

Technical Assistance Paper

309515

Issues in Physical and Occupational Therapy**Individual Educational Plan Issues**

Individuals with Disabilities Education Act (IDEA) requires that an Individual Educational Plan (IEP) or a Family Support Plan be developed for each student receiving special education. The IEP/Family Support Plan is a document written by a multidisciplinary team describing the special education and related services the student will receive. The team, including parents, works together to agree on the nature of the disability, student goals, specific services the student will receive, and the setting in which they are to be provided. If the student has been found eligible for therapy, the therapist assists in the development and implementation of the IEP/Family Support Plan. The therapist should explain how the evaluation of therapy need addresses the educational needs of the student and justify how therapy recommendations will assist the student in making educational progress.

1. Does the therapist have to attend the IEP/Family Support Plan meeting?

No. However, if a student is to receive therapy, it is best practice for the therapist to be a vital part of the IEP/Family Support Plan team and help in identifying the student's goals and objectives. If the therapist is unable to attend the meeting, s/he should provide the team members with the information necessary to make decisions about the student's goals and objectives.

2. Does the therapist sign the IEP/Family Support Plan?

The therapist may sign the IEP/Family Support Plan if present at the IEP/Family Support Plan meeting. Signing the IEP/Family Support Plan indicates attendance at the IEP/Family Support Plan meeting.

3. Is the therapist held accountable for a student not achieving the IEP/Family Support Plan goals?

No. The therapist is responsible as a professional for carrying out therapy as agreed upon during the IEP/Family Support Plan meeting. The therapist is not accountable if a student fails to achieve goals and objectives on the IEP/Family Support Plan. Professionally, the therapist would be aware of lack of progress and make changes to the student's program based on the student's need.

4. How does the therapist decide how much time to provide therapy?

The IEP/Family Support Plan team makes this decision with input from the therapist. The therapist may be asked to make a recommendation of the projected amount of time the student would need to accomplish the objectives of therapy. Such a recommendation would be based on the student's need as indicated on the Criteria for Educationally Relevant Therapy (CERT) or other evaluation tools that indicate need for therapy.

5. What determines if a goal is educationally relevant?

Educational relevance and meaningfulness is derived from what services the student needs to benefit from his or her educational program. For this reason what may be educationally relevant for one student would not necessarily

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be educationally relevant for another student. Having goals and objectives that are mutually agreed on by the entire educational team helps assure that the therapy is educationally relevant. Meaningful objectives should have obvious relevance to a student's educational needs and should describe the student's performance clearly enough to preclude misinterpretation.

6. What information regarding therapy is included on the IEP/Family Support Plan?

The IEP/Family Support Plan contains therapy goals and objectives for the individual student that will allow the student to benefit from special education. The plan of treatment is more detailed and serves as the intervention plan to accomplish the student's goals and objectives on the IEP/Family Support Plan. Progress notes detail the results of carrying out the plan of treatment for meeting the goals and objectives of the IEP/Family Support Plan. Therapists maintain the treatment plan and progress notes.

7. How are OT and PT goals integrated into a student's IEP/Family Support Plan?

The IEP/Family Support Plan may address goals and objectives in one or more of five domains, i.e. Curriculum and Learning Environment, Social/Emotional Behavior, Independent Functioning, Health Care and/or Communication. Within each applicable domain, goals and objectives reflect the student's needs with outcomes that may require the collaborative efforts of several professionals in the student's environment. For example: An objective for a student is that s/he sign his or her name. The therapist may address the mechanics of handwriting while the teacher addresses recognition and formation of letters in the student's name. Once both professionals have taught the necessary components, the objective can be accomplished from the "parts making a whole."

8. How descriptive does an IEP/Family Support Plan have to be?

The IEP/Family Support Plan should give a person enough information to recognize where the student is presently functioning, what the student needs to benefit from an educational program, and how the goals and objectives are to be achieved. Indication of general areas of functioning and need should provide information that could be used by someone unfamiliar with the student to determine a starting point in developing programming for the student.

**Supervision of Certified Occupational Therapy Assistants (COTAs)
and Physical Therapist Assistants (PTAs)**

COTAs and PTAs may provide therapy to students under the direction and supervision of an occupational therapist (OT) or a physical therapist (PT) respectively. Both Chapters 468 and 486 of the Florida Statutes define an assistant as a licensed person who can assist in the practice of the specified therapy. These chapters also define supervision as providing both initial direction in developing a plan of treatment and periodic inspection of the actual implementation of the plan. The supervising therapist need not always be physically present or on site when the assistant is performing the services, but the therapist must be available for consultation and direction as needed by the assistant.

9. What functions can the COTA or PTA perform in providing therapy services in the educational setting?

An assistant assists the therapist in the provision of therapy. The assistant may perform therapy procedures and related tasks that have been selected and delegated by the supervising therapist. This usually consists of carrying out the plan of care as developed by the therapist, notifying the therapist of any changes in the student's performance, documenting attendance, and keeping a record of the treatment or progress notes. The assistant may modify a specific treatment procedure in accordance with changes in student status within the scope of the established treatment plan. There should be regularly scheduled and documented communication between the therapist and the assistant, the frequency determined by the student's needs and the assistant's skill level.

10. What supervision is recommended for the PT or OT to provide to the assistant?

Supervisory visits should be made at a minimum of once a month and more often if needed. When the therapist and assistant are not in the same physical setting, supervision of the assistant requires the therapist to be accessible

at all times by telecommunication (telephone, e-mail, etc.) while the assistant is providing therapy. The therapist must be readily available for consultation during the delivery of care and shall be within the same geographical location (school district) as the assistant. There should be regularly scheduled and documented communication between the therapist and assistant, the frequency determined by the student's needs and assistant's skill level. The therapist will make an on-site visit when the assistant requests a student's re-evaluation, when a change in treatment plan is needed, when the student's medical status changes, or prior to any planned dismissal. A supervisory visit should include an on-site reassessment of the student and review of the plan of care with revisions, if indicated.

11. Can the COTA or PTA sign the IEP or FSP?

Yes. Persons sign the IEP or FSP to indicate that they were present at the meeting. Signatures do not indicate agreement or active participation in the meeting. Everyone working with the student should have input on the goals and objectives developed for the student during the meeting. The therapist should have primary responsibility for collaborating with the IEP/Family Support Plan team as to which student therapy goals and objectives might be appropriate in helping the student achieve his educational goals.

12. Who writes the OT or PT goals for the IEP/Family Support Plan?

The IEP/Family Support Plan committee writes the student's IEP/Family Support Plan goals and objectives. Goals are not written as PT or OT goals, but rather student goals which reflect the educational needs of the student. If an assistant is involved in providing therapy for the student, it would be appropriate for the assistant to provide input to the therapist before the therapist writes the plan of treatment which is based on the student's IEP/Family Support Plan goals and objectives.

Provision of Services Issues

Therapy services are provided in a variety of locations and in varying lengths of time depending on the needs of the student. Special education is determined by the IEP/Family Support Plan team with input from parents and professionals who have evaluated the student or are familiar with the needs of the student. Therapy services include evaluation and instruction of the student. Evaluation of instruction provided and progress made should be continuous and on-going.

13. What are the district's responsibilities if they cannot find a therapist and therapy is listed on the student's IEP/Family Support Plan?

Technical Assistance Note No. FY 1991-5 *Parent Notification of Interrupted IEP/Family Support Plan Services* explains the responsibility of the district to provide written notice to parents when a change of services is proposed. It is recommended that the district keep the parent informed of attempts to recruit therapists and of on-going efforts to alleviate the interruption of services. Locating appropriate therapists may include obtaining private services on contract.

14. Can a therapist provide consultative services?

Therapists may provide consultative services as indicated by the IEP/Family Support Plan committee.

15. Can students be grouped for therapy? How many students?

Therapy should meet the needs of the individual student. Group therapy may be appropriate to certain goals and objectives and is a viable service delivery option for some students. The number of students in a group depends on each student's individual needs and the ability of the therapist to provide for the objectives. The collaborative integrated therapy service delivery model lends itself to small group interventions in the classroom. Note: Physical therapy and occupational therapy services for which Medicaid is billed must be individual therapy, not group therapy.

16. While providing therapy to eligible students in a group setting, can the therapist include students who are not eligible for therapy?

It is permissible to include non-disabled peers in therapy with students with disabilities. All students benefit from the interactions. It is, as well, one way to implement a consultative delivery model.

17. Is a district obligated to reimburse a parent for private therapy?

No, if the parent chooses private therapy instead of, or in addition to the school-based therapy provided by the school district then the parent is responsible for payment.

18. May a therapist provide therapy to a private school?

Therapy may be provided to a private school student if that student is receiving some special education services from the district and the staffing committee and the IEP/Family Support Plan team determine that therapy is a needed educationally relevant related service. Therapy services are not provided at the private school site but rather a public school site at the district's option.

19. Is the therapist liable if a student is injured using equipment or adaptations the therapist has set up?

Therapists are no more liable than any other district personnel who are performing their duties in accordance with standard professional procedures, district policies, and in a reasonable manner. Anyone who is negligent or wrongful in their actions toward a child could be found liable.

20. How do district personnel, including therapists, respond to Do Not Resuscitate (DNR) orders?

Do Not Resuscitate orders should be handled by the school district through a written policy procedure. The school district should provide parents who present such orders with a written copy of school board policy. School board policy could state that in the case of emergency situations, provisions are in place that ensure that emergency procedures are initiated that would alleviate potential danger to the student and that emergency medical personnel are contacted. As soon as emergency medical (non-school) personnel arrive on the scene, any DNR orders for an individual student are presented to them. The non-school medical personnel make the DNR decision.

21. What if the therapist does not recommend therapy and an administrator demands it?

Determination of the need for therapy is the decision of the IEP/Family Support Plan team to which the therapist should contribute. A school administrator may contribute to the IEP/Family Support Plan development, but may not unilaterally require or deny therapy to any child.

22. Are there case load formulas that can be followed?

Determination of caseloads is influenced by many factors and depends on the frequency and intensity of assessments and intervention provided, documentation required by the school district, and travel time. The reference "Example of a Formula for Determining Caseload" adapted from *Guidelines for Occupational Therapy Services in School Systems*, American Occupational Therapy Association, Inc., 1986 offers some guidelines, but does not take into account integrated and classroom therapy models.

23. Can a therapist refuse to provide a feeding program to a student who is a possible aspirator?

A therapist may not refuse to provide a therapy program agreed upon at the IEP/Family Support Plan meeting. If the therapist suspects that a student on a feeding program is aspirating, the physician of record should be contacted immediately and concerns discussed and documented. A request for an evaluation and a prescription specific to the feeding program could be requested from the physician.

- 24. If a parent or outside agency asks the therapist to recommend specific equipment or private therapy, what are the therapist's obligations to the school district?**

Therapists, in their professional capacity may make suggestions, recommendations and referrals on request. However, the therapist should be clear to the requester that the recommendation is based on professional expertise and professional opinion and may not be a determination of educational need by the IEP/Family Support Plan committee. Great caution should be taken in making any recommendations for equipment or services not agreed to by the IEP/Family Support Plan team. School districts are only responsible for providing the equipment and services specified in the IEP/Family Support Plan.

- 25. Is the therapist liable if a teacher places a student in a piece of equipment designed for another student?**

No, one person is not liable for the actions of another person.

- 26. Does a therapist have to provide therapy to a three to five year old whose parents decline school placement?**

If the three to five year old child is receiving special education services from the district at a nonpublic school site and therapy is recommended on the IEP/Family Support Plan, then the therapist would provide therapy services. If the child is eligible for special education services, but the parents have declined services no matter the site, then therapy is not provided.

- 27. If a parent is requesting a specialized type of therapy (Sensory Integration or Neurodevelopmental Therapy), must the school district provide it?**

A parent request does not require that the service be provided. The IEP/Family Support Plan team which includes the parent(s) makes the decision of services to be provided. If the IEP/Family Support Plan team makes a recommendation for a specialized type of therapy, then it is the responsibility of the school district to provide or pay for the service.

Eligibility and Dismissal Issues

Eligibility for therapy is determined by a staffing committee. The therapist provides evaluation information which the committee reviews along with other pertinent information. Prior to evaluation, an ESE referral is required for a physical/occupational therapy evaluation of a student in an ESE program. A medical referral is not required for an occupational therapy evaluation. However, the State Practice Act requires a medical prescription for a physical therapy evaluation.

The State Board of Education Rules 6A-6.03024 and 6A-6.03025, FAC, require a medical prescription prior to determination of eligibility for physical therapy, and the plan of treatment before occupational and physical therapy services can be provided. Logistically, the therapist may receive the medical prescription before the evaluation is complete and use information from the prescription to guide completion of the evaluation. The plan of treatment is written by the therapist and specifically describes the treatment to be provided. The plan of treatment is different from the goals and objectives on the IEP/Family Support Plan in that IEP/Family Support Plan goals and objectives address the needs of the student while the treatment plan is the type of intervention to be provided to achieve the IEP/Family Support Plan goals and objectives. The treatment plan or plan of care may be compared to the teacher's lesson plans. See Technical Assistance Paper No. FY 1992-3 *Clarification of Program Requirements for Students Receiving PT or OT, or Who Are Physically Impaired*.

As defined in Rule 6A-6.03411(3)(j), FAC, dismissal is the process whereby "a student is removed from a special program." Dismissal occurs as a result of either a formal staffing to review the student's continued need for the program, or as the result of an IEP/Family Support Plan meeting at which it is determined that the student no longer needs the program. One way this could be initiated is through the re-evaluation process, in which the student's entire educational program, including therapies, is addressed. Therapists should have input in either process.

28. How does a therapist determine eligibility for therapy using the Criteria for Educationally Relevant Therapy (CERT)?

The therapist does not determine eligibility for therapy. The CERT was designed to provide information from occupational and physical therapy evaluations in a format that can be used for decision-making at the eligibility staffing and IEP/Family Support Plan development meetings.

29. Who determines eligibility for therapy?

Eligibility is determined by the staffing/placement committee.

30. How is the determination to dismiss a student from therapy made?

There are two ways in which the decision for dismissal can be made. Dismissal may occur at a formal staffing or at the IEP/Family Support Plan meeting. Criteria for dismissal are stated in the district's *Special Programs and Procedures (SP&P) for Exceptional Students* document.

31. Can an Advanced Registered Nurse Practitioner (ARNP) or a Physician's Assistant (PA) sign the medical prescription for physical therapy?

An Advanced Registered Nurse Practitioner (ARNP) practicing within an established protocol and under a supervising physician could sign the referral for physical therapy. When an ARNP signs the statement, the name of the supervising physician should also be noted on the statement. The supervising physician must be licensed under Chapters 458 (medical doctor), 459 (doctor of osteopathy), or 466, F. S. (doctor of dental medicine). A Physician's Assistant cannot sign the medical prescription for physical therapy.

32. What are the eligibility requirements for therapy for children in early intervention programs?

Pursuant to Part H of the Individuals with Disabilities Education Act, occupational and physical therapy services are included in the definition of "early intervention services." Unlike Part B, these services are not considered "related services" under Part H. Therefore, a child birth through two years of age, who is eligible for Part H services, may receive physical and/or occupational therapy in accordance with the eligibility requirements of applicable Rules 6A-6.03024 and 6A-6.03025, FAC. It would be possible for such a service to be the only service the child receives.

Miscellaneous Issues

33. Can therapy information on an individual student be shared with another district or state?

Therapy information may be shared with another district or state to which the student has transferred.

34. Can therapy information on an individual student be shared with a reporter or attorney?

Individual student information may not be shared with a reporter or an attorney without a release form signed by the parent or guardian. The parent would be responsible for releasing any information to individuals using the information for purposes other than provision of educational service.

35. How will the revised ESE/FEFP funding model address therapies?

Under the revised ESE/FEFP funding model, a matrix of services is completed on eligible ESE students to document the type and level (frequency and intensity) of services the student will receive. This funding level follows the student for the entire school day, including time spent in therapies. Consultation, integrated therapies, classroom, group and individual therapy are viable service delivery options under this revised funding model.