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.


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Professional Responsibilities
Occupational Therapist

Position Description
The Occupational Therapist (OT) 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 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 Lead Occupational Therapist and the Administrative Coordinator.

Qualifications
- Graduation from an accredited occupational therapy program and completion of all fieldwork education requirements
- Certification/Licensure: Must be licensed by the Virginia Board of Medicine and have passed the Occupational 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 20 hours of continuing learning activities biennially as prescribed by the Virginia Board of Medicine

Physical Requirements
Physical requirements of the position include the abilities to lift a minimum of 30 pounds, walk an average of one mile per day, climb flights of stairs as needed, sit for extended periods of time in the car, and transition from standing to the floor and back during service provision.

Professional Responsibilities
- Complete evaluations, develop measurable goals, plan and implement therapeutic interventions at intervals determined to be educationally relevant
- Communicate results of evaluations and reports to the educational staff, parents, students, and when appropriate other professionals and agencies concerned with students
- Establish a system of documentation that is professional, efficient and accountable that conforms to state and individual agency policy (including daily documentation, progress notes, student Individualized Education Programs, and Medicaid documentation when required)
- Collaborate, consult, teach and monitor professionals and paraprofessionals involved with the implementation of physical therapy interventions and equipment
- Provide consultation to schools and districts regarding students’ needs, staff and system needs
- Attend school team and IEP meetings as appropriate
- Attend PREP staff meetings and in-services
- Supervise, monitor and evaluate the job performance of any assigned occupational therapy assistant or student as required by the Virginia Board of Medicine
- Maintain an inventory of therapy equipment and supplies
Certified Occupational Therapist Assistant

Position Description

Under the direction and supervision of a licensed occupational therapist, the Certified Occupational Therapist Assistant (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, Lead Occupational Therapist and the Administrative Coordinator.

Supervision

A COTA is professionally responsible under the direct supervision of a licensed occupational therapist.

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

Physical Requirements

Physical requirements of the position include the abilities to lift a minimum of 30 pounds, walk an average of one mile per day, climb flights of stairs as needed, sit for extended periods of time in the car, and transition from standing to the floor and back during service provision.

Professional Responsibilities

- Implement 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.
Lead Occupational Therapist

Position Description
The Lead Occupational Therapist is responsible for providing clinical support, supervision, and mentoring for the PREP Occupational Therapists (OT) and Certified Occupational Therapy Assistants (COTA’s). Lead Occupational Therapist provides organization for PREP Therapy and Assistive Technology Services and reports to the Administrative Coordinator and the PREP Executive Director.

Qualifications
• Graduation from an accredited educational program including all fieldwork requirements
• Certification/Licensure: Must be licensed in the state of Virginia and have passed the National Certification Examination for Occupational Therapy
• Experience: A minimum of five 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

Physical Requirements
Physical requirements of the position include the abilities to lift a minimum of 30 pounds, walk an average of one mile per day, climb flights of stairs as needed, sit for extended periods of time in a car and transition from standing to the floor and back during service provision.

Professional Performance Responsibilities
• Maintain a student caseload following the professional performance responsibilities as delineated in the OT job description
• Assist in the recruitment and interviewing process for new therapy staff
• Provide orientation and mentoring to new PREP therapists, according to the PREP Mentoring Program guidelines
• Support PREP occupational therapists through direct clinical training, or assistance with caseload requirements
• Support supervision of therapy assistants, university student affiliation candidates, and occupational therapists with provisional licenses, as needed
• Support PREP districts staffing needs by substituting for occupational therapists when possible during periods of extended absence or when short of staff
• Creates continuing education opportunities based upon common areas of need within the therapy department
• Facilitates monthly staff meetings
• Organizes and chairs committees required for therapy department needs
• Partners with the Administrative Coordinator on yearly evaluation of clinical occupational therapy staff
• Serve as a liaison between the occupational therapy team and the Administrative Coordinator regarding professional and staffing needs within the regional program.
**Lead OT Additional Responsibilities**

- Monitors the effectiveness of therapy service delivery, efficiency, productivity and development of clinical skills
- Responsible for annual updates to the OT/PT Handbook in conjunction with the PREP Comprehensive Plan
- Liaison with universities for student affiliation placements
- Manages monthly OT/PT meetings (including topics, presenters, agenda, and staff notifications to ensure appropriate professional development for therapy staff)
- Schedules and organizes the annual PREP OT/PT conference with input from the therapy staff and consultation with the Administrative Coordinator
- Tracks therapy staff CEU’s earned from in-house continuing education
- Orders, maintains and is accountable for therapy equipment, evaluation kits and forms
- Communicates the needs of the therapy program, to the PREP Administrative Coordinator and district representatives
- Ensures clinical best practice standards for the PREP therapy department, as designated by the American Occupational Therapy Association, American Physical Therapy Association, the Virginia Board of Physical Therapy, the Virginia Board of Medicine, and the Virginia Department of Education
- Assistive Technology Team Planner (see AT Handbook for specific responsibilities)
Physical Therapist

**Position Description**
The Physical Therapist (PT) 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 Lead Physical Therapist and the Administrative Coordinator.

**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

**Physical Requirements**
Physical requirements of the position include the abilities to lift a minimum of 30 pounds, walk an average of one mile per day, climb flights of stairs as needed, sit for extended periods of time in the car, and transition from standing to the floor and back during service provision.

**Professional Responsibilities**
- Complete evaluations, develop measurable goals, plan and implement therapeutic interventions at intervals determined to be educationally relevant
- Communicate results of evaluations and reports to the educational staff, parents, students, and when appropriate other professionals and agencies concerned with students
- Establish a system of documentation that is professional, efficient and accountable which conforms to state and individual agency policy, including daily documentation, progress notes, Individualized Education Programs (IEP) and Medicaid documentation, when required
- Collaborate, consult, teach and monitor professionals and paraprofessionals involved with the implementation of physical therapy interventions and equipment
- 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
- Supervise, monitor and evaluate the job performance of any assigned physical therapy assistant or student as required by the Virginia Board of Physical Therapy
- Maintain an inventory of therapy equipment and supplies
Lead Physical Therapist

Position Description
The Lead Physical Therapist is responsible for providing clinical support, supervision, and mentoring for the PREP Physical Therapists (PT) and Physical Therapy Assistants (PTA). Lead PT reports to the Administrative Coordinator and the PREP Executive Director.

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

Physical Requirements
Physical requirements of the position include the abilities to lift a minimum of 30 pounds, walk an average of one mile per day, climb flights of stairs as needed, sit for extended periods of time in the car, and transition from standing to the floor and back during service provision.

Professional Responsibilities:
- Maintain a student caseload following the professional performance responsibilities as delineated in the PT job description.
- Assist in the recruitment and interviewing process for new therapy staff.
- Provide orientation and mentoring to new PREP therapists, according to the PREP Mentoring Program guidelines.
- Support PREP physical therapists through direct clinical training, or assistance with caseload requirements.
- Support supervision of university students, therapy assistants, and physical therapists with provisional licenses, as needed.
- Support PREP districts staffing needs by substituting for physical therapists when possible during periods of extended absence or when short of staff.
- Create continuing education opportunities based upon common areas of need. Facilitate monthly staff meetings.
- Organize and chair committees required for therapy department needs.
- Provide input and assistance for annual OT/PT conference.
- Collaborate on annual updates of OT/PT Handbook in accordance with the PREP Comprehensive Plan.
- Partner with the Administrative Coordinator on yearly evaluation of clinical physical therapists.
- Serve as a liaison between the physical therapy team and the Administrative Coordinator regarding professional and staffing needs within the regional program.
- Research and ensure best practice standards for the PREP physical therapy staff, as designated by the American Physical Therapy Association as well as the Virginia Board of Physical Therapy, and the Virginia Department of Education.
Continuing Education Requirements for Occupational Therapists and Certified Occupational Therapy Assistants

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 Board regulation 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 Forms for Occupational Therapy (Appendix A) 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 Board regulation 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 Forms for PT (Appendix B) 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 (4) 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.
OT/PT Staff Meetings and OT/PT Regional Conference

- **OT/PT Meetings/Events** occur monthly from August through May.
- **Meetings are scheduled for Monday afternoons from 2:15 - 3:45.**
- **Meetings will be held in the PREP conference room,** unless otherwise indicated.
- **Therapists will receive a schedule of meeting dates and formats for the year at the first mandatory PREP Staff Work Day of the school year.**

**Staff meeting attendance is considered mandatory** for all full-time therapists. (Part-time therapists may take approved flex time in order to attend.) Therapists are expected to attend and be cautious not to schedule conflicting meetings on these afternoons. Therapists should leave Monday afternoons “flexible” when creating their weekly schedule, so that they can attend the planned staff meetings. If a meeting is missed, the therapist is expected to review the information presented, sign the agenda acknowledging they reviewed the information, and turn it in to the Administrative Coordinator.

On the Mondays 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 the training aspects of staff meetings.

**Three different meeting formats** will be employed. 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 hours will be awarded accordingly.
**Annual OT/PT Regional Conference**

As required for our professional licensure, OT’s, COTA’s, PT’s and PTA’s are required to demonstrate *continued learning* throughout their careers. To assist with this process, PREP sponsors an OT/PT Regional Conference annually, on a topic chosen by the therapy staff deemed relevant for the students they serve. Sponsoring this annual training is beneficial to our community in a variety of ways. Notably, it is cost effective to locally train PREP staff together. Training several members of a therapy team jointly ensures competent use of learned strategies in practice and provides support for incorporating these new skills within the schools. Additionally, it provides a service to community therapists who can attend an annual workshop presented by nationally renowned professionals, at a significantly reduced fee. This further enhances PREP’s reputation for sponsoring quality continuing education within our greater community. Conference attendance by PREP therapy staff is funded by PREP.
Liability Insurance

All PREP therapists must maintain individual liability coverage (malpractice insurance). It is the therapist’s responsibility to obtain appropriate coverage prior to the initiation of direct services with students. PREP will reimburse each therapist for their individual expenditures annually, following the first year of employment regardless of full or part-time status. Reimbursement is attained by turning in proof of coverage along with the *Purchase Requisition form* (located on the PREP website under *Employee Handbook and Related Forms, Appendix F*) to the Executive Director.
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 the purchase of needed individual therapy equipment and supplies as determined by each therapist and approved by the Executive Director. This fund is not used for Continuing Education coursework. If a therapist is interested in a Continuing Education Course, they should use the Request for Professional Leave form, (located on the PREP website) attaching a brochure for Dr. Elitharp’s consideration. Continuing Education will be approved based upon educational relevance to the therapist’s caseload and available funds.

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

When placing individual orders, therapist should use the Purchase Requisition form (located on the PREP website), and send the completed forms to the Executive Director 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 [“PREP”], 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.
Occupational Therapy Student Affiliation Program

As part of our professional responsibilities to our disciplines and as one avenue for recruitment, PREP therapists are offered opportunities 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 (prior to student’s start date)

- 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.
Level II Fieldwork Orientation will include the following

- PREP organizational orientation (conducted cooperatively between Lead and supervising therapists)
- 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
- Scheduling a date for mid-term and final evaluations
- Assisting the student to set personal goals/objectives for mid-term and final.
- Establishing a mutually agreed upon time for weekly feedback/planning meetings

Supervising Therapist Additional 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 Parent Communication). 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. Physical Therapy programs are now at the 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](http://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.
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, therapists must:
- only discuss students by name with individuals necessary to the provision of services, in locations where conversations cannot be overheard
- share “working files” or other information gathered regarding student with ‘essential’ personnel only
- keep files in a secure location
- shred any documents containing 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. It is recommended to use the student’s initials or other identifying information. Preferably, not more than one student should be referenced per email. Email correspondence regarding students should bear the disclaimer ‘not to be shared’ and should be deleted once read.

If a therapist has a university student observing them within a school, it is the therapist’s responsibility to have the student sign either the District’s or PREP’s confidentiality agreement form prior to initiation of the observation. These signed forms are then maintained by PREP.

Therapists should check with the specific district that they serve to see if there are additional or alternate confidentiality requirements.
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 School Year Parent Letter (an example can be found in Appendix C). Each therapist may create their own personal letter if preferred, with contact information provided. This initial communication can be sent out via email, for those parents who list an email address on their child’s IEP. If you are sending out a mass email to parents be sure to send it out using the “blind copy” (Bcc:)” to insure confidentiality of email addresses of parents. 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
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 *Handbook for Occupational and Physical Therapy in Virginia Public Schools, 2010*. 

**Inclusive practices**

- The overarching philosophy of inclusive practice is that all students can learn in the general education environment 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.

**Services are provided to enable the student to benefit from his/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.

**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.

**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.

**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:
  a. Training school staff in activities and accommodations to be implemented throughout the student’s day
  b. Observing and critically analyzing student performance and responses that prevent the student from benefiting from his or her educational program
  c. Identifying, selecting, and adapting special materials and equipment
  d. Collaborating and coordinating with teacher and families for needed changes in instruction and in the learning environment
  e. Consulting with students, parents and school staff.
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 IFSP, IEP, 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, or when significant changes in educational or medical transitions occur.
School Based Therapy Service Models

The service delivery model a student receives services under is listed in the Related Services section of the Child's IEP (See Individualized Education Program (IEP) and Progress Notes section of this Handbook)

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)

Guidelines to consider when determining the most effective service delivery model for a student:

**Direct** student services are merited if “hands-on”, skilled intervention is required on a regular basis 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 refer to the student’s local school division 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. Children who receive PT under 504 plans are required to have a physician’s referral, unlike those who are served under an IEP. OT services do not carry this same requirement under a 504 plan.

Under a 504 Plan, therapists may have a variety of roles and responsibilities including but not limited to:
1. Evaluation
2. Participation in developing the student’s 504 plan
3. Adaptive equipment
4. Modification of the educational environment
5. Consultation
6. 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.


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

- OT or PT Student Observation Feedback (see Documentation and Procedures section of this Handbook)
- Providing consultation and general recommendations to the classroom teacher concerning:
  1. Normal development
  2. Environmental adaptations
  3. Diversified instructional techniques
  4. Behavioral/sensory strategies
  5. Low tech. adaptive technology/materials
  6. 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 up the designated amount of service time as per each student’s IEP.

However, 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 (e.g. field trips, testing, assemblies)
- 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 a therapist more flexibility in order to have enough time to make up missed sessions within the tight schedules of both the therapist and student. Choices might include:

- 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. (Check with your district SPED Director to see if this method of writing frequency on the IEP is approved.)
- If allowed on your district’s IEP software, therapists could 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. (Remember this is for the purpose of IEP required time as Medicaid visits are on a per session and not minutes basis.) The therapist should document all time spent with the student on the daily attendance record.
Documentation and Procedures
Student Observation (Screening) Procedure

A Student Observation may be requested by a teacher when she/he seeks assistance for instructional strategies for a specific student. According to the VDOE, an observation by a related service provider may be part of a screening for instructional purposes or an evaluation. Observations of a student when participating in school environments and activities are part of a standard component of a comprehensive therapy evaluation, and as such are required to have Prior Written Notice (PWN) and parental consent. (8VAC20-81-10)

VDOE states that an observation may also be part of a “…screening of a student by a teacher or specialist to determine appropriate instructional strategies for curriculum implementation (8VAC20-81-10). If the intent of the related service staff is to observe the student to provide suggestions to support instruction/learning for the teacher to implement, then PWN and parental consent is not required.

If a child is not eligible for Special Education services, then the therapists may conduct an observation only as part of the school’s Response to Intervention (RTI) plan for a student, once an official referral from the RTI Team has been received with accompanying parental approval.

If a student is suspected of requiring OT or PT services to make progress, a referral for evaluation should be made by the IEP team. The IEP must address the request for evaluation and review existing data and the need for additional data. If additional data is sought, then parental consent is required.

The requirement for parental consent depends on the purpose of the observation and use of the data. The decision to refer a student for a therapy evaluation is always an IEP Team decision and always requires parental consent.

When a therapist conducts an observation they should:

● Meet with the teacher to assess areas of concern and what interventions have been tried
● Observe the student in his/her daily school routine and environment in which he/she is normally conducting the activities of stated concern
● Conduct the observation globally within the natural school environment, without singling out a child or removing them from the class activity
● Use the discipline specific OT or PT Student Observation Feedback form (Appendices D and E, respectively) to record their observations and recommendations for the referring teacher and/or RTI Team. The parent does not receive a copy of the form
● Following the observation, the therapist should meet with the teacher to review information on the form and to brainstorm possible interventions. Therapist may include differentiated learning activities, transition options and school environmental adaptations based upon a Universal Design to Learning (UDL) frame of reference.
● The therapist is not required to meet directly with the RTI team or parents following the observation. The referring teacher will report suggestions to the team and implement suggestions as appropriate. The related service provider will not follow up with this student unless another referral is made by the team.
Therapy Evaluation Referral Procedure

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 (PWN) 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 is also listed on the PREP Website, http://www.prepivycreek.org under the Staff Directory.
Therapy 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.


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, sensory 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 application to the educational setting. It is also beneficial for the therapist to reiterate that the evaluation addresses the student’s ability to participate in functional, *educationally relevant* activities. See Appendix F- *OT/PT Evaluation Template* 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, and referral to other disciplines).

**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 make a unilateral decision.**

*Source: Handbook for Occupational and Physical Therapy in Virginia Public Schools 2010, VDOE*
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.

*Source: Parent’s Guide to Special Education 2010 Edition Pg.21 VDOE*

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 [green] folder within his/her school office
- The student’s case manager

The therapy evaluation must be available in these locations **at least two (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.
Individualized Education Program (IEP) and Progress Reporting

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 allow 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 (PLOP)* 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. Generally, OT and PT comments, the date, and the therapist’s name or initials, should be put in the Non-Academic section of the PLP if the IEP is not fully integrated.
**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 an 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 on how to carry out
therapy recommendations and strategies as part of the child’s school routine. (See: School Based Therapy Service Models)

**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 bi-annually for younger students, or include interim reports for older students. Therapists should check on their district’s policy on report card distribution. Progress Reports are completed by the team using the District’s chosen on-line IEP program. 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.

Individualized Education Programs and Progress Reports will become part of the student’s permanent school record.
Therapy Documentation: Daily 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 G) or The *Medicaid Progress Note Monthly Form* (DMAS 48 [OT] or 36 [PT], 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 do **not** require a Plan of Care (POC) or any additional Medicaid documentation, nor will the progress note forms be turned into the office monthly.
Documentation for Medicaid

In the beginning of every school year individual therapists will receive an email requesting caseload information. This should be recorded using the Caseload Form (located on the PREP website) and sent to the PREP Medicaid Coordinator and appropriate OT or PT Lead Therapist. 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 highly confidential information.

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

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

- **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 refer to 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 regarding completing the document.

- **Therapy Request for Assessment (DMAS 51)** form must be filled out for any Medicaid eligible student who has received an OT or PT evaluation. Triennial evaluations are not reimbursable. 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.

- **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
• **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 are 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* by measurably listing:
  - Therapeutic Activity
  - The Child’s progress (in percentages)towards established goals
  - Responses to treatment that are goal related
  - The Therapist’s interpretation of the child’s response to treatment

The *Supervision Visit* box at the end of the Medicaid 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.

Source: Handbook for OT and PT Services in the Public Schools of Virginia 2010, VDOE

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.
Termination from Therapy Services

The IEP team, which includes the therapist, makes the decision concerning the continued need for OT and/or 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 (PLOP) 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.
Records Management

There is a distinction between the official student *cumulative file* and PREP staff *working file*.

A student’s official *cumulative file* constitutes the Educational Record for the student which has all special education documentation arising from IEP, eligibility and other special education processes. The student’s home school district is the Custodian of record, which means that the district maintains the file contents, maintains security and confidentiality of the file, and is responsible for its retention and destruction.

A student’s *working file* has specific information relating to the student’s attendance for services rendered, anecdotal daily notes on student progress/problems, testing protocols indicating student performance on test, notes on materials or equipment used or tried in school, and notes on information provided to student/parent. This file is the responsibility of PREP professional staff working with the student. PREP is the Custodian of record for the *working file* which means PREP maintains the file contents, maintains security and confidentiality of the file, and is responsible for its retention and destruction.

**PREP Responsibility to Districts**
PREP staff should insure that all IEPs, Eligibility relevant reports, IEP Progress Notes, and Report Cards are provided to the student’s home district as the Custodian of record for the *cumulative file*.

**PREP Working Files**
PREP staff will consider *working file* as Educational Records. Any Educational Record falls under the Freedom of Information Act and may be subpoenaed. Observations and comments in the *working file* should be factual. The *working file* may be transferred to another professional staff member responsible for service delivery for the purpose of communicating relevant student information.

**PREP Policy on Retention and Destruction of Working Files**
- *Working Files* will be maintained by PREP professional staff responsible for student services. After student exits from services and the file is no longer needed, PREP will secure said file for six (6) years after the student graduates, completes Board of Education program, or withdraws from school.

- Upon the student’s exit from services, *working files* will be cleaned of all notes used for summary reports (which are maintained in student’s District files). Only test protocols and service delivery calendar records will be maintained. Files will be filed for storage by graduation date. After cleaning the file, it should be turned in to PREP office for storage.

- *Working files* will be destroyed by shredding after a six (6) year period. An annual date shall be set when *working files* will be destroyed. Official notification in a regional newspaper will be made two (2) weeks prior to destruction.
Performance Review
New Therapist Mentoring Program and Suggested Schedule

The mentoring calendar outlined below is followed through the first year of employment with PREP. 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.

- 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 new to PREP with more than 3 years prior experience will have contact with the Lead therapist at least one time per month as determined collaboratively.

The School Year Timeline Will Include the Following Expectations

August
- Initial Orientation to PREP
- Medicaid training

September
- Complete OT/PT Orientation Skill Rating (Appendix H) and discuss optimal learning/supervisory style
- Review specific caseload/equipment needs
- Schedule date/time/location for first observation in October and post-observation feedback meeting

October
- Establish yearly (SMART) goal based on the Skill Rating and guided by SMART Goal Components (Appendix K), and develop collaborative plan to attain goal
- 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
- Review daily progress notes and Medicaid documentation

November
- Review an evaluation written by the new therapist using the OT/PT Evaluation Template (Appendix F)
December
● Meet with Lead Therapist to discuss progress toward annual SMART goal
● 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 second evaluation written by the new therapist using the OT/PT Evaluation Template
● 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 by Administrative Coordinator and Lead Therapist
● Post-observation meeting held with feedback

April
● Review of the end of the year expectations concerning documentation, meetings and equipment
● Schedule final evaluation meeting in May

May
● Final evaluation meeting with Administrative Coordinator and Lead Therapist using feedback from observations, documentation samples and teacher/team feedback using the Therapist Annual Review Feedback form (Appendix M)
(This will go into the therapist’s employment file. The therapist may disagree with the findings and attach a letter to the form delineating points of disagreement.)
Experienced Therapist Annual Performance Review Components

A therapist is evaluated using the following components after they have completed a successful first year of employment with PREP under the Mentoring Program.

Components

1. **Attend OT/PT Meetings**

   All full-time therapists are required to attend all OT/PT meetings. If a meeting is missed, the therapist is expected to review the information presented, sign the agenda acknowledging they reviewed the information, and return the signed agenda to the Administrative Coordinator.

2. **Peer Critique of a Therapy Evaluation/ other Documentation**

   Each therapist will choose one therapy evaluation report (or other documentation determined by the Lead) written during the current school year to be critiqued by a peer therapist using the *Peer Review of a Therapy Evaluation Report* (Appendix I). Therapists are evaluated on this measure solely based upon participation.

   **Procedure**
   - Each OT and PT will select a therapy evaluation report completed during the current school year and remove identifying information from the evaluation (i.e., names of therapist and student, and school/district).
   - The therapist will send the therapy evaluation report to their respective Lead Therapist via email.
   - The Lead Therapist will exchange reports anonymously for critique.
   - Each therapist will complete the peer review and return the evaluation and peer review to the Lead Therapist without identifying themselves on the form.
   - Therapists will be issued the feedback form from their peer, without identifying information.
   - Therapists will be evaluated on this measure solely on the basis of participation.

3. **Direct Clinical Observation and Documentation Review**

   The Administrative Coordinator and their Lead Therapist will do one direct clinical observation and documentation review per year on each experienced therapist.

   **Procedure**
   - At the designated time in the school year, the therapist will be asked to sign up for an observation with Lead Therapist and Administrative Coordinator
   - The therapist should have his/her daily progress note records available for administrative review
   - 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
4. **OT/PT Core Competency Self-Assessment Review**

   All therapists are required to complete the *OT/PT Core Competencies Self-Assessment (Appendix J)*. This is an assessment of various clinical skills as well as professional requirements. The indicators assessed will be discussed with the Administrative Coordinator and the respective Lead Therapist. Information from this assessment may be used to guide/create future annual professional [SMART] goals.

5. **SMART Goal**

   All therapists are required to develop an annual professional goal guided by the *SMART Goal Components (Appendix K)*.

6. **Service Delivery Survey**

   In order to obtain feedback from district staff, information will be gathered from each therapist’s teachers/case managers and/or designated team members (Appendix L). Therapists will receive the survey results at the therapist’s *annual review meeting* with the Administrative Coordinator. These responses will be included in the therapist’s employment file.

7. **Therapist Annual Review Meeting**

   A meeting will be conducted on an annual basis with the therapist, Administrative Coordinator and Lead Therapist to review all of the evaluation components listed above, as well as the therapist’s progress towards her/his indicated yearly professional goal.

   **Procedure**
   - The therapist will schedule a meeting at the designated point in the school year with either the Administrative Coordinator at a time that is mutually agreed upon.
   - The Administrative Coordinator and Lead Therapist will compile the performance review components and present them at the meeting using the *Therapist Annual Review Feedback form (Appendix M)*. This completed form will go into the therapist’s employment file annually.
   - The therapist has 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.
   - 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 and time-frames in which to improve areas of concern.
Schedule for Experienced Therapist Performance Review Components

**September**
- Therapist will develop an annual *Professional [SMART] Goal* to be submitted by a date set by the Administrative Coordinator toward the end of the first quarter of the school year

**October**
- Schedule a time/date for a Clinical Observation and Documentation Review

**November/December**
- Administrative coordinator and Lead Therapist conduct *Clinical Observation and Documentation Review*
- Post observation meeting conducted/scheduled

**January**
- *Service Delivery Survey* will be distributed and responses will be collected by the end of the month

**February**
- A student evaluation report (or other documentation) conducted within that school year is given to the respective Lead Therapists with all identifying information removed
- Documents are exchanged and *Peer Review of Therapy Evaluation Report* is completed by each therapist
- Therapists receive Peer feedback on their student evaluation report

**March**
- Sign up for *Annual Review Meeting* with the Administrative Coordinator and Lead Therapists
- The Experienced Therapist Annual Review Meeting is completed by March 15th

**April**
- Reflect on possible professional [SMART] goal(s) for the following school year
Guidelines for the Supervision and Performance Review of Certified Occupational Therapy Assistants

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**
Utilize the COTA Supervision Documentation Record (Appendix N) or a comparable form to record supervision sessions and initial documentation. COTA supervision for Medicaid students can be documented monthly, by using the section on the last page of the Occupational Therapy Progress Note Form (located on the PREP website).

**Roles and Responsibilities:**

**Student Evaluations**
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 Responsibilities**
- Evaluation report
- Establish goals, objectives and frequency for IEP
- Create form for daily student intervention documentation and attendance record
- Medicaid Plan Of Care (POC)
- Medicaid monthly Goals and Objectives Form (responsible for turning in the completed co-signed forms at the end of the month)
- Medicaid Discharge Plan
- Document supervision sessions with COTA
- Review and co-signs all documentation written by COTA
- Review all student information prior to COTA attending a team or IEP meeting
- Keep records of overall caseload data and turn in to PREP quarterly upon request

**COTA Responsibilities**
- Conduct and score specific standardized assessments as determined by OTR after training
- Document daily student attendance and progress on forms provided by OTR (for both Medicaid and non-Medicaid students)
- Write quarterly student progress notes in consultation with OTR
- Notify OTR of evaluation referrals and meeting requests
- Attend team or IEP meetings after review of information with OTR
- Keep records of caseload data, keep supervising OTR (s) updated in regard to caseload changes, and turn caseload information in to PREP quarterly upon request
Annual Performance Review

PREP COTA’s will follow either the New Therapist Mentoring Program or the Experienced Therapist Annual Performance Review Components (with the exception of Peer Review of a Student Evaluation component) depending upon their date of hire and years of experience.

Procedure

● The COTA will schedule a meeting at the designated point in the school year with the Administrative Coordinator and Lead Occupational Therapist to review the COTA Core Competencies Self-Assessment Form (Appendix O) along with input from the supervising therapist (clinical observations conducted throughout the school year, a review of documentation and the supervisor’s rating on the COTA Core Competencies) at the COTA’s annual review meeting.

● The Administrative Coordinator and Lead Therapist will compile the performance review components and present them at the meeting using the Therapist Annual Review Feedback form (Appendix M). This completed form will go into the COTA’s employment file annually.

● COTA’s may disagree with the performance review findings. A letter clearly delineating the points of disagreement can be attached to the Therapist Annual Review Feedback form and placed into their employment file.

● A performance improvement plan may be developed if it is determined that the COTA’s performance has not met the job expectations. This plan will delineate specific goals and time-frames in which to improve areas of concern.
Appendices
Appendix A-1 – Continuing Education Log Instructions for OT

Instructions for Completing the Continued Competency Activity and Assessment Form for OT’s 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.

Number of 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. These activities 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.)
## Appendix A-2 – Continuing Education Log for OT

### OCCUPATIONAL THERAPY CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM

Maintain a copy of this record and all supporting documentation for a period of six (6) years.

<table>
<thead>
<tr>
<th>PART A: ACTIVITY</th>
<th>Date</th>
<th>PART B: ASSESSMENT</th>
<th>Number of Hours</th>
<th>Number of Hours</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></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>
<td>Type 2 (10 hours) Learner approved</td>
<td>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.</td>
</tr>
</tbody>
</table>
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 Appendix A-3 CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORMS FOR OT

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 B-1 – Continuing Education Log Instructions for PT

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.

Number of 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. Type I Activities 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 B-2 – Continuing Competency Activity and Assessment Forms for Physical Therapist or Physical Therapist Assistant

Maintain a copy of this record and all supporting documentation for a period of four (4) years.

<table>
<thead>
<tr>
<th>PART A: ACTIVITY</th>
<th>Date</th>
<th>PART B: ASSESSMENT (Optional)</th>
<th>Number of Hours</th>
<th>Number of Hours</th>
<th>PART C: OUTCOME (Optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning Activity, Resources, Strategies &amp; Experiences; e.g. conferences,</td>
<td></td>
<td>Knowledge or Skills Maintained</td>
<td>Type 1 minimum</td>
<td>Type 2 No more</td>
<td>Outcome</td>
</tr>
<tr>
<td>consultations, teaching, peer-reviewed journals, quality improvement teams,</td>
<td></td>
<td>or Developed -- What questions</td>
<td>15 hrs. for PT</td>
<td>15 hrs. for PT</td>
<td>Indicate whether you will:</td>
</tr>
<tr>
<td>self-instructional material</td>
<td></td>
<td>or problems encountered in</td>
<td>and 10 hrs. for PTA</td>
<td>and 20 hrs. for</td>
<td>a) make a change in your</td>
</tr>
<tr>
<td></td>
<td></td>
<td>your practice were addressed</td>
<td>PTA</td>
<td>PTA</td>
<td>practice, b) not make a</td>
</tr>
<tr>
<td></td>
<td></td>
<td>by this learning activity?</td>
<td></td>
<td></td>
<td>change in your practice,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>and/or c) need additional</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>information on this topic.</td>
</tr>
<tr>
<td>TOTAL AMOUNT OF CONTINUING COMPETENCY HOURS RECEIVED</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 PT or a PTA license in the Commonwealth of Virginia.

__________________________  ____________________________  ________________
Signature                  License No.                  Date
Appendix C – Beginning of School Year Parent Letter

Piedmont Regional Education Program
225 Lambs Ln. Charlottesville, VA. 22901
(434) 975-9400 (PH) – (434) 975-9401 (FX)

Date:

Dear Parents,

I would like to introduce myself: I am __________________ and I will be your child’s Occupational/Physical Therapist throughout the 20__-20__ 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 (_____)._______.

Sincerely,
Appendix D – Occupational Therapy: Student Observation Feedback

This document is not to be used for evaluative purposes. The intent of this observation is to provide information to the classroom teacher for instructional purposes only.

Student Name _________________________ School __________________________ Grade ____
Teacher ___________________________ Date and Time of Observation ____________

Reason for Therapy Observation Request:

School Environment(s) in which the student was observed:
Assistive Devices Being Used:

Observations (If two options are listed [i.e., avoids/seeks], circle the appropriate one)

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Writing Posture</th>
<th>Pencil Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ age appropriate</td>
<td>○ appropriate</td>
<td>○ age appropriate</td>
</tr>
<tr>
<td>○ not attending to lesson</td>
<td>○ slouching</td>
<td>○ fisted grasp</td>
</tr>
<tr>
<td>○ fidgeting</td>
<td>○ lying on the desk</td>
<td>○ thumb wrap</td>
</tr>
<tr>
<td>○ disruptive behavior</td>
<td>○ not supporting paper</td>
<td>○ tripod</td>
</tr>
<tr>
<td>○ mouthing objects</td>
<td>○ not visually attending</td>
<td>○ pressure too light</td>
</tr>
<tr>
<td>○ avoids touch/sensory input</td>
<td>○ other _____</td>
<td>○ pressure too heavy</td>
</tr>
<tr>
<td>○ other _____</td>
<td></td>
<td>○ other _____</td>
</tr>
</tbody>
</table>

Hand Dominance

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Desk/Chair</th>
<th>Scissor Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ age appropriate</td>
<td>○ appropriate</td>
<td>○ age appropriate</td>
</tr>
<tr>
<td>○ right</td>
<td>○ desk too high</td>
<td>○ right dominant</td>
</tr>
<tr>
<td>○ left</td>
<td>○ desk too low</td>
<td>○ left dominant</td>
</tr>
<tr>
<td>○ switches hands</td>
<td>○ desk orientation poor</td>
<td>○ thumb up position</td>
</tr>
<tr>
<td>○ not supporting objects</td>
<td>○ chair inappropriate</td>
<td>○ doesn’t support/rotate paper</td>
</tr>
<tr>
<td>○ does not cross midline</td>
<td>○ other _____</td>
<td>○ wrist position</td>
</tr>
<tr>
<td>○ other _____</td>
<td></td>
<td>○ other _____</td>
</tr>
</tbody>
</table>

Writing Sample

<table>
<thead>
<tr>
<th>Behavior</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>○ legible/age appropriate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ spacing inappropriate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ alignment inappropriate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ capital/lower case letter confusion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ reversals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ other _________________________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Activities of Daily Living (ADL’s)

<table>
<thead>
<tr>
<th>Behavior</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>○ opening containers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ tying shoes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ putting on coat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ taking off coat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ clothes fasteners</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ other _________________________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Observations:

Recommendations:

Therapist Signature ________________________________ Date ____________
Appendix E: Physical Therapy: Student Observation Feedback

This document is not to be used for evaluative purposes. The intent of this observation is to provide information to the classroom teacher for instructional purposes.

Student Name________________________________ School________________________________
Teacher__________________________________________ Grade _____ Date/Time of Observation________________

Reason for Therapy Observation Request:

School Environment(s) in which the student was observed:

Assistive devices being used:

Observations (If two options are listed [i.e., avoids/seeks], circle the appropriate one)

**Behavior**
- □ age appropriate
- □ not attending/ following directions
- □ fidgeting
- □ disruptive behavior
- □ mouthing objects/ drooling
- □ avoids/seeks sensory input

**Posture**
- □ appropriate
- □ slouched (seated); crouched (standing)
- □ rounded shoulders/back
- □ falls from chair reported/observed
- □ cannot maintain stable standing posture
- □ increased lordosis
- □ locks knees in standing
- □ protruding abdomen in standing
- □ other

**Mobility/Travel**
- □ needs assistance to rise from floor
- □ abnormal gait pattern
- □ high guard posturing
- □ uses assistive device(s) (type?)
- □ trips/falls reported/observed
- □ inadequate speed in line with peers
- □ bumps into others/ objects
- □ unsafe/ immature patterns on stairs/ curbs
- □ runs with appropriate speed/ agility
- □ balance/ coordination/ speed issues at run
- □ difficulty on/off bus

**Management of Materials**
- □ not observed
- □ drops heavy materials
- □ difficulty carrying materials while walking
- □ difficulty carrying materials while negotiating stairs

**Playground / PE**
- □ participates with peers appropriately
- □ remains stationary
- □ unable/reluctant to access play structures
- □ needs assistance on swings
- □ displays gravitational insecurity on mobile surfaces
- □ decreased safety awareness
- □ motor planning difficulties
- □ follows/ does not follow directions
- □ needs adaptations to activities
- □ performs exercises/ activities incorrectly
- □ demonstrates possible weakness
- □ demonstrates possible ROM limitations
- □ displays decreased endurance
- □ has difficulty coordinating locomotor skills
- □ age appropriate ball skills
- □ immature ball skills
- □ other

**Additional Observations:**

Recommendations:

Therapist Signature________________________________ Date ______________
Appendix F - OT/PT Evaluation Template

Physical/Occupational Therapy Evaluation

Name: 
Birthdate: 
School: Program/ Grade: 
Date(s) of Evaluation: 
Therapist: 

Background Information:
May include: Medical (diagnosis, precautions, vision/hearing concerns)  
Developmental (birth history, milestones)  
Previous therapies; other related svc received  
Adaptive equipment  
Reason for referral (parent/teacher/student educational concerns)  
Educational (SPED Designation, placement, other related services, previous therapy) 

Evaluations Used 
(with brief description of assessment tools and norms in lay person terms) 

Evaluation Results 
May include: Testing results 
Range of motion/strength/muscle tone/joint integrity 
Posture/ posturing 
Skin, soft tissue and general characteristics 
Balance reactions, righting reactions, and protective reactions 
Visual perceptual skills/ visual motor skills 
In hand manipulation skills/hand dominance 
Fine motor skills/ school tool use (writing, cutting, containers)  
Self-care abilities/ difficulties 
Sensory Processing abilities/concerns 
Attention/ organizational skills 
Functional level in the school environment (mobility/transfers) 

Summary/Recommendations
Should include a summary of findings as they relate to the student’s access to and participation in the educational program. Recommendations for improved access to the school environment and curricula. 
This evaluation will be used by the IEP Committee to determine if PT/OT services are needed to achieve educational goals and objectives. (This sentence should be included in every evaluation.)

Signature ________________________________ Date ____________
Appendix G - 9 Week Progress Note

9 Week Progress Note

Student______________________________________________ Date _______

Therapist______________________________________________

Grading Period:  1  2  3  4

<table>
<thead>
<tr>
<th>Goals</th>
<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>
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<td>Criteria:</td>
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</tbody>
</table>

COMMENTS

Week 1
Week 2
Week 3
Week 4
Week 5
Week 6
Week 7
Week 8
Week 9
Appendix H - OT/PT Orientation Skill Rating

OT/PT Orientation Skill Rating

**PART I:** Rate your experience/comfort level with each of the following disability groups and therapeutic interventions as follows:

**Ratings**

1. **Know About:** indicates you have cursory knowledge, but would be able to apply it only as a novice.
2. **Know:** indicates you are familiar with the concepts and have demonstrated some skill at the task, but may have to consult other practitioners or use other resources in order to perform the task.
3. **Perform:** indicates you have the ability to perform the task and apply it in all appropriate contexts, but may have to occasionally rely on outside resources.
4. **Proficient:** indicates you have the ability to perform the task independently and safely in all appropriate contexts.
5. **Can Teach:** indicates you are an expert, and can teach the task and/or others many seek your expertise in the task.
6. **N/A:** indicates this is not part of your role as an OT or PT.

<table>
<thead>
<tr>
<th>Use of</th>
<th>Rating</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sensory Strategies</td>
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<td>Visual Motor Activities</td>
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<tr>
<td>Feeding Techniques</td>
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<td>Dressing Techniques</td>
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<tr>
<td>Positioning/Handling</td>
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<tr>
<td>Strengthening Programs</td>
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<tr>
<td>Environmental Adaptations</td>
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<tr>
<td>Assistive Technology</td>
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<tr>
<td>Behavior Management</td>
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<tr>
<td>Visual Strategies/Communication</td>
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<tr>
<td>Sign Language</td>
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<td>Handwriting Programs (OT)</td>
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<tr>
<td>Fine Motor/Hand Skill Development (OT)</td>
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<tr>
<td>NDT Training</td>
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<tr>
<td>Gait Training (PT)</td>
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<tr>
<td>Transfer/Lifting Training (PT)</td>
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<tr>
<td>Functional Mobility/Devices (PT)</td>
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<tr>
<td>Other: e.g. yoga, Pilates, splinting, casting</td>
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<tr>
<td>Other</td>
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<td></td>
</tr>
</tbody>
</table>
PART II

1. Some of my professional successes and/or goals fulfilled this school year include:

2. What are my current strengths?

3. What areas do I need to improve to meet the requirements of my current role?

4. What areas/goals do I want to develop for future growth?

5. What are my ideas on how to implement these goals?

6. List any applicable workshops, courses, etc. that you have attended.

_______________________  ______________________  ____________
Employee Signature          Supervisor Signature         Date
Appendix I - Peer Review of Therapy Evaluation Report

Peer Review of Therapy Evaluation Report

Mark each question with Yes or No, or use N/A if the question does not apply to the evaluation.

<table>
<thead>
<tr>
<th>Personal Information is includes</th>
<th>Y / N or N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Date</td>
<td></td>
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<tr>
<td>Date of Evaluation</td>
<td></td>
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<tr>
<td>Evaluations Used</td>
<td></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>
</tr>
<tr>
<td>Reason for referral</td>
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<tr>
<td>Developmental (Birth History, Milestones, etc.)</td>
<td></td>
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<tr>
<td>Equipment used</td>
<td></td>
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<tr>
<td>Environment in which the equipment is used</td>
<td></td>
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<tr>
<td>Educational (Placement, other related services, previous therapies)</td>
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<tr>
<td>Assistive Technology</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Evaluation Results</th>
<th></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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<tr>
<td>Are the assessments chosen adequately explained</td>
<td></td>
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<tr>
<td>Results are given with brief description of testing tool(s)</td>
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<tr>
<td>Scores are presented in an understandable format</td>
<td></td>
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<tr>
<td>Summary of results are given</td>
<td></td>
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<tr>
<td>Recommendations for teachers and parents</td>
<td></td>
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</tbody>
</table>

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<thead>
<tr>
<th>Summary</th>
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<tbody>
<tr>
<td>Is the evaluation easy to read</td>
<td></td>
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<tr>
<td>Is language used that parents will understand</td>
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<tr>
<td>Are there spelling/ grammatical errors</td>
<td></td>
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</tbody>
</table>
Did the therapist allow the IEP team to determine the child’s eligibility for therapy services?  
Yes   No

Is the statement “This evaluation will be used by the IEP Committee to determine if OT/PT services are needed to achieve educational goals and objectives” included in the eligibility notes?  
Yes   No

Were appropriate assessments utilized?  Yes   No  
Comments

Are there additional assessments you could recommend? Yes   No  
Why?

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

Comments or additional suggestions
Appendix J – OT/PT Core Competencies Self-Assessment

Occupational and Physical Therapy Core Competencies Self-Assessment

Name___________________________________  School Year________________________

Performance Standard 1: Professional Knowledge

<table>
<thead>
<tr>
<th>Performance Indicators</th>
<th>Unacceptable</th>
<th>Developing</th>
<th>Proficient</th>
<th>Exemplary</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Demonstrates a knowledge of federal, state and local educational legislation and mandates for related service provision in the school system</td>
<td>[ ] Does not demonstrate an understanding of the educational model of therapy service delivery</td>
<td>[ ] Demonstrates knowledge of the special education process</td>
<td>[ ] Applies critical reasoning to make sound decisions regarding the therapy process in consensus decision making</td>
<td>[ ] Provides guidance on developments in health care, legislation and LEA requirements concerning the provision of therapy in the school system</td>
</tr>
<tr>
<td>1.2 Demonstrates an understanding of the developmental, medical and learning characteristics of students and the research skills to obtain pertinent information.</td>
<td>[ ] Does not demonstrate an adequate knowledge of developmental stages, medical and learning needs of the student and does not seek research for required information</td>
<td>[ ] Demonstrates knowledge and the ability to research about childhood development, disabilities, illnesses &amp; environmental/ socio-cultural factors in implementation of services</td>
<td>[ ] Applies knowledge about childhood development, disabilities, illnesses &amp; environmental/ socio-cultural factors in implementation of services</td>
<td>[ ] Is able to communicate knowledge about the developmental, medical &amp; learning characteristics of students to administrators, the IEP team and other therapists</td>
</tr>
<tr>
<td>Performance Indicators</td>
<td>Unacceptable</td>
<td>Developing</td>
<td>Proficient</td>
<td>Exemplary</td>
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<tr>
<td>1.3 Demonstrates familiarity with current research related to child development, pediatric occupational and physical therapy practices and educational services</td>
<td>[ ] Understands the importance of research, but does not demonstrate application</td>
<td>[ ] Reflects on how research can guide practice</td>
<td>[ ] Assesses and uses evidence to design and implement interventions</td>
<td>[ ] Critically appraises published research and provides training on evidence based practice</td>
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## Performance Standard 2: Professionalism

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<thead>
<tr>
<th>Performance Indicator</th>
<th>Unacceptable</th>
<th>Developing</th>
<th>Proficient</th>
<th>Exemplary</th>
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<tbody>
<tr>
<td>2.1 Adheres to the school division’s, AOTA/APTA’s Professional Code of Ethics and Virginia Practice Acts</td>
<td>[ ] Is unfamiliar with the tenets of the professional code of ethics and practice acts</td>
<td>[ ] Can identify the basic tenets of the professional code of ethics and practice acts</td>
<td>[ ] Consistently demonstrates professional behavior and competencies</td>
<td>[ ] Engages in a continuous self-evaluative process of professionalism and improvement of school therapy services</td>
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<tr>
<td>2.2 Maintains positive professional behavior (e.g. demeanor, appearance, attendance and punctuality)</td>
<td>[ ] Does not consistently demonstrate professional behavior</td>
<td>[ ] Developing consistent positive professional behaviors, confidence and skills</td>
<td>[ ] Consistently demonstrates positive professional behavior and is a respected team member</td>
<td>[ ] Is a model of positive professional behavior and is an exemplary organizational representative</td>
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<tr>
<td>2.3 Performs assigned duties and documentation within the designated timeframes</td>
<td>[ ] Does not perform duties and documentation within the designated timeframes</td>
<td>[ ] Inconsistently performs and documents within the designated timeframes</td>
<td>[ ] Demonstrates effective scheduling and time management skills for student visits, meetings and documentation</td>
<td>[ ] Assists others with documentation and time management strategies</td>
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</table>
## Performance Standard 2: Professionalism

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<thead>
<tr>
<th>Performance Indicator</th>
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<th>Developing</th>
<th>Proficient</th>
<th>Exemplary</th>
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<tr>
<td>2.4 Respects and maintains confidentiality</td>
<td>[ ] Does not maintain confidentiality</td>
<td>[ ] Is inconsistent in the application of maintaining confidentiality, as designated by the LEA and professional code of ethics</td>
<td>[ ] Consistently maintains all aspects of confidentiality as designated by the LEA and professional code of ethics</td>
<td>[ ] Mentors, trains and/or supports colleagues in all aspects of records management and confidentiality as designated by the LEA and professional code of ethics</td>
</tr>
<tr>
<td>2.5 Participates in professional growth activities (including attendance at OT/PT meetings) and contributes to the overall functioning of the therapy program</td>
<td>[ ] Less than half of the required meetings attended and minimal contribution to the overall functioning of the therapy program</td>
<td>[ ] Regularly attends and participates in required meetings and meets minimal continuing ed. requirements for licensure</td>
<td>[ ] Regularly attends required meeting and consistently contributes to the improvement of the therapy program as well as meeting continuing ed. requirements for licensure</td>
<td>[ ] Contributes to the therapy department's knowledge base and volunteers for roles which lead to improved services and additionally exceeds the continuing ed. requirements for licensure</td>
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### Performance Standard 3: Communication and Collaboration

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<th>Performance Indicators</th>
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<th>Developing</th>
<th>Proficient</th>
<th>Exemplary</th>
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<tbody>
<tr>
<td>3.1 Uses effective written, verbal and nonverbal communication skills</td>
<td>[ ] Does not communicate effectively in a way that is professional and understandable to all parties</td>
<td>[ ] Communicates professionally reflects on methods to adjust information to various parties</td>
<td>[ ] Communicates professionally in written and verbal formats and is able to adjust information to various parties</td>
<td>[ ] Serves as a role model to other therapists regarding written and verbal communication</td>
</tr>
<tr>
<td>3.2 Works collaboratively and cooperatively with colleagues, school staff, administrators, families and community representatives to design, implement and/or support services for specific learner or program needs.</td>
<td>[ ] Does not consistently work collaboratively and cooperatively with all parties</td>
<td>[ ] Learning how to work cooperatively as a team member and considers this in goal writing</td>
<td>[ ] Consistently serves as an effective and cooperative team member and written notes indicate that collaboration has occurred</td>
<td>[ ] Encourages and supports other team members and community representatives in cooperative goal setting and integration of therapy services</td>
</tr>
<tr>
<td>3.3 Responds promptly and appropriately to learner, family, staff and community needs/concerns</td>
<td>[ ] Does not respond promptly and /or appropriately in a consistent manner</td>
<td>[ ] Identifies the importance of prompt and professional responses to inquiries or needs</td>
<td>[ ] Consistently responds in a prompt and professional manner</td>
<td>[ ] Consistently responds in a prompt and professional manner and assists colleagues with obtaining relevant information</td>
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</table>
#### Performance Standard 4: Program Planning

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<tr>
<th>Performance Indicators</th>
<th>Unacceptable</th>
<th>Developing</th>
<th>Proficient</th>
<th>Exemplary</th>
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<tbody>
<tr>
<td>4.1 Demonstrates an understanding and alignment of the theoretical foundations of school occupational therapy/physical therapy, curriculum and students’ needs in the planning process</td>
<td>[ ] Therapist does not integrate therapy services with curriculum and student needs within the planning process</td>
<td>[ ] Identifies relationships between educational, medical and psychosocial theories and student needs within the school environment</td>
<td>[ ] Selects, modifies and applies appropriate theories, models of practice and methods to meet student needs</td>
<td>[ ] Aligns educational, behavioral and learning theories with therapeutic best practices and in-service others</td>
</tr>
</tbody>
</table>

| 4.2 Uses student data to guide practice and actively participates in the development of the IEP | [ ] Does not use data to plan goals, or modify interventions. Student goals are created in isolation | [ ] Develops goals with school curricula and settings taken in account. Measures student outcomes | [ ] Integrates goals in collaboration with the IEP team. Uses ongoing data to modify goals and interventions | [ ] Develops and trains others in data collection techniques and collaboration methods |
### Performance Standard 5: Therapy Services Delivery

<table>
<thead>
<tr>
<th>Performance Indicators</th>
<th>Unacceptable</th>
<th>Developing</th>
<th>Proficient</th>
<th>Exemplary</th>
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<tbody>
<tr>
<td>5.1 Imbeds therapy interventions into the context of the student’s natural activities and routines</td>
<td>[ ] Routinely provides therapy services in isolation</td>
<td>[ ] Seeks to integrate therapy activities into the students daily routine</td>
<td>[ ] Collaborates with teachers to create a therapeutic school environment</td>
<td>[ ] Develops school/district wide interventions to enhance student participation and success</td>
</tr>
<tr>
<td>5.2 Uses various types and methods of service provision for individualized student interventions to engage and maintain active learning</td>
<td>[ ] Limited therapeutic intervention use</td>
<td>[ ] Identifies alternatives for service delivery, but tends to utilize one predominant method</td>
<td>[ ] Analyzes the most effective service delivery method (integrated vs. pull out, individual or small group sessions)</td>
<td>[ ] Extension and enrichment activities provided to student, family, teacher and/or school</td>
</tr>
<tr>
<td>Performance Indicators</td>
<td>Unacceptable</td>
<td>Developing</td>
<td>Proficient</td>
<td>Exemplary</td>
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<tr>
<td>5.3 Uses and modifies appropriate strategies during individual or group therapy sessions based upon student response and outcomes</td>
<td>[ ] Does not attend to the student’s response to therapeutic intervention</td>
<td>[ ] Is aware of the need to modify intervention but has a limited repertoire of alternatives</td>
<td>[ ] Is responsive to student’s reactions during therapy and modifies appropriately</td>
<td>[ ] Is continuously monitoring the student’s response and demonstrates a variety of effective interventions</td>
</tr>
<tr>
<td>5.4 Demonstrates a system of maintaining daily documentation and data collection</td>
<td>[ ] Does not have a method for daily documentation or data collection</td>
<td>[ ] Creates a system for daily documentation and data collection</td>
<td>[ ] Consistently uses a method of collecting relevant data and daily notes to inform practice</td>
<td>[ ] Critically appraises data, modifies treatment and documents daily and objectively</td>
</tr>
<tr>
<td>5.5 Incorporates assistive technology, therapy equipment and environmental adaptations as needed to enhance the student’s function</td>
<td>[ ] Unfamiliar with when assistive technology or adaptations are required to attain student goals</td>
<td>[ ] Limited knowledge of assistive technology, equipment alternatives and environmental adaptations</td>
<td>[ ] Seeks and utilizes assistive technology, equipment and environmental adaptations to attain student goals</td>
<td>[ ] Shares knowledge with the school team regarding assistive technology, adaptive equipment and environmental adaptations</td>
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### Performance Standard 6: Assessment

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<th>Performance Indicators</th>
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<th>Developing</th>
<th>Proficient</th>
<th>Exemplary</th>
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<tbody>
<tr>
<td>6.1 Demonstrates proficiency in administering, scoring, evaluating and interpreting data from instruments or records</td>
<td>[ ] Lacks skill in appropriate evaluation techniques and interpretation</td>
<td>[ ] Developing skills in appropriate evaluation techniques and interpretation</td>
<td>[ ] Skilled in appropriate tool selection using a variety of evaluation measures, and interprets data effectively</td>
<td>[ ] Trains colleagues in appropriate tool selection, scoring and interpretation of data</td>
</tr>
<tr>
<td>6.2 Provides accurate and understandable interpretation to learners, families, and school staff on assessment results</td>
<td>[ ] Does not effectively explain evaluation findings to the IEP team</td>
<td>[ ] Learning to explain assessment results so that various individuals can understand</td>
<td>[ ] Consistently explains assessment results so that various individuals can understand</td>
<td>[ ] Accurately synthesizes and interprets a variety of assessments and can present them understandably in an educationally relevant perspective</td>
</tr>
<tr>
<td>6.3 Uses assessment information in making recommendations or decisions that are in the best interest of the learner/school/district</td>
<td>[ ] Does not effectively coordinate evaluation information with recommendations and goals</td>
<td>[ ] Assessment recommendations including level of service and functional integration are not consistently aligned with school based practice</td>
<td>[ ] Assessment recommendations including level of service and functional integration are consistently aligned with school based practice</td>
<td>[ ] Effectively coordinates evaluation information, and recommendations that are evidence based and aligned with a school based model</td>
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## Performance Standard 7: Student Progress

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<th>Performance Indicators</th>
<th>Unacceptable</th>
<th>Developing</th>
<th>Proficient</th>
<th>Exemplary</th>
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<tbody>
<tr>
<td>7.1 Sets measurable and appropriate educational goals based on baseline data</td>
<td>[ ] Goals are not measurable and/or attainable within the school setting</td>
<td>[ ] Creates goals appropriate for the school setting but are not measurable</td>
<td>[ ] Creates goals appropriate for the school setting that are measurable</td>
<td>[ ] Creates goals appropriate for the school setting that are measurable and aligned with data collection methods</td>
</tr>
<tr>
<td>7.2 Monitors student progress through functional measures, assessments and/or data collection</td>
<td>[ ] Does not monitor student progress using appropriate measures</td>
<td>[ ] Inconsistently records student progress related to goals</td>
<td>[ ] Consistently monitors and records student progress for goals</td>
<td>[ ] Creates an efficient and effective system of data collection which reflects student progress</td>
</tr>
<tr>
<td>7.3 Identifies and establishes additional means of support to increase student progress</td>
<td>[ ] Does not adapt therapy methods over time based upon student’s level of progress</td>
<td>[ ] Understands the need to adapt intervention if the student is not making progress towards goals, but has limited repertoire of methods</td>
<td>[ ] Identifies and adapts interventions to insure optimal student outcome</td>
<td>[ ] Identifies and adapts interventions collaboratively with the school team to ensure optimal student outcome</td>
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Adapted from:

*Virginia Uniform Performance Standards and Evaluation Criteria for Occupational and Physical Therapy Core Competency*

*Self-Assessment* developed by Patricia Laverdure,OTD,OTR/L, BCP

*Other Instructional Personnel Performance Evaluation 2013-2104*, Fluvanna County Public Schools

Signature __________________________________________________________ Date ___________________________ page 10/10
Appendix K - S.M.A.R.T. Goal Development Sheet

S.M.A.R.T. Goal Components

Therapist’s Name ____________________________  School Year _______________

1. Goal Statement

2. How is this goal important to student outcome?

3. What method(s) of data collection will be used to determine if the goal has been attained?  (Include baseline and any clarifying operational definitions.)

4. My action plan for goal attainment is:

SMART Goal Checklist
Is the goal:
- Specific
- Measurable
- Achievable
- Relevant
- Time-Bound
Appendix L – Service Delivery Survey

Service Delivery Survey

Therapist____________________________________ Date_________________
District______________________ School __________________________
Case Manager/ Teacher __________________________________________

Please circle your response to the question and comment, if needed.

1. Has the student been able to transfer or integrate skills learned in therapy within the classroom or school?
   yes   no   unsure

___________________________________________________________________________

___________________________________________________________________________

2. Is the therapist meeting the student’s required time/sessions as per the IEP? (To the best of your knowledge)
   yes   no   unsure

___________________________________________________________________________

___________________________________________________________________________

3. Have you received professional and timely written and verbal communication from the therapist?

<table>
<thead>
<tr>
<th></th>
<th>Professional</th>
<th>Timely</th>
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<tbody>
<tr>
<td>In meetings</td>
<td>yes  no NA</td>
<td>yes  no</td>
</tr>
<tr>
<td>IEP Progress Notes</td>
<td>yes  no NA</td>
<td>yes  no</td>
</tr>
<tr>
<td>Evaluations</td>
<td>yes  no NA</td>
<td>yes  no</td>
</tr>
<tr>
<td>Email/phone</td>
<td>yes  no NA</td>
<td>yes  no</td>
</tr>
<tr>
<td>Other:</td>
<td>yes  no NA</td>
<td>yes  no</td>
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</tbody>
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___________________________________________________________________________

___________________________________________________________________________

page 1/2
4. Does the therapist work as an effective educational team member?
   yes  no  unsure

___________________________________________________________________________
___________________________________________________________________________

5. Are suggestions/recommendations made by therapist reasonable and practical for implementation in the classroom?

___________________________________________________________________________
___________________________________________________________________________

6. What else could the therapist do to support you with the classroom setting, pertaining to OT or PT?

___________________________________________________________________________
___________________________________________________________________________
Appendix M - Therapist Annual Review Feedback

Therapist Annual Review Feedback

Therapist _______________________________________________ Date ____________

The following components comprise the elements of the Annual Review.

1. **Attended All OT/PT Meetings**
   - Yes  No
   - Comment______________________________________________________________

2. **Participated in Peer Review of Student Evaluation Report**
   - Yes  No
   - Comment______________________________________________________________

3. **Observation and Document Review** (Notes from Observation and Documentation Review Conference may be attached)
   - Clinical feedback and identification of areas of strength and challenge
   - Comment______________________________________________________________

4. **Self-Assessment Review** (Attach Therapists Self-Assessment)
   - Discussion of areas of strength and challenge
   - Comment______________________________________________________________

5. **SMART Goal Review** (Attach copy of SMART Goal)
   - Discussion about SMART Goal development and results
   - Comment______________________________________________________________
6. **Service Delivery Survey results** (Attach Survey Responses)
   Discussion about feedback
   Comment
   
   
   
   
   7. **Thoughts on SMART Goal for next year**
   Discussion on ideas for next year
   Comment
   
   
   
   
   After a review all of the above components, ____________ does/does not meet expectations as delineated in their job description.

____________________________________
Therapist Signature                       Date

____________________________________
Supervisor Signature                     Date
# Appendix N - COTA Supervision Documentation Record

## COTA SUPERVISION DOCUMENTATION RECORD

<table>
<thead>
<tr>
<th>DATE &amp; AMT. OF TIME</th>
<th>METHOD OR TYPE OF SUPERVISION</th>
<th>CONTENT AREAS ADDRESSED</th>
<th>INITIALS</th>
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## Certified Occupational Therapist Assistant (COTA) Core Competencies Self-Assessment

**Name______________________________   School Year______________________________**

**Supervising Therapist_________________________________________________________**

<table>
<thead>
<tr>
<th>Performance Indicators</th>
<th>Unacceptable</th>
<th>Developing</th>
<th>Proficient</th>
<th>Exemplary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student Evaluation Process</strong></td>
<td>[ ] Does not effectively assist the therapist with data collection</td>
<td>[ ] Understands the importance of data collection as a component of both an initial evaluation and daily notes to guide goals and implementation, but is inconsistent and has limited experience</td>
<td>[ ] Uses data collection to assist therapist with designated standardized measures and daily notes which are professional and timely</td>
<td>[ ] Uses data collection to assist therapist with designated standardized measures and daily notes which are professional and timely. Continuously learns new measures to support therapist</td>
</tr>
<tr>
<td>Assistance with Data Collection.</td>
<td></td>
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</tr>
<tr>
<td><strong>Intervention Planning</strong></td>
<td>[ ] Does not provide input based on data to suggest goals, or modify interventions</td>
<td>[ ] Provides limited input to therapist concerning goals and intervention methods</td>
<td>[ ] Provides consistent and appropriate input to therapist concerning goals and intervention methods</td>
<td>[ ] Provides consistent and valuable input to therapist about goals/interventions &amp; can share effectively with the team</td>
</tr>
<tr>
<td>Provides input into the intervention plan, based on the student’s needs.</td>
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</tr>
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<td>--------------------------------------------</td>
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<tr>
<td><strong>Intervention Implementation</strong></td>
<td>[ ] Does not attend to the student’s response to therapeutic intervention</td>
<td>[ ] Is aware of the need to modify intervention but has a limited repertoire of alternatives</td>
<td>[ ] Is responsive to student’s reactions during therapy and modifies appropriately</td>
<td>[ ] Is continuously monitoring the student’s response and demonstrates a variety of effective interventions</td>
</tr>
<tr>
<td><strong>Documentation Responsibilities</strong></td>
<td>[ ] Does not perform duties and documentation appropriately or within the designated timeframes</td>
<td>[ ] The method and timeliness of documentation is inconsistent with therapist input</td>
<td>[ ] Demonstrates effective scheduling and time management skills for student visits, meetings and documentation. Documentation is completed professionally and in accordance with OTR input</td>
<td>[ ] Assists others with documentation methods and time management strategies in accordance with OTR and student needs</td>
</tr>
<tr>
<td><strong>Professionalism:</strong></td>
<td>[ ] Does not consistently demonstrate professional behavior</td>
<td>[ ] Developing consistent positive professional behaviors, confidence and skills</td>
<td>[ ] Consistently demonstrates positive professional behavior and is a respected team member</td>
<td>[ ] Is a model of positive professional behavior and is an exemplary organizational representative</td>
</tr>
<tr>
<td><strong>Intervention Implementation</strong></td>
<td>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.</td>
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<tr>
<td><strong>Documentation Responsibilities</strong></td>
<td>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.</td>
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<tr>
<td><strong>Professionalism:</strong></td>
<td>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.</td>
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</tbody>
</table>
Supervising Therapist’s Comments

COTA’s Comments

Supervising Therapist’s Signature_________________________________ Date____________________

COTA’s Signature______________________________________________ Date____________________

(The employee's signature indicates that he/she and the evaluator have discussed this evaluation and does not necessarily indicate agreement with this evaluation.)