

Universal School Therapy



Occupational Therapy and Physical Therapy for All Children in School

May school occupational therapists and school physical therapists provide services to children who do not have disabilities or have not been referred for a special education evaluation?

School-based physical and occupational therapists may have roles in the school setting outside of the Special Education spectrum. These roles are at the universal level, such as team teaching and providing professional development. The Occupational Therapy Practice Framework identifies five categories of intervention (OTA, 2002), one of which is to create or promote. Depending on the job description, this approach may be an incidental or optional category of occupational therapy intervention in schools, as it is not specific to individuals with disabilities. An occupational therapist may provide services that are likely to improve occupational performance for all students in a school. In educational terminology, this approach is often called a universal intervention. Examples are consulting on an ergonomic seating plan, contributing to the design of a playground, developing a backpack awareness program, mentoring teachers in a cognitive-sensory program for self-regulation, and assisting in the development of a school wide handwriting curriculum. Hanft & Shepherd (2008) call this approach system support and describes it as “an opportunity to apply one’s professional wisdom and experience to develop programs and policies to build the capacity of a school district and its education teams.”

Similarly, a school physical therapist may provide services at the universal level. The physical therapist may also consult on ergonomic seating, help develop backpack programs, and contribute to playground design. In addition, the physical therapist may provide prevention, fitness, and wellness activities as part of universally designed programs for all students. The physical therapist may collaborate with the physical education instructor to adapt the gym environment, equipment, or curriculum so that students with varying levels of strength, stamina, and endurance are able to participate in wellness and fitness activities.

Response to Intervention

School district personnel frequently request the participation of OTs and PTs on general education student assistance teams, or “RtI” processes for children not identified with disabilities. Part of the widespread confusion about Response to

Intervention (RtI) is that the term is being used to describe a comprehensive, systematic process that is more correctly called Coordinated Early Intervening Services or CEIS. CEIS is general education. DPI's long standing interpretation of state law regarding licensure and funding is that a person holding a special education license may not provide primary instruction, including CEIS, to children who have not been identified as having a disability. Special education teachers may provide support to general education teachers in the form of team teaching, coaching, mentoring, support to regular education teams and professional development. This perspective of providing universal support with school and teachers as "client" is also recommended for OT and PT's role in CEIS.

RtI has been defined as the practice of (1) providing high-quality instruction/intervention matched to student needs, and (2) using learning rate over time and level of performance to make important education decisions (Batsche, et al., 2005). RtI in IDEA is specifically tied to eligibility for the category of Specific Learning Disability, although the concept is useful for all children. The idea of RtI is that educators should measure objectively over time a child's response to whatever intervention is used to help him learn. This process is sometimes called progress monitoring. When a general education teacher tries an intervention with a student, she should take data on how it works so that she knows whether to continue it or try something else. Special education teachers, OTs, and PTs working with students who have IEPs should also base their continuation or discontinuation of an intervention on progress monitoring data about the child's response to the intervention.

State Practice Laws Regulate

If a school district decides to provide OT or PT services that are targeted to individual students outside of the IEP team or Section 504 process, it should do so with a full understanding of its commitment. All OTs licensed to practice in the state must follow the state OT licensing and practice rules in the Wisconsin Administrative code (OT 1 through 5). All PTs licensed to practice in the state must follow the state PT licensing and practice rules in the Wisconsin Administrative Code (PT 1 through 9). Chapter PI 11 of the Wisconsin Administrative Code makes it clear that the intent of allowing schools to provide OT and PT is to serve children with disabilities. If a school wants to provide targeted OT or PT to children outside of the IDEA or 504 processes, the school should consider:

- Licensure rules that require evaluation prior to providing service.
- Licensure rules that require physician referral except for children under IDEA and Section 504.
- Parental informed consent for services to children.
- The possibility of an IDEA complaint that the district conducted an evaluation and/or made placement without the proper notices and procedures.

- Whether the district will provide therapy to children without IEPs who break bones, have surgery, need rehabilitation or sensory integration or other clinical services.
- Limitations on the use of state categorical aid, federal flow-through funds, and Medicaid funds for OT and PT that are not driven by IEPs.

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