Guidance for Special Education Related Services

Occupational Therapy, Physical Therapy and Speech-Language Therapy

Reviewed Fall 2021

The following is non-regulatory guidance designed to work in conjunction with the procedural safeguard protections for students with disabilities under the Individuals with Disabilities Education Act (IDEA). Revision to guidance occurs based on feedback the Office of Special Education and Early Learning (OSEEL) receives from the directors of Special Education, state shareholder groups, the KDE's interpretation of law, court cases and guidance from the Office of Special Education Programs (OSEP). The OSEEL also revises guidance based on on-site monitoring visits, desk audits and formal written complaints.

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Background

Introduction

Federal and state laws govern the provision of occupational therapy, physical therapy and speech -language pathology services in the school context. This section outlines laws that impact the delivery of related services in Kentucky public school settings.

FAPE

The 2004 Reauthorization of the Individuals with Disabilities Education Act (IDEA) ensures that all children with disabilities are provided a free appropriate public education (FAPE). FAPE includes special education and related services designed to meet a student's unique needs and prepare them for further education, employment and independent living. The 2008 Kentucky Administrative Regulations for Special Education Programs (KAR) outlines the implementation of the IDEA for Kentucky schools. School districts implement the IDEA through the development of an Individualized Education Program (IEP) for each identified student with a disability. Related service providers, as members of the IEP team, provide professional input, strategies, modifications, and/or adaptations to facilitate student participation and engagement in the general education curriculum.

ESSA

The Every Student Succeeds Act (ESSA) requires that schools promote access to the general education curriculum consistent with the IDEA, and ensures that students with disabilities are on track to pursue postsecondary education or careers upon graduation from high school. Related service providers, functioning as specialized instructional support personnel, have the responsibility to advocate for students to meet the requirements of ESSA.

Section 504

Section 504 of the Rehabilitation Act (504) is an anti-discrimination law and outlines a process for serving students who are identified with a disability who require accommodations in school. After evaluations are completed, the 504 team determines the appropriate accommodations for the student. Related service personnel support the 504 plan by contributing professional input, strategies, modifications and/or adaptations for student participation and engagement in the general education curriculum.

FERPA

The Family Educational Rights and Privacy Act (FERPA) is a federal law that mandates school districts to protect and maintain the confidentiality of the personally identifiable information contained within students' educational records, such as progress notes, evaluation reports and

IEP documents. Related service personnel must adhere to all the FERPA requirements to ensure the confidentiality of protected student information as defined under the law.

Senate Bill 1

The Kentucky General Assembly passed Senate Bill 1 in March 2009. The overarching goal of this Kentucky law is to ensure all students reach proficiency and college and career readiness. Related service providers use their expertise to assist students with meeting educational and career goals.

Special Education Process

The following provides an overview of the steps involved in the special education process:

1. **Research-Based Interventions**
   "Prior to, or as a part of the referral process, the child is provided appropriate, relevant research-based instruction and intervention services in regular education settings, with the instruction provided by qualified personnel; and data-based documentation of repeated assessments of achievement or measures of behavior is collected and evaluated at reasonable intervals, reflecting systematic assessment of student progress during instruction, the results of which were provided to the child's parents." [707 KAR 1:300, Section 3(3)(a-b)]

2. **Referral**
   "If the child has not made adequate progress after an appropriate period of time during which the conditions ... have been implemented, a referral for an evaluation to determine if the child needs special education and related services shall be considered." [707 KAR 1:300, Section 3(4)]

3. **Evaluation**
   "The local educational agency (LEA) shall ensure that a full and individual evaluation is conducted for each child considered for specially designed instruction and related services prior to the provision of the services." [707 KAR 1:300, Section 4(1)]

   "The evaluation shall be sufficiently comprehensive to identify all the child's special education and related service needs." [707 KAR 1:300, Section 4(11)]

   "An LEA shall ensure that within sixty (60) school days following the receipt of the parental consent for an initial evaluation of a child, the child is evaluated." [KAR 1:320, Section 2(3)(a)]

4. **Eligibility**
   "Upon analysis of intervention and assessment data, the ARC (Admissions and Release

Committee) shall determine whether the child is a child with a disability … to the extent that specially designed instruction is required in order for the child to benefit from education." [707 KAR 1:310, Section 1(1)]

5. **Individualized Education Program (IEP)**
   "If a determination is made that a child has a disability and needs special education and related services, an IEP shall be developed for the child." [707 KAR 1:310, Section 1(6)]

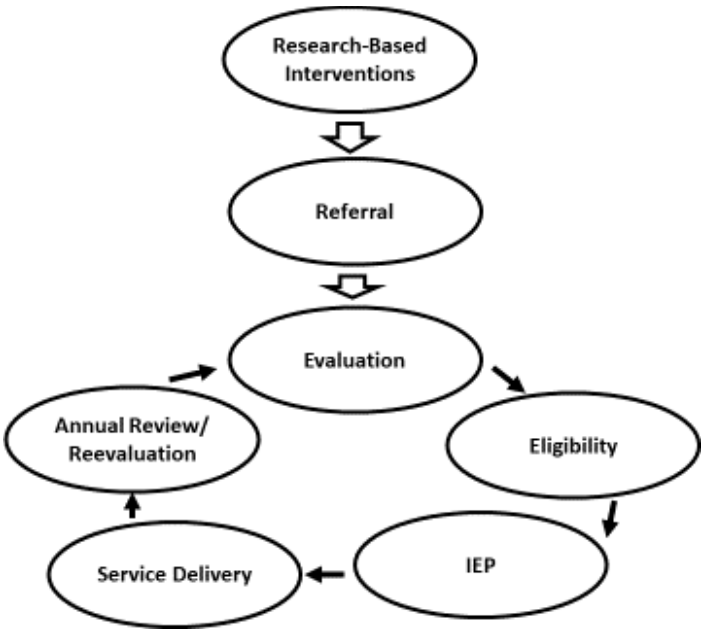
6. **Service Delivery**
   "In determining the educational placement of a child with a disability, the LEA shall ensure that the placement decision is made by the ARC in conformity with the least restrictive environment provisions." [707 KAR 1:350, Section 1(5)]

7. **Annual Review/Re-Evaluation**
   "An LEA shall ensure that the ARC reviews each child's IEP periodically, but no less than annually, to determine whether the annual goals for the child are being achieved; and revise the IEP." [707 KAR 1:320, Section 2(6)(a-b)]

   "A re-evaluation … is conducted at least every three (3) years ..." [707 KAR 1:300, Section 4(18)]

The IDEA is the federal law that supports special education. In accordance with the IDEA, the Kentucky Administrative Regulations for Special Education Programs (KAR) (2008) defines special education as "specially designed instruction, at no cost to the parents, to meet the unique needs of the child with a disability, including instruction in the classroom, in the home, in hospitals and institutions, and in other settings." [707 KAR 1:002, Section 1(56)]

This graphic depicts the continuing process for the provision of special education services:



Research-Based Interventions/Referral

The Kentucky Administrative Regulations for Special Education Programs (2008) ensure research-based interventions are provided prior to or as part of the special education referral process, and that a student shall not be determined eligible for special education services if the educational concerns are primarily due to the lack of appropriate instruction or limited English proficiency. These criteria for eligibility apply to all suspected categories of disability as provided for under the IDEA.

The requirements for research-based interventions for all disability categories are outlined in Kentucky Special Education Programs Regulations under 707 KAR 1:300, Section 3. Districts are required to implement the following criteria:

- Relevant research-based instruction and intervention services must be provided in regular (general) education settings prior to or as part of the referral process.
- Instruction and intervention services must be provided by qualified personnel.
- Data-based documentation of repeated assessments of achievement or measures of behavior must be collected and evaluated at reasonable intervals and reflect systematic assessment of student progress during instruction.
- Results of the student's response to the instruction and interventions must be provided to the child's parents.

Each district must attempt to resolve the identified challenge or behaviors of concern in the general education environment before or while conducting a full and individual multidisciplinary evaluation for special education eligibility. A typical district process might include using school-level student assistance teams to assist a general education teacher in identifying ways to solve a student's classroom challenges

Related Service Personnel

Related service personnel are not usually members of the school teams at this level of the process but building representatives may contact them for recommendations. Therapists may then become involved in a problem-solving process that includes screening, discussion and implementation of interventions and decision-making. The regular education personnel responsible for implementing the interventions will collect data. Therapists may provide teachers with strategies for making simple changes in the classroom environment that will result in an increase in student achievement. A child with concerns that significantly and adversely impact their ability to participate in their school environment may need to have the referral and evaluation processes occur simultaneously with the implementation of multi-tiered interventions.

RtI Connection

In many Kentucky schools, the special education research-based instruction and intervention services are part of a schoolwide Response to Intervention (RtI) process. According to the National Association of State Directors of Special Education (NASDE), RtI is "the practice of

providing high-quality instruction and interventions matched to student need, monitoring progress frequently to make decisions about changes in instruction or goals, and applying child response data to important clinical decisions" (Batsche, et al., 2005, p. 3). School districts in Kentucky school districts most commonly implement a three-tiered system in their RtI processes. Tiered systems focus on the level of support and intensity of instructional intervention that a student requires.

In a three-tiered approach, Tier I is most frequently regarded as the universal instruction and screening provided to all students. Through screening, school staff identify students as having academic concerns, behavior challenges or both. During Tier I, related service providers share information with school personnel as to interventions and strategies that can be incorporated within universal instruction.

In a three-tiered approach, Tier II is provided to small groups of students who need more support than what is provided through Tier I. Tier II interventions may be conducted by the general classroom teacher or an intervention teacher and are provided in addition to Tier 1 interventions. During Tier II, related service providers may be involved with problem-solving teams to assist with determining the targeted interventions to be implemented with individual students. The related service provider may also assist the team or classroom teacher with developing and reviewing the progress monitoring data collection system used in conjunction with the implementation of Tier II interventions.

In a three-tiered approach, Tier III is provided to students who do not demonstrate sufficient progress with Tier I and Tier II interventions. The intensity and frequency of interventions increase at the Tier III level and often are provided as pull-out services conducted by a specialist such as an interventionist. During Tier III, the related service provider may be involved with problem-solving teams to review student progress data collected during Tier II and assist with determining the interventions to be implemented at Tier III. The related service providers may be included in discussions with the problem-solving team concerning whether the student should be referred for an evaluation for special education. For some students, it may be appropriate for the process of implementing and analyzing interventions to continue while the student is being evaluated for a suspected disability.

Progress Monitoring

Ongoing monitoring of the student's progress is a critical component of the RtI process and occurs within each tier. Intensity, frequency and duration of progress monitoring will vary depending on a student's needs and should increase as a student moves through the tiers. School districts are required to collect baseline data prior to beginning an intervention. Baseline data reflects the student's current level of performance prior to and without the implementation of any instructional interventions. Baseline data is used to measure the effectiveness of the intervention by comparing it to the data collected during intervention implementation. The related service provider may assist teachers and interventionists with selecting the data collection tool to use for monitoring and evaluating a student's ongoing progress and response to applied interventions at each tier.

In many cases, districts complete the RtI process prior to a special education referral. This ensures the student was provided with appropriate learning experiences with the intent to remediate and address areas of noted concern. In some cases, it is appropriate to complete the RtI process during the student's evaluation period. Districts must not deny referrals or delay initial evaluation procedures for students suspected of having a disability because of RtI implementation (OSEP Memorandum 11-07, January 21, 2011).

Screenings

Kentucky school districts are required to screen all 3- and 4-year-old students enrolled in public preschool programs in the following developmental areas: gross/fine motor skills, cognitive functioning, communication skills, self-help skills and social-emotional skills. The district must conduct the screening within 30 school days of enrollment. Districts must notify parents if the results of the screening "indicate a need for further assessment by a specialist, follow-up, or referral for special education and related services or other appropriate resources." [704 KAR 3:410, Section 6] Districts typically have school personnel conduct the preschool screenings, but it is permissible for related service providers to conduct them as well.

Parental consent is not required for screening by education personnel when the screening is administered to all students [34 CFR 300.300(d)(1) and 300.302].

Kindergarten Readiness Screener

Students enrolled in kindergarten participate in a common screening that considers the whole child by assessing five domains: cognitive, language, motor, social-emotional and self-help skills. The kindergarten readiness screening occurs no more than 15 calendar days prior to the start of school and no later than the 30th instructional day of the school year.

Universal Screening

There are no other regulatory requirements for mass screenings. However, many Kentucky school districts have incorporated universal screenings as a part of their district or schoolwide RtI process.

Individual Screening

Specific concerns expressed by teachers or parents may prompt individual screening(s) of a student. District staff must follow the district's procedures pertaining to parent notification and consent in these circumstances. In addition, school districts must adhere to the federal and state rules under special education regulation (i.e., the IDEA) for parental notification and consent relating to student evaluation when the intent of testing is to determine if the child might be a student with a disability.

Motor Screenings

All 14 Kentucky disability categories of special education must include screening or evaluation data considering the student's functioning in the areas of vision and hearing. Additionally, the category of specific learning disability requires screenings **or** evaluation data concerning the student's motor functioning. The purpose of obtaining this motor data is to rule out the student's motor functioning as a primary reason for the learning challenges when determining eligibility for specific learning disabilities. The ARC may request screenings in other areas, such as communication or motor, to assist in determining eligibility and programming for special education.

Motor screenings do not have to be conducted by an Occupational Therapist (OT) or Physical Therapist (PT). The district documents the results on the *Referral for Multidisciplinary Evaluation Form* and discusses the results of the screenings with the parents at an ARC meeting. See the chart below:

Physical Functioning Attach documentation for results of each screening.			
VISION	**HEARING**	**MOTOR**	**SPEECH**
Required for all students referred for special education		*Required when Specific Learning Disability suspected and as determined by the ARC*	*Required as Determined by the ARC*
Screening Date: Click here to enter a date. ☐ Passed ☐ Failed	**Screening Date:** Click here to enter a date. ☐ Passed ☐ Failed	**Screening Date:** Click here to enter a date. ☐ Passed ☐ Failed	**Screening Date:** Click here to enter a date. ☐ Passed ☐ Failed

Evaluations under the IDEA

For the purpose of special education, the ARC analyzes and discusses the results of assessments to consider and determine whether a child has a disability. Should the ARC determine that the student has a disability, the ARC also will consider the evaluation results to determine the nature and extent of special education and related services that would appropriately address the student's educational needs. Upon completion of the multidisciplinary evaluation, the results are compiled into a written report. The evaluation report then is presented to the members of the ARC for review and discussion based on district procedure timelines. The multidisciplinary evaluation should not include goals, recommended services or frequency of services. The ARC makes decisions as to these programming components after it has determined the student's eligibility for special education and related services. The ARC will clarify and determine related service providers' roles during the development of the student's IEP.

A multidisciplinary evaluation includes a review of information provided by parents, existing

progress monitoring data and the results of current assessments. When discussing and interpreting evaluation data to determine if a child has a disability:

- The ARC reviews information from a variety of sources, including aptitude and achievement tests, parent input and teacher recommendations, as well as information about the child's physical condition, social or cultural background and adaptive behavior.
- The ARC ensures all evaluation information is documented and carefully considered. In completing assessments as a part of the evaluation, the ARC ensures compliance with the Kentucky Special Education Regulations (2008) for evaluation including:

    - Age-appropriate testing and assessment materials and procedures used to assess a student's need for special education and related services are selected and administered in a manner that is not racially or culturally discriminatory. [707 KAR 1:300, Section 4(2)(a)]

    - Assessment and other evaluation materials used to assess a child are administered in the child's native language or another mode of communication most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally, unless it is not feasible to do so. [707 KAR 1:300, Section 4(2)(b)]

Evaluation of Transferring Students

If a student transfers from another school district with related services specified on an active IEP, the receiving therapists need to be notified and involved immediately in serving the student and assessing his or her current needs. According to 707 KAR 1:320, Sections 6, services shall be provided in consultation with the parents and until the receiving local school district conducts an evaluation, if determined necessary, and develops, adopts, and implements a new IEP if the child is a child with a disability. To determine the need for related services, the appropriate service provider(s) will:

- Obtain the student's previous therapy evaluation used to assist in determining the need for the related service.
- Review this evaluation information and the student's current IEP to ensure the evaluation data, plan of care, and/or individualized education program is still relevant to the student's current level of progress. From this information, the Speech-Language Pathologist (SLP), OT and PT continue to implement the student's current IEP and develop a plan of care for the student (when applicable); or
- If the above information is deemed insufficient, the school district will need to convene an ARC meeting to discuss the need to gather additional information and, if appropriate or necessary, further evaluate the student.

To be compliant with licensure requirements, school-based OTs and PTs must have a current evaluation and plan of care for each student on their workload. If the receiving therapist acquires

a current evaluation from a transferring student's previous therapist, the district's OT or PT should provide comparable services to the student until the receiving therapist can reassess or conduct an evaluation or the ARC revises the student's IEP. If necessary, the OT or PT will use the current evaluation along with IEP information to develop a new plan of care. The appropriate professional will use the above information to assist in the development of the plan of care and IEP for transferring or transitioning students.

Physical therapy practice regulations (201 KAR 22:053) have additional guidance on serving a student who transfers. 201 KAR 22:053, states the following regarding students who are transferring from one school district into another:

Section 2. Standards of Practice for the Physical Therapist. While engaged in the practice of physical therapy, a physical therapist shall:

(1) Perform screenings in order to:
    (a) Provide information on a person's health status relating to physical therapy;
    (b) Determine the need for physical therapy evaluation and treatment;
    (c) Make a recommendation regarding a person's ability to return to work or physical activity; and
    (d) Provide physical therapy services;
(2) Evaluate each patient prior to initiation of treatment;
(3) Upon receipt of a patient under an active plan of care from another physical therapist:
    (a) Complete an evaluation in compliance with subsection (2) of this section and Section 5(2)(a)-(d) of this administrative regulation;
    (b) Ensure the evaluation and plan of care from the other physical therapist is current and appropriate;
    (c) Retain the evaluation and plan of care from the other physical therapist in the medical record; and
    (d) Comply with reassessment requirements based on the date of the most recent evaluation;
(4) Reassess each patient in accordance with the following:
    (a) Reassessing inpatients in either a hospital or comprehensive rehabilitation facility every fourteen (14) days;
    (b) Reassessing every ninety (90) days, with the physical therapist assistant present, patients in:
        1. A facility defined in 902 KAR 20:086 as an intermediate care facility (ICF) for the mentally retarded (MR) and developmentally disabled (DD); or
        2. A school system.
            a. A forty-five (45) day grace period shall be allowed upon transfer from another school district or from the start of the school year;
            b. During this grace period treatment may continue based upon the previous reassessment or evaluation;

Defining Roles

Role of Related Service Providers in the Educational Environment

School-based therapists evaluate students, interpret results and collaborate with the other members of the student's ARC to develop IEPs for integrated intervention services. In Kentucky, the ARC serves the function of the IEP team addressed in IDEA.

School-based therapists provide services to students and work closely with educational staff and families to support the student's learning in the least restrictive environment. Therapists play a valuable role in assisting school administrators in planning and implementation issues, such as access to programs and facilities, building modifications and new construction, special transportation, curriculum development, safety and injury prevention and assistive technology.

The provision of effective related services includes the following:

- Identifying, selecting and adapting special materials and equipment to enhance the student's benefit from special education
- Training school staff and parents in activities and accommodations to be implemented throughout the student's day
- Identifying and optimizing natural opportunities for embedding skills during daily routines
- Collaborating and coordinating with teachers and families for needed change in instructional strategies and/or the learning environment
- Observing and critically analyzing student performance and responses that prevent the student from benefiting from special education
- Suggesting accommodations and modifications to promote student success
- Problem-solving with the ARC when barriers to learning and/or participation are identified

Role of the Occupational Therapist in the Educational Setting

Occupational Therapists (OTs) support a student's ability to participate in desired school activities or "occupations". Through expertise in environmental analysis and modifications of activities, the OT works to reduce impediments to participation, minimize the effect of a student's disability and facilitate the student's success in school.

OTs support student independence in a variety of ways. They work to facilitate students' occupational performance skills necessary for school success through activities designed to address instrumental activities of daily living, fine motor skill development and integration, sensory processing, social participation, self-management and students' assistive technology needs.

Based on student strengths, the OT designs and implements programs to promote the student's successful inclusion across education settings. OT practitioners use the American Occupational

Therapy Association (AOTA) Practice Framework to guide service delivery. An OT's responsibilities often include, but are not limited to: conducting activity and environmental analyses; reducing student participation barriers through skill attainment; promoting student generalization of skills across settings through strategies; suggesting and implementing environmental adaptations; recommending and providing assistive technology; and preparing students with disabilities to become college and career ready.

OTs address individual student needs and may also serve the entire educational community through activities that promote general wellness, health and safety. As a requirement for Kentucky OT licenses, the OT must develop a plan of care for each student on their workload. The plan of care relates to the student's IEP goals.

For additional information regarding the OT plan of care and the role of the OT in the public school setting, refer to the Kentucky Board of Licensure for Occupational Therapy.

Role of the Occupational Therapy Assistant in the Educational Environment

The Occupational Therapy Assistant (OTA) provides occupational therapy services to assigned students only under the direction and supervision of an OT. An OTA may contribute to the evaluation process by gathering data, administering structured tests and reporting observations.

The OTA may not independently evaluate a student or initiate a student's therapy prior to the OT evaluation. While the OT takes primary responsibility for intervention planning, delivery of services and the outcome of services, the OTA may contribute to intervention planning and carry out therapeutic interventions as designated by the OT. The OTA may contribute data regarding student performance that could lead to the discontinuation of intervention. However, the OT is ultimately responsible for all decisions concerning occupational therapy service delivery.

For additional information regarding the role of the OTA in the school setting, refer to the Kentucky Board of Licensure for Occupational Therapy.

Role of the Physical Therapist in the Educational Environment

The role of the Physical Therapist (PT) working in educational environments is to assist the student in meeting special educational goals in the areas of functional gross motor and self-help skills. The strategies and intervention approach used by the PT should relate to the student's need for functional motor skills in the areas of mobility, movement, posture/positioning, access, participation and safety in the educational environment (including class, school, campus, worksites and community settings). It is the responsibility of the PT to be aware of currently accepted therapy procedures and evidence-based practices to determine the most appropriate method to translate this knowledge into practice. Physical therapists should assist the ARC in determining the most appropriate and least restrictive environment for the provision of services for each student receiving therapy. As a requirement for Kentucky PT licenses, the PT develops a plan of care for each student on their workload that relates to the individual student's IEP goals.

Standards of practice for school-based physical therapists require students to be reassessed every 90 days in a school-based system (*Code of ethical standards and standards of practice for physical therapists and physical therapist assistants* [201 KAR 22:053, Section 2(4)(b)(2)]). When a student transfers from another school district with PT services listed on a current, active IEP, the district has a 45-day grace period as measured from the first day of the school year or the student's first day of enrollment to conduct a new PT evaluation for the student. During this 45-day grace period, the district must continue to provide physical therapy services to the student based upon the student's previous IEP. If the therapist does not have the evaluation or plan of care from the transferring school, therapy services cannot be continued until the receiving PT completes an evaluation and writes a plan of care [201 KAR 22:053]. This should be completed as soon as possible to prevent a lapse in services. For additional information regarding the PT plan of care and the role of the PT in the public school setting, refer to the Kentucky Board of Licensure for Physical Therapy.

Role of the Physical Therapist Assistant in the Educational Environment

The Physical Therapist Assistant (PTA) may provide services only under the supervision and direction of a PT. The PTA may provide treatment only after evaluation and development of a plan of care by the PT.

Upon direction from the PT, the PTA may gather data related to the student's disability but may not determine the significance of the data as it pertains to the development of the student's plan of care. The PTA must refer inquiries that require interpretation of student information to the PT. The PTA also must communicate to the PT any observed change in the student's condition which may indicate a need for the student's reassessment by the PT.

Standards of practice for a school-based PT require the therapist reassess students on their workload every 90 days with the PTA present for the reassessment [201 KAR 22:053, Section (2)(4)(b)(2)].

For additional information regarding the role of the PTA in the public school setting, refer to the Kentucky Board of Licensure for Physical Therapy.

Role of the Speech-Language Pathologist in the Educational Environment

The role of the school-based Speech-Language Pathologist (SLP) is to address the communication processes of listening and speaking to derive measurable and positive functional outcomes for students and facilitate increased student participation in the educational environment.

The SLP evaluates, plans and implements strategies to improve a student's receptive and expressive language, speech sound production, voice and fluency as needed to promote the student's progress on educational objectives related to their primary area of disability. SLPs also

employ and assist with a student's use of augmentative communication when necessary or appropriate to address concerns in these areas.

For additional information regarding roles of SLPs in the public school setting, refer to the Kentucky Board of Speech-Language Pathology and Audiology.

Role of the Speech-Language Pathologist Assistant in the Educational Environment

A Speech-Language Pathologist Assistant (SLPA) is an individual who assists in the remediation of students who meet eligibility criteria only under the direction of an appropriately qualified supervising SLP and only within the public school system.

So long as training, supervision, documentation and planning are appropriate, the SLPA may perform the following tasks: conduct speech and language screenings (without interpretation); conduct hearing screenings (without interpretation); provide prescribed treatment; record progress data to document performance of identified students; assist in clerical duties; and report to the supervising SLP regarding student progress and treatment plans.

The SLPA may assist in collaborative activities with other professionals and assist in administering tests for diagnostic evaluations. The SLPA may participate in parent conferences, IEP meetings and other interdisciplinary team meetings in the presence of the supervising SLP. The SLPA may not interpret test results, generate reports or perform duties outside of the scope of practice for an SLPA.

For additional information regarding the roles of SLPAs in the public school setting, refer to the Kentucky Board of Speech-Language Pathology and Audiology.

Role of Paraeducators in the Educational Environment

Paraeducators may be employed to assist with the provision of occupational therapy, physical therapy and speech-language therapy services in public schools. Paraeducators may provide supportive service only under the supervision and direction of a licensed therapist or therapist assistant. Some duties of the paraeducator may include, but are not limited to: practice of functional skills with students; implementing positioning protocols; use of specialized equipment; assistance with general clerical duties, such as record keeping and filing; inventory and maintenance of therapy equipment; and preparation of materials for students to use in the classroom.

Role of Related Service Personnel with Assistive Technology

Based upon a review and analysis of student data, the ARC (or IEP team) determines the appropriate assistive technology (AT) needed to fulfill the requirements of the student's educational program. AT within a student's educational setting may include devices, services or

both. The term “Assistive Technology Device” includes any item, piece of equipment or product system, whether acquired commercially or off the shelf, modified or customized, that is used to increase, maintain or improve the functional capabilities of students with disabilities. An “Assistive Technology Service” directly assists a child with a disability in the selection, acquisition or use of an AT device.

As a part of the student’s ARC, related service providers may perform a variety of roles associated with AT, such as evaluation, acquisition, selection, designing, customizing/adapting, applying, maintaining, repairing or replacing devices. Related service providers may coordinate student’s use of a device within the student’s education program through training or technical assistance for a student, staff or family member.

According to the KDE Health Services Reference Guide (2018), Medicaid reimbursement for services and devices is limited to related service providers who possess the requisite Kentucky Medicaid licensure. Each school district designs policies related to AT and Medicaid reimbursement. The student’s ARC makes all decisions related to AT needs and services based on a review of the student’s evaluative and progress data without consideration of Medicaid reimbursement in terms of a student’s eligibility for an AT service or a device.

Role of Team Members Providing Integrated Related Services

For many students with disabilities, the integration of multiple related services through a collaborative approach is an evidence-based practice that has resulted in a higher quality of educational outcomes. This often is particularly true for students with multiple disabilities, intellectual disabilities and autism. Central to this coordinated team approach is the sharing and implementation of discipline-specific practices, techniques and strategies by all of the related service personnel who may be delivering services to the student with a disability. These transdisciplinary team members include, but are not limited to, the following: OT, PT, SLP, hearing and vision specialists, special and general educators and, where appropriate, paraeducators. This process requires each team member to model, teach and monitor their discipline to the other discipline representatives. It also is incumbent upon each team member to practice the strategies and recommendations of the other discipline(s) as related to the implementation of the student’s IEP.

The collection of progress monitoring data is crucial to the provision of services. Examples of integrated related services are as follows:

- Jessica requires special positioning in order to activate her communication device.
- Tommy needs small motor preparation prior to engaging in an academic task.
- Jonathan uses an alternative augmentative communication (AAC) device to initiate a request or respond to a task request.
- Robert requires both physical support and switches to engage in choice-making and participation during circle time.

These examples support the integration of services among teachers, paraeducators and therapists and demonstrate the need for collaboration to effectively support and address the priority needs of students.

Evaluation Areas

Occupational Therapy Evaluation Areas

When completing a student's evaluation, the OT must consider how the identified areas of concern are impacting the student's ability to access, participate and progress in their education program and anticipated future needs to achieve employment, postsecondary education, independent living and self-sufficiency. The OT should refer to the professional guidelines published in *The Occupational Therapy Practice Framework: Domain and Process* (AOTA, 2014) to guide evaluation considerations.

The initial step in the occupational therapy evaluation process is the completion of the occupational profile. This profile provides an understanding of the student's occupational history and experiences, patterns of daily living, interests, values and needs. The profile also identifies concerns expressed by the student, teachers, parents or other involved persons and determines priorities for focus. The process may include a review of records, interviews and observations.

After completion of the profile, the evaluation will provide an analysis of the student's occupational performance. This analysis more clearly identifies and describes the student's strengths and limitations. Often, the occupational therapy evaluation process will include assessing the student's actual performance as observed in context to identify which factors contribute to the student's educational performance and which factors hinder the student's educational performance. The occupational therapy evaluation typically considers the student's performance skills, performance patterns, environmental contexts, activity demands and other student factors. However, evaluation planning may only select relevant aspects for targeted assessment.

According to *The American Occupational Therapy Association's Guidelines on OT Services in Early Intervention and Schools* (AOTA, 2017) and *The Occupational Therapy Practice Framework: Domain and Process* (AOTA, 2014), an OT evaluation should address factors that influence occupational performance, including:

- **Performance skills:** Motor skills, praxis skills, sensory-perceptual skills, emotional regulation, cognitive skills, communication and social skills
- **Performance patterns:** Habits, routines, ritual, roles
- **Contexts and environments:** Physical, social, cultural, virtual, personal, temporal
- **Activity demands:** Required actions, space and physical demands, sequencing and timing, underlying body functions
- **Client factors:** Values and beliefs, mental, neuromuscular, sensory, visual, perceptual, digestive, cardiovascular, and integumentary functions and structures

For further information on evaluation, the OT should be familiar with professional guidelines and documents published by AOTA such as: *The Occupational Therapy Practice Framework: Domain and Process* (AOTA, 2014), *Guidelines on OT Services in Early Intervention and Schools* (AOTA, 2017) and *Statement: Occupational Therapy for Children and Youth Using Sensory Integration Theory and Methods in School-Based Practic*e (2015).

Physical Therapy Evaluation Areas

Practice standards are that the physical therapy evaluation for education-related services employ an approach that places overall importance on the student's role, participation and social interaction within the educational environment. The primary focus of the evaluation is to identify areas of student strength as well as problems and concerns related to the student's functional performance and participation.

If concerns are identified, the evaluation proceeds to examine dynamics that are potentially interfering with the student's ability to prepare for further education, employment and independent living. For example, a students' ability to complete classwork (participation) may be due to muscle weakness (body structure and function), seat height versus table height (environmental factor) or lack of motivation (personal factor). In its consideration and analysis of these factors, the ARC then can decide the best way to address and improve the student's participation and minimize limitations.

These factors may include:

- **School-based activities:** The student's ability to execute individual school-based tasks;
- **Body structure and function:** Physiological functions of the body;
- **Environmental factors, demands, expectations:** Building modifications for safety and accessibility, adaptive seating, desk positions; and
- **Personal factors:** Student's preferences, interests, motivations.

Standards of Practice for the Physical Therapist mandates that students receiving services in a public school system be reassessed every 90 days [201 KAR 22:053. Section 2(4)(b)(2)]. A 45-day grace period shall be allowed upon transfer from another school district or from the start of the school year. During this grace period, the district may continue to provide physical therapy services based upon the student's previous reassessment or evaluation.

Speech-Language Evaluation Areas

Through a Speech-Language evaluation, a student may be identified with a speech or language impairment as a primary disability or, if deemed eligible under another specific disability category, as needing speech-language therapy as a related service. The purposes of evaluation in each of these cases differ. When determining a student's eligibility for special education and related services, the SLP will utilize the Kentucky Speech or Language Eligibility Determination Form to aid in the process. The results of the evaluation will determine if the knowledge and expertise of an SLP is a necessary component of the student's educational program to achieve identified outcomes for education, future employment and independent living.

The ARC determines the components of a Speech-Language Evaluation and documents the areas of concern to be assessed on the student's evaluation plan. The evaluation must be comprehensive enough to provide information regarding the student's communication functioning in all areas where the ARC has noted concerns. The *Kentucky Eligibility Guidelines*

for Students with Speech or Language Impairment- 3rd Edition (KEG-3) guidance provides additional information pertaining to the evaluation process and eligibility determination, including forms such as rating scales.

Speech-Language evaluations may target one or more of the following areas of communication:

- Speech sound production and use: Articulation, phonology, oral mechanism;
- Oral language: Morphology, syntax, pragmatics, semantics, use of augmentative communication;
- Fluency: Rate, rhythm, continuity, effort; and
- Voice: Quality, pitch, loudness, duration.

Eligibility

A student is eligible for special education services under the 2008 Kentucky Administrative Regulations for Special Education Programs (KARs) when the ARC determines he or she meets the criteria for one or more disability categories. To be eligible, the ARC must conclude the student's deficits adversely impact the student's educational performance such that specially designed instruction is required for the student to benefit from education. [707 KAR 1:310, Section 1(1)]

The specific disability categories are:

- Autism
- Hearing Impairment
- Multiple Disabilities
- Specific Learning Disability
- Visual Impairment
- Deaf-Blind
- Functional Mental Disability
- Orthopedic Impairment
- Speech or Language Impairment
- Developmental Delay
- Emotional Behavior Disability
- Mild Mental Disability
- Other Health Impairment
- Traumatic Brain Injury

There are no eligibility requirements for related services. The ARC makes the decision to provide related services to a student when it is decided that such services are a necessary component of the student's educational program for the student to achieve special education identified outcomes. According to IDEA 2004 and the KARs, all related services are available to students who qualify for special education services if and when the related service is shown to be necessary to implement the student's IEP. Thus, the results of occupational therapy, physical

therapy and speech-language therapy evaluation or evidence of a delay or impairment alone do not necessarily mandate the district to provide the student with related services.

Documentation also must show that the delays or impairments negatively impact a student's academic and/or functional performance to the extent that it is significantly and consistently below similar age peers before the ARC can consider and approve the provision of these services.

During the eligibility decision, the ARC must document the existence of an adverse effect which explains how the progress of the child is impeded by the disability to the extent the student's educational performance is significantly and consistently below the level of similar age peers. As part of the ARC, related service providers offer distinctive expertise and perspective to support the ARC decision. As a group, the ARC makes the decision. As such, the decision is not made unilaterally by a single team member (e.g., one therapist or parent).

In Kentucky, school districts do not require a referral from a physician to provide occupational therapy, physical therapy or speech-language therapy services that are outlined on a student's IEP. The ARC, not a physician, determines the student's educational and functional need for occupational therapy, physical therapy or speech-language therapy services as provided by the local school district. ARC membership includes parents, special education teachers, general education teachers and a district representative which chairs the committee. Related service providers are members of the ARC meeting when related services are discussed or "as appropriate" [707 KAR 1:320, Section 3(1)(g)].

The ARC must consider any evaluation or recommendations presented by an ARC member, including the parents, when making educational decisions for a student. When a parent presents an evaluation or recommendations from professionals outside of the school district, an ARC must consider the outside evaluation and recommendations.

Individual Education Program (IEP)

In developing the Individual Education Program (IEP), the student's education team, led by the case manager, will follow the requirements as outlined in Kentucky's Guidance Document for Individual Education Program (IEP) Development. The ARC writes the Present Levels of Academic Achievement and Functional Performance (PLAAFP) with the participation of and feedback from the IEP implementers, including the related service personnel.

The ARC develops and approves the student's IEP goals based upon the baseline data presented in the PLAAFP. The related service providers support the annual measurable goals through specially designed instruction, supplementary aids and services, program modifications and supports for school personnel. The "Supplementary Aids and Services" section of this document provides additional examples of therapy services and further clarifies how the therapy services are documented in a student's IEP.

Districts may provide related services directly to the student or on behalf of the student. The ARC should specify the frequency of the student's related services in the student's IEP with sufficient detail to effectively communicate accurately to the IEP implementers and service providers as to how often such services will be delivered. However, when developing or revising a student's IEP, the ARC should create a flexible plan which allows integration of services across a variety of education settings within the student's school day. After a review of the PLAAFP and development of the student's measurable annual IEP goals accompanied by specially designed instruction and supplementary aids and services, the ARC then will determine the least restrictive environment for implementing the IEP services. The ARC must document the agreed-upon IEP services, including the anticipated frequency, beginning and ending date and location of each service in the student's IEP.

Supplementary Aids and Services

The following examples show how related services could be documented in the various sections of a student's IEP. Supplemental Aids and Services (SAS) are "what the student needs" in order to learn. SAS includes strategies, aids, services and other supports the student requires to make progress toward their measurable annual IEP goals.

Examples of SAS include, but are not limited to:

- Sensory-motor activities
- Sensory breaks
- Low tech Augmentative and Alternative Communication (AAC) development
- Access to AAC/AT
- Strengthening activities
- Adaptive classroom equipment/tools
- Modified seating
- Accessible environment
- Visual supports or visual schedules
- Consultation concerning adaptive equipment and orthotics with school staff and family
- Opportunities for lower extremity weight-bearing
- Provision of individual support to the student to address positioning, wheelchair seating, ambulation, functional mobility (w/c, transfers), functional motor skills (i.e., sitting, pull to stand) and advanced gross motor skills (i.e., AT access, reach, self-help skills)
- Supportive positioning
- Adaptive equipment for supported positioning and mobility
- Modeling adult assistance for mobility, positioning, transfers and self-care skills
- Instructional support to improve overall intelligibility of speech or specific speech sounds

Program Modification and Supports for School Personnel

Program Modification and Supports for School Personnel are services and supports provided to school staff on behalf of the student. The purpose of this section of the IEP is to ensure school personnel have the tools and training necessary to successfully assist a student in advancing appropriately toward attainment of their measurable annual IEP goals, involvement and progress in the general curriculum, participation in extracurricular and other nonacademic activities and to further facilitate the student's education and participation with other students with and without disabilities.

Program Modifications and Supports for School Personnel include the use of school time and school staff. This section of a student's IEP may also involve specialized training for staff. Examples of Program Modifications and Supports for School Personnel include:

- Student transfer training
- Development, practice and training of a written building evacuation plan
- Adaptive equipment usage and maintenance training
- Training of school staff regarding positioning, handling, physical management and functional mobility for an individual student
- Training of school staff on the operation and integration of functional uses of assistive technology devices
- Training of school staff on the use of AAC devices
- Training of school staff on environmental precautions
- Training of school staff on strategies to enhance functional motor skills
- Development of and training on a student's sensory strategy plan
- Development of structured movement breaks within the classroom or school environment

Considerations for the Provision of Related Services

At an ARC meeting, based upon a review of current data, the ARC may determine therapy services are a required component to appropriately address a student's academic and functional goals. The ARC must document this decision, and the student will then be assigned to a therapists' workload.

The ARC determines a student's need for related services by considering and reviewing the following guiding questions:

- Does the student require the related service provider's knowledge and expertise as a necessary component of the student's educational program?
- Does the student require the related service in order to access or participate in the general curriculum?
- Is the student's rate of skill acquisition, potential for progress or level of function likely to change with therapy intervention?
- Does the student need specialized strategies to compensate for his or her disability?

Service Delivery

Federal law and state regulations guide educationally based OT, PT and SLP therapy services. The ARC reviews and considers the student's needs, expected outcomes and educational program when making service delivery decisions. The IDEA states that services may be provided directly to the child or on behalf of the child. When deciding the appropriate location for service delivery for a student, the ARC must determine the least restrictive environment (LRE). When determining a student's LRE, the KARs require school districts to ensure, "to the maximum appropriate, children with disabilities are educated with children who are non-disabled ... special classes, separate schools or other removal from the regular education environment occurs only if education in the regular education environment, with the use of supplementary aids and services, cannot be satisfactorily achieved due to the nature and severity of the disability."[707 KAR 1:350, Section 1(1)]

As educational reform evolves, so should the school-based therapist's methods of service delivery. Therapy services should focus on the whole student and his or her ability to function in their environment. Instead of simply pulling a student out of classes to provide therapy interventions, which may not be appropriate for the student's needs, school-based therapists and other members of the ARC must identify which service delivery model and environment will most appropriately facilitate the student's successful functioning in a variety of educational settings. Combining therapeutic interventions with functional task performance allows the therapist and teacher to share ideas or concerns and problem-solve within the student's usual setting. The entire team collaborates to offer interventions, goals and objectives which, as a package, support and promote the student's success in the educational program. A focus on meeting the student's desired outcomes should drive the selection of the location(s) for service delivery (adapted from *The Assessment of Functional Skills*, 2012).

An important area of focus for school-based therapists is on removing the barriers that prevent the student from accessing their educational and functional goals. The therapist evaluates and assesses the student's ability to successfully function across school environments and settings (e.g., in the classroom, school hallways, cafeteria, playground, bathroom, community-based instruction and field trips). The role of the therapist is to collaborate with classroom teachers and support staff to prepare the student for independent living, postsecondary education and employment. Additionally, the therapist makes recommendations regarding assistive technology, adaptive equipment and other necessary accommodations or modifications to instructional materials or programs (Cert Form Training Tool: Considerations for Educationally Relevant Therapy, Florida Department of Education, 2006).

Service Delivery Models

The unique, individual needs of the student determine a school-based therapist's methods of service delivery and caseloads. Considerations of caseload and service delivery approaches often require a cooperative effort between the therapist, teaching staff and administration.

Flexible scheduling allows for a variety and combination of delivery models (e.g., direct, integrated/collaboration and consultation) to be provided to or on behalf of a student. Service

delivery for a student also may include a mix of direct and integrative collaboration services. Related service therapists also may provide service delivery on behalf of a student through consultation with other school staff or professionals.

ARCs, with guidance, involvement and input from related service personnel, select service delivery models to respond to the varying needs of a student as they enter, progress or exit their educational program. When appropriate for the student, service models should be delivered through collaboration between the therapist and team members. Best practice includes the implementation of a direct model of service delivery combined with therapists and team members jointly collaborating to provide services to the student. Students benefit by having an entire team implementing the same techniques and program.

Service delivery holistically addresses the unique, individual needs of the student by embedding and combining direct services, integrated collaborative/direct services and consultation. In summary, best practice for many students will include a combination of direct service delivery as well as a collaboration of service delivery between therapists and team members where information is shared across traditional discipline boundaries.

The following sections describe various service delivery models:

Direct: (With the Child)

- The therapist works directly with the student to provide improved motor or communication function to enable the student to participate in and make progress in their educational curriculum.
- The therapist works directly with the student to improve his or her independence by addressing and supporting the development of self-care skills or communication skills related to the student's educational program.
- The therapist works with the student to adapt his or her work environments to improve the student's performance in prevocational or vocational programs.

Integrated/Collaboration/Direct: (With the Child and/or On Behalf of the Child)

- The therapist develops and provides "hands-on" interventions during naturally occurring school activities.
- The therapist provides interventions alongside the student's classroom peers within the natural environment and emphasizes integration and generalization of skills into actual school activities (e.g., offering strategies for the student during journal writing, trying a slant board, offering strategies on step negotiation with a student when navigating a crowded stairwell).

Consultation: (Support for School Personnel)

- The therapist observes, monitors and provides critical analysis of student's performances and responses that prevent the student from benefiting from his or her special educational program (e.g., troubleshooting or making adjustments to equipment/programs).
- The therapist provides training and technical assistance to other staff working with

the student so they can effectively assist the student in making progress on his or her goals.

- The therapist communicates knowledge about basic practices to other team members to increase understanding or awareness (e.g., leading others to graph student performance data, team members making others aware of resources).
- The therapist identifies and optimizes natural opportunities for embedding skills and generalization during daily routines.
- The therapist collaborates and coordinates with staff and families for needed change in instruction and learning environments (e.g., adapting the physical environment, modifying educational materials, relaying school information to staff on the nature and implication of the student's medical condition).
- The therapist obtains adaptive equipment and designs strategies to enable the student to use the equipment so he or she functions more independently in their educational environment.
- The therapist trains the teachers, paraprofessionals and parents in activities, strategies and use of adaptive equipment (e.g., determine if the student is positioned properly in a wheelchair).

Considerations for Services Delivery Decision-Making

A review of the current literature suggests ARCs consider the following questions when making decisions concerning service delivery of school-based therapy services:

- Are services comprehensive enough to allow the student to access their educational program, and are they reasonably calculated to enable the student to make appropriate progress in light of the student's circumstance?
- Are services provided during the student's daily educational routine with skills taught across all educational settings?
- Are therapeutic services provided through a team approach with team members sharing information, strategies and techniques to promote consistency in program implementation and generalization of the skill by the student?
- Are regular team meetings held to provide communication of information and outcomes that guide the plan of activities?
- Are services planned to optimize the student's ability to practice tasks in multiple settings, including future employment and independent living environments?
- Are services provided through a variety of service delivery models to meet the unique needs of the student?

The type of service delivery most appropriate for the student may change over time. A student's therapy needs may differ in intensity and focus as the student's school years progress, and his or her service needs could differ in intensity within a school calendar year. In addition, there might be a greater need for a therapist to provide more intensive services and supports at the start of a school year to train new teachers and staff on appropriate strategies. As the educational team's ability to implement the strategies increases during the school year, the need of school personnel for the services and support of the therapist may decrease. Such service delivery changes must be documented in the student's IEP. However, the changes should be noted in a manner that they can be implemented in a fluid and flexible way based upon the student's immediate educational

needs at any time during the student's course of study.

Considerations for Discontinuation of Related Services

Through the ARC meeting process, the committee may decide that therapy services are no longer a required component of the student's educational program. If the student no longer demonstrates a need for a related service, dismissal does not require standardized reassessment. The ARC must document its decision to discontinue the related service, and the student then is removed from the therapist's caseload.

Appropriate reasons for an ARC to release a student from a related service may be:

- The student no longer requires the related service provider's knowledge and expertise as a necessary component of the student's educational program.
- The student no longer requires the related service in order to access and/or participate in the general curriculum.
- The student's rate of skill acquisition, potential for progress or level of function is not likely to change with therapy intervention.
- The student has learned appropriate strategies to compensate for his or her disability.
- The student's needs can be effectively addressed through classroom accommodations or modifications.
- The student's needs can be addressed successfully by another service provider or the educational team, and the expertise of the current therapist is no longer necessary.
- The student has met all goals that might have required the support of a therapist.

The ARC should approach release from the related service of speech or language with considerable caution for students not using symbolic language to communicate effectively.

A student may experience special circumstances for which implementation of related services may be temporarily contraindicated or inappropriate such as surgery or serious illness. After discussion and a review of data, the ARC may decide to suspend the student's related services for a brief period of time. The ARC must reconvene prior to reinstating the student's related services after a temporary suspension.

Each therapist should be aware of the additional documentation required by their licensure when a student is released from related services. Refer to the licensing boards below for the most up to date requirements: Kentucky Board of Licensure for Occupational Therapy, Kentucky Board of Physical Therapy and Kentucky Board of Speech-Language Pathology and Audiology.

School-Based Therapy vs. Medical Clinic-Based Therapy

School-based therapy differs from medical or clinical-based therapy in terms of the purpose of

the therapy, the roles of the therapists and the types of support they provide. The chart below, adapted from the OT/PT Guidelines by Clare Gladwin Regional Education District (April 2013), highlights the differences between school-based therapy and medical or clinical-based therapy.

	School-Based Therapy	Medical Clinic-Based Therapy
Overview	The student's IEP guides the decisions about therapy, indicating what educational services are needed to help the student be successful in their educational environment. The decision to provide educationally-based therapies must be directly tied to the student's expected educational outcomes as identified by the IEP team.	Therapy provided to the child focuses on minimizing the impact of injury or their disability and focuses on isolating skills to facilitate independence in activities. It looks at identifying the deficits or underlying causes prevent the child from accomplishing that task.
Intent	Driven by the student's IEP.	Driven by prescription.
Focus	The focus is on educational goals. The purpose of therapy is to minimize the impact of the disability so the student can focus on isolating skills to facilitate independence in activities so the student can benefit from their educational program.	The focus is on therapy goals. The purpose of therapy is to treat the acute and chronic conditions of the disability.
Plan of Care for OT and PT	The therapist maintains an educationally-relevant plan of care separate from the IEP.	The therapist maintains a medically-relevant plan of care.
Characteristics	Related Services are provided through a team approach involving a variety of instructional strategies with an emphasis on an integrated collaborative service model and least restrictive environment. Districts allocate time for staff to communicate with other service providers, parents and teachers. The focus of therapy is on functional skills and adaptations which promote the student's independence through attainment of educational objectives. The therapist goes to the students in the educational setting and provides a variety of services based on their educational needs. These services may include individual therapy, small group therapy, collaboration and consultation with teachers and other related service providers who work with the student.	Therapy services tend to be discipline-based. The focus of therapy is on developmental milestones, components of movement and client performance. Clients come to a medical clinic to receive one-on-one therapy from the therapist.

Therapists have been providing school-based related services for over 40 years. Their services have evolved from a medical approach to an educational approach. Based upon the acquisition of skills and adaptations needed by the student in order to benefit from the special education services, school-based therapy services are now designed with the overarching intent to support the student's educational goals as determined by the IEP team.

The purpose of school-based therapies is solely to support the educational process. Therapy must contribute to the development or improvement of the student's academic and functional performance. Everything the therapist does with the student must be educationally relevant.

School-based therapy is not necessary when a student has an identifiable disability that does not have an adverse effect on the student's ability to achieve the academic and functional goals specified in their IEP. However, the student may benefit from private, outpatient medical therapy for which the parent would be responsible for obtaining and funding.

The ARC should ask and consider the following questions when making decisions pertaining to a student's receipt of school-based therapy services:

1. What educational needs of the student require the expertise and the unique skills and perspective of the OT, PT or an SLP?
2. Do the student's needs have an adverse effect on his or her educational or functional performance?
3. How will the services of the OT, PT or SLP improve the student's performance which will contribute to the achievement of the student's educational or functional goals?
4. What can the OT, PT or SLP contribute that other team members cannot?

Further information concerning the specific educational-based roles of the Occupational Therapists and Physical Therapists can be found in Appendix C.

Service Delivery for Home/Hospital Students

Home/hospital instruction provides educational services to students who cannot attend school for extended periods due to temporary or recurring conditions such as fractures, surgical recuperation or other physical, health or mental conditions.

704 KAR 7:120, Section 2(3) concerning home/hospital instruction states:

"Eligibility for home/hospital instruction for students with disabilities shall be determined by the Admissions and Release Committee (ARC) in accordance with the Individual Education Program (IEP), with the services being determined to be in the least restrictive environment. The ARC decision for home or hospital instructional services eligibility shall be based on appropriate documentation of student need, including medical or mental health evaluation information. The ARC chairperson shall provide written notice of this eligibility and documentation to the local director of pupil personnel for purposes of program enrollment."

When a student receives special education services and there is a likelihood supported by the correct documentation that the student will not be able to attend school for medical or mental health reasons, the ARC will need to convene to determine the student's need for home or hospital instruction. If the ARC decides the least restrictive environment for a student is a home or hospital setting, then the IEP will need to be revised to address the provision of services and instruction within the home or hospital. In making the appropriate revisions to the student's IEP, the ARC also will need to determine whether related services are necessary for the student to benefit from home or hospital instruction.

When the student receives academic instruction from a teacher in the home or hospital setting, it may be provided less frequently than if the student were attending school. Related service providers are required to continue to provide educational-based therapies in the home or the medical facility as directed by the student's IEP.

School-based therapies for students in the home or hospital setting must be related to the student's IEP and are provided to support the student's academic achievement and functional performance. If the ARC decides to reduce the amount of time the student will receive academic instruction in a home or hospital setting, it also may decide that a reduction in related service therapies is appropriate. The IEP must be amended to reflect changes in the location of services and the decrease in the anticipated frequency of services.

Related service therapists should consult with the home or hospital teacher regarding barriers the student is encountering which may be prohibiting the student from making progress in their educational program. Barriers might include positioning during instructional tasks or the need for assistive technology to access instructional materials. In many cases, integrated services between the therapists and home or hospital teacher may prove to be the most appropriate mode of service delivery. In doing so, therapists may join with the other professionals or teachers to provide integrated services at the same time. In this approach, the therapist and the other professionals or teachers can observe together under similar circumstances the barriers and problem-solve to remove the barriers the student is experiencing. Once strategies to remove the barriers are established and implemented, the integrated services may require the therapist to consult with the home or hospital teacher on a regular basis rather than providing direct services to the student.

Documentation of Service Delivery

Related services personnel providing OT, PT and S/L services are required to routinely document the services delivered to or on behalf of a student. The therapist or therapy assistant performing the services must document, date and authenticate the provision of services as they occur. When services are not provided, the therapist should document the reason services were not provided on the scheduled date.

Documentation of services should include:

- Specific strategies and interventions used to address the IEP needs;
- Student performance and outcome of the session;

- Contacts with parents, staff and other professionals; and
- Provision for the next session as well as relevant long-range plans.

There may be additional requirements if the school district participates in the school-based Medicaid program. The KDE Medicaid School-Based Technical Assistance Guide (School Year 2020-2021) provides additional guidance on required documentation for Medicaid reimbursement.

When the ARC determines that occupational therapy, physical therapy and/or speech-language therapy services no longer are a required component of the student's IEP, the therapist must write a discharge summary. The discharge summary documents the date of discharge, reason, status and future recommendations. These components may be documented in the therapist's progress notes, the student's plan of care, the student's intervention plan, the ARC conference summary or on due process forms.

Related services staff should properly label all therapy notes with the student's name and date of birth for purposes of accuracy and identification. All student information, including the therapist's documentation, is subject to review. State and federal laws highly regulate the confidentiality of student educational and health records. With the exception of a few very narrow and limited circumstances, therapists and school personnel must obtain parental consent prior to releasing any personally identifiable student information, written or verbal, to any outside agency. School staff, including related service providers, should conduct discussions with others solely on a need-to-know basis. Therapists must be knowledgeable of and adhere to confidentiality and consent requirements under FERPA.

According to federal and Kentucky special education regulations, the IEP is the document that guides the educational program for a student with a disability. The OT and PT must document a written plan of care or intervention plan specifying the treatment to be rendered, frequency and duration of treatment and measurable goals. The PT must perform a reevaluation with a review of the student's plan of care every 90 days [201 KAR 22:053, Section 2(4)(b)(2)]. This reevaluation of the therapist's plan of care is required by the Kentucky State Board of Physical Therapy for the continuation of physical therapy services. It is not a federal regulatory requirement for purposes of special education under the IDEA.

Transition and Related Services

All students experience a variety of transitions as they proceed through school life. Some transitions occur at natural stages of progression as the student proceeds through grade levels. Some transitions present as a student transfers to different schools or school systems. Federal and Kentucky special education regulations have detailed requirements for certain designated times of educational transition. Examples of these include when a child transitions from early intervention to the public school system and when he or she transitions from public school to postsecondary activities or education after graduation. Therapists have the requisite skills and developmental training to provide unique expertise and perspective to help the IEP team plan for the future needs of the student at points of transition from early intervention to postsecondary education. All planning to address a student's transition needs should include communication

and collaboration between current and proposed future related service providers.

All children receiving First Steps, Kentucky's program of early intervention services for children from birth to age 3, have a transition plan as part of their Individualized Family Service Plan (IFSP). The IFSP assists the ARC team in preparing the child and family for the transfer of services to the public school system upon the child turning 3 years of age. The First Steps program (ages 0-3) and the public school system (ages 3-21) are separate entities that follow different regulations and eligibility requirements. Family needs are the focus and driving force of the IFSP, and the student's educational needs are the drive and focus of the IEP. When therapists are knowledgeable about both systems, they can more effectively assist the family in navigating the transition between First Steps and the public school.

All students in Kentucky are expected to be college- or career-ready upon exiting the public school system. To facilitate and promote college and career readiness, students receiving special education services must have postsecondary transition services outlined as part of their IEP beginning in the student's 8th grade year or by age 14 [707 KAR 1:320, Section 7(1)]. Transition services are based on the student's needs and includes his or her strengths, preferences, interests and goals. Therapists provide postsecondary transition planning services through input on the student's transition assessments, provision of community experiences and assistance in planning the student's postsecondary goals.

Caseload vs. Workload Considerations for OT/PT/SLP

Caseload refers to the number of students assigned to the OT, PT and SLP for the purpose of providing services as specified in the student's IEP. A traditional caseload "counting" approach does not fully appreciate the complexity of the OT, PT or SLP role in current best practice scenarios. In Kentucky, caseload for an SLP is defined by state statute under KRS 334A.190 [see also 707 KAR 1:350, Section 3(10)]. However, Kentucky law does not currently provide guidance for a maximum caseload number for occupational therapy or physical therapy service providers.

Workload refers to the wide range of roles and responsibilities of the school-based therapist which contribute to positive student outcomes. Workload includes the time spent providing face-to-face direct services to students as well as the time spent performing indirect services or activities necessary to support students' education programs. There are a number of factors to consider when determining the therapist's workload. School teams are encouraged to consider the following factors when deciding upon a school-based therapists' workload:

Workload Responsibilities for Related Service Providers

Direct Services (With the child)
Provide direct intervention to students using a continuum of service delivery options per IEPs
Evaluations/Reevaluations: information gathering, data collection, behavior observations, consultation with teacher/parents/staff, documentation of evaluation
Program development and staff training at the start of the year and throughout the year as required
Out of the ordinary adaptations due to disability or change in condition

Indirect Services (On behalf of the child)
ARC attendance (annual reviews, evaluation planning, eligibility, other)
Consultation/collaboration with teachers and staff
Training staff on the use of assistive technology or equipment
Preparing materials
Ordering and programming assistive technology equipment

Indirect Activities (Supplemental Aids and Services, Program Modifications)
Planning therapeutic intervention
Ordering assistive technology devices or equipment and related documentation
Documentation of service (i.e. Medicaid billing, data collection, progress reporting, plan of care development)
Travel between schools
Meetings with community support staff, physicians, outpatient therapists, etc.
Programming Augmentative/Alternative Communication (AAC) devices
Creating materials such as visual schedules, social narratives and low tech AAC supports
Researching equipment options

Compliance Activities
Supervision and training of licensed or certified OTA, PTA, SLPA, therapy aides and paraeducators
Professional development
Participation in district-level professional development/professional learning communities
Creation of staff development presentations
Consultations related to Response to Intervention (RtI) programs

Other Responsibilities
Training/supervision of professional students (OT, PT or SLP college students) for practicum experience
Participation in team, committee, departmental meetings or other administrative duties
Student supervision (early duty/late duty)

When determining workloads for related service providers, it is important to take into account the significantly expanded roles and duties of therapists as well as the integration of services that are necessary to assist students to achieve their school outcomes. School closings due to inclement weather, holidays, student absences and fluctuations of work demands within the school setting or district all are important variables to consider when assigning workloads.

District and school administrators must ensure compliance with the anticipated frequency and service minutes as specified in the student's IEP when they create therapists' schedules.

Each district's and school's administration should periodically review related service providers' workloads to establish that they are reasonable. Since therapists' caseloads change frequently to meet the needs of the students they serve, district and school administration should monitor their workloads closely. Therapists should receive administrative assistance with providing services or problem-solving when the workload becomes too difficult to manage, threatens the quality of a student's services or a student's IEP requirements cannot be fulfilled.

Appendix A

Instructional Modifications and Intervention Strategies for Communication Challenges

Strategies	Provider	Start date	End date	Results/Comments
Speech Sound Production and Use				
1. Provide good model for sounds				
2. Label items in the environment containing target sounds				
3. Drill lists of words or pictures containing target sounds				
Voice				
1. Observe abusive vocal behaviors				
2. Develop signal system for proper voice behavior				
Fluency				
1. Allow student time to finish speaking				
2. Avoid placing student under time pressure				
3. Keep oral reading material at an appropriate level for the student				
4. Have student read early to reduce apprehension				
5. Praise responses based on content, not fluency				
Strategies	Provider	Start date	End date	Results/Comments
Receptive Language				
1. Following Directions				
a. Slowly say one direction at a time				
b. Use gestures or visual cues				
c. Have student repeat directions				
d. Rephrase directions using simple language				
2. Auditory Comprehension				
a. Inform student of needed information				
b. Check frequently for understanding after providing small units of information				

Strategies	Provider	Start date	End date	Results/Comments
c. Review main ideas				
3. Vocabulary				
a. Use synonyms and a variety of terms having similar meanings				
b. Use words in context				
c. Demonstrate word meanings by providing concrete examples				

Strategies	Provider	Start date	End date	Results/Comments
Expressive Language				
1. Retell or relate events of a story in sequence				
2. Correct Grammar				
a. Model correct grammatical form				
b. Have student repeat sentences using correct form				
c. Observe student's self-correction				
3. Social Language				
a. Model appropriate social response and polite forms of expression				
b. Role-play social or school situations				
c. Verbally cue student responses				
4. Lack of Verbalization				
a. Provide frequent opportunities for the child to talk				
b. Set up positive reinforcement for talking				

Instructional Modifications/Intervention Strategies for Sensory and Behavior Challenges

Strategies	Provider	Start date	End date	Results/Comments
Sensory and Behavior				
1. Provide movement breaks				
2. Decrease visual clutter within the environment				
3. Adjust classroom lighting				

4. Allow student a designated area to pace or move within the classroom				
5. Place Velcro under table for student touch				
6. Allow student to be near front of the classroom line				
7. Allow student to be at the end of the classroom line				
8. Provide a visual schedule				
9. Eliminate visual clutter on classroom materials				

Instructional Modifications/Intervention Strategies for Fine Motor Challenges

Strategies	Provider	Start date	End date	Results/Comments
Fine Motor				
1. Poor Pencil or Crayon use				
a. Provide pencil grip				
b. Use fatter pencils, markers or crayons				
c. Allow forearm to rest on desk				
d. Use hand strengthening activities				
e. Practice using a marker on a board while standing				
f. Tape on desk to encourage proper forearm positioning				
g. Use pom technique				
2. Poor Cutting Skills				
a. Provide wider lines to cut				
b. Highlight lines to be cut				
c. Tape on desk to encourage proper forearm positioning				
d. Practice cutting with thicker paper				
e. Practice cutting with smaller pieces of paper				

Strategies	Provider	Start date	End date	Results/Comments
f. Provide opportunities for hand strengthening (e.g., pop beads, Legos, bead stringing)				
g. Place a sticker on end of scissors for student to align sticker with cutting line				
h. Ensure scissors are proper size for child's hand				
i. Use left-handed scissors for left-handed students				
3. Copying from the Board				
a. Use grid or graph paper				
b. Tape alphabet to desk for easy reference				
c. Turn paper 90 degrees for column work				
d. Give student copy of board notes				
e. Eliminate visual clutter from where notes are placed for copying				
4. Keyboarding				
a. Use Sticky Keys				
b. Use a key guard				
c. Use Speech-to-Text technology				
5. Organization				
a. Label folders with pictures				
b. Create and use checklists				
c. Use pictures of how cubby, notebooks or desks should be organized				
d. Provide daily schedule				
e. Keep supplies in a designated area for each class				
f. For middle and high school students, place homework in backpack after each class				
g. Color code folders, binders and books for each subject				

Strategies	Provider	Start date	End date	Results/Comments
6. Daily Living				
a. Provide large-handled utensils				
b. Adjust the weight of the utensils				
c. Provide photo prompts for dressing, hand washing and toileting processes				
d. Provide sturdy tray for carrying food				
e. Use shelf lining to prevent slippage of tray				
f. Use cups with lids				
g. Use bendable or longer straws				
h. Use contrasting placemats for low vision				
i. Provide step stool for sink or toilet				

Instructional Modifications/Intervention Strategies for Gross Motor Challenges

Strategies	Provider	Start date	End date	Results/Comments
Gross Motor				
1. Difficulty with Movement in the Classroom				
a. Provide hand-held assistance when walking around the school				
b. Encourage use of supports (e.g., handrails, stable supportive surfaces)				
c. Remove obstacles (e.g., push in chairs, loose rugs)				
d. Provide instruction for individualized feedback for pace, attention to environment, etc.				
e. Experiment with changing class layout or arrangement of furniture				
2. Frequent Falls				
a. Decrease clutter in the environment				
b. Provide verbal and tactile cues				
c. Observe if student catches self or				

gets injured				
d. Use peer partner for transitions				
e. Provide extended time for hall travel				
3. Difficulty Changing Positions				
a. Use environmental supports (i.e., tables)				
b. Use appropriate height chair				
4. Poor Posture Leading to Difficulty Maintaining Seated Position in Chair or on Floor				
a. Use a chair that is properly-fitted and the right height for the student				
b. Allow student to sit on floor with support or against furniture				
c. Use chair with arms				
5. Difficulty with Performing Motor Planning Compared to Same-Age Peers				
a. Modify PE, playground and schoolwide activities to address skills				

Appendix B

Tests and Measures

This chart is not an exhaustive list, rather it includes a listing of commonly used assessment instruments for evaluating students. Therapists using these testing tools are encouraged to consider the reliability and validity of the instrument as well as the populations on which the assessment is normed when selecting tests for administration with a student. Districts and schools should select and use the most recent edition of the test. It is the therapist's ethical responsibility to ensure currency when selecting and administering evaluations.

DEVELOPMENTAL TESTS AND MEASURES
● Battelle Developmental Inventory (2nd ed.) (BDI-2) (2004) ● Behavior Rating Inventory of Executive Function (BRIEF2) ● Bruininks Oseretsky Test of Motor Proficiency (2nd ed.) (BOT-2) (2006) ● Carolina Curriculum for Infants and Toddlers with Special Needs (3rd ed.) (CCITSN) (2004) ● Denver Developmental Screening Test – II ● Gross Motor Skills for Children with Down Syndrome ● Hawaii Early Learning Profile (HELP) (2004) ● Miller Assessment of Preschoolers (MAP) (1982) ● Miller Fun & Participation Scales (M-FUN) (M-FUN-PS) ● Movement Assessment Battery for Children. 2nd Edition (MABC-2) ● Peabody Developmental Motor Scales (2nd ed.) (PDMS-2) (2000) ● Scales of Independent Behavior Revised (SIB-R) ● Schoodles School Fine Motor Assessment, 4th Edition (SFMA) ● Test of Gross Motor Development, 2nd edition (TGMD-2) (2000) ● The Roll Evaluation of Activities of Life (REAL)
WALK TESTS
● Timed Up and Down Stairs Test (TUDS) ● Timed Up and Go Tests (TUG) ● Timed Floor to Stand Test ● Resting Energy Expenditure (REE) ● Six-Minute Walk Test (6MWT) ● Standardized Walking Obstacle Course (SWOC)

PERCEPTUAL-MOTOR TESTS AND MEASURES
● Beery-Buktenica Developmental Test of Visual-Motor Integration (6th ed). (BEERY VMI) ● Child Health and Illness Profile - Adolescent Edition (CHIP-AE) ● Developmental Test of Visual Perception (3rd ed.) (DTVP-3) ● Developmental Test of Visual Perception-Adolescent and Adult (DTVP-A) ● Evaluation Tool of Children's Handwriting (ETCH) ● Motor-Free Visual Perception Test (4th ed.) (MVPT-4) ● Minnesota Handwriting Assessment (MHA) ● Test of Handwriting Skills, Revised (THS-R) ● Test of Visual-Motor Skills-Revised (TVMS- 3) ● Test of Visual Perceptual Skills (TVPS-4) ● Wide Range of Visual Motor Ability (WRAVMA)
FUNCTIONAL TESTS AND MEASURES
● Canadian Occupational Performance Measure (4th ed.) (COPM) ● Child Occupational Self-Assessment (COSA) ● Feeding Assessment from Pre-feeding Skills (Morris and Dunn) ● Goal-Oriented Assessment of Lifeskills (GOAL) ● Gross Motor Function Measure (GMFM) ● Jordon Left-Right Reversal Test (3rd ed.) (JLRRT 3) ● Merrill-Palmer Revised Scales of Early Childhood Development (MPR) ● Pediatric Balance Scale (PBS) ● Pediatric Evaluation of Disability Inventory (PEDI) ● Pediatric Reach Test (PRT) ● Print Tool (from Handwriting without Tears) ● School Assessment of Motor and Processing Skills (School AMPS) ● School Function Assessment (SFA) ● Social Skills Rating System (SSRS) ● Supports Intensity Scale (SIS) ● Transdisciplinary Play-Based Assessment, 2nd edition (TPBA) ● Test of Handwriting Skill Revised (THS-R) ● WEEFIM: Functional Independence Measure for Children
SENSORY PROCESSING TESTS AND MEASURES
● Clinical Observations of Motor and Postural Skills (2nd ed.) (COMPS-2) ● DeGangi-Berk Test of Sensory Integration (TSI) ● Observations Based on Sensory Integration Theory - Blanche, Erna (PTN) ● Sensory Integration and Praxis Test (SIPT) ● Sensory Processing Measure (SPM-P) ● Sensory Processing Measure Preschool Version (SPM-P) ● Sensory Profile 2 ● Touch Inventory for Elementary School-Aged Children (TIE)

LANGUAGE MEASURES
● Clinical Evaluation of Language Fundamentals – Preschool, Third Edition (CELF-PS2) (Available in Spanish version) ● Clinical Evaluation of Language Fundamentals - Fifth Edition (CELF-5) (Available in Spanish version) ● Comprehensive Assessment of Spoken Language (CASL-2) ● Evaluating Acquired Skills in Communication - Revised (EASIC-3) ● Expressive One Word Picture Vocabulary Test - Fourth Edition (EOWPVT-4) (Available in Spanish version) ● Expressive Vocabulary Test - Third Edition (EVT-3) ● Language Processing Test 3: Elementary (LPT 3: Elementary) ● Oral and Written Language Scales Second Edition (OWLS-2) ● Peabody Picture Vocabulary Test - Fourth Edition (PPVT-5) (Available in Spanish version) ● Preschool Language Scale, Fifth Edition (PLS-5) ● Receptive One Word Picture Vocabulary Test - Fourth Edition (ROWPVT-4) (Available in Spanish version) ● Test for Auditory Comprehension of Language - Fourth Edition (TACL-4) ● Test of Language Competence - Expanded Edition (TLC-Expanded) ● Test of Language Development - Primary, Third Edition (TOLD-P:4); Intermediate Version (TOLD-I:4) ● Test of Pragmatic Language (TOPL-2) ● Test of Problem Solving 3 - Elementary Test (TOPS 3: Elementary) ● Token Test for Children - Second Edition (TTFC-2) ● Test of Written Language - Third Edition (TOWL-4)
FLUENCY ASSESSMENTS
● Stuttering Prediction Instrument for Young Children (SPI) ● Stuttering Severity Instrument for Children and Adults, Third Edition (SSI-4)
SPEECH SOUND PRODUCTION/PHONOLOGY MEASURES
● Goldman-Fristoe Test of Articulation - Third Edition (GFTA-3) ● Arizona Articulation and Phonology Scale - Fourth Revision (AAPS-4) ● Khan-Lewis Phonological Analysis - Third Edition (KLPA-3)
SPEECH AND LANGUAGE MEASURES
● Fluharty Preschool Speech and Language Screening Test - Second Edition (FPSLST-2) ● Clinical Evaluation of Language Fundamentals – Fifth Edition Screening Test (CELF-5) ● Oral Speech Mechanism Screening Examination - Third Edition (OSMSE-3)
QUALITY OF LIFE AND PARTICIPATION MEASURES
● Activities Scale for Kids (ASK) ● Ansel-Casey Life Skills Assessment ● Assessment of Life Habits (LIFE-H) ● Assessment of Motor and Process Skills (AMPS) ● Canadian Occupational Performance Measure (COPM) ● Child Health Questionnaire (CHQ) ● Children's Assessment of Participation and Enjoyment (CAPE)

- Goal Attainment Scaling (GAS)
- Preferences for Activities of Children (PAC)
- Pediatric Quality of Life Inventory (PedsQL)
- Perceived Efficacy and Goal Setting Scale (PEGS)

Appendix C

GROSS MOTOR OBSERVATION

Student Name:	Teacher:
Date of Birth:	Gender:
School:	School year:
Grade:	Placement:
Diagnosis:	Observation sites:
Receipt Date of Request:	Date Screened:
Examiner:	

Reason for Screening/Staff Concerns:

Findings:

Gross Motor Deficits: (Areas of concern are checked)

	Sitting posture while performing a desktop activity appropriately		Sitting on a chair or the floor
	Moving around the classroom		Keeping pace with peers in hallway
	Standing posture		Endurance
	Trunk stability		Crossing midline
	Bilateral integration		Muscle tone
	Ambulation		Static balance
	Transitions between sitting standing		Dynamic balance
	Muscle strength		Range of motion
	Gross motor skills		Fine motor skills
	Personal care		Carrying supplies
	Motor planning/processing		Staying on task
	Sitting posture while performing a desktop activity appropriately		Sitting on a chair or the floor
	Clumsy or bumps into things		Environmental obstacles
	Reluctant to participate in physical activities		Following multi-step instructions

Hand Preference/dominance: ___ R ___ L ___ No Preference

Observation Comments:

Assessment:

Based on the teacher's report, team discussions and PT observations, what are the primary concerns?

Which school staff can best address these concerns?

___A more in-depth educational based physical therapy evaluation or assessment is recommended based on the findings from the screening (if student is referred for an IEP or 504 plan).

___Further educational based physical therapy evaluation, assessments or interventions are not recommended at this time.

___Pre-referral strategies are attached

Therapist's Signature: _____ Date: _____

Appendix D

IEP AT A GLANCE

Therapy Plan

Student: _____ DOB: _____

School Year: _____ School: _____

Grade: _____ Eligibility Category: _____ Diagnosis: _____

Teachers

Special Ed: General Ed:

Supports through related services: OT PT SLP VI HI Music Therapy Service Delivery from IEP:

Glasses: N Y Seizures: N Y Allergies: N Y Behavior Plan: N Y

Precautions: N Y

Current Assistive Technology:

IEP Services related to Therapy:

Factors which may hinder educational performance (circle all that are appropriate):

Mobility: __ Muscle tone __ Weakness __ Balance __ Coordination __ Positioning

Vocational: __ Self-help __ Gross motor skills

Social: __ Attention to task __ Behavior __ Processing __ Sensory
__ Range of motion __ Fine motor skills __ Communication

Other:

Therapy Treatment Plan/Sub Goals/Strategies for Support:

Strengths:

Intervention plan continues to be appropriate: Y N

(PTs must reassess every 90 days. If No is circled, a new therapy intervention plan needs to be completed or discharge plans noted)

Date/Therapist:

_____

Date/Therapist:

_____

Date/Therapist:

_____

Date/Therapist:

_____

Date/Therapist:

_____

Appendix E

Release Summary from Speech-Language Therapy as a Related Service

Name_____ Date of Release _____

Guiding Principle: Is the SLP's knowledge and expertise a NECESSARY component of the student's educational program in order for him/her to achieve the identified outcomes?

The student will be discharged from speech or language therapy services for the following reason(s):

___ The student does not require speech-language therapy in order to participate in special education programming.

___ The student's deficit areas can be managed by the other members of the educational team without the expertise of an SLP.

___ vocabulary	___ augmentative communication
___ grammar usage	___ speech sounds
___ comprehension	___ fluency
___ pragmatics	___ voice

___ The student's deficits can be managed by accommodations/modifications by the education team.

___ Paraphrasing
___ Visual Aids
___ Repetition
___ Varying Presentation of Material (breaking down, repeat exposure, pre-teaching, reviews)
___ Vocabulary Instruction
___ Verbal Cues/Reminders
___ Other:

___ The student is meeting functional objectives for communication at this time.

The special education team should seek consultation with the SLP as needed to provide the following:

___ Usage of Specific Modifications/Accommodations
___ Instructional Strategies to Improve Communication Skill
___ Identify Opportunities to Embed Communication Skills in Educational Programming
___ Suggest Additional Accommodations/Modifications
___ Observe/Analyze Student Performance

Appendix F

Therapists' ARC Meeting Notes

Student's Name: _____ Date: _____

Annual/Special Review: _____

Parents present: _____

Concerns:

Progress:

Notes including Therapy Changes:

Parent Contact:

Phone:

E-Mail:

Appendix G

Therapists' ARC Meeting Notes

Student's Name:_____ Date: _____
Annual/Special Review:_____ Parents Present: _____

Concerns:_____

Progress:_____

Notes including Therapy Changes: _____

Parent Contact:_____Phone:_____E-Mail: _____

Appendix H

Annotated Individual Education Program (IEP)

This annotated example of an IEP form provides guidance for the ARC in developing an IEP with related services. The KDE IEP Guidance Document provides information on developing each section of the IEP. The purpose of Appendix E is to provide clarity in the IEP development and documentation for the integrated related services of speech/language, occupational therapy and physical therapy. The KDE Medicaid School Based Technical Assistance Guide (School Year 2020-2021) provides additional guidance on required documentation for Medicaid reimbursement.

Plan Information		
Meeting Date:	IEP Start Date:	IEP End Date:
Special Ed Status:	Special Ed Setting:	
Primary Disability:		
Present Level of Academic Achievement and Functional Performance		
Present Levels of Academic Achievement and Functional Performance, including how the disability affects the student's involvement and progress in the general curriculum. For preschool children, include the effect on participation in appropriate activities. Beginning in the child's 8th grade year, or when the child has reached the age of 14, a statement of transition needs is included. Note: For any domain of the present level in which the student is not commensurate with same age peers, there must be baseline data and a statement describing the adverse effect of the domain on the student's education. <u>Communication Status</u> ☐ Performance commensurate with similar age peers Using the "Communication Guiding Questions" in the KDE IEP Guidance Document, the ARC completes the communication domain status with the involvement of the student's special education case manager and the student's current or potential related service providers. If the data indicate the student is not commensurate with same age peers, then the ARC must include each of the following: the student's relative strengths, needs or concerns, baseline data, performance level in relationship to similar aged peers and an adverse effect statement. This domain may include information on speech sound production and use, receptive and expressive language, voice, fluency, and pragmatics.		

When the ARC decides a special education staff will address the identified area of communication weakness, this is documented in the ARC conference summary and in the LRE section of the IEP (minutes page).

Academic Performance

☐ Performance commensurate with similar age peers

Using the "Academic Performance Guiding Questions" in the IEP Guidance Document, the ARC completes the academic domain status with the involvement of the student's special education case manager and the student's current or potential related services providers.

If the data indicate the student is not commensurate with same age peers, the ARC must include each of the following: the student's relative strengths, needs or concerns; baseline data; performance level in relationship to similar aged peers; and an adverse effect statement.

This domain may include information on reading, written expression and mathematics.

Health, Vision, Hearing, Motor Abilities

☐ Performance commensurate with similar age peers

Using the "Health, Hearing, Vision, and Motor Abilities Guiding Questions" in the IEP Guidance Document, the ARC completes this domain status with the involvement of the student's special education case manager and the student's current or potential related services providers.

If the data indicate the student is not commensurate with same age peers, the ARC must include each of the following: student's relative strengths, needs or concerns; baseline data; performance level in relationship to similar aged peers; and an adverse effect statement.

This domain may include information on current medical diagnosis, the student's medications, vision and hearing status, gross and fine motor functioning, and sensory challenges. This domain may be completed in collaboration with teachers of the visually impaired and the teachers of the deaf or hard of hearing when appropriate.

Social and Emotional Status

☐ Performance commensurate with similar age peers

Using the "Social and Emotional Status Guiding Questions" in the IEP Guidance Document, the ARC completes this domain status with the involvement of the student's special education case manager and the student's current or potential related services providers.

If the data indicate the student is not commensurate with same age peers, the ARC must include each of the following: the student's relative strengths, needs or concerns; baseline data; performance level in relationship to similar aged peers; and an adverse effect statement.

This domain may include information on social communication, exposure to trauma, interpersonal relationships, executive functioning, making transitions, sensory processing and organizational skills.

General Intelligence

☐ Performance commensurate with similar age peers

Using the "General Intelligence Guiding Questions" in the IEP Guidance Document, the ARC completes this domain status with the involvement of the student's special education case manager and the student's current or potential related services providers.

If the data indicate the student is not commensurate with same age peers, then the ARC must include each of the following: the student's relative strengths, needs or concerns; baseline data; performance level in relationship to similar aged peers; and an adverse effect statement.

This domain may include information on attention, memory, application of knowledge or information, awareness of cause and effect and attending and engagement in preferred and non-preferred tasks.

Functional Vision/Learning Media Assessment

☐ Performance commensurate with similar age peers

Using the "Functional Vision and Learning Media Assessment Guiding Questions" in the IEP Guidance Document, the ARC completes this domain status with the involvement of the student's special education case manager and the student's current or potential related services providers.

If the data indicate the student is not commensurate with same age peers, then the ARC must include each of the following: the student's relative strengths, needs or concerns; baseline data; performance level in relationship to similar aged peers; and an adverse effect statement.

This domain includes vision condition, functional vision, learning media and the student's functioning within the Expanded Core Curriculum.

Functional Hearing, Listening & Communication Assessment

☐ Performance commensurate with similar age peers

Using the "Functional Hearing, Listening and Communication Assessment Guiding Questions" in the IEP Guidance Document, the ARC completes this domain status with the involvement of the student's special education case manager and the student's current or potential related services providers.

If the data indicate the student is not commensurate with same age peers, then the ARC must include each of the following: the student's relative strengths, needs or concerns; baseline data; performance level in relationship to similar aged peers; and an adverse effect statement.

This domain may include functional hearing and listening, functional communication as related to hearing loss and the student's functioning within the Expanded Core Curriculum.

Transition Needs

☐ Not an area of concern at this time. (Checking this box is not an option when the student is in the 8th grade, or 14 years or older, because transition must be addressed for these students.)

Using the "Transition Needs Guiding Questions" in the IEP Guidance Document, the ARC completes this domain section with the involvement of the student's special education case manager and the student's current or potential related services providers.

Check all areas of need as identified by the ARC (more than one may be checked)

☐ Instruction
☐ Community Experiences
☐ Daily Living Skills
☐ Functional Vocational Evaluation
☐ Related Services
☐ Employment
☐ Post School Adult Living Objectives

Transition Service Needs (Beginning in the child's 8th grade year or when the child has reached the age of 14 and thereafter)

What transition assessments were used to determine the child's preferences and interests? (Check all that apply)

☐ Student Interview
☐ Student Portfolio
☐ Interest Inventory
☐ Career Awareness
☐ Individualized Learning Plan
☐ Career Aptitude
☐ Other:
☐ Student Survey
☐ Vocational Assessments
☐ Parent Interview

Needs Related to The Course of Study - See Present Levels of Performance

☐ The Multi Year Course of Study is included with this IEP.
☐ The Multi Year Course of Study has been uploaded and attached.

Do transition service needs focus on the child's course of study and are they addressed in the Present Levels?

☐ No ☐ Yes

Postsecondary Goal(s) (By age 16, or younger if appropriate, and thereafter)	
Postsecondary Goal(s) Related to Education/Training & Employment:	
Transition Service:	Agency Responsible:
Postsecondary Goal(s) Related to Independent Living:	
Course of Study	
Proposed courses of study to assist the student in reaching the measurable postsecondary goals.	
Grade 9:	Grade 10:
Grade 11:	Grade 12:
Transfer of Rights at Age of Majority	
If applicable, one year before the student reaches age 18, the student and parent have been informed of the student's rights under Part B of the Individuals with Disabilities Education Act, if any, that will transfer on reaching the age of majority. Date student was first informed of the transfer of rights:	
Consideration of Special Factors for IEP Development (The ARC MUST address each question below and consider these issues in the review and revision of the IEP.)	
☐ Other (Specify): Is the child deaf or hard of hearing? ☐ Yes ☐ No If **Yes**, the IEP Team must consider: The child's language and communication needs; Describe: ☐ See Present Levels for Communication Status and Functional Hearing, Listening and Communication Assessment. ☐ Other (Specify): Opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level and full range of needs; Describe: Any necessary opportunities for direct instruction in the child's language and communication mode. Describe:	

Are assistive technology devices and services necessary in order to implement the child's IEP?

☐ Yes ☐ No

Assistive technology includes equipment or services the student needs to address and meet special education goals. The equipment is described in generic terms without stating a brand name (e.g., positioning equipment, speech generating device).

If **Yes**, include appropriate devices in the 'Statement of Devices/Services' below.

Consideration of Special Factors for IEP Development

(The ARC MUST address each question below and consider these issues in the review and revision of the IEP.)

Statement of Devices/Services: If the ARC answers Yes to any of the questions above, include a statement of services and or devices to be provided to address the above special factors.

☐ See Specially Designed Instruction
☐ See Supplemental Aids and Services
☐ See Behavior Intervention Plan
☐ Other (Specify):

Measurable Annual Goals and Benchmarks

Annual Measurable Goal (#1):

Related service providers collaborate with the student's case manager and the other ARC members regarding development of goals and benchmarks. Each annual measurable goal must contain audience, behavior, circumstance/condition, degree, evaluation method and frequency of data collection.

Through integrated or collaborative services, the IEP implementers (including related service providers) implement the goals along with collecting and analyzing progress monitoring data.

Specially Designed Instruction (SDI):

Related service providers collaborate with the ARC regarding development of SDI. SDI is collaboratively planned, designed and delivered through integrated services between special education teachers and related service providers.

For the IEP to be in effect by the child's 16th birthday and thereafter:

This annual goal will reasonably enable the student to meet the student's postsecondary goal in the area(s) of:

☐ Education/Training ☐ Employment ☐ Independent Living

Benchmark/Short-Term Instructional Objectives

Reporting Progress

☐ Concurrent with the issuance of Report Cards
☐ Other, Specify:

Supplementary Aids and Services (SAS)

Statement of Supplementary Aids and Services, to be provided to the child or on behalf of the child.

Related service providers collaborate with the ARC regarding development of SAS. See the below sample statement for a therapist who is providing services through an integrated model:

"OT, PT or SLP services will be provided as a collaborative integrated model. The therapists will collaborate with staff while student is present working on a scheduled classroom activity. The OT, PT or SLP will offer strategies which can be integrated into the activity to help the student become more successful."

Accommodations for Administration of State Assessments and Assessments in the Classroom

☐ ARC determined no accommodations needed.

In order to justify appropriateness of accommodations for any state-mandated tests, the testing accommodations must be used consistently as part of the routine instruction and classroom assessment as well as meet all additional requirements established by the Inclusion of Special Populations in the State-Required Assessment and Accountability Programs, KAR 5:070 document.

NOTE: *The Kentucky Administrative Regulations regarding accommodations on state testing dictate whether a student may use a particular accommodation during the administration of state tests. IEP test accommodation that the regulations determine will invalidate a particular test or type of test* ***shall not*** *be utilized in administration of such tests to the student.*

☐ Readers	☐ Scribes
☐ Paraphrasing	☐ Calculator
☐ Reinforcement and behavior modification strategies	☐ Use of technology
☐ Manipulatives	☐ Braille

Accommodations for Administration of State Assessments and Assessments in the Classroom

☐ Interpreters	☐ Extended time	
☐ Other, specify:	☐ Time and a Half	☐ Double Time

Program Modifications/Supports for School Personnel that will be Provided
Supports for school personnel: Related service providers collaborate with the ARC regarding development of "Program Modifications and Support for School Personnel". This section includes supports and services provided *to school staff* on behalf of the student for the purpose of equipping staff to effectively address student needs. This section may include staff trainings (e.g., student transfer training, assistive technology instruction, and building evacuation development and training). Program modifications include use of school time and use of school staff. ☐ Not needed at this time
Least Restrictive Environment (LRE) and General Education
Explain the extent, if any, to which the student will ***not*** participate in general education (content area): This LRE section documents the ARC decision regarding where related services will be provided. Collaborative and integrated services provided within a special education classroom are considered to be a resource setting and documented as such for the purposes of least restrictive environment.

Special Education Services							
Type of Service	**Anticipated Frequency and Duration of Service**					**Service Provider** (by Position)	**Location** (e.g. Regular Classroom, Resource Room, Separate Class)
	Service Minutes (Per Service Frequency)	**Service Frequency** (Number of times provided per Service Period)	**Service Period** (Daily, Weekly, Monthly, Annually)	**Start Date**	**End Date**		

Related Services

The related service "minutes page" should reflect all service delivery with the student or on behalf of the student. When services are provided at varied times through the IEP year, this variation is documented in the anticipated frequency and duration section. When services are anticipated to be delivered in various settings (e.g., classroom, hallway, cafeteria, playground), the location may be documented as "school-wide."

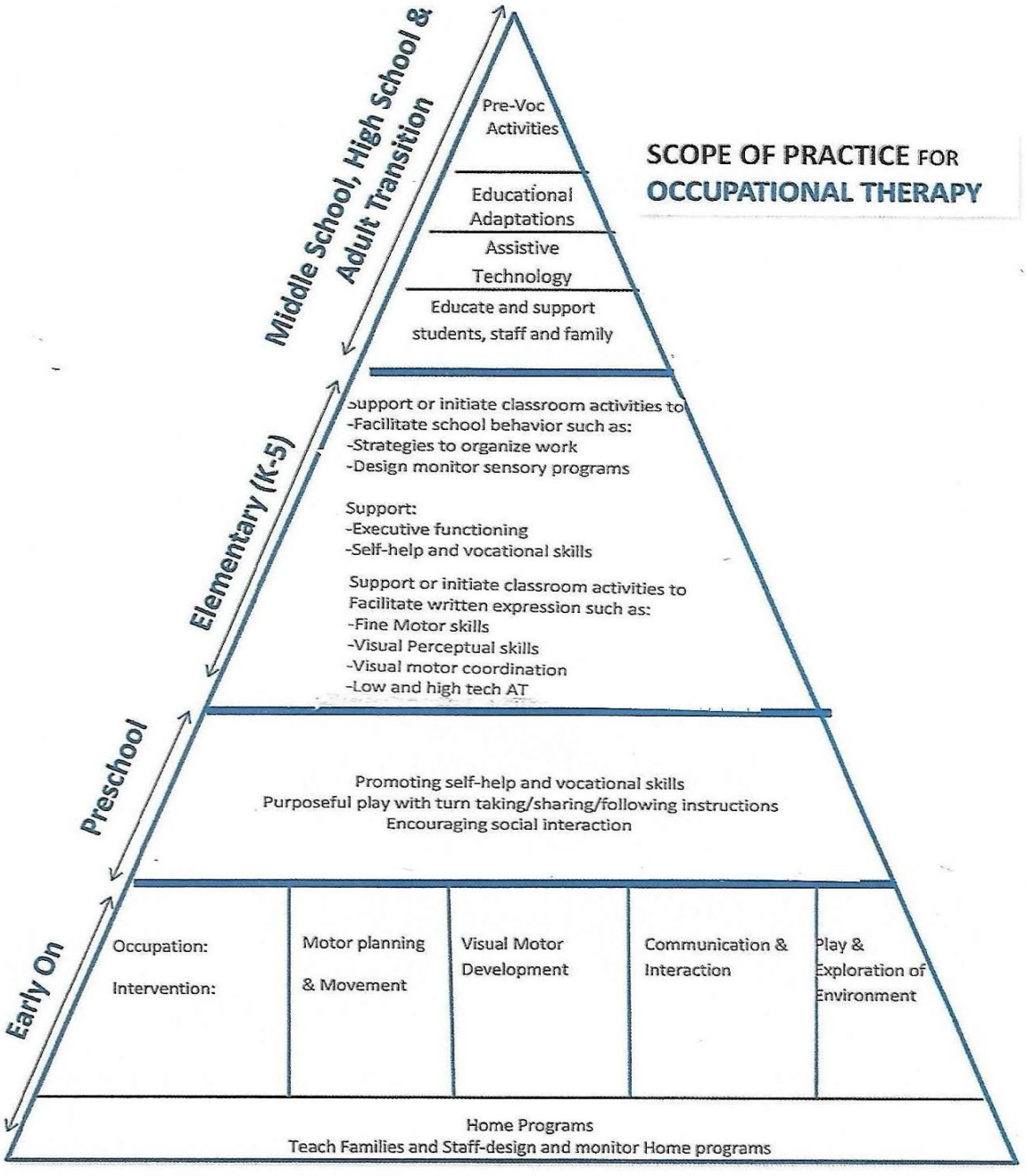
The following examples are not provided as an example of service documentation for one individual student. The intent of the examples is to show various ways to document a variety of related services.

One example shows PT services provided more frequently during the first month of school. The ARC may decide to increase the services due to transitions at the beginning of a school year. The ARC documents its discussion and explanation of the related services in the ARC conference summary.

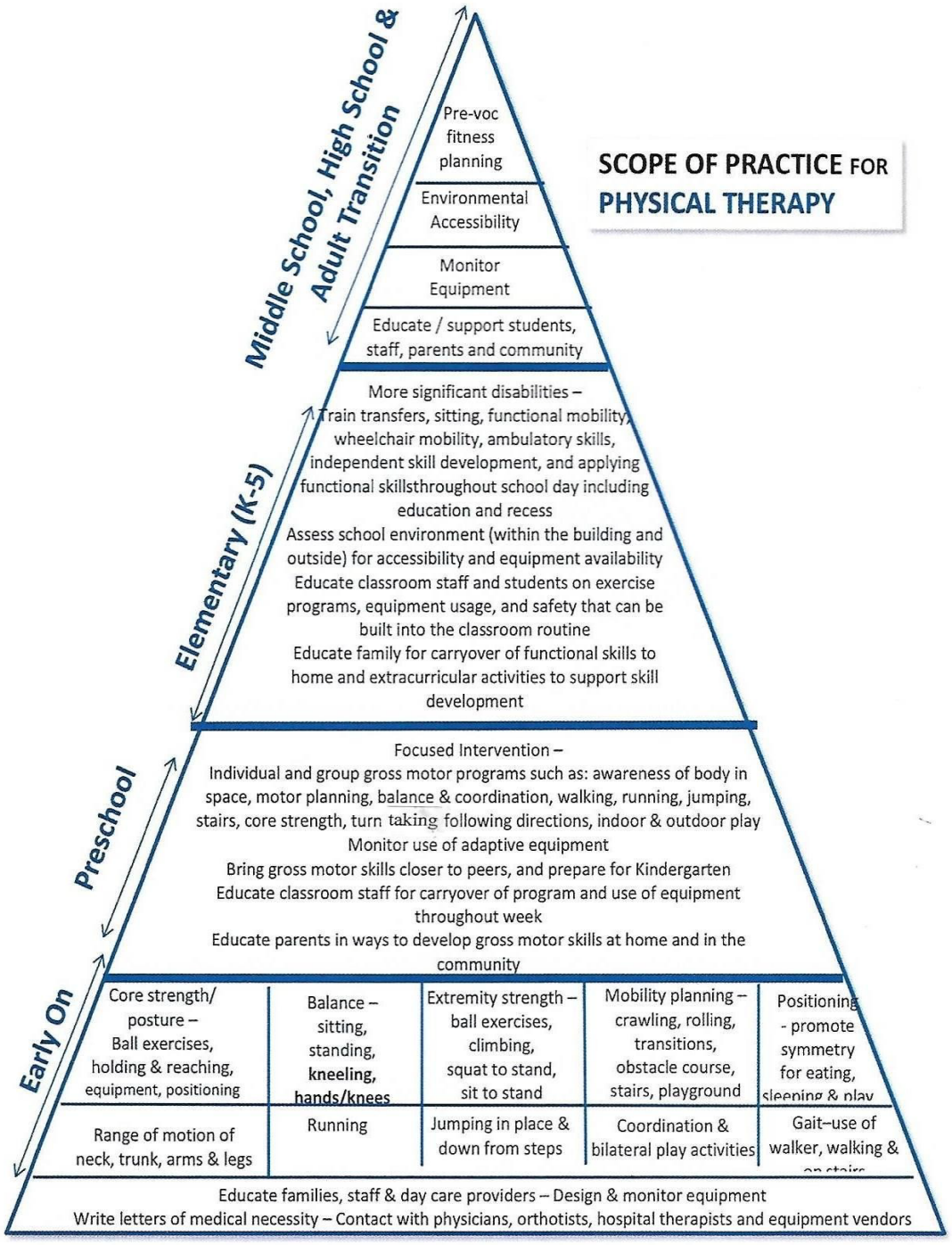
Type of Service	**Anticipated Frequency and Duration of Service**					**Service Provider** (by Position)	**Location** (e.g. Regular Classroom, Resource Room, Separate Class)
	Service Minutes (Per Service Frequency)	**Service Frequency** (Number of times provided per Service Period)	**Service Period** (Daily, Weekly, Monthly, Annually)	**Start Date**	**End Date**		
PT	30 min.	1	Weekly	8/6/19	9/14/19	PT	School-wide
PT	30 min.	2	Monthly	9/17/19	1/4/20	PT	School-wide
PT	20 min. 25 min.	1	Monthly	1/7/20	8/5/20	PT	School-wide
Speech Therapy	5 min.	1	Weekly	8/6/19	8/5/20	SLP	Resource
Speech Therapy	30 min.	2	Weekly	8/6/19	8/5/20	SLP	School-wide
OT		2	Monthly	8/6/19	8/5/20	OT	Regular Classroom

Appendix I

Occupational Therapy



Physical Therapy



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Resources

American Occupational Therapy Association

American Physical Therapy Association

American Speech-Language-Hearing Association

Kentucky Board of Licensure for Occupational Therapy

Kentucky Board of Speech-Language Pathology and Audiology

Kentucky Board of Physical Therapy

Dosage Considerations: Recommending School-Based Physical Therapy Intervention Under IDEA Resource Manual from the Academy of Pediatric Physical Therapy (2014)

Kentucky Department of Education Autism Guidance Document (November 2017)

School-Based Health Services (SBHS)