

Schools for All Children

Spring 2011

The Los Angeles Unified School District's Position Paper Occupational Therapy Program

BACKGROUND

The profession of occupational therapy involves skilled treatment that helps individuals across their lifespan achieve independence in all areas of their lives. Occupational therapists are skilled, degreed and licensed professionals whose education encompasses occupational science, human growth and development with specific emphasis on social, emotional, and physiological effects of illness and injury. In the public schools, occupational therapy enhances the student's ability to function within the educational environment. Occupational therapists use techniques that correct, facilitate or adapt the student's functional performance in postural stability, sensory registration and processing, motor planning, fine motor, activities of daily living, social play/organization of behavior, and environmental adaptations/assistive devices.

The federal regulations define "occupational therapy" as services provided by a qualified occupational therapist that include: (i) improving, developing, or restoring functions impaired or lost through illness, injury or deprivation; (ii) improving ability to perform tasks for independent functioning when functions are impaired or lost; and (iii) preventing, through early intervention, initial or further impairment or loss of function (34 C.F.R. 300.16[b][5]).

California Code of Regulations, Title 5, Section 3051.6, provides:

"...occupational therapists shall provide services based upon the recommendations of the individual education program team."

California law and regulations set forth required qualifications for occupational therapist. Occupational therapists must (1) have graduated from an accredited school, (2) be currently licensed by the State of California (Business and Professions Code Section 2570-2570.32) (3) be currently registered with the National Board for Certification of Occupational Therapy.

With the public schools, occupational therapy services include the following;

- To improve a student's ability to independently perform tasks at school, if functions are impaired or lost and limit access to the least restrictive environment.
- To improve, develop or restore functions related to participation and performance in the school setting

In the state of California delineation exists between medical and school based services, California Children’s Services provides occupational therapy to children with qualifying medical diagnoses when therapy services are deemed “medically necessary.” Public school Districts such as Los Angeles Unified District provides occupational therapy that is deemed educationally necessary. California Gov. Code § 7575.

School occupational therapy services are available for students with special education eligibility. The school occupational therapist works with the IEP team in identifying supports that facilitate student’s access to the curriculum, and barriers that preclude participation in his educational program. Within Los Angeles Unified School District, school occupational therapist participates in the identification of appropriate referrals, assessment, and student program planning. The occupational therapist develops and implements intervention, and collaborates with the educational team members.

PURPOSE

The purpose of this document is to identify program guidelines that clarify the array of occupational therapy services (OT) provided to students within the Los Angeles Unified School District (LAUSD). Service delivery models for OT will be described and aligned with the three-tiered models of prevention and intervention. In addition, this paper will describe occupational therapy intervention strategies within special education.

- Section I: Pre-referral Response to Instruction and Intervention (RtI²)
- Section II: Assessment and Need for Occupational Therapy services
- Section III: Occupational Therapy Intervention Strategies within Special Education
- Section IV: Occupational Therapy Service Completion Guidelines

Under the state laws, occupational therapy is defined as a designated instruction and service (DIS) in the school setting. Designated instruction and services, as specified in the individualized education program, shall be available when the instruction and services are necessary for the pupil to benefit educationally from his or her instructional program. The instruction and services shall be provided by the regular classroom teacher, the special education teacher, or the resource specialist if the teacher or specialist is appropriate to provide it, and if the provision of such instruction and services by the teacher or specialist is feasible. If not, the appropriate designated instruction and services specialist shall provide the instruction and services.

POSITION

The District believes that in an effort to ensure a successful school experience for all children:

- The sensory motor needs of students with significant sensory motor delays will be addressed early in their education.
- A determined appropriate, students with significant sensory motor delays will
 - ✓ Participate in an intervention program for a specified period of time;
 - ✓ Have their progress assessed and monitored; and
 - ✓ Have their response to the provided interventions be evaluated for effective progress or a need for an occupational therapy evaluation.
- A parent may, at any time, request a occupational therapy evaluation. Upon receipt of the request, the District will follow special education policies and procedures for attending to

the parent's request.

- Students found eligible for special education services due to sensory motor delay will have an Individualized Educational Program (IEP) that focuses on the development of functional and academic skills to access achievement in the educational program.
- Students will be empowered to take an active role to participate in their educational program and to attain the skills to be able to successfully participate in community and postsecondary education.
- Students receiving Occupational Therapy services will have the opportunity to participate with their non-disabled peers.

SECTION I

PRE-REFERRAL AND RESPONSE TO INSTRUCTION AND INTERVENTION (RTI²)

Response to Instruction and Intervention (RtI²) is a systemic multi-tiered framework that guides the development of a well-integrated and seamless system of instruction (e.g. literacy, numeracy, language development, and positive behavior support across content areas), and intervention that is matched to student need and directed by student outcome data from multiple measures. (BUL-4827.1 Multi-Tiered Framework for Instruction, Intervention, and Support)

The RtI² framework establishes a process for providing increasing levels of instructional time and intensity whereby the needs of all learners are identified, supported early, and effectively, and high performing students have access to acceleration in learning. The RtI² framework is based on the provision of good, quality, first instruction and the use of data to identify students for appropriate acceleration and interventions. RtI² implementation is everyone's responsibility and advances student achievement through frequent progress monitoring, ongoing data collection and analysis as well as the provision of immediate, evidence-based intervention for students who need it. For the school based provider, this may include consultation regarding the normal acquisition of motor skills and monitored interventions.

The five essential components of RtI²:

- Multi-tiered framework to instruction and intervention
- Problem-solving progress
- Data-based decision-making
- Academic engaged time
- Professional development

In a multi-tiered approach to instruction and intervention, teachers provide instruction at each tier of service that is differentiated, culturally responsive, data-based and aligned to the grade-level content standards. All students should have universal access to high-quality instruction. The occupational therapist is an integral part of the RtI² process in the general education setting. By participating in this intervention approach, the occupational therapist contributes expertise to the problem solving process and provides strategies for any student who may evidence challenges in the area of motor development. The problem solving process requires a step-by-step focus to define the problem, analyze the problem, implement intervention strategies, and evaluate the response to the instruction and intervention.

Tier 3: Intensive Instruction and Intervention

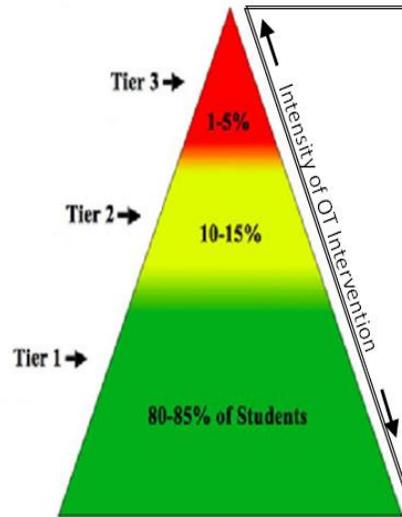
“Intensive Intervention,” is for an estimated 1-5% of students who need individualized and/or very small-group instruction that is highly focused, in addition to Tiers 1 & 2, and designed to accelerate student progress.

Tier 2: Strategic or Supplemental Instruction

It is expected that 10-15% of students will need additional time and type of instruction to learn successfully.

Tier 1: Core Instruction

It is expected that of all of the students receiving core instruction, 80-85% of students will be proficient when good first instruction is delivered.



A Problem Solving Cycle in General Education

Identification

Occupational therapists may be called upon to assist in the identification of sensory motor and educational access issues students may be experiencing.

Problem Analysis

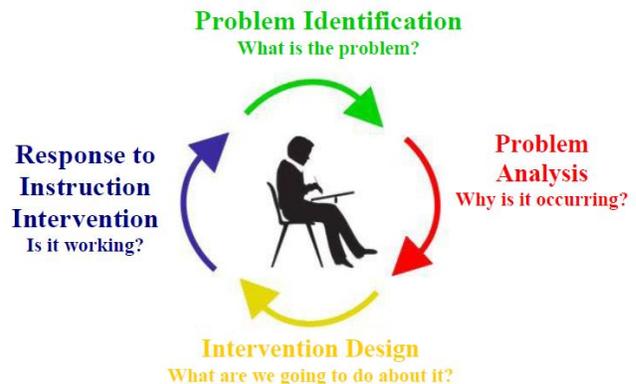
Occupational therapists are highly trained experts in the identification of sensory motor and educational access issues students may be experiencing.

Intervention Design

Occupational therapists will assist the educational team with strategies and accommodations for children with disabilities.

Response to Instruction and Intervention

Occupational therapists will also assist the educational team with progress monitoring, ongoing data collection, and analysis to continually to determine the level of intensity and support necessary for individual students.



Intervention Strategies

Tier 1: Core Instruction

During Tier 1, consultation is focused on increasing the general knowledge base of teachers regarding motor development, impairments and relationship to curriculum and function in the school environment. At this level of services students have not been identified as requiring occupational therapy services. This support is provided by the following means:

- In-services are given to teachers to provide general guidelines for typical motor development (fine motor, visual motor, sensory motor), and suggestions for incorporating skill-building activities to improve motor function in the classroom
- Activities that are demonstrated by the therapist are implemented by classroom staff
- Provides ideas for setting up the classroom student success
- Therapists assist with environmental accommodations for students to access the curriculum, classroom, and campus.

Tier 2: Strategic or Supplemental Instruction and Intervention

During Tier 2, it is the responsibility of the occupational therapist to screen a student for possible motor delays. Screenings are conducted in a natural environment to elicit a representative sample of the student's motor abilities. Screenings must not involve pull-out or any activity which removes the student from his/her regular school activities. Screenings may include observation of a student in a peer group if the observation does not in any way identify or single-out the student as the one who is being observed.

Typically, the occupational therapist functions as a school team participant to provide one or more of the following screening activities:

- Observes the student in the classroom and/or other environments
- Consults with parents, teachers, and other school staff regarding concerns about the student
- Reviews teacher data regarding the outcomes of classroom accommodations from Tier 1
- Provides follow-up screening, as appropriate
- Review educational records

Several outcomes may follow the screening; the occupational therapist may:

- Provide information to the teacher, school staff or parent to support the determination that the student's sensory motor abilities are adequate to access their educational opportunities
- Provide recommendations for targeted interventions or program accommodations to be implemented and documented by the classroom teacher and/or parents

It is recommended that interventions and their outcomes be documented for a reasonable period of time.

Tier 3: Intensive Instruction and Interventions

During Tier 3, the occupational therapist provides follow-up consultation and monitoring to the classroom teacher, staff, and parents if during the SST meeting, targeted intervention strategies

and accommodations are deemed necessary based on identified goals. The purpose is to focus on specific motor skills required for the student to access the educational program.

It is the responsibility of the classroom teacher to implement and document progress for the recommended targeted interventions. It is the responsibility of the occupational therapist to consult with the classroom teacher and/or parent on a regular basis to monitor the recommended supports and accommodations and to adjust those recommendations as needed. Tier 3 continues as long as the student continues to make progress in the development of the targeted skills.

If a student continues to struggle with motor skills after targeted interventions and accommodations are in place and documented for a reasonable length of time (as determined by the SST), a referral for a special education evaluation will be made.

SECTION II ASSESSMENT AND NEED FOR SERVICES

The mission of the Division of Special Education is to provide leadership, guidance, and support to the school community in order to maximize learning for all students within an inclusive environment so that each student will contribute to and benefit from our diverse society.

The purpose of an initial special education eligibility evaluation is to determine whether a child has a disability and the nature and extent of the special education and related services that the child needs (34 CFR § 300.15). This evaluation may or may not include an occupational therapy assessment depending on the areas of concern.

Possible indicators for an occupational therapy referral include students who demonstrate problems in several areas:

- Difficulty learning new motor skills (circle time, physical education)
- Poor organization and sequencing of school related tasks
- Poor hand use relating to functional use of tools for eating and writing to achieve standards
- Poor attention to school tasks associated with sensory processing
- Over or under reaction to textures, movement or touch, which impacts the child's ability to participate in their curriculum
- Poor eye-hand coordination or difficulty copying from the board or textbook

Occupational therapists assess the child's strengths and needs (foundational components) that support or limit his participation at school and access to the curriculum. OT analyzes the environment, the curriculum and tasks, in order to determine if the child is able to successfully participate in his educational program.

Foundational components include: postural stability; sensory processing; motor planning; fine motor; visual motor and perception; social/play abilities; task completion and organization; and environmental adaptations and modifications.

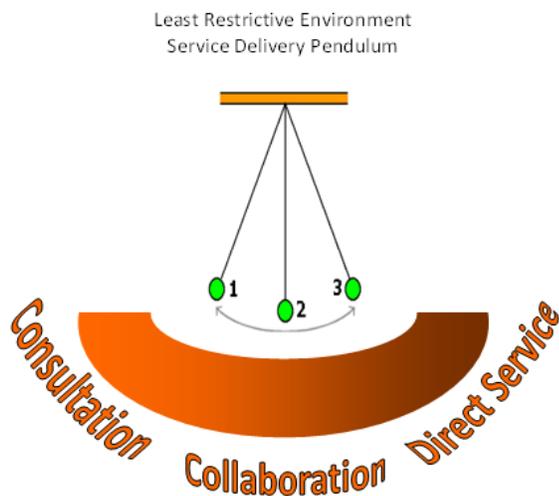
Upon parent permission to assess, a school occupational therapist completes an assessment. If the child is supported within his educational environment and is accessing and benefitting from his curriculum, occupational therapy is not required. If needs are identified in accessing and making progress in his curriculum, occupational therapy is recommended as a related service. The therapist uses his professional expertise and scientifically based research to determine the intensity and frequency of intervention.

SECTION III SERVICE DELIVERY MODELS WITHIN SPECIAL EDUCATION

Occupational therapy services include special education intervention in the areas of postural control, visual motor, sensory motor, fine motor and adaptive behavior following a comprehensive assessment by an occupational therapist. It is the position of the District that occupational therapy intervention is dynamic and is implemented using an array of service delivery models which change as the needs of the student change to meet his ongoing needs to access his core curriculum. The occupational therapist designs evidence-based educational programs school-wide in the least restrictive environment to meet students' needs throughout the school year. No one service delivery model is necessarily used exclusively during intervention.

Occupational therapy services are defined as a continuum of intervention strategies including individual and/or small group, consultation, monitoring and collaboration in order to achieve the desired goals for the child. All strategies consist of the therapist working directly with the student to one extent or another. Treatment session time, frequency, and location of service are determined on an individual basis. Treatment may also be provided as co-treatment with other related services (physical therapy, adapted physical education, and speech and language therapy). The OT designs data-based intervention in the least restrictive environment to meet students' needs throughout the school year.

The District supports a variety of strategies for the delivery of OT services. Services may fall into these 3 categories and like a pendulum, service delivery may swing back and forth between more intense to less intense depending on the level of support needed at any given time to meet the student's core academic program needs:



- **Consultation** is a service provided directly and indirectly to the student consisting of regular review of student progress, student observation, accommodations and modifications or core material, developing and modeling of instructional practices through communication between the general education teacher, the special education teacher, parent and/or related service provider.

- **Collaboration** is a service by which general education teachers, special education teachers and/or related service providers work together to teach students with and without disabilities in the classroom. All are responsible for direct instruction,

planning and delivery of instruction, student achievement, progress monitoring and discipline to support the student goals and objectives and to access the curriculum.

Direct Service is instruction or service by a single special education provider designed to support, bridge and strengthen student skills. It is an opportunity to provide specific skill instruction, re-teach, pre-teach, and scaffold instruction to support student goals and objectives and to access the curriculum.

All providers are expected to report progress of students with disabilities, on their caseload, toward meeting IEP goals and objectives. Providers should coordinate with the school site to ensure they are following the school site procedures for reporting.

SECTION IV OCCUPATIONAL THERAPY SERVICE COMPLETION GUIDELINES

Best practices require that expected outcomes and service completion guidelines are discussed with the IEP team upon the initiation of OT services and upon change in services. The recommendation for continuation or discontinuation of occupational therapy services is determined by the expertise of the occupational therapist professional in collaboration with the IEP team. There are several factors the IEP teams should consider when making decisions regarding occupational therapy service completion.

1. The student's needs being addressed by occupational therapy no longer negatively affect his educational performance in the regular education or special education program.
2. The student no longer requires OT as a DIS service in order to benefit from his special education program.
3. The student consistently demonstrates behaviors that inhibit progress in occupational therapy such as lack of cooperation, motivation, or chronic absenteeism. In these circumstances the IEP team should consider the initial eligibility decision since these behaviors may reflect social maladjustment, environmental, cultural, or economic factors rather than an actual disability. The IEP team may also explore alternative services or strategies to remedy the interfering behaviors or conditions.
4. The student's needs will be better served by an alternative program and/or service, as determined by the IEP team.
5. Therapy is contraindicated because of the change in medical or physical status.
6. The student graduates from high school.
7. The student reaches the age of 22 years.

RELATED RESOURCES

REF-4984.1 *Implementing a Multi-Tiered Framework for Instruction, Intervention, and Support* dated March 19, 2010, issued by Los Angeles Unified School District Office of Curriculum, Instruction and School Support.

American Occupational Therapy Association. 2008. *Occupational therapy practice framework: Domain & process*. 2nd ed. Bethesda, MD: American Occupational Therapy Association. American Journal of Occupational Therapy.

California Department of Education. 2010. *Guidelines for Occupational Therapy and Physical Therapy in the California Public Schools*. 2nd ed. Sacramento: Department of Education.
Elliott, Judy. *Response to Intervention: What & Why?* The School Administrator. September 2008.

Los Angeles Unified School District, Division of Special Education. 2007. *Special Education Policy and Procedures Manual*. Los Angeles, CA: Los Angeles Unified School District.

Los Angeles Unified School District, Related Services Intranet. *Occupational Therapy, Physical Therapy and Assistive Technology Toolkit*. Accessed 2/7/11.

ATTACHMENT A

Fine and Visual Motor Developmental Milestones

Between Ages Three and Four	<ul style="list-style-type: none">• Buttons in less than 30 seconds• Unbuttons (simple fasteners) quickly• Draws a person-3 body parts• Builds a tower of six cubes• Imitated vertical stroke; copies circle; copies a cross• Traces a line• Grasps a marker with thumb and index finger moving hand as a unit• Cuts 8.5 inch paper in half; cuts on curved line• Laces string into 3 holes/strings beads• Puts together simple 3 piece or inset puzzle• Colors within ¼ inch of line• Drops small object into a jar
Between Ages Four and Five	<ul style="list-style-type: none">• Touches finger to thumb quickly• Colors between lines• Draws person with face including mouth, nose, and eyes• Builds steps with blocks, then a pyramid• Copies square• Connects 2 dots Holds crayon well• Uses scissors• Cuts a large circle, then cuts a square within ¼ inch of line• Completes puzzle to 20 pieces• Colors almost within lines of 4 inch circle• Folds 2 pieces of paper in half lengthwise
Between Ages Five and Six	<ul style="list-style-type: none">• Dresses and undresses without assistance, begins to ties shoes• Prints some letters• Draws a person with 6 body parts• Builds 5 block bridge (from model)• Copies a triangle• Prints some letters, copies first name (may have reversals, large letters)• Mature tripod/functional grasp• Cuts out complex pictures following outlines• Cuts cloth and other material• Puts together complex/interlocking puzzle (10 piece inset puzzle)• Folds pieces of paper in half

Between Ages Seven and Ten	<ul style="list-style-type: none"> • Can tie knots • Puts together intricate construction pieces • Uses hole punches, staplers, glue, scissors • Uses keyboard and mouse (may not use typing technique) • May develop specialized skill (e.g. piano or needlework) • May begin to play musical instrument and build things • Ages 8-9: Writes in cursive (learns in 3rd grade)
Ten Plus	<ul style="list-style-type: none"> • Increased typing speed and motor skills for computer use • Tool use for science activities and for other projects • May be more clumsy with puberty

ATTACHMENT B
Play Milestones

Between Ages Three and Four	<ul style="list-style-type: none"> • Play cooperatively with others (shares, taking turns) • Plays with an adult (table top, outdoor, singing game) • Share toys/equipment with another • Transfers from one activity to the next • Performs/attempts new activity • Imagines-assumes familiar roles • Uses words to communicate with peers • Associative play; similar activities with 2-3 peers, more interest in peers than play
Between Ages Four and Five	<ul style="list-style-type: none"> • Participates in cooperative play with other children (e.g. takes turns) • Uses basic playground equipment • Independently tries out new activities • Follows defined rules whether or not authority figure is present • Created own activities • Imagination is prominent-uses real world, uses knowledge to make up new situation • Talkative, plays with words, communicates to organize activities
Between Ages Five and Six	<ul style="list-style-type: none"> • Displays good sportsmanship, win or lose • Plays group games; follow rules • Complex imitation of the real world, strong imagination, reconstructing real world • Uses words as part of play, to organize play, asks relevant how/what questions • Cooperative play; compromises for the sake of the group; competitive games
Between Ages Seven and Ten	<ul style="list-style-type: none"> • Friends are typically of the same sex • Resolve conflicts with peers • Begin to see point of view of others more clearly
Ten+	<ul style="list-style-type: none"> • Begin to rethink interactions with opposite sex, including parents • Complex group games, organized sports or activities common • Personal interests developed, tastes and skills already defined

ATTACHMENT C
OT Problems and Strategies Chart

Type of Problem	Strategies
Motor Planning: Learning new motor skills	<ul style="list-style-type: none"> • Uses pictures (e.g. stick figures) • Have child repeat steps/directions aloud • Model steps/body movements (e.g. Follow the Leader) • Uses action songs
Organizing/sequencing school (and home) related tasks	<ul style="list-style-type: none"> • Have child repeat step/directions aloud • Use checklists (e.g. morning routine) • Use schedule • Use pictures for steps of an activity or to illustrate schedule

Type of Problem	Behaviors	Strategies
Hand skills relating to use of tools for eating, coloring, writing, and cutting	<p>Draws or colors too lightly</p> <p>Has trouble feeding self</p> <p>Uses awkward grasp on pencils, crayons</p>	<ul style="list-style-type: none"> • Play games with small pieces • Use small/shortened writing tools • Use one hand to pick up coins in a slot • Play games that involve using fingers to twist (e.g. wind up toys) • Tear paper for art projects • Try pencil grips • Write/work/do activities on vertical surfaces by using an easel or taping work onto the wall • Do work or play games while lying in floor on stomach • Do wall push ups; while standing, place hands in wall and push • Do chair push ups; while sitting, hold sides of chair with both hands and push body up • Do animal walks, wheelbarrow walks • Throw a heavy ball overhead • Carry heavy boxes, push classroom furniture • Do classroom jobs, such as put chairs up on desk, open doors, wipe tables

Type of Problem	Behaviors	Strategies
Writing, copying, drawing	<p>Difficulty writing on the lines of notebook paper</p> <p>Has trouble forming letters (e.g. shape, size)</p> <p>Does not leave spaces between words</p>	<ul style="list-style-type: none"> • Play pencil and paper games (e.g. dot to dot, hidden picture) • Color by number activities • Draw letters in sand or shaving cream • Print over bumpy surface such as sand paper • Use pipe cleaners to form letters • Draw rainbow letters-write letter in one color, have student trace letters in different colors • Practice letters with alphabet stencils • Highlight lines on paper • Use graph paper • Use slanted surface; make a “desktop easel” by placing an empty, large 3 ring binder horizontally on work surface, so that the surface inclines
Poor attention for school or home related tasks	<p>Has trouble finishing assignments</p> <p>Difficulty listening to class discussion</p> <p>Fidgets or appears to be in constant motion</p>	<ul style="list-style-type: none"> • Give reminders to sit up tall (e.g. make sure feet touch floor) • Allow movement breaks during activity for 2 to 3 minutes • Use timer to let the children know how long they are expected to work • Allow child to work in different positions (e.g. stand at table or lie on stomach to complete desk work)
Over or under reaction to different textures	<p>Likes getting messy or avoids doing messy activities</p> <p>Hits others when they get close</p>	<ul style="list-style-type: none"> • Activities that involve the sense of touch (e.g. play-doh, shave cream; involve the child in some simple steps of cooking) • Avoid unwanted touch by allowing child to be first or last in the line