational therapists, access to university degree or CAS programs can be both challenging and expensive. Without a program in occupational therapy in Vermont, the nearest access to post-graduate university programs are a considerable distance away in New Hampshire, Massachusetts, or other parts of New England. Public schools rarely fund degree programs for their therapists, except on an individual, negotiated basis. The net effect can be that while therapists may be highly skilled and experienced, they often do not expect nor achieve professional advancement or equivalent movement along salary scales as teachers do. They are often without the financial safety net enjoyed by their colleagues as they approach retirement age.

Current research suggests that occupational therapists seek continuing education primarily through workshops and non-credit courses (Brandenburger-Shasby, 2005). These may be one-or two-day programs around specific interventions, or longer courses while a certification in a particular technique is earned. Usually the activities are highly discipline-specific. Tools are the main focus, rather than systems change or building collaborative new programs and practices. Many therapists have waived their access to post-baccalaureate degrees, choosing instead to use limited professional development funds exclusively for workshops and inservice with more impact in day-to-day activities. In contrast, participating in activities leading to advanced degrees not only increases the understanding of educational priorities and programs, but it also positions therapists to move into leadership roles in policy, planning, and teaching.
Licensing Requirements
In Vermont, therapists are licensed by the Office of Professional Regulation at the Secretary of State’s office. Occupational therapists must have either a baccalaureate or master’s degree as minimum entry into the field. An associate’s degree is required for occupational therapy assistants. Both need to complete their accredited courses of study and pass an examination for initial licensure in the state. Annually, a minimum of 10 hours of continuing education activities must be documented. These can be a combination of workshops and coursework, self-study activities, teaching and mentoring, and research. There are currently no specific competencies for school-based practice, nor restriction on who can provide services to students in school settings. Though there are efforts underway to design essential school-based competencies, these activities are unlikely to lead to a certification in school-based practice in the foreseeable future.

Supporting Competency Development and Leadership Skills
Rural school districts are challenged to find ways to support and develop their occupational therapy services. Smaller schools generally access one occupational therapist on a part-time basis. These therapists are often highly itinerant and work across several neighboring districts. Each district may have different policies and ways of supporting their students. Without a “home” in these settings, the therapist can become isolated from the bigger picture of school priorities and miss opportunities both to learn and provide system-supporting information to school teams. Larger schools and districts may have a full-time therapist or therapist/occupational therapy assistant team to provide services, with more access to information about their local school initiatives, as they are more embedded within the system.

At the state level, a Department of Education grant underwrites training activities and resource materials for related service providers as required under IDEA provisions to developed skilled professionals. This has become a key way for therapists to learn about new programs and network with colleagues. There have been several mentoring programs, as well as a state grant to develop leadership skills at the University of Vermont (e.g., the ILEHP graduate program). The Vermont Occupational Therapy Association (VOTA) has an annual conference and newsletter available to members, though the organization is small and participation varies. The American Occupational Therapy Association (AOTA) has been a leader in promoting collaborative partnerships for policy and practice, with listservs, newsletters, publications, and other resource materials to help therapists learn about and keep abreast of emerging practice and policy in the school-based area. There is no requirement to be either a VOTA or AOTA member in order to practice in Vermont.

With limited time and financial support, many therapists are not able to access necessary occupational therapy training activities, nor the many opportunities to participate in programs and training of other education and child development practitioners. Similarly, therapists have not yet actively begun to provide training using their expertise to other educational providers. Programs to train daycare providers have developed teaching units well-suited to occupational therapists providing instruction, though neither therapists nor the child development community seem aware of each other. Autism training programs are being offered at affordable rates to all professionals, yet few, if any, therapists are participating to date. Policies that will determine which types of interventions will be used in the state are being developed with almost no occupational therapy input. Examples like these show that the gap between occupational
therapists and the educational community are still strong. Continuing competency efforts need to be focused on helping therapists become more well-versed in all aspects of public education.

Nationally, there is a model for partnering in the area of continuing competence and leadership. The AOTA has spearheaded activities over the past 15 years to position therapists to become integral members of the school community. Starting with the Partnerships Project in the late 80’s and culminating with the leadership role in the ASPIIRE IDEA Partnerships in the past 6 years, the national association has promoted collaborative learning as the way to develop strong teams who are aware of the strengths and unique contributions of each member. Current national activities are focused on “communities of practice”, an approach where diverse individuals join together around a common goal in order to effect change. This model fits easily within the local school setting, where real-life issues such as school safety and school success benefit from the combined input of many different disciplines. This also offers an opportunity for learning and cross-training for all members, including occupational therapists. Participation in team practices such as these are a vital way to counteract the isolation and sometimes more narrow focus of the individual occupational therapy practitioner.

New Directions for Leadership
Presently, there are exciting opportunities for school-based occupational therapists to become part of vibrant and active teams. This includes helping design comprehensive programs for student with autism spectrum disorders, training paraprofessionals in use of supports and modifications, working on state disability councils addressing gaps in services to children and transitioning adults, creating materials for prevocational programs, supporting and training teachers to provide consistent school-wide handwriting programs, teaching task analysis skills to classroom teachers, addressing developmentally appropriate instruction and expectations for young learners, and many more. On a daily basis, occupational therapists can use their skills in group dynamics to help model collaborative and inclusive practices in team meetings and when including families. With access to advanced academic degrees, there are opportunities to become trainers for the Higher Education Collaborative and teaching courses at the community college and university level.

Job Satisfaction—Recruitment and Retention
Job satisfaction as well as effectiveness is maximized when therapy services are delivered within a team structure. Students benefit from integrated, well-planned services, and the therapist has the benefit of working with colleagues on behalf of the student and school. As in any job situation, good working conditions, access to professional development and advancement, and active supervision and support are key ingredients in attracting and keeping quality staff. Therapists know they are valued members of the school faculty when they are provided with physical resources as simple as dedicated desk and shelf space and access to a telephone and computer. Occupational therapy work is activity-based, so a budget for both equipment and supplies is essential. As professionals, therapists need a written contract with specified duties and hours of service. Administrators can show their regard for creating a long-term relationship by providing access to health-care and other benefits and actively supporting continuing graduate and post-graduate education with funding comparable to teachers. Therapists should be encouraged to help set annual goals and develop a portfolio or self-assessment activity for professional development. For new therapists who can be overwhelmed by this practice setting, access to mentoring or supervision by a sea-
soned school-based occupational therapist can quickly build essential skills. By nurturing emerging leadership skill and providing tracks for professional advancement, administrators enable occupational therapists to build strong relationships with their school communities, and reap the financial and collegial acknowledgment that reflects their broadened contribution.
Recommendation 6:

Therapists are full members of the school community, engaging in professional development and filling leadership roles by:

• Having a contract and benefits package.

• Having a current professional development plan in place.

• Participating in school-wide training and membership in professional organizations.

• Accessing established support and mentoring systems.

Suggested Activities:

• Develop a budget proposal for the occupational therapist to join the school staff as a contracted employee with health, disability, retirement, and financial support for professional development and graduate education. Work with administrators in neighboring districts to develop a job package for full-time employment if there is not a sufficient caseload base in one district (box 6.1)

• Schedule an annual performance review, setting goals and a timeline in the areas of continued competence, collaborative practices, and professional growth through continuing formal education and participation in leadership activities. (box 6.2)

• Develop systems to regularly disseminate information to occupational therapists.

• Design and fund a formal set of professional support activities.

• Explore benefits of active membership in state and national occupational therapy associations both for the therapist and for the school. Create a proposal to fund some or all of membership costs to AOTA [http://www.aota.org/nonmembers/area5/index.asp](http://www.aota.org/nonmembers/area5/index.asp) or VOTA [http://www.vtot.org/](http://www.vtot.org/).
Box 6.1: Resources for competency and professional development


Continued on following page
Box 6.1: Resources for competency and professional development (continued)


  http://www.aota.org/ajot/abstract.asp?IVol=59&INum=1&ArtID=10&Date=January/February%202005

- Related services workshop PowerPoint and materials archived at
  http://tripscy.blog.uvm.edu/tabbed/archives/TRIPSCY%20Trainings/index.html

- AOTA (2007). AOTA member benefits, use them all.
  http://aota.org/nonmembers/area5/index.asp

- Vermont Occupational Therapy Association (VOTA): http://www.vtot.org/about.cfm

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Box 6.2: Information Dissemination

Materials and Resources
Orientation packet for new therapists should include:
- Copies of school and district personnel policies
- School calendar and staff phone directory
- Time sheet and payroll information
- Instructions to access district email and voicemail
- Contacts for contract, payroll, and benefits questions.

Networking and information access
- Date and location for district-wide special education meeting
- List of special education team leaders and contact information
- Circulation list for regular and special education publications and workshop notices
- Minutes from Team Leader meetings.
- Attendance at school staff, special education team, and related services team meetings
TRIPSCY listserv. [http://www.uvm.edu/~cdci/tripscy/](http://www.uvm.edu/~cdci/tripscy/)

Department of Education materials
- Vermont’s Framework of Standards and Learning Opportunities
- Student Support Systems (SST) Referrals
- Vermont Early Learning Standards VELS
- Vermont Portfolio Assessment of Alternate Grade Expectations (PAAGE)

TRIPSCY listserv. Training and Resources for Interdisciplinary Professionals Serving Children and Youth (TRIPSCY) [http://www.uvm.edu/~cdci/tripscy/](http://www.uvm.edu/~cdci/tripscy/)

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http://education.vermont.gov/new/pdfdoc/pgm_sped/pubs/vsar/vsar_02_sec_06.pdf


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Appendix 1: Regulation Highlights

P.L. 94-142
• Established the right to a Free Appropriate Public Education (FAPE) with Special Education and Related Services to meet unique educational needs as identified in the Individual Education Plan (IEP)
• Rights of children and parents protected
• States and localities provide for the education of all children with disabilities
• Effectiveness of interventions assessed

P.L. 99-457
• addressed training and programs for infants and toddlers within a family-centered philosophy
• Individualized Family Service Plan (IFSP)

• Developed transition services to students 14 and older
• Included lifeskills along with academic outcomes
• added autism and traumatic brain injury as disability categories
• emphasized the collaborative process in program design.


Section 504 of the Civil Rights Act
• emphasized participation in the school setting: “ http://www.ed.gov/about/offices/list/ocr/504faq.html

IDEA ‘97
• Addressed school climate and discipline
• Emphasized participation in state and district-wide assessments
• “access in the general education curriculum to the maximum extent possible”
• “supporting high quality, intensive professional development…”

No Child Left Behind Act 2001 (NCLBA)
• accountability for results
• increased flexibility for states and communities
• using proven education methods
• increased school choice
http://www.ed.gov/nclb/overview/intro/4pillars.html

Individuals with Disabilities Education Improvement Act (IDEA 2004)
• Funds for “Early Intervening Services”
• alternate assessment aligned to state challenging content standards
• Changes in eligibility for specific learning disabilities
• Membership of IEP team clarified
• Established transition services to include academic and functional achievement.

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Appendix 2: Types of occupational therapy interventions

**Therapeutic use of self:**
- refers the therapist’s “planned use of his or her personality, insights, perceptions, and judgments as part of the therapeutic process”. (AOTA 2002).

- This intervention might be seen when a therapist works with a teacher or parent to help them view a child’s responses in a different manner.

**Therapeutic Use of occupations and activities:**
- Occupation-Based activity occurs in the settings where students need to build their skills, such as on the playground during recess, moving in a line between classes, or in the cafeteria during lunchtime.

- Purposeful Activities are use for students when requisite task skills components need to be addressed before functional change can be seen in real-life settings. These typically take place in a more traditional therapy setting or as an alternative classroom activity in individual or small group formats to practice skills before trying them out in the actual setting. These activities might include role playing, pre-teaching a song-and-movement activity, or learning to follow visual direction strips for a color-cut-paste task.

- Preparatory methods are used to help ready the student for other activities and might include some warm-up movements to help the student be alert and attentive, providing a splint or support for an unstable or weak hand, or providing range of motion before a dressing activity.

**Consultation Process:**
- is frequently used in the school setting, where the therapists works collaboratively with the client (student, teacher, school program) to help develop solutions that can be applied directly in the classroom or across the school day. Consultation services include assisting with program design and helping adapt them as they are implemented.

**Education Process:**
- Training and information sharing regarding the use of occupation and activity rather than the actual performance. Teaching a paraprofessional about how a visual deficit can affect what the child can see on a worksheet, explaining to a teenager why a fitness program may help them manage their anger or depression, or discussing how a highlighting text reader can help a student with disabilities are examples of occupational therapy educational interventions.
Appendix 3: Selected IDEA 2004/ Vermont Department of Education Regulations Concerning Transition

Transition from Part C to Part B (Early intervention to essential early education) at age 3
- The LEA participates in transition planning before age of 3
- An IEP has been developed and implemented by a child’s 3rd birthday
- “recommended that school district personnel have an ample opportunity to develop a relationship with the incoming child and family 90 days to 6 months prior to the child’s 3rd birthday” (Vermont department of education Early Ed Links newsletter)

Transition to Kindergarten
- Other individuals with knowledge or special expertise regarding the child may be included in the meeting.

Transition from secondary school beginning at age 16
Transition Services mean a coordinated set of activities for a child with a disability that:
- is designed to be within a results oriented process that is focused on improving the academic and functional achievement of a child with a disability to facilitate the child’s movement from school to post-school activities, including ....integrated employment, adult services...independent living and community participation
- Based on individual needs, taking into account a child’s strengths, preferences, and interests,
- Includes instruction, related services, community experiences, the development of employment .. objectives, and, when appropriate, the acquisition of daily living skills and functional vocation evaluation.


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Acknowledgments:

This project was completed in 2007 in partial fulfillment of requirements for a post-professional Master of Science degree at the University of New Hampshire. The following individuals were instrumental in helping me see this activity to completion:

My project advisors, Barbara Prudhomme-White and Shelley Mulligan, who challenged me and helped see this into its final format.

My close friend and colleague, Kerstin Baun, who was a constant and willing sounding board providing unending encouragement.

My Hartford support system, Jo-Anne Unruh, Catherine Bell, and Linda Mulley.

My TRIPSCY project colleagues, Marie Macleod and Marie Christine Potvin, who helped provide the statewide perspective and context for this material.

Leslie Jackson, mentor and guiding light whose vision has brought so much opportunity to a generation of school-based occupational therapists.

And finally, my mother, Ruth Bell Skogerboe, and my stepfather, Rodney Skogerboe, for their constant support and love.

These green hills and silver waters are my home. They belong to me.
And to all of her sons and daughters May they be strong and forever free.

Let us live to protect her beauty
And look with pride on the golden dome
They say home is where the heart is
These green mountains are my home.

These green mountains are my home.

Official song of the state of Vermont