Information for the completion of this handbook was derived from the sources listed below. Source information is included where appropriate through direct and indirect references.

- **Handbook for Occupational and Physical Therapy in Virginia Public Schools 2010**
  

- **Parent's Guide to Special Education 2010.** Virginia Department of Education
  

- **Regulations for Licensure of Occupational Therapists,** Virginia Board of Medicine
  

- **Virginia Board of Physical Therapy**  

- **The American Occupational Therapy Association, Inc.**  

- **The American Physical Therapy Association, Inc.**  
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Professional Responsibilities
**Occupational Therapist**

**Position Description:**
The Occupational Therapist is responsible for assessment, planning, and collaboration on IEP goal development for students at assigned sites. As a related service provider, the OT provides appropriate intervention services designed to enhance the student’s potential for performing in a variety of learning environments. Good communication and interpersonal skills are necessary to collaborate with educators, parents, and other school support staff. Organizational skills and the ability to work independently are necessities. The therapist reports to the Related Services Coordinator and the PREP Executive Director.

**Requirements/Qualifications:**
- Graduation from an accredited occupational therapy program and all fieldwork educational requirements
- Certification/Licensure: Must be licensed in the state of Virginia and have passed the Occupational Therapy National Certification Examination
- Experience: Minimum of one year of pediatric therapy experience is preferred
- Must continue to maintain an active Virginia State License by completing at least 20 hours of continuing learning activities biennially as prescribed by the Virginia Board of Medicine

**Professional Responsibilities:**
- Complete evaluations, develop measurable goals, plan and implement therapeutic interventions that are educationally relevant
- Communicate results of evaluations and reports to the educational staff, parents, students, and when appropriate other professionals and agencies
- Document all therapy services including daily documentation, progress notes, student *Individualized Education Programs* (IEP) and Medicaid billing when required
- Collaborate, consult, teach and monitor professionals and paraprofessionals involved with the implementation of occupational therapy interventions
- Provide consultation to schools and districts regarding students’, staff, and system needs
- Attend school team and IEP meetings, as appropriate
- Attend PREP staff meeting and in-services
- Participate in and facilitate in-service education and professional development for related service staff and school personnel as needed
- Supervise and monitor Certified Occupational Therapy Assistant, as required by the Virginia Board of Medicine
- Maintain inventory of therapy equipment and supplies
Certified Occupational Therapist Assistant

**Position Description:**
Under the direction and supervision of a licensed Occupational Therapist, the COTA provides appropriate intervention services designed to enhance the student’s potential for performing in a variety of learning environments. Good communication and interpersonal skills are necessary to collaborate with the supervising Occupational Therapist, educators, parents, and other school support staff. The COTA reports to the supervising Occupational Therapist, Related Services Coordinator and the PREP Executive Director.

**Requirements/Qualifications:**
- Graduation from an accredited Associates degree program and completion of all fieldwork educational requirements
- Certification: Must be licensed in the State of Virginia and have passed the Occupational Therapy Assistant National Certification Examination
- Experience: Minimum of one year of pediatric therapy experience is preferred

**Supervision:**
- A COTA is professionally responsible under the direct supervision of a licensed Occupational Therapist.

**Professional Performance Responsibilities:**
- Implementation of therapeutic activities to remediate and/or compensate for difficulties in a student’s sensory motor, fine motor, visual motor, self-care, perceptual, cognitive and/or mobility skills, as deemed appropriate by the supervising Occupational Therapist
- Document all therapy services including daily documentation, progress notes and Medicaid billing within the designated time frame prescribed by the supervising Occupational Therapist
- Collect data to assist the Occupational Therapist in evaluating the student’s needs and progress towards IEP goals
- Assist the Occupational Therapist with in-service training of staff in therapeutic techniques, use of adaptive equipment, and determining students’ adaptive equipment needs
- Attend PREP staff meetings/in-services and school team meetings as appropriate
- Maintain inventory of equipment and supplies
Physical Therapist

**Position Description:**
The Physical Therapist is responsible for assessment, planning, and collaboration on IEP goal development for students at assigned sites. As a related service provider, the PT provides appropriate intervention to meet the individual student’s needs in acquiring independence in functional skills to participate in and benefit from the educational environment. Good communication and interpersonal skills are necessary to collaborate with educators, parents, and other school support staff. Organizational skills and the ability to work independently are necessities. The therapist reports to the Related Services Coordinator and PREP Executive Director.

**Requirements/Qualifications:**
- Graduation from an accredited physical therapy program and completion of all fieldwork education requirements
- Certification/Licensure: Must be licensed by the Virginia Board of Physical Therapy and have passed the Physical Therapy National Certification Examination
- Experience: Minimum of one year of pediatric work experience is preferred
- Must continue to maintain an active Virginia State License by completing at least 30 hours of continuing learning activities biennially by December 31 in each even-numbered year as required by the Virginia Board of Physical Therapy

**Professional Responsibilities:**
- Complete evaluations, develop measurable goals, plan and implement therapeutic interventions that are educationally relevant
- Communicate results of evaluations and reports to the educational staff, parents, students, and when appropriate other professionals and agencies
- Document all therapy services including daily documentation, progress notes, student *Individualized Education Programs* (IEP) and Medicaid billing when required
- Collaborate, consult, teach and monitor professionals and paraprofessionals involved with the implementation of physical therapy interventions
- Provide consultation to schools and districts regarding students’, staff, and system needs
- Attend school team and IEP meetings, when appropriate
- Attend PREP staff meeting and in-services
- Participate in and facilitate in-service education and professional development for related service staff and school personnel as needed
- Supervise and monitor the job performance of any assigned physical therapy assistants as required by the Virginia Board of Physical Therapy
- Maintain inventory of therapy equipment and supplies
Lead Occupational/Physical Therapist

Position Description:
The Lead Occupational and Physical Therapist are responsible for providing clinical support, supervision, and mentoring for the PREP therapists within their specific discipline. Lead Therapists report to the Related Services Coordinator and the PREP Executive Director.

Requirements/Qualifications:
- Graduation from an accredited educational program and all fieldwork educational requirements mandatory for their specific discipline
- Certification/Licensure: Must be licensed in the state of Virginia and have passed the National Certification Examination for their specific discipline
- Experience: A minimum of ten years of school based pediatric therapy experience is preferred
- Must continue to maintain an active Virginia State License, conducting the required amount and type of continuing education opportunities, as prescribed by the Virginia Board of Medicine or the Virginia Board of Physical Therapy

Professional Performance Responsibilities:
- Maintain a student caseload following the professional performance responsibilities as delineated in the OT or PT job descriptions
- Assist Related Services Coordinator in the interviewing process for new therapy staff
- Provide mentoring to new PREP therapists, according to the PREP Mentoring Program guidelines
- Support PREP therapists through direct clinical training, or assistance with caseload requirements
- Support the PREP district’s staffing needs by substituting for therapists when possible
- Provide input to the Related Services Coordinator concerning the need for therapy evaluation kits, equipment and supplies
- Support supervision of therapy assistants, student affiliation candidates and therapists with provisional licenses as needed
- Ensure best practice standards for the PREP therapy department, as designated by the American Occupational Therapy Association and American Physical Therapy Association, as well as the Virginia Board of Medicine, Virginia Board of Physical Therapy and the Virginia Department of Education
- Serve as a liaison to the Related Services Coordinator regarding therapist’s professional and staffing needs within the regional program
Related Services Coordinator

**Position Description:**

The Related Services Coordinator is responsible for providing coordination and support for the PREP Occupational Therapy, Physical Therapy and Assistive Technology programs and personnel. The Related Services Coordinator works collaboratively with the *OT and PT Lead Therapists*, therapy staff and *Assistive Technology Facilitators* to oversee policy and procedures, continuing education, staff meetings, equipment and best practice standards. The Related Services Coordinator reports to the PREP Executive Director.

**Qualifications:**

- **Licensure/Degree:** Must be licensed in the state of Virginia and have earned a degree in a related service profession
- **Experience:** A minimum of ten years of school based experience in a related service profession is preferred
- **Maintain License:** Must continue to maintain an active Virginia State License, conducting the required amount and type of continuing education opportunities

**Performance Responsibilities:**

- Manage recruitment and hiring of new therapy and assistive technology staff
- Provide orientation to new therapy and assistive technology personnel, according to the *PREP Mentoring Program* guidelines
- Order and maintain an inventory of therapy and assistive technology equipment and supplies
- Oversee operations of the PREP Assistive Technology Library
- Organize and run regular staff meetings
- Organize and chair committees required for assessed departmental needs
- Facilitate PREP sponsored OT/PT and Assistive Technology continuing education conferences
- Organize and chair regional DIG-AT yearly meetings
- Create continuing education opportunities for PREP staff based upon assessed common areas of need and interest
- Ensure *best practice* standards for the PREP Therapy and Assistive Technology departments
- Serve as a liaison to the PREP Executive Director regarding the professional needs of related service staff and programs
PREP OT/PT Staff Meetings

OT/PT Meetings/Events take place monthly from August to May.

- All meetings will take place on Tuesday afternoons from 2:15 -3:45.
- Meetings will be held in the PREP conference room, unless otherwise indicated.
- Therapists will receive a schedule of yearly meeting dates and formats, at the first mandatory PREP Staff Work Day of the school year.
- Staff meeting attendance is considered a priority. Every effort should be made to attend and not schedule conflicting meetings on these afternoons. Therapists should leave Tuesday afternoons “flexible” when creating their weekly schedule, so that they can attend the planned staff meetings.
- On the Tuesdays that a meeting is not scheduled, this flexible time block can be used for conducting student evaluations, team meetings, consultations, or to complete paperwork as determined by the individual therapist.
- A continuing education certificate will be presented at the end of the school year, acknowledging the hours each therapist spent in staff meetings and trainings.

Three different meeting formats will be utilized. Check your yearly meeting schedule for which type of meeting is scheduled on a given date:

1. Combined OT/PT Meetings: A “traditional” PREP combined meeting format with topic/speakers relevant to both OT and PT.

2. Individual OT and PT Meetings: Separate meetings held on the same day at locations to be decided by the group. The OT’s and PT’s will meet separately to discuss issues specific to their discipline, brainstorm therapeutic approaches, or get topics/speakers specific to the staff’s needs.

3. Special Interest Groups: The initial combined OT/PT meeting of the school year will introduce several options for special interest groups. Ongoing participation in these groups will be optional. The Special Interest Group members will decide frequency, topics and locations of meetings with the group facilitators.
Continuing Education Requirements for Occupational Therapists and Certified Occupational Therapy Assistants Licensed In the State of Virginia

In 1997, the General Assembly of Virginia passed a law (§ 54.1-2912.1) to ensure the continued competency of occupational therapists and occupational therapy assistants licensed by the Board of Medicine. It directed the Board to include in its regulations continuing education, testing, and/or any other requirement which would address the following: a) the need to promote ethical practice, b) an appropriate standard of care, c) patient safety, d) application of new medical technology, e) appropriate communication with patients and f) knowledge of the changing health care system.

The Virginia Board of Medicine recognizes that the professional responsibility of practitioners requires continuous learning throughout their careers, appropriate to the individual practitioner’s needs. The Board also recognizes that practitioners are responsible for choosing their own continuing education and for evaluating their own learning achievement. The regulation of the Board is designed to encourage and foster self-directed practitioner participation in education.

Number of Hours Required:

In order to renew an active license biennially, the practitioner must complete the Continued Competency Activity and Assessment Form, which is provided by the Board and must indicate completion of at least 20 contact hours of continuing learning activities.

10 contact hours shall be Type 1 continuing learning activities as documented by a sponsor or organization recognized by the profession of occupational therapy to designate learning activities for credit or other value.

An additional 10 contact hours shall be Type 2 continuing learning activities which may or may not be approved for credit by a sponsor or organization recognized by the profession to designate learning activities for credit or other value. Occupational therapists shall document their own participation in Type 2 learning activities.

Maintenance and audit of records:

The Continued Competency Activity and Assessment Form for Occupational Therapy (Appendix I & J) must be used for planning and recording continuing learning activities. The practitioner is required to retain in his or her records the completed form with all supporting documentation for a period of six years following the renewal of an active license.

The Board will periodically conduct a random audit of one to two percent of its active licensees to determine compliance. The practitioners selected for the audit must provide the completed Continued Competency Activity and assessment Form and any supporting documentation within 30 days of receiving notification of the audit.
Continuing Education Requirements for Physical Therapists and Physical Therapy Assistants

In 2001, the General Assembly of Virginia passed a law requiring regulations to ensure the continued competency of practitioners licensed by the Board of Physical Therapy. It directed the Board to include in its regulations continuing education, testing, and/or any other requirement which would address the following: a) the need to promote ethical practice, b) an appropriate standard of care, c) patient safety, d) application of new medical technology, e) appropriate communication with patients and f) knowledge of the changing health care system.

*The regulation of the Board is designed to encourage and foster self-directed practitioner participation in education.*

**Number of Hours Required:**

In order to renew an active license **biennially by December 31 in each even-numbered year**, the practitioner must complete the Continued Competency Activity and Assessment Form, which is provided by the Board and must indicate completion of at least **30 hours of continuing learning activities for physical therapists and physical therapist assistants**.

At least 15 of the hours required for physical therapists and at least 10 of the hours required for physical therapist assistants shall be **Type 1** continuing learning activities as documented by an approved organization to designate learning activities for credit or other value. All of the Type 1 hours must be earned in face-to-face settings, interactive courses or other interaction with peers. **All required hours may be Type 1.**

No more than 15 of the hours required for physical therapists and no more than 20 of the hours required for physical therapist assistants may be **Type 2** continuing learning activities which may or may not be approved for credit by an approved organization. Physical therapists and physical therapist assistants shall document their own participation in Type 2 learning activities.

**Maintenance and audit of records:**

The *Continued Competency Activity and Assessment Form* (Appendix K & L) must be used for recording continuing learning activities. The practitioner is required to retain in his or her records the completed form with all supporting documentation for a **period of four years** following the renewal of an active license.

The Board will periodically conduct a **random audit** of a percentage of its active licensees to determine compliance. The practitioners selected for the audit must provide the completed Continued Competency Activity and assessment Form and any supporting documentation within 30 days of receiving notification of the audit.
Use of PREP Funds

Full time therapists receive $400.00 per school year. Part time $200.00 per school year. This monetary allotment is for both the purchase of required individual therapy equipment and supplies. Therapists must also utilize this fund for any continuing education courses that they are interested in attending, in addition to the annual PREP Therapy sponsored course.

Each OT/PT will individually order the specific supplies that they need to serve their student population.

Items that are significantly cheaper to buy in bulk can be ordered at the beginning of the school year, by filling out the Bulk Ordering List (This form will be E-mailed to you when it is time to order). Completed order forms should be emailed to Dr. McManus at mmcmanus@k12albemarle.org within the designated timeframe.

When placing individual orders, therapist should use the Purchase Requisition Form (Appendix F) located on the PREP website under Handbook and Related Forms section, and send the completed forms to Mary McManus for approval.


Therapists are able to loan out any needed larger equipment (positioning devices, ambulatory devices etc.) that are located in the PREP shed or closet. Any equipment that is loaned out to a student should be labeled with the PREP name, and kept track of by the issuing therapist. The issuing therapist is responsible for returning the equipment back to PREP at the end of each school year.

**Items bought with PREP money remain the property of PREP once the therapist leaves employment.**
Confidentiality

PREP therapists must perform their jobs in accordance with their professional Codes of Ethics. This includes the realm of Confidentiality. In order to maintain confidentiality the therapist must do the following:

- Only discuss students by name with individuals necessary in the course of providing services, within locations where your conversation cannot be overheard.

- “Working files” or information therapists have gathered regarding students, should only be shared with essential personnel. Files must be kept in a secure location.

- Shred any documents with the student’s name that are not part of the working file or permanent record.

- Email correspondences should not include the student’s name either in the subject heading or body.

Therapists should check with the specific district that they serve to see if there are any additional or alternate confidentiality requirements.
Liability Insurance

Every PREP therapist must maintain individual liability coverage. It is the therapist’s responsibility to obtain appropriate coverage prior to the initiation of direct services with students. PREP will reimburse the therapist for individual expenditure annually. Reimbursement is attained by turning proof of coverage along with the *Purchase Requisition* form (Appendix F, located on the PREP website under *Employee Handbook and Related Forms*) into Mary McManus.
Occupational Therapy Student Affiliation Program

As part of our professional responsibilities to our disciplines and as one avenue for recruitment, PREP therapists are offered the yearly opportunity to supervise a student affiliate.

Supervision of a student affiliate is voluntary and supported by the discipline’s Lead Therapist.

A therapist should have a minimum of four years school based therapy experience and/or have successfully completed the PREP Mentoring Program in order to be considered for supervising a student affiliate.

Types of Fieldwork Experiences:

Level I Fieldwork:
The goal of the Level I Fieldwork is to introduce students to the fieldwork experience and develop a basic comfort level with an understanding of the needs of students on your caseload. Level I Fieldwork is not intended to develop independent performance, but to include experiences designed to enrich didactic coursework through directed observation and participation in selected aspects of the therapy process. Each program sets the time requirements for students on Level I Fieldwork. The options are usually a full day per week for one-half a term, full days in alternating weeks for one term, half days for one term or one week.

Level II Fieldwork:
The goal of Level II Fieldwork is to develop competent, entry-level, generalist occupational therapists and occupational therapy assistants. The fieldwork experience is to provide students with the opportunity to integrate academic knowledge with the application of skills in a practice setting. (AOTA, 1999a & b; AOTA, 1996)
For Level II Fieldwork, the Standards require a minimum of 24 weeks full-time for occupational therapy students and 16 weeks full-time for occupational therapy assistant students. This may be completed on a full-time or part-time basis, but may not be less than half-time, as defined by the fieldwork site. The therapy student’s academic program determines the required time needed to complete II fieldwork in your program.

Fieldwork Educators/Student Affiliate Supervisors Guidelines

- The supervising therapist should obtain the school’s packet of information from the Lead Therapist and review the contained information prior to the student’s start date. Be sure to review all information including curriculum and expectations for the student.

- Contact the student at least two weeks prior to their start date to confirm start and end dates, business hours, code of conduct, dress code, as well as to make any recommendations for pre-placement literature or assessment review.

- The supervising therapist and Lead Therapist will work cooperatively to conduct the initial orientation for the student.
Level II Fieldwork Orientation will include the following:

- PREP organizational orientation for new employees
- Expectations regarding affiliation assignments/projects
- Student and supervisor’s objectives for the fieldwork
- Review of the student’s personal learning style and preferences for receiving feedback
- Review of documentation/record keeping, including attendance forms, Medicaid and personal progress note records
- Confidentiality expectations
- Establish a date for mid-term and final evaluations
- Assist the student to set personal goals/objectives for mid-term and final.
- Establish a mutually agreed upon time for weekly feedback/planning meetings

Supervising Therapist Responsibilities:

- The supervising therapist should include information about their student affiliate in the beginning of the year communication with parents of the students on their caseload (see the Parent Communication Section). The parents should be aware that the student affiliate will be working with their child for a designated period of time under your direct supervision.

- If the student affiliate will be attending IEP or eligibility meetings, the case manager must be informed in advance, so that the student can be officially invited to the meeting. The child’s parent must give prior approval for the affiliate’s attendance at the meeting. Introduce the affiliate to the team when the meeting initiates.

- Conduct weekly meetings to provide feedback and training.

- Provide the student a midterm and final evaluation using the forms and procedures provided by the school.

- Maintain personal records of weekly meetings with the affiliate and student feedback in the event of problem performance. Contact the Lead Therapist and school Fieldwork Coordinator immediately when there is a concern about a student’s performance.

- Supervising Therapist should make copies of the mid-term and final evaluations. Originals should be sent to the affiliate’s school and a copy sent to the Lead Therapist upon completion of the affiliation.
Physical Therapy Student Affiliation Program

According to the American Physical Therapy Association (APTA), a physical therapist must participate in the *Clinical Instructor Education and Credentialing Program* (CIECP) before they can become a clinical instructor of Physical Therapy students. The majority of Physical Therapy programs are now doctorate level. The APTA has not come to a consensus decision as to whether the *Clinical Instructor* needs to possess a doctorate degree. Current doctoral students are required to successfully complete a minimum of three internships totaling 30-36 total weeks. Therapists interested in supervising a physical therapy student affiliate should visit www.APTA.org, and view Therapy Clinical Education Principles for more in depth information on the *Clinical Instructor Education and Credentialing Program* (CIECP). PREP does not currently have formal affiliation agreements established with any academic programs.
Parent Communication

PREP therapists are encouraged to maintain open lines of communication with the parents/guardians of the students on their caseload. This includes participation in IEP and team meetings whenever possible in order to afford a personal dialogue. Another important means of communication with families is through reports, goals, present levels of performance and progress notes. All documents should be written using language that individuals without a therapy background can understand.

Beginning of the School Year Letter:
In order to initiate communication with the parents/guardians of students on a therapist’s caseload, each therapist is required to send out a Beginning of the School Year Letter (See Appendix for sample letters). Each therapist may create their own personal letter if preferred including contact information. This initial communication can be sent out via email, for those parents who list an email address on their child’s IEP. For confidentiality reasons, be sure to send out a “blind copy” by using “Bcc:”, if you are sending out a mass email. For those families that don’t list an email address, a hard copy may be sent home in the child’s backpack. This initial letter should be sent out to families within the first two weeks of every school year.
Service Delivery Model
School Based Therapy Services

The following are key considerations for the delivery of OT and PT services in the public school setting. These considerations are based on current research and are recommended by the Virginia Department of Education as delineated in the 2010 Handbook for Occupational and Physical Therapy in Virginia Public Schools:

a) **Inclusive practices**
   - The overarching philosophy of inclusive practices is that all students can learn in the general education environments and that special education is a service rather than a placement.
   - Effective inclusive practices focus on maximizing the amount of time students with disabilities receive academic instruction in the general education environment.

b) **Services are provided to enable the student to benefit from his or her education program and facilitate access to the general curriculum.**
   - Strategies should be integrated into the classroom and school environment to support learning of curriculum content.
   - Interventions should support skills that are needed for graduation with a diploma.

c) **Services are provided in the student’s daily educational routine.**
   - Skills are taught across all educational settings.
   - Therapeutic activities occur throughout the school day and often are implemented by instructional staff in collaboration with the therapist.
   - Skills should be taught in naturally occurring environments.
   - Skills should be generalized across different school settings, not isolated solely with the therapist in a separate area.

d) **Services are provided through a team approach.**
   - Team members share information, strategies, and techniques to assure continuity of services.
   - Educational strategies and interventions are developed and implemented jointly by the IEP team members including the student when appropriate.
   - Regular team meetings provide the communication of information and outcomes that guide the plan of activities and instruction that occurs throughout the day in the classroom, home and community.

e) **Services are provided through the use of a variety of delivery models.**
   - Service delivery models include monitoring, consulting and working directly with the student.
   - Effective therapy services generally include a combination of models to meet the unique needs of each student.
   - Effective therapy services include the following:
     1. Training school staff in activities and accommodations to be implemented throughout the student’s day
     2. Observing and critically analyzing student performance and responses that prevent the student from benefiting from his or her educational program
     3. Identifying, selecting, and adapting special materials and equipment
     4. Collaborating and coordinating with teacher and families for needed changes in instruction and in the learning environment
     5. Consulting with students, parents and school staff.

f) **A student’s need for OT and/or PT services may vary over time.**
   - Student therapy needs differ in intensity and in focus during the students’ school years.
   - These fluctuations are reflected in IEP, IFSP, or 504 plans and should be fluid and flexible, based on the immediate educational needs at any time during the student’s course of study.
   - Consideration for services may be especially necessary during periods of transition between schools or into community activities, and when significant changes to educational and medical transitions occur.
School Based Therapy Service Models

The type of service delivery model for a student is listed under the Related Services section of the Child's IEP (See: Individualized Education Program (IEP) and Progress Notes).

Students attend school for the primary purpose of learning. While medical conditions or disabilities may be present, school based therapy services are not required unless the disability impacts the student's ability to benefit from the special education program. These areas can be addressed through a variety of intervention models which may include direct therapy with the child, consultation with the teacher, modification of the environment, provision of adaptive equipment and staff training.

(Adapted by Albemarle Co. from Chapel Hill-Carrboro City Schools; http://www2.chccs.k12.nc.us/education/components/scrapbook)

Below are guidelines when determining the most effective service delivery model for a student:

Direct student services are merited if “hands-on”, skilled intervention on a regular basis is required in order to make progress towards the student’s educational goals and access the school environment.

Consultative service is the appropriate model if the student’s goals can be accomplished by making recommendations to the teacher, training staff, and/or adapting/adjusting equipment within the classroom throughout the year as situations occur.

Effective therapy services generally include a combination of models to meet the unique needs of each student.

If a therapist determines that Direct services are merited, it is recommended whenever possible to add “Direct/Consult” for the service delivery model on the student’s IEP. The consultative time that is required for effective intervention with teachers/staff, will officially be considered a viable part of the services the therapist provides.

Therapists should check with the district they serve regarding how this should be listed on the IEP.
Service Delivery to a Student with a 504 Plan

There may be students who are not eligible for services under the IDEA who may qualify under Section 504 for accommodations, modifications and related services to access the general education curriculum. Similar to IDEA, Section 504 regulations provide that the students with disabilities be placed with nondisabled peers to the maximum extent appropriate. It further requires that the student be placed in the “regular environment” unless it is established that a satisfactory education cannot be achieved with supplementary aids and services.

Section 504 does not require an IEP, but it does require its functional equivalent, which may be termed a 504 Plan. Team members are those knowledgeable about the child, the meaning of evaluation data, and placement options. By regulation, the parents are not required members; however, best practice supports their involvement. A free, appropriate public education (FAPE) as defined by Section 504 means regular or special education services and related aids and services that are designed to meet the individual education needs of persons with disabilities as adequately as the needs of nondisabled persons are met. School divisions are required to have procedures for implementing Section 504 and a 504 Coordinator.

Therapists should refer to their local school division’s procedures for guidance.

Under a 504 Plan, therapists may have a variety of roles and responsibilities including but not limited to:

   e) Evaluation
   f) Participation in developing the student’s 504 plan
   g) Adaptive equipment
   h) Modification of the educational environment
   i) Consultation
   j) Provision of direct services

If needed by the student, services, accommodations, and/or modifications must be provided in both academic and nonacademic settings, including extracurricular activities.
Therapist’s Roles in Response To Intervention (RTI)

Response to Intervention (RTI) is a three-tiered approach to help struggling learners. Students' progress is closely monitored at each stage of intervention to determine the need for further research-based instruction and/or intervention in general education, in special education, or both.

Tier 1: High-Quality Classroom Instruction, Screening, and Group Interventions
Tier 2: Targeted Interventions
Tier 3: Intensive Interventions and Comprehensive Evaluation which could result in the student becoming eligible for Special Education Services and then Related Services.

Therapists can assist their school division with students who are receiving services within Tier 1 and 2 and thus not identified for Special Education, by providing the following support as members of the school team:

Consultation and general recommendations to the classroom teacher concerning:

- Normal development
- Environmental adaptations
- Diversified instructional techniques
- Behavioral/sensory strategies
- Low tech. adaptive technology/materials
- Universal Design for Learning

Therapists do not perform the following tasks as part of RTI:

- Standardized Testing
- Formal Evaluations/Reports
- Direct Intervention
Make Up Policy for Therapy Sessions Missed

PREP Therapists are expected to make a reasonable effort to provide the designated amount of service time as per each student’s IEP.

Therapists will not be expected to make up sessions for students under the following circumstances:

- The student is absent or unavailable at the time of the scheduled session
- Days when school is not in session due to holidays
- Days when school is closed due to inclement weather

The therapist should note on the child’s attendance record the circumstance of the missed session.

There are recommended methods to allow therapist more flexibility in order to have enough time to make up missed sessions within the tight schedules of both the therapist and student. Some ideas are as follows:

- Whenever possible, frequency of services on the IEP should be stated in a manner that would indicate flexibility in a variety of educational settings. For example, scheduling services for 2 hours per month might be more beneficial than 30 minutes per week. *
- When allowed on your district’s IEP software, therapists should list their service delivery method in the Related Service section as direct/consult. This is a true reflection of best practice, in order to integrate services throughout the child’s day. Direct/consult also allows the therapist to count time required for consultation with school staff, parents, meetings and fabrication of equipment or therapy materials.
- If a therapist anticipates a change in schedule that will result in missed sessions, they can “bank time” by seeing students a few minutes longer per session before or after the missed session. The therapist should document all time spent with the student on the daily attendance record.

* Check with your district Special Education Director to see if this method of writing frequency on the IEP is approved.
Documentation and Procedures
Evaluation: Referral Policy

The decision to conduct an occupational and/or physical therapy evaluation should be made following the determination of the child’s eligibility for Special Education Services, by the student’s IEP team, or 504 plan committee.

Case managers referring a student for an occupational and/or physical therapy evaluation should implement the following steps, in accordance with the local school division’s procedures:

- Provide written notice to the parent, and obtain written parental consent for evaluation.

- Provide the parents with a copy of Virginia Special Education Procedural Safeguard Requirements Under The Individuals with Disabilities Education Act. To comply with Section 504, the LEA may use the IDEA procedural safeguard document or use a document developed by the LEA to address only 504 procedural safeguard requirements.

- Notification of a new referral should be sent to the therapist’s email address within a day of receiving the signed parental consent. The district’s referral form is then given to the therapist with educational concerns listed. The Therapist’s email address should be available on each school website’s Staff Directory and listed on the PREP Website, http://www.prep-prc.org under the Staff Directory.
Evaluation Content

The nature of the evaluation and the selection of evaluation tools are determined by the therapist’s professional judgment. Assessment tools used by occupational and physical therapists in schools should be carefully chosen to evaluate the student’s ability to perform in the educational setting.

(See Appendix F: Assessment Tool in the Handbook for Occupational and Physical Therapy in Public Schools in Virginia 2010, for a list of norm-referenced, criterion-referenced and judgment-based assessment tools commonly used by school based therapists)

School-based therapists are expected to evaluate the student’s performance within the educational environment to determine the student’s strengths and weaknesses. Occasionally, sufficient data are available from therapy evaluations conducted within a different school system or agency. Select data from these evaluations may be incorporated into the therapist’s report, if the prior therapy evaluation was conducted within six months of the current assessment process by a licensed therapist.

Evaluations typically include the following:

- Review of pertinent medical and educational records including the current IEP or 504 Plan, if appropriate
- Interviews with the student, teacher(s) and paraprofessionals
- Observations in a variety of student contexts or environments (e.g., classroom, cafeteria, playground, job training site)
- Evaluation of activity demands that impact educational performance
- Administration of informal evaluation tools, such as self-care, functional, and behavioral checklists
- Administration of standardized assessments
- Summary and recommendations based upon the evaluation findings for IEP team consideration.

A written report must be completed at the end of each evaluation. Educators and parents find it helpful to have OT and PT evaluations and the findings reported in layperson terms. Medical terms should be explained by definition and by application to the educational setting. In the written report, it is beneficial for the therapist to indicate that the evaluation addresses the student’s ability to participate in functional, educationally relevant activities.

(See Appendix A for OT/PT Evaluation Form for recommended evaluation format)

The goals of evaluation are to

- Identify functional skills and impairments that impact the student’s access to his educational program and/or his educational environment
- Assist the educational planning committee with service determination, goals, objectives, and other suggestions (e.g., equipment, modifications, referral to other disciplines).

The evidence of a delay or impairment does not necessarily mandate therapy services. Therapists offer specialized information and recommendations to support an IEP or 504 Plan team decision rather than a unilateral decision.
Completed Evaluation Policy

Eligibility for special education or related services must be determined within 65 business days after the special education administrator receives the referral for evaluation, unless the parent and the eligibility group agree in writing to extend the 65 business day timeline to obtain additional data that cannot be obtained during the initial 65 business days.

*Parent’s Guide to Special Education 2010 Edition* (Pg.21)

Therapists will make every effort to complete evaluations as quickly as possible (recommended within 30-45 days). Notify the case manager if there are extenuating circumstances which may require the full 65 days.

**It is the therapist’s responsibility to notify the case manager when the student’s evaluation is completed.**

Copies of the therapy evaluation should be sent to the following locations:

- The district’s Central Special Education Office
- The student’s personal information folder within his/her school office
- The student’s case manager

The therapy evaluation must be available at these locations within 2 business days before the planned meeting to determine eligibility for a related service, in order for the parents and other team members to view the document.

The student’s case manager is responsible for notifying the parents and scheduling the meeting with the IEP team to review the therapy evaluation and determine the child’s eligibility for therapy services. Therapists should provide the case manager with possible dates and times that they will be available to meet.

The therapist should make every effort to attend the scheduled meeting, in order to review the evaluation with the child’s parents/IEP team, answer questions and make recommendations concerning intervention.
Termination from Therapy Services

The IEP team, which includes the therapist, makes the decision concerning the continued need for OT/PT services. When a therapist assesses that a student has mastered all of his/her therapy goals and is functional within the school setting, they may recommend discharge from OT or PT services. The therapist should discuss this plan with the child’s case manager and parents prior to the IEP meeting, where termination from services is recommended to the team. The child’s Present Level of Performance must reflect his/her ability to function within the school setting and explain why the therapist believes services are no longer warranted.

Parental consent is necessary for termination of OT and/or PT services, and the IEP must be amended to reflect this change.

If the parent does not consent to termination, the district’s special education department will mediate the resolution of the dispute. Therapy services must continue as written in the current IEP, until the team comes to a consensus.
PREP Therapy Records Management

PREP therapy charts are unofficial working files. The student’s permanent file located within their district should have copies of all therapy evaluations and progress notes. Since the therapy working files consist of documents with the students names, they must be kept confidential.

- While a student is receiving therapy services, the therapist must maintain all daily notes and attendance sheets.

- Once a student is terminated from active services, the therapist must maintain records for one school year following termination of services.

- One year after termination of the related service, the therapist should shred all confidential records.
Individualized Education Program (IEP) and Progress Notes

The IEP is a written plan that describes the unique educational needs of a student with a disability and identifies special education and related services required to meet those needs.

An IEP must be in effect before special education and related services are provided to an individual student.

The plan is developed, reviewed, and revised during an IEP team meeting. An OT/PT evaluation may be requested at an IEP meeting. Decisions about the need for and the amount of OT and/or PT services are made by the IEP team.

Under the current IDEA regulations, the core team members are required to be at all IEP meetings. Related services personnel are not considered part of the core team. It is recommended that therapists attend as many meetings as possible however, that is not always feasible. If a therapist has conflicting meetings, they should try to prioritize based on where their input is most essential to the team. A therapist should provide a draft of the Present Level Of Educational Performance (PLOP), goals and recommendations regarding therapy amount/ frequency to the case manager in advance. If unable to attend, the therapist should inform the case manager that they will not be able to attend the meeting and provide a method (email address or phone number) for the parents to contact them.

Therapists have a professional obligation to provide input regarding the decision concerning therapy services.

All of the districts within the Piedmont Regional Education Program create their IEP’s using a web accessed program. These on-line programs allows team members to access this information from any internet device simultaneously. The IEP programs used by the districts may vary slightly. Trainings are available at the beginning of each school year for district staff. Therapists should contact their Lead Therapists if not familiar with the program that the district is using.

IEP Content

Present Level of Educational Performance:
The Present Level of Educational Performance is a written passage describing how the disability affects the student’s participation and progress in the general curriculum and the educational needs that result from the disability. This section reports baseline measurements and levels of functional skills in objective and measurable terms. The present level of performance should be an integrated summary that relates directly to the child’s performance on the current IEP’s goals and their function within the school. Any data not easily understood needs to be explained. The Present Level of Educational Performance should provide a rationale for the other components of the IEP.

IEP Goals:
The IEP must state measurable annual goals for the student. Goals must relate to the needs of the student resulting from the disability and help the student be involved and progress in the general education curriculum.

Therapy goals should be integrated into the class/school routine and relate directly to the student’s educational goals. Whenever possible, therapists should create goals in conjunction with the student’s special education teacher. When writing goals, the section “person responsible” should always include the therapist, the special education case manager and any other person on the team that could also work on that goal. In a school based practice, the therapist should not be working on a goal in isolation. As educational team members, therapists work closely with teachers, families, and the student (when appropriate) to identify solutions and implement strategies that help students participate in appropriate educational programs.
Measurement of Goals:
The IEP must include measureable annual educational goals for the student. The child’s need for benchmarks or short term objectives must be considered by the IEP team. Parental consent is not required before the administration of a test or other evaluation that is used to measure progress on the child’s IEP goals. However, the intent to use these measures should be stated in the IEP and the IEP must state how progress towards the annual goals will be measured.

Accommodations:
Therapist’s contribution to the “accommodations” section of the IEP is valuable to the team. Accommodations can assist in the child’s success in therapy related school goals. Accommodations may include but are not limited to:

- Daily range of motion conducted by classroom staff, (trained by therapists) in preparation for functional tasks such as switch use, or standing in a stander for a group cooking activity.
- Equipment needed, described without naming specific brands (e.g. portable word processor with word prediction software, not a NEO)
- Level of assistance required for a functional task, such as help carrying cafeteria tray
- Materials needed, such as copies of class notes.
- Increased time for completing tasks or leaving class 5 minutes early for navigation through the halls.
- Environmental modifications/equipment adaptations, e.g. sensory diet, accessibility needs, preferred seating, cushions or type of chair required, slant to keyboard etc.
- Visual strategies, such as picture schedule, visual timer etc.

Amount and Frequency of Related Service:
The student’s needs, as identified by the PLOP and IEP goals, are the driving force for service determination. The decision regarding the frequency and amount of therapy service is made by the IEP team. The team should consider how the therapy will affect the student’s participation in the general education curriculum and participation with nondisabled peers. In an integrative model, the typical amount of time a PREP therapist would see an individual student directly is 30 to 60 minutes per week. The therapist should instruct the school team to carry out therapy recommendations and strategies as part of the child’s school routine. (See: School Based Therapy Models)

Therapy Start and End Dates:
A more flexible schedule during the first and last week of the school year is often advantageous for therapists due to scheduling conflicts, meetings and the unpredictable nature of student/teacher needs during times of transition. To allow for this flexibility, PREP therapists have the option to start services the second week of school and end services one week prior to the end of school. This can only occur if the team, including parents agrees. The alternative start and end dates must be written on the services page of the student’s IEP.

Progress Reports:
Parents must be informed of progress as often as parents of children without disabilities are informed. Therefore Progress Reports will go out whenever the regular students within a school district receive report cards. This is typically on a 9 week cycle, but may be biannually for younger students. Therapists should check on their district’s policy on report card distribution. Progress Reports are completed by the team using the IEP Program on-line. The student’s case manager is responsible for distribution of the progress reports to the parents/guardians once all team members have added their information.

Therapists are not required to send progress updates when teachers send out interim reports, in-between the report card cycles.

Individualized Education Programs and Progress Reports will become part of the student’s permanent records within their school files.
Therapy Documentation Records: Daily Attendance Records

PREP Therapy files for every student served should include the following:

Daily Attendance Record:
At the beginning of the school year a daily Attendance Record form will be provided by PREP that corresponds to the district calendar(s) in which the therapist works. Therapists will maintain a yearly Attendance Record for each of their students in order to mark the amount of therapy time spent per session. In addition to time spent in direct services, the therapist should also indicate time spent in consultation, staff trainings, meetings and creating materials used directly to ensure the student’s access to the educational curricula and environment. The daily note for that session should indicate how the time was utilized. A coding system is listed on the form to indicate student absences, snow days, therapist absences, or if the student was unavailable. This Attendance Record provides evidence of how and when the related service time was provided as per the student's IEP.

Daily Documentation:
Daily Documentation is required for all therapy intervention with students and should include the following information:

- Date of service
- Educational goal or school activity and environment
- Therapeutic intervention(s), accommodations, assistive technology or strategies utilized.
- The measureable outcomes, with respect to the initial goal(s).
- Other pertinent information to guide future sessions
- Consultation or training of staff
- Equipment issued
- Parent/guardian contact

Documentation Forms:
Therapists should use either the 9 wk. Progress Note Form (Appendix B) or The Medicaid Progress Note Monthly Form (DMAS 48 or 36, located on the PREP website under the MEDICAID section as OT or PT Progress Note) to document daily progress towards goals. The non-Medicaid students will not require a P.O.C. or any additional Medicaid documentation, nor will the progress note forms be turned into the office monthly.
Therapy Documentation Records: Medicaid

All newly hired PREP therapists should contact Joanne Tyler, ( jtyler@k12albemarle.org ) PREP’s Medicaid Coordinator, to schedule an in-service concerning Medicaid policy and procedures at the initiation of the school year.

In the beginning of every school year individual therapists will receive an email requesting caseload information. This should be recorded using the Caseload Form For Therapists (Located in the Employee Handbook and Related Forms section on the PREP Website) and sent to the PREP Medicaid Coordinator, Lead Therapist and Executive Director. Following receipt, the Medicaid Coordinator will then send each therapist a list of the students on their caseload who are eligible for Medicaid billing. This list should be regarded as confidential information.

For students who receive Medicaid services the following documentation is required:

All forms are located on the PREP website www.prep-prc.org, under the MEDICAID section. Medicaid does not permit the use of correction fluid on any Medicaid/Medicare forms. When correcting Medicaid/Medical forms, the error should be marked through with an initial and date for each correction.

1. **Therapy Plan of Care (POC) DMAS 42** will be completed by the therapist one time each calendar year for every Medicaid eligible student. The date of implementation must match the date on the Long Term Goal(s). Implementation can coincide with the student's IEP start and finish dates or be created routinely at the initiation of each school year for the term of that year. The POC must be completed and signed before Medicaid billing can begin. These forms cannot be emailed but must be hand delivered, sent via Fax or inter-office mail to the Medicaid Coordinator. The POC must be signed and dated by the therapist's hand. When listing Specific Interventions, it is recommended that the therapist see the list of therapy specific Activities on the Progress Note form (DMAS 48 or 36) that are appropriate for the student. Frequency of Sessions can be written in a range, such as 1-2 times per week. This allows the therapist flexibility if two shorter sessions are required to attain the goals. Medicaid billing is compiled per session, not by the amount of time the student spent in therapy. See the POC directions at the end of the form for any questions when completing the document.

2. **Therapy Request for Assessment DMAS 51** form must be filled out for any Medicaid eligible student who has received an OT or PT evaluation. This form is completed regardless of whether the student is found eligible for related services by the team. The therapist should attach a copy of the competed evaluation to this form. Medicaid will reimburse for an evaluation under the following circumstances:
   - Student is being evaluated to determine eligibility for special education and related services and an assessment/evaluation is necessary.
   - Student has been undergoing therapy and a significant change in condition/status affecting function has invalidated the most recent evaluation, so a new assessment/evaluation is necessary.

3. **Therapy Plan of Care Addendum DMAS 33** is completed by the therapist if a change in the original Therapy Plan of Care (DMAS 42) is required before the end date. Reasons for this addendum are as follows:
   - The Long Term Goal(s) need to be updated
   - The student's IEP is being amended with a significant change to the duration of the plan

4. **Progress Note: Occupational Therapy DMAS 48 or Physical Therapy DMAS 36** is a record of each scheduled therapy session. The session notes are compiled on the Progress Note forms and turned in at the end of every month. Therapists may combine two months onto one form when there is only one or
two weeks within any given month, as in the beginning or end of the school year (August/September or May/June). The month(s) for the Progress Note must be listed at the top of each page. Medicaid requires that the therapist document the Students’ response to treatment measurably by listing:

- Therapeutic Activity
- The Child's progress (in percentages) towards established goals
- Responses to treatment that are goal related; and/or
- The Therapist’s interpretation of the child's response to treatment

Medicaid will not accept listing only a percentage rate or trials to a specific goal.

The Supervision Visit box at the end of the form is filled out by the supervising therapist only if a COTA or PTA is working directly with a student.
Eligibility /Triennial Meetings

Occupational and Physical Therapists, as related service providers in the schools are not members of the initial eligibility or triennial teams. Related service providers do not determine educational eligibility for Special Education Services and are not routinely involved in eligibility assessments or meetings.

If a student is found eligible for special education under IDEA, decisions about the need for related services are made by the IEP team. When a student is suspected of having a disability and initially referred for a comprehensive evaluation, the eligibility committee reviews the assessments and any pertinent information to determine if the child has a disability that requires special education. Once eligibility has been established, the IEP team determines if related services are needed to help the student benefit from his educational program or access the general curriculum. The assessments and/or other relevant data required for the proposed related services are forwarded to the team or committee so that appropriate decisions are made regarding the need for the related services.

Therapists can provide an evaluation for the eligibility team, if assessment information is essential in determining that the child has a disability that requires special education.

If a student is receiving OT or PT services during his/her triennial year, the team may ask the related service provider for an update on the child’s status from the therapist’s perspective. In this instance, the therapist may give the child’s case manager the most recent progress report to share with the team, in lieu of attending the meeting.
**Student Observation Policy**

PREP occupational and physical therapists will conduct observations of students not currently receiving services, only in the context of a formal evaluation process with parental permission. As team members, therapists may assist a teacher with classroom ideas concerning differentiated learning activities, transition options and school environmental adaptations based upon a Universal Design to Learning (UDL) frame of reference.
Performance Reviews
New P.R.E.P. Therapist Mentoring Program

- New Graduates or therapists with less than 3 years prior experience will have contact with the Lead Therapist 2-4 times per month or as needed.

- Therapists with more than 3 years prior experience will have contact with the Lead Therapist at least one time per month as determined collaboratively.

- The Mentoring Program below is followed through the first year of employment with P.R.E.P., until you have reached three years of combined therapeutic experience. Once that criterion has been met, the therapist will be evaluated via the Experienced Therapist Protocol.

The format of the contact can be discussions with questions and answers, working together with a student, observation and consultation, assistance with evaluations and documentation, an in-service on a chosen topic, or any method deemed collaboratively instructive.

The School Year Timeline Will Include the Following Monthly Expectations

**August**

- Initial Orientation
- Therapist Self-Assessment and discussion of optimal learning/supervisory style

**September**

- First meeting with Lead to establish yearly goals based on Self-Assessment and develop collaborative plan on reaching goals.
- Review specific caseload/equipment needs.
- Documentation/Evaluation Procedures including Medicaid Documentation.
- Schedule date/time/location for first observation in October and post-observation feedback meeting.

**October**

- Provide Lead Therapist the therapeutic goals of the student who will be observed, one week prior to observation.
- First scheduled observation
- Post-observation meeting held with feedback

**November**

- Review an evaluation written by the new therapist using the Evaluation Rubric.
- Review daily progress notes and Medicaid documentation.

**December**

- Meet with Lead Therapist on topic determined by the new therapist
- Schedule date/time/location for second observation in January and post-observation feedback meeting.
January
- Give Lead Therapist the therapeutic goals of the student who will be observed, one week prior to observation.
- Second scheduled observation
- Post-observation meeting held with feedback

February
- Review an evaluation written by the new therapist using the Evaluation Rubric
- Review daily progress notes and Medicaid documentation.
- Schedule date/time/location for third/last observation in March and post-observation feedback meeting.

March
- Give Lead Therapist the therapeutic goals of the student who will be observed, one week prior to observation.
- Last scheduled observation conducted
- Post-observation meeting held with feedback

April
- Review IEP Process providing assistance with computer program, goals and/or meeting format.
- Review of the end of the year expectations concerning documentation, meetings and equipment.
- Schedule final evaluation meeting in May

May
- Final evaluation meeting with Lead Therapist using feedback from observations, documentation samples and teacher/team feedback on Survey Monkey.
- Establish personal goals for following school year
Experienced Therapist Yearly Evaluation Component Protocol

A therapist is evaluated using the following criteria after they have completed a successful first year of employment with PREP under the Mentoring Program and have acquired three years of clinical experience.

Components:

OT/PT Self – Evaluation
Policy: The therapist will fill out a Therapist Self Evaluation form (located on the PREP website under the Employee Handbook and Related Forms section) at the beginning of the school year (see Schedule for Experienced Therapist Evaluation Components). The information on this form will be used by the administrators and lead therapists to assess the need for specific group and individual trainings, and to assist the therapist towards his/her professional yearly goal. It is also an opportunity for the therapist to conduct an honest self-appraisal in order to guide his/her continuing education choices for the year.

Procedure:
1. Therapists will fill out the Therapist Self Evaluation form at the beginning of each school year.
2. The therapist’s completed form is turned into the PREP director within the designated time frame, while maintaining a copy for his/her own records.
3. Therapists should use the information and yearly goal as a guide when selecting continuing education options and when seeking assistance from the Lead Therapists to provide appropriate intervention for the students on their caseloads.
4. Lead Therapists can help you in areas of designated inexperience or refer you to other therapists who have indicated that they have enough expertise in the given area to teach others.

Teacher/Professional Staff Survey of PREP Therapist
Policy: In order to obtain feedback from district staff, a survey will be sent yearly via Survey Monkey to each therapist’s teachers/case managers and designated team members.

Procedure:
1. The therapist will receive an email from the PREP administration, requesting a list of teachers that they serve and a separate list containing a minimum of five designated team members chosen by the therapist (see Schedule for Experienced Therapist Evaluation Components). Team members can include any district or PREP staff members who work closely with the therapist and can rate their effectiveness to the team. (see Survey Monkey: Teacher and Professional Staff Appendix G and H for survey questions)
2. You will receive a copy of the survey results at your Therapist Yearly Review meeting with the PREP Director or Coordinator. These yearly results will be included in your permanent record files.
Experienced Therapist Yearly Evaluation Component Protocol (Cont.)

Peer Critique of a Therapy Evaluation

Policy: Each therapist will choose one student evaluation that they have written during the current school year to be critiqued by a peer.

Procedure:
1. Each OT and PT will pick an evaluation that they have completed during the current school year and remove identifying information from the evaluation (e.g.: names of therapist and student, and school/district).
2. The OT and PT will sticky note their name to the evaluation and give it to a lead therapist or send it via email.
3. The lead therapist will then randomly number and assign evaluations for therapist to critic. The lead therapist will maintain the list with the number assigned and the evaluating peer.
4. The therapist will have two weeks to complete the peer review and return the evaluation and the Peer Review of a Therapy Evaluation Form (Appendix C) to the lead therapist without identifying themselves on the form.
5. Therapists will be issued the feedback form from their peer, without identifying information. Therapists are evaluated on this measure solely based upon participation.

Direct Clinical Observation/Review of Documentation:

Policy: Experienced Therapists will receive one direct clinical observation and documentation review per year from either the PREP Director or Designee.

Procedure:
1. At the designated time in the school year, the therapist will be asked to sign up for an observation with either the PREP Director or Designee.
2. The therapist should have his/her daily progress note records available for administrative review.
3. A Post Observation Feedback Meeting will be held with the administrator and therapist directly following the observation session or at a mutually agreed upon date.

Therapist Yearly Review:

Policy: A meeting will be conducted on a yearly basis with the therapist and the PREP Director or Designee to review all of the evaluation components listed above and the individual’s progress towards the indicated yearly professional goal.

Procedure:
1. The therapist will schedule a meeting at the designated point in the school year with either the PREP Director or her Designee at a time that is mutually agreed upon.
2. The Director/Designee will compile the results of the evaluation components and present them at the meeting using the Therapist Yearly Evaluation Feedback Form (Appendix F). This completed form will go into the therapist’s permanent file annually.
3. Therapists have the opportunity to disagree with the evaluation findings. A letter clearly delineating the points of disagreement can be attached to the yearly evaluation form in their permanent file.
4. A performance improvement plan will be developed if it is determined that the therapist’s performance has not met the job expectations. This plan will delineate specific goals to improve areas of concern.
Schedule for Experienced Therapist Evaluation Components

September
- Therapist Self-Assessment completed and turned into PREP Director with yearly Professional Goals.

October
- Schedule a time/date for a Clinical Observation to include a review of documentation.

January
- Individual therapist provides a list of Case Managers and relevant Team Members for Survey Monkey (see Appendixes D-E for questions asked on surveys)
- Survey Monkey Evaluations distributed
- Completion of all Post Observation/Review of Documentation feedback meetings.

February
- A therapy evaluation of each therapist's choice (conducted within that school year) is issued to the Lead Therapists with all identifying information removed.
- Peer Evaluation of a Therapy Evaluation completed
- Therapists receive Peer feedback on their personal evaluation

March
- Sign up for Yearly Evaluation Review Meeting with the PREP Director or Coordinator.
- Yearly Evaluation Review Meeting Completed

April
- Determine Professional Goals for the following school year
PREP Guidelines for the Supervision and Performance Review of Certified Occupational Therapy Assistants (COTA's)

The following guidelines are based upon American Occupational Therapy Association (AOTA) national recommendations and Virginia State Regulations.

In the AOTA guidelines, supervision is viewed as a cooperative process in which the OTR and COTA participate in a joint effort to establish, maintain, and or elevate a level of competence and performance. Supervision is based on mutual understanding between the supervisor and the supervisee about each other’s competence, experience, education, and credentials.

SUPERVISION:

A Variety of Types and Methods of Supervision should be used:
Methods may include “Direct” such as observation, modeling, co-treatment, discussions, teaching and instruction or “Indirect” methods such as phone conversations, written correspondence or e-mails.

Amount of Clinical Supervision:
According to Virginia Board of Medicine regulations, the OTR providing supervision must meet with the COTA to review and evaluate treatment and progress of the individual student at least once every tenth treatment session or 30 calendar days, whichever occurs first.
A supervising OTR should provide direct supervision at least once per month and indirect more frequently, as required to ensure safe and skilled therapeutic intervention. The OTR must also review all written documentation and co-sign Medicaid Goals and Objectives form monthly.

Documentation of Supervision must be maintained:
Please utilize the COTA Supervision Documentation Record (Appendix H) or a comparable form to record supervision sessions and initial documentation.

ROLES and RESPONSIBILITIES:
EVALUATION:
The OTR initiates and directs the evaluation, interprets the data, writes the report and develops the intervention plan (goals, objectives, and frequency in the IEP).
The COTA can assist with the data collection, provided the OT has established her service competency. The OT must be confident that the assessments will be administered in the standardized method by the COTA, and the results will be gathered safely and effectively. The decision regarding which assessments may be helpful would be solely determined by the OT or collaboratively with the COTA.

INTERVENTION PLANNING:
The OTR has overall responsibility for the development of the occupational therapy intervention plan which includes the student’s objectives, goals, frequency.
The COTA is responsible for being knowledgeable about evaluation results and for providing input into the intervention plan, based on client needs and priorities.

INTERVENTION IMPLEMENTATION:
The OTR has overall responsibility for implementing the intervention, training and supervision.
The COTA selects, implements, and makes modifications to therapeutic activities and interventions that are consistent with demonstrated competency levels, student’s goals, and the requirements of the curriculum.

INTERVENTION REVIEW:
The OTR is responsible for determining the need for continuing, modifying, or discontinuing OT services.
The COTA contributes to this process by exchanging information with and providing documentation to the OTR about the student’s responses to and communication during intervention.
DOCUMENTATION RESPONSIBILITIES:

**OTR:**
- Evaluation report
- Establishes goals, objectives and frequency for IEP.
- Creates form for daily student intervention documentation and attendance record.
- Medicaid Plan Of Care (P.O.C.)
- Medicaid monthly Goals and Objectives Form (responsible for turning in the completed co-signed forms at the end of the month)
- Medicaid Discharge Plan
- Medicaid Time Studies for self
- Documents supervision sessions with COTA
- Reviews and co-signs all documentation written by COTA
- Reviews all student information prior to COTA attending a team or IEP meeting.
- Keeps records of overall caseload data and turns into PREP quarterly upon request.

**COTA:**
- Conducts and scores specific standardized assessments as determined by OTR after training.
- Documents daily student attendance and progress on forms provided by OTR (for both Medicaid and non-Medicaid students)
- Medicaid Time Studies for self
- Writes quarterly student progress notes in consultation with OTR
- Notifies OTR of evaluation referrals and meeting requests
- Attends team or IEP meetings after review of information with OTR
- Keeps records of caseload data, updates supervising OTR as of caseload changes and turns caseload information into PREP quarterly upon request.

**Performance Reviews:**
The PREP COTA’s yearly evaluation will be conducted by all of the therapists who directly supervise her/his caseload.
- The feedback will be a result of clinical observations conducted throughout the year and a review of the COTA’s documentation.
- At the end of the school year, the supervising therapists will fill out the *PREP COTA Performance Review Form* (Appendix G).
- This completed feedback form will be reviewed with the COTA at an end of the school year meeting with the supervising therapists.
- A copy of the signed review form(s) will issued to the COTA and the PREP Director for inclusion in the permanent file.
- The COTA may also sign up for a review session with the PREP Director to discuss the annual Survey Monkey results.
Appendices
Physical/Occupational Therapy Evaluation

Name: 
Birth date: 
School: 
Date of Evaluation: 
Therapist: 

Background Information: 
May include: 
Student’s Age/Grade 
Special Education Designation 
Developmental (birth history, milestones) 
Medical (diagnosis, precautions) 
Adaptive Equipment used 
Educational (placement, other related services, previous therapy) 
Reason for referral (parent/teacher/student educational concerns)

Evaluation Results: 
May include: 
Testing results with brief description of assessment tool(s) and norms 
Behavior 
Range of motion/strength/tone 
Posture 
Skin/soft tissue 
Balance reactions, righting reactions, and protective reactions 
Fine Motor Skills/School tool use 
Sensory information 
Visual perceptual (motor) skills 
Attention/organization skills 
Self-care 
Functional level in the school environment (mobility/transfers)
Summary/Recommendations:

To include a summary of findings and general recommendations, as they relate to the student’s access to and participation in the educational program.

Do not directly state whether you think the student will benefit from services, or the amount of services required. That is an IEP team decision which will be discussed at the related service eligibility meeting following the review of your evaluation.

The following sentence should be included in every evaluation:

This evaluation will be used by the IEP Committee to determine if PT/OT services are needed to achieve educational goals and objectives.

Signature (with professional credentials) and Date:
# Appendix B

## 9 Week Progress Note

**Student:**

**Grading Period:** 1 2 3 4

### GOALS

<table>
<thead>
<tr>
<th>wk 1</th>
<th>wk 2</th>
<th>wk 3</th>
<th>wk 4</th>
<th>wk 5</th>
<th>wk 6</th>
<th>wk 7</th>
<th>wk 8</th>
<th>wk 9</th>
</tr>
</thead>
</table>

### Criteria:

- Criteria:
- Criteria:
- Criteria:
- Criteria:

### COMMENTS:

- Week 1
- Week 2
- Week 3
- Week 4
- Week 5
- Week 6
- Week 7
- Week 8
- Week 9
Appendix C

Peer Review of a Therapy Evaluation

Please mark each question Yes or No. Use N/A if the question does not apply to this evaluation.

<table>
<thead>
<tr>
<th>Personal Information includes:</th>
<th>Y / N or N/A</th>
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<tbody>
<tr>
<td>Birth Date</td>
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<tr>
<td>Date of Evaluation</td>
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<tr>
<td>Evaluations Used</td>
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</table>

<table>
<thead>
<tr>
<th>Background information includes:</th>
<th></th>
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<tbody>
<tr>
<td>Age/grade of student</td>
<td></td>
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<tr>
<td>Reason for referral</td>
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<table>
<thead>
<tr>
<th>Developmental (Birth History, Milestones, etc)</th>
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<tbody>
<tr>
<td>Equipment used</td>
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<th>Environment in which the equipment is used</th>
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<tr>
<th>Educational (Placement, other related services, previous therapies)</th>
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<tbody>
<tr>
<td>Assistive Technology</td>
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<tr>
<th>Evaluation Results:</th>
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<tbody>
<tr>
<td>Behavior during observation and evaluation</td>
<td></td>
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<tr>
<td>Observations in other settings</td>
<td></td>
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</tbody>
</table>

| Are the assessments chosen adequately explained                   |              |
| Results are given with brief description of testing tool(s)       |              |

| Scores are presented in an understandable format                  |              |
| Summary of results are given                                     |              |

| Recommendations for teachers and parents                          |              |

| Summary:                                                         |              |
| Is the evaluation easy to read                                   |              |
| Is language used that parents will understand                    |              |
| Are there spelling/ grammatical errors                           |              |
Did the therapist allow the IEP team to determine the child’s eligibility for therapy services? Is the following statement included:

**This evaluation will be used by the IEP Committee to determine if OT/PT services are needed to achieve educational goals and objectives.**

Were appropriate assessments utilized?

Are there additional assessments you could recommend? Why?

What is one thing you learned or could use from this evaluation?

Comments or additional suggestions:
Appendix D

Survey Monkey: Teacher Evaluation of PREP Therapist

Dear Colleague:

You are being asked to participate in the evaluation of ______________________, a Piedmont Regional Education Program (PREP) staff member that serves your student(s). Please complete the survey, rating the individual listed below. Your responses will be kept strictly confidential. Thank you for completing this survey.

Legend:

4 = Strongly Agree
3 = Agree
2 = Disagree
1 = Strongly Disagree
0 = N/A

• Verbal communication/reports are effective.
• Communicates effectively in written form such as reports, emails, and assessments.
• Provides input for educationally relevant instructional goals for student’s programs.
• Makes self available for consultation regarding students’ needs and keeps team members informed of relevant details.
• Assists teachers and assistants in implementing instructional strategies in the classroom.
• Recommends therapeutically appropriate equipment and supplies for students.
• Provides needed instruction(s) for use of equipment/supplies.
• Demonstrates and communicates knowledge in his/her field.
• Is punctual for meetings and with reports.
• Works effectively with the rest of the educational team.
Appendix E

Survey Monkey: Professional Team Evaluation of a PREP Therapist

Dear Colleague:

You are being asked to participate in the evaluation of _________________________, a Piedmont Regional Education Program (PREP) staff member that serves your student(s). Please complete the survey, rating the individual listed below. Your responses will be kept strictly confidential. Thank you for completing this survey.

Legend:

4 = Strongly Agree
3 = Agree
2 = Disagree
1 = Strongly Disagree
0 = N/A

• Verbal communication/reports are effective.
• Communicates effectively in written form such as reports, emails, and assessments.
• Makes self available for consultation regarding students’ needs and keeps team members informed of relevant details.
• Provides needed instruction(s) for use of equipment/supplies.
• Demonstrates and communicates knowledge in his/her field.
• Is punctual for meetings and with reports.
• Works effectively with the rest of the educational team.
Appendix F

Therapist Yearly Review Feedback

Therapist Name: _______________________ Date of Review: ________________

Components:

OT/PT Self – Assessment and Professional Goal Setting/Review:

Attendance at Mandatory Staff Meetings:

Peer Review of a Therapy Evaluation:

Teacher/Professional Staff Survey of PREP Therapist:

Direct Clinical Observation/Review of Documentation:

Overall Comments: (List Yearly Additional Professional Activities/Committees)

After a review of all of the above listed components, _________________________ does/does not meet expectations as delineated in their job description.

______________________________

Therapist Signature

______________________________

Supervisor Signature
Appendix G

PREP Certified Occupational Therapy Assistant Performance Review

COTA: ____________________________________________________
School Year: _______________________________________________
Supervising Therapist: _______________________________________
School District Served: _______________________________________

COTA ROLES AND RESPONSIBILITIES:

STUDENT EVALUATION PROCESS:
Assistance with Data Collection.

INTERVENTION PLANNING:
Provides input into the intervention plan, based on the student’s needs.

INTERVENTION IMPLEMENTATION:
Selects, implements, and makes modifications to therapeutic activities and interventions that are consistent with demonstrated competency levels, student’s goals, and the requirements of the curriculum.

INTERVENTION REVIEW:
Exchanges information with and provides documentation to the OTR about the student’s responses to and communication during intervention. Adjusts intervention appropriately according to the feedback from OTR.

*Continued
DOCUMENTATION RESPONSIBILITIES:
Documents daily student attendance and progress (for both Medicaid and non Medicaid students). Writes quarterly student progress notes in consultation with OTR. Attends team or IEP meetings after review of information with OTR.

PROFESSIONALISM:
Relates to children, teachers and staff in a positive manner. Functions as an effective team member. Dresses and behaves professionally. Communicates effectively in written format and meeting situations.

COMMENTS AND SUGGESTIONS FOR IMPROVEMENT:

COTA Signature:____________________________________________

Supervising Therapist Signature:________________________________

Date Evaluation Feedback was reviewed____________________________
Appendix H

COTA SUPERVISION DOCUMENTION RECORD

<table>
<thead>
<tr>
<th>OTR</th>
<th>COTA</th>
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<th>METHOD OR TYPE OF SUPERVISION</th>
<th>CONTENT AREAS ADDRESSED</th>
<th>INITIALS</th>
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<th>METHOD OR TYPE OF SUPERVISION</th>
<th>CONTENT AREAS ADDRESSED</th>
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Appendix I

Instructions for Completing The Continued Competency Activity and Assessment Form for Occupational Therapists and COTA’s

Part A: Activity

Learning Activity, Resources, Strategies & Experiences - List resources, strategies & experiences that you used to develop or maintain the selected knowledge or skill listed in Part B; e.g., conferences, continuing education courses, specialty certification, in-service workshops, consultations, discussions with colleagues, self-study courses, research in preparation for teaching, reading peer reviewed journals and textbooks, and self instructional media.

Date(s) of Activities - List the date(s) that you were engaged in the learning activity.

Part B: Assessment

Knowledge or Skills Maintained or Developed - Think about questions or problems encountered in your practice. Describe the knowledge or skills you addressed during the learning activity listed in Part A. Consider ethics, standards of care, patient safety, new medical technology, communication with patients, the changing health care system, and other topics influencing your practice.

# Hours/Type

Hours Actually Spent in Learning Activity: List the hours actually spent in the learning activity to nearest ½ hour. Total hours should be at least 20 hours biennially. (1 semester hour = 15 contact hours, 1CEU = 10 contact hours)

Types of Activities: List the type of activity from the categories described below:

Type 1 continuing learning activities 10 hours required biennially

Must be offered by a sponsor or organization which is recognized by the profession and which provides documentation of hours to the practitioner. May include formal course work, in-service training, continuing education classes, or specialty certification.

Type 2 continuing learning activities 10 hours required biennially

May or may not be approved by a sponsor or organization but shall be activities considered by the learner to be beneficial to practice or to continuing learning; occupational therapists document their own participation on the attached form. Type 2 activities may include independent reading or research, consultation with another therapist, preparation for a presentation, or self-study through multi-media.

Part C: Outcome

Outcome - Indicate whether you will: a) make a change in your practice, b) not make a change in your practice, and/or c) need additional information on this topic. (You may include personal notes regarding the outcome of participating in this activity, e.g., learning activities you plan for the future, questions you need to answer or barriers to change.)
OCCUPATIONAL THERAPY CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM

Please photocopy this original form to record your learning activities.
The completed forms and all documentation must be maintained for a period of six years.

<table>
<thead>
<tr>
<th>PART A: ACTIVITY</th>
<th>PART B: ASSESSMENT</th>
<th># OF HOURS/TYPE</th>
<th>PART C: OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning Activity, Resources, Strategies &amp; Experiences; e.g. conferences, consultations, self-study courses, peer-reviewed journals, continuing education courses, specialty certification.</td>
<td>Date</td>
<td>Knowledge or Skills You Maintained or Developed. What questions or problems encountered in your practice were addressed by this learning activity?</td>
<td>Type 1 (10 hours) Sponsored by a professional organization</td>
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<td>Type 2 (10 hours) Learner approved</td>
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CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM: SUMMARY AND VERIFICATION

This page should be completed at the end of your two year renewal cycle and inserted as the final page of your CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM.

Record at least 20 contact hours of continuing learning activities you completed during the preceding two-year period of professional license. Recorded hours should indicate 10 hours of Type 1 activities offered by a sponsor or organization recognized by the profession to designate learning activities for credit or other value. The other 10 hours should be Type 2 educational activities you consider to be beneficial to your career development that may or may not be approved for credit by a sponsor or organization recognized by the profession. The CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM and all documentation should be maintained in your records for six years.

As you consider your completed CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM, please reflect upon your career and in the space below identify problems or questions you expect to address during the next biennial period of medical license renewal:

______________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________

As required by law and regulation, I certify that I have completed the CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM and have participated in 20 hours of continuing education or learning activities as required for renewal of occupational therapy licensure in the Commonwealth of Virginia.

_________________________________________  ____________________________________
Signature                                    Date
Appendix K

Instructions for Completing
The Physical Therapy Continued Competency Activity and Assessment Form

Part A: Activity

Learning Activity, Resources, Strategies & Experiences - List resources, strategies & experiences that you used to develop or maintain the selected knowledge or skill listed in Part B; e.g., conferences, quality improvement teams, consultations, discussions with colleagues, teaching, reading peer reviewed journals and textbooks, and self instructional media.

Date(s) of Activities - List the date(s) that you were engaged in the learning activity.

Part B: Assessment

Knowledge or Skills Maintained or Developed - Think about questions or problems encountered in your practice. Describe the knowledge or skills you addressed during the learning activity listed in Part A. Consider ethics, standards of care, patient safety, new medical technology, communication with patients, the changing health care system, and other topics influencing your practice.

# Hours/Type

Hours Actually Spent in Learning Activity: List the hours actually spent in the learning activity to nearest ½ hour. Total hours should be at least 30 hours biennially for physical therapists and physical therapist assistants.

Types of Activities: List the type of activity from the categories described below:

Type 1 continuing learning activities  At least 15 hours for physical therapists and 10 hours for physical therapist assistants of the 30 hours required biennially. Must be offered by an approved organization that provides documentation of hours to the practitioner. All of the Type 1 hours must be earned in face-to-face or interactive courses.

Type 2 continuing learning activities  No more than 15 hours for physical therapists and 20 hours for physical therapist assistants of the 30 hours required biennially. May or may not be approved by an approved organization but shall be activities considered by the learner to be beneficial to practice or to continuing learning; physical therapist and physical therapist assistants shall document their own participation on the attached form.

Part C: Outcome

Outcome - Indicate whether you will: a) make a change in your practice, b) not make a change in your practice, and/or c) need additional information on this topic. (You may include personal notes regarding the outcome of participating in this activity, e.g., learning activities you plan for the future, questions you need to answer or barriers to change.)
APPENDIX L

PHYSICAL THERAPY CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM

Please photocopy this original form to record your learning activities.
The completed forms and all documentation must be maintained for a period of four years.

<table>
<thead>
<tr>
<th>PART A: ACTIVITY</th>
<th>PART B: ASSESSMENT (Optional)</th>
<th># OF HOURS/TYPE</th>
<th>PART C: OUTCOME (Optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning Activity, Resources, Strategies &amp; Experiences; e.g. conferences, consultations, teaching, peer-reviewed journals, quality improvement teams, self-instructional material</td>
<td>Date</td>
<td>Knowledge or Skills You Maintained or Developed. What questions or problems encountered in your practice were addressed by this learning activity?</td>
<td>Type 1 Minimum of 15 hrs. for PT and 10 hrs. for PTA</td>
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TOTAL AMOUNT OF CONTINUING COMPETENCY HOURS RECEIVED

As required by law and regulation, I certify that I have completed the CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM and have participated in 30 hours of continuing learning activities as required for renewal of a physical therapy or a physical therapist assistant license in the Commonwealth of Virginia.

Signature

License No. ______________________________

Date

Rev. 07/30/2008
Dear Parents,

I would like to introduce myself, I am __________________ and I will be your child’s Occupational /Physical Therapist throughout the 2012-2013 school year. I look forward to working with your child and helping him/her have a successful and enjoyable school experience. I will additionally be consulting with your child’s teachers and am available to attend team meetings. Please feel free to contact me with any questions or concerns you have related to your child’s occupational/physical therapy services. You may reach me either by email __________________ , or by leaving a message on my cell phone /voice mail extension at (____)_______.

Sincerely,