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DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Office of Special Education

August 2013

Physical Supports Program: Adapted Physical Education, Occupational and Physical Therapy

Provider Guidebook

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SECTION I

MISSION STATEMENT AND GOALS

DISTRICT OF COLUMBIA PUBLIC SCHOOLS OBJECTIVES

The following six objectives, working in concert, will enable us to realize our collective aspirations for DCPS and those we serve:

- Create schools that provide a consistent foundation in academics, strong support for social and emotional needs, and a variety of challenging themes and programs
- Develop and retain the most highly effective educators in the country, and recognize and reward their work
- Implement a rigorous, relevant, college preparatory curriculum that gives all students meaningful options for life
- Support decision making with accurate information about how our students are performing and how the district as a whole is performing
- Provide schools with the support they need to operate effectively. Partner with families and community members who demand better schools

OFFICE OF SPECIAL EDUCATION (OSE) CORE BELIEFS

- We believe that all children, regardless of background or circumstance, can achieve at the highest levels
- We believe that achievement is a function of effort, not innate ability
- We believe that we have the power and the responsibility to close the achievement gap.
- We believe that our schools must be caring and supportive environments
- We believe that it is critical to engage our students' families and communities as valued partners
- We believe that our decisions at all levels must be guided by data

RELATED SERVICES TEAM VISION

To increase the independence of every student in our schools by giving them the strategies and skills they need to be successful in the classroom and their community. We collaborate with parents, students, schools and other stakeholders to provide services that are timely and tailored to the unique needs of each student and are provided in conjunction with classroom instruction.

PHYSICAL SUPPORTS PROGRAM MISSION

The mission for DCPS Adapted Physical Education teachers, Occupational and Physical Therapists is to identify and provide the necessary support for students to benefit from their educational program through:

- Adapted instructional services to allow participation in physical education
- Targeted therapeutic intervention to promote functional motor skills
- Collaboration with other service providers, classroom staff and caregivers

OFFICE OF SPECIAL EDUCATION (OSE) STRATEGIC GOALS

By setting these goals, we are making a commitment to improve the ways and means that we support our special needs students, and we are holding ourselves accountable for that improvement.

1. Reduce non public enrollment by 50%.
DCPS believes that students with disabilities will be better served in their neighborhood schools, closer to home, where they will have more opportunities to interact with their typically developing peers.
2. Reduce special education enrollment to 15%.
DCPS believes that early identification and intervention will ensure that students with disabilities have the tools and resources to overcome barriers to academic achievement when given the appropriate level of services at the appropriate time in the appropriate setting.
3. Increase % of students with disabilities in general education classes to exceed the national average.
Students with disabilities should receive supports and services that will help them to succeed alongside their peers in a general education classroom whenever possible, as data shows that all students in inclusive settings better educational and social outcomes.
4. Demonstrate 3 consecutive years of improved performance for students with IEPs; Graduation rates, DC CAS Reading, DC CAS Math, DC CAS Alt.
Prioritizing academic achievement fosters independence and ensures that students with disabilities will have access to greater opportunities in their postsecondary careers comparable to their typically developing peers.

RELATED SERVICES TEAM GOALS AND RELATIONSHIP WITH THE OFFICE OF SPECIAL EDUCATION (OSE) STRATEGIC GOALS

The related services team has six goals to achieve over the next three years:

1. 90% of providers achieve score of 3.0 on assessment quality section of IMPACT in three (3) years
→ OSE Strategic Goals: 1, 2, 3 and 4
2. Increase delivered services from 45% to 90% by showing evidence of due diligence efforts.
→ OSE Strategic Goals: 1, 3 and 4
3. 100% of RSPs are trained and implementing evidence based interventions (RTI, inclusionary practices, pilots, consultation) → OSE Strategic Goals: 1, 2, 3 and 4

CONTACT INFORMATION FOR THE PHYSICAL SUPPORTS PROGRAM

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SECTION II

GENERAL GUIDELINES AND PROCEDURES

A. PURPOSE

To guide the provision of Adapted Physical Education, Occupational and Physical Therapy services in order to support the educational goals of eligible students with disabilities in the District of Columbia Public Schools (DCPS). It is designed with the purpose of assuring that all Adapted Physical Education Teachers (APEs), and School-based Occupational (OTs) and Physical Therapists (PTs) in the District of Columbia Public Schools (DCPS) operate from the same premise, utilize the same procedures and guidelines and are uniform in presentation.

This guidebook is written for special education administrators, school personnel responsible for 504 Plans, Individualized Service Plans (ISPs), and providers of adapted physical education, occupational and physical therapy services. In addition, it may benefit parents, teachers, and other professionals. The elements contained within this guidebook are designed to provide optimal school-based interventions as part of a Free Appropriate Public Education (FAPE) in the Least Restrictive Environment (LRE), following IDEA 2004; while simultaneously maximizing equal access to Adapted Physical Education, Occupational and Physical Therapy Services for all of the District of Columbia Public Schools students. Implicit within this document are the following core principles:

- The criteria for eligibility must include both the presence of a composite depressed score and documented impact on the student's access to the academic curriculum
- Services should not be instituted until accommodations have been implemented and given a chance to work
- The intensity and modalities of interventions should dwindle over time
- The default delivery service need not be 1:1, unless otherwise required and justified, as applicable, by the Adapted Physical Education Teacher or the clinician
- Discharge from services should be stated at the first IEP meeting as a desirable and celebrated outcome and not a denial of services; discharge may, and should, occur at any time in the process.

DCPS regulates the practice of Adapted Physical Education to the students in public schools of the District of Columbia while the DC Board of Occupational Therapy regulates the practice of occupational therapists and occupational therapy assistants, and the DC Board of Physical Therapy regulates the practice of physical therapists and physical therapy assistants. In this guidebook, providers will find guidelines, procedures, suggestions and ideas that should be used on a daily basis to guide them in assuring a high level of professional services for all students and invested stakeholders.

This guidebook is structured according to the Table of Contents above. Appendices are attached with additional useful resources.

This guidebook replaces any guidebook introduced previously. Providers should expect to receive supplemental policy and procedure documents and training throughout the 2013-2014 school year.

B. DEFINITION OF ADAPTED PHYSICAL EDUCATION, OCCUPATIONAL AND PHYSICAL THERAPY

ADAPTED PHYSICAL EDUCATION

A diversified program of developmental activities, games, sports, and rhythms designed to meet the individual needs of students with disabilities who may not participate safely or successfully in the regular physical education program.

Adapted Physical Education is a **direct service, not a related service** that must be provided to all students who qualify for special education services (U.S.C.A. 1402 (25)) as opposed to related services, such as physical or occupational therapy, that are required only when they are needed for a student to benefit from a special education service.

According to IDEA, Adapted Physical Education must be delivered in the least restrictive environment (LRE) and is the development of:

- Physical and motor fitness
- Fundamental motor skills and patterns
- Skills in aquatics, dance, and individual and group games and sports (including intramural and lifetime sports)

IDEA requires that all students who qualify for special education must receive physical education. If adapted physical education is required, then these services must be stated in the IEP, delivered in the LRE, and provided by an adapted physical education teacher.

For all practical purposes, Adapted Physical Education IS developmentally appropriate physical education at its finest. It is adapting, modifying, and/or changing a physical activity so it is as appropriate for the person with a disability as it is for a person without a disability.

OCCUPATIONAL THERAPY (OT)

According to the American Occupational Therapy Association (AOTA), occupational therapy is concerned with a person's ability to participate in daily life activities or "occupations." In the school setting, an occupational therapist uses his or her expertise to help children to be prepared for and perform learning and school related activities and to fulfill their role as students. Occupational therapy supports academic and non-academic outcomes, including social skills, math, reading, writing, recess, sports participation, self-help skills, and prevocational/vocational participation for children and students with disabilities, 3-21 years of age. Occupational therapists are skilled in facilitating access to curricular and extra-curricular activities for all students through supports, design planning and other methods. Additionally, they play a role in training parents, other staff members, and caregivers regarding educating students with diverse learning needs (AOTA, 2004). Occupational therapy addresses performance skills (i.e., motor, process, and communication/interaction), performance patterns (i.e., habits, routines, and roles), performance contexts (i.e., cultural, physical, and social), activity demands, and student factors (i.e., body functions and structures) (AOTA, 2002).

Under IDEA 2004, Occupational therapy-- (i) Means services provided by a qualified occupational therapist; and

(ii) Includes--

(A) Improving, developing, or restoring functions impaired or lost through illness, injury, or deprivation;

(B) Improving ability to perform tasks for independent functioning if functions are impaired or lost; and

(C) Preventing, through early intervention, initial or further impairment or loss of function.

PHYSICAL THERAPY (PT)

Physical therapy means services provided by a qualified physical therapist or services provided under the direction or supervision of a qualified physical therapist. According to the American Physical Therapy Association (APTA), physical therapy services support the educational team and help the student perform successfully in school. Physical therapy addresses the ability to move parts of the body, assume and maintain postures, and organize movement and functional gross motor skills. The Physical Therapist works with students to build strength and endurance for functional mobility (e.g., climbing stairs, opening doors, mobility in and about the school, carrying materials, accessing the playground, participating in field trips and work experiences).

All these professionals are part of a multidisciplinary team (MDT) designed to identify and assist a student with a disability to benefit from special education. Their duties include assessment of physical fitness and motor competency, early identification, assessment of disabilities, participation in the eligibility process to determine special education and related services for the student, planning, therapeutic intervention, re-assessment and dismissal. These professionals actively seek and provide ideas to warrant the student the best academic experience through collaboration, which includes student/adolescents, parents, educators, and other invested stakeholders.

In the delivery of occupational therapy and physical therapy services, DCPS and therapists are cognizant that school-based OT/PT services are not intended to replace the primary therapy students receive in medical and rehabilitation settings. Therapy is provided by DCPS only when the student needs the service to benefit from special education instruction. The direct supportive relationship of the child's therapy needs and education must be clearly evident within the context of eligibility and the individual education plan (IEP).

Under IDEA 2004, Physical therapy means services provided by a qualified physical therapist.

C. DUTIES AND RESPONSIBILITIES

Adapted Physical Education Teachers, Occupational and Physical Therapists are responsible for five (5) primary roles:

- **Identification and Planning**
 - Observing, Screening and Assessing students following DCPS guidelines
 - Scoring/Analyzing, Writing and Uploading/Processing assessment reports
 - Attending meetings (including eligibility, IEP, SST/RTI, ISP, 504, school-wide, staff, case conference, hearings, collaborative blocks, professional development, etc.)
- **Service Delivery**
 - Providing evidence based direct (hands-on) and indirect services
- **Consultation and Collaboration**
 - Consulting with others (including but not limited to students educational staff, parents, other service providers, etc.)
 - Designing and completing training of school staff, parents and other service providers
- **Therapy Services Administration and Management**
 - Logging services and completing encounter monthly service trackers into EasyIEP
 - Logging information in PMA
- **Professional Growth and Ethics**
 - Adapted Physical Education Teachers, Occupational and physical therapists must follow all licensure requirements as determined by the District of Columbia Public schools and their respective local Licensure Boards (OT and PT), including continuing education. They abide by ethic codes of DCPS, the American Occupational Therapy Association, The American Physical Therapy Association, and the Municipal Boards of Occupational and Physical Therapy.

ADAPTED PHYSICAL EDUCATION TEACHER (APE)

The Adapted Physical Education Teachers (APE) is expected to complete activities including:

- Observing, Screening and assessing students following DCPS guidelines.
- Writing and processing Adapted Physical Education Assessment reports following DCPS guidelines.
- Attending meetings including, but not limited to, student support team (SST), response to intervention (RTI), analyze existing data (AED), multi-disciplinary team (MDT), Eligibility/IEP, hearings and training and support activities (professional development days, case conferences, cohort meetings, etc.).
- Providing direct (hands-on teaching) and indirect services.
- Consulting with others (including but not limited to regular physical education teachers, staff, parents, other service providers, etc.)
- Designing and completing training of regular physical education teachers.
- Developing and providing professional development (PD) to assigned schools. At least one (1) PD per IMPACT Cycle. Following DCPS guidelines. Completed before the APE's IMPACT conference is held.
- E-mailing/making phone calls to parents as needed, and documenting them in the student's communications log in EasyIEP/SEDS.
- Logging services and completing monthly service trackers into EasyIEP/SEDS following DCPS guidelines.
- Completing quarterly IEP progress reports, bimonthly progress reports (BPRs) on assigned students following DCPS/PS Program Guidelines
- Completing various other activities that are necessary to perform as a Adapted Physical Education (APE) Teacher

The Adapted Physical Education Teacher is responsible for working within the DCPS regulations, Family Educational Rights and Privacy Act (FERPA) and other legal Federal mandates.

Major Responsibilities

- Assist in the enforcement of all federal, state and district regulations, policies and procedures.
- Assist staff in court hearings and ensure that judicial directives and hearing determinations are carried out
- Check and respond to DCPS email on a daily basis
- Check PMA on a daily basis
- Collaborate on identifying supplies and equipment as needed to implement students' IEP goals, and also to carry out an Adapted Physical Education Program, and maintain an ongoing inventory of these materials
- Collaborate with IEP team in developing the IEP in the Health/ Physical area
- Collaborate with the Physical Supports Program Management on creating and maintaining an inter-agency partnership to promote the well-being of students with disabilities
- Complete Random Moment Time Study (RMTS) if requested
- Complete Student Service Alignment Plans in the PMA
- Complete and deliver bimonthly progress reports (BPRs) on assigned students following DCPS/PS Program Guidelines
- Consult for regular physical education/classroom teacher and other staff providing physical education for identified students

- Develop appropriate interventions and strategies to assist individual students in academic growth and school adjustment
- Develop curricular materials to meet the needs of individual with disabilities, as pertaining to APE
- identify, design, modify or construct adaptive equipment to implement students Rti/ISP/IEP/504 Plan goals, and instruct teachers, paraprofessionals, parents and other staff in the use of these materials
- Identify, design, modify or construct adaptive equipment for classroom programs, and instruct teachers, paraprofessionals, parents and other staff in the use of these materials. Maintain an ongoing inventory of these materials
- Implement IEP program for referred students (hands-on teaching). Adapted physical education teachers use instructional techniques to improve the student's movement performance in:
 - Gross motor skills
 - Object control skills
 - Fine motor skills
 - Perceptual motor skills
 - Physical fitness: strength, endurance, cardiovascular, and flexibility
 - Functional skills
 - Motor fitness: speed, power, agility, balance, and coordination
 - Recreation/leisure/life-time activities
 - Sport and game skills
 - Dance
 - Aquatics
- Keep abreast of APE literature, evidence-based practice and regulations
- Log services reporting on each intervention, complete monthly service trackers, and quarterly IEP progress reports for all students on caseload as required by DCPS current regulations
- Log services reporting each communication with student's parent (in the SEDS communications log section)
- Orally communicate the role of the Adapted Physical Education (APE) Teacher and technical concepts and language to non-technical individuals
- Participate in monthly Cohort Meetings, Professional Development days (PD), Case Conferences, etc.
- Participate in multidisciplinary and parent-teacher conferences to discuss student progress
- Participate in School Collaborative Blocks
- Participate in Rti/SST/ISP/SEP/504 Plan/MDT/Eligibility/IEP meetings to interpret and present assessment results to parents and school personnel, and to help with Review and Dismissal from services
- Prepare and provide professional development (in-services) to other educational staff, services providers, students' families and community. Developing and providing professional development (PD) to assigned schools. At least one (1) PD per IMPACT Cycle. Following DCPS guidelines. Completed before the APE's IMPACT conference is held
- Select, administer, score, and interpret approved individual comprehensive motor assessment of individuals with disabilities using instruments and procedures approved by DCPS
- Prepare APE assessment reports utilizing the template approved by DCPS; and upload them into EasyIEP/SEDS upon completion according to DCPS guidelines for Assessments Timelines.
- Serve as parent and student advocate

- Serve on the Crisis Team at assigned school(s); help families and schools manage crises such as death, illness, or community trauma
- Submit productivity forms on a weekly basis
- Submit weekly intervention schedule.

Training and Support/Professional Development: Adapted physical education teachers (APEs) are **required** to attend all **mandatory** professional development activities/trainings (PD days, Case Conferences, Cohort Meetings, etc.), as are other service providers. The training and support schedule will be disseminated to you at the start of the school year. Please note and plan accordingly, as you will be held accountable for your participation. An unexcused absence to **mandatory** professional development activities/trainings and staff meetings warrants disciplinary action and negatively impacts Core Professionalism in IMPACT. Adapted physical education teachers (APEs) who are absent from the mentioned meetings should provide documentation of leave, as well as assume the responsibility for securing information or notes from a colleague.

Certification and licensure

1. Certification as a Physical Education Teacher by DCPS
2. Maintains required continuing education units (CEUs)
3. Adheres to the certification requirements by DCPS

Evaluation

The District of Columbia Public Schools Effectiveness Assessment System for School-Based Personnel (IMPACT) is used to evaluate the performance of the Adapted Physical Education Teacher (APE)

OCCUPATIONAL THERAPISTS (OTs)

According to the Individuals with Disabilities Education Act (IDEA) and The District of Columbia Public Schools, occupational therapy means services provided by a qualified occupational therapist or services provided under the direction or supervision of a qualified occupational therapist. Occupational therapy includes:

- Improving, developing, or restoring functions impaired or lost through illness, injury, or deprivation
- Improving ability to perform tasks for independent functioning when functions are impaired or lost
- Preventing, through early detection and intervention, initial or further impairment or loss of function.

The school-based occupational therapist, as a member of the educational team, supports the education of students suspected of and/or diagnosed with disability in their least restrictive environment (LRE). The school-based occupational therapist develops implements and coordinates an occupational therapy program within the other MDT members; providing screening, assessment and intervention services.

The school-based occupational therapist, though working as a team member serving students, is autonomous in applying principles of occupational therapy and responsible for working within the rules and regulations of the DC Board of Occupational Therapy, DCPS regulations, Family Educational Rights and Privacy Act (FERPA) and other legal federal mandates.

Major Responsibilities

- Assist in the enforcement of all federal, state and district regulations, policies and procedures.
- Assist staff in court hearings and ensure that judicial directives and hearing determinations are carried out
- Check and respond to DCPS email on a daily basis
- Check PMA on a daily basis
- Collaborate on identifying supplies and equipment as needed to implement students' IEP goals, and also to carry out an Occupational Therapy Program, and maintain an ongoing inventory of these materials
- Collaborate with IEP team in developing the IEP in the motor skills/physical development area
- Collaborate with the Physical Supports Program Management on creating and maintaining an inter-agency partnership to promote the well-being of students with disabilities
- Complete Random Moment Time Study (RMTS)
- Complete Student Service Alignment Plans in the PMA
- Conduct Staff Development activities and training as defined by the Physical Supports Program
- Contact parents, facilities, clinics, doctors, vendors, orthotics regarding students' medical issues, adaptive equipment needs, etc., to provide continuity of services for students
- Coordinate occupational therapy services, as needed between school, home and or private therapists
- Develop appropriate interventions and strategies to assist individual students in academic growth and school adjustment in the least restrictive environment (LRE)
- Develop curricular materials to meet the needs of students on caseload or identified by his/her assigned schools
- Develop and provide professional development (PD) to assigned schools. At least one (1) PD per IMPACT Cycle. Following DCPS guidelines. Completed before the APE's IMPACT conference is held
- Ensure compliance with the Occupational Board rules and applicable federal laws and regulations.
- Fulfill the terms of any affected written contract and adhere to the Codes of Ethics and Principles of Professional Conduct as stated in the Occupational Therapy Code of Ethics.
- Help identify long-term goals for post-school outcomes
- Help plan relevant instructional activities for ongoing implementation in the classroom
- Identify, design, modify or construct adaptive equipment to implement students RtI/ISP/IEP/504 Plan goals, and instruct teachers, paraprofessionals, parents and other staff in the use of these materials
- Identify, design, modify or construct adaptive equipment for classroom programs, and instruct teachers, paraprofessionals, parents and other staff in the use of these materials. Maintain an ongoing inventory of these materials
- Implement IEP program for referred students. Occupational therapists use purposeful, goal-directed activities to improve student performance in:
 - Postural stability
 - Sensory registration and processing
 - Motor planning
 - Visual perception and integration
 - Fine motor

- Activities of daily living
- Environmental adaptations/assistive devices
- Social play/organization of behavior
- Work with students to improve their performance in a variety of learning environments (e.g. playgrounds, classrooms, lunchrooms, bathrooms, etc.)
- Keep abreast of occupational therapy literature, evidence-based practices and regulations
- Log services reporting on each intervention, complete monthly service trackers, and quarterly IEP progress reports for all students on caseload as required by DCPS current regulations
- Log services reporting each communication with student's parent (in the SEDS communications log section)
- Make all decisions and perform all tasks in accordance with the District of Columbia Public Schools Organizational Values
- Observe a student engaging in an activity and provide strategies to facilitate the student's full participation
- Orally communicate the role of the Occupational Therapist (OT) and technical concepts and language to non-technical individuals
- Participate in monthly Cohort Meetings, Professional Development days (PD), Case Conferences, etc.
- Participate in multidisciplinary and parent-teacher conferences to discuss student progress
- Participate in School Collaborative Blocks
- Participate in RtI/SST/ISP/SEP/504 Plan/MDT/Eligibility/IEP meetings to interpret and present assessment results to parents and school personnel, and to help with Review and Dismissal from services
- Prepare and provide in-service to other educational staff, services providers, students families and community (e.g. handwriting, sensory diets, vestibular stimulation, etc.)
- Reduce barriers that limit student participation within the school environment
- Select, administer, score, and interpret approved individual comprehensive motor assessment of individuals with disabilities using instruments and procedures approved by DCPS
- Prepare OT screening/assessment reports utilizing the template approved by DCPS; and upload them into EasyIEP/SEDS upon completion according to DCPS guidelines for Assessments Timeliness.
- Serve as parent and student advocate
- Serve on the Crisis Team at assigned school(s); help families and schools manage crises such as death, illness, or community trauma
- Submit productivity forms on a weekly basis
- Submit weekly intervention schedule
- Supervise Occupational Therapy Assistants (OTAs) if required
- Support the needs of student with significant challenges, such as by helping to determine methods for alternate assessment
- Use appropriate instruction strategies and materials that reflect each student's culture, learning styles, special needs and socioeconomic background.
- Utilize assistive technology to support student success.

Training and Support/Professional Development: Occupational therapists (OTs) are **required** to attend all **mandatory** professional development activities/trainings (PD days, Case Conferences, Cohort Meetings, etc.), as are other service providers. The training and support schedule will be disseminated to you at the start of the school year. Please note and plan accordingly, as you will be held accountable

for your participation. An unexcused absence to mandatory professional development activities/trainings and staff meetings warrants disciplinary action and negatively impacts Core Professionalism in IMPACT. Occupational therapists (OTs) who are absent from the mentioned meetings should provide documentation of leave, as well as assume the responsibility for securing information or notes from a colleague.

Certification and licensure:

- All licensure requirements as determined by the District of Columbia OT Licensure Board
- Maintain required continuing education units (CEUs) as required by the District of Columbia Licensure Occupational Therapy Board
- Adheres to the certification requirements by DCPS

Evaluation

The District of Columbia Public Schools Effectiveness Assessment System for School-Based Personnel (IMPACT) is used to evaluate the performance of the Occupational Therapist (OT).

PHYSICAL THERAPISTS (PTs)

The physical therapist, as a member of the educational team, supports the education of students suspected of and/or diagnosed with disability in their least restrictive environment. The physical therapist develops implements and coordinates a physical therapy program within DCPS; providing screening, assessment and intervention services.

Skilled provision of physical therapy prevents injury (acute or chronic) of both students and educational staff.

The physical therapist, though working as a team member serving students, is autonomous in applying principles of physical therapy and responsible for working within the rules and regulations of the DC Board of Physical Therapy, DCPS regulations, Family Educational Rights and Privacy Act (FERPA) and other legal Federal mandates.

Major Responsibilities

- Assist in the enforcement of all federal, state and district regulations, policies and procedures.
- Assist staff in court hearings and ensure that judicial directives and hearing determinations are carried out
- Check and respond to DCPS email on a daily basis
- Check PMA on a daily basis
- Collaborate with the IEP team in the eligibility process and in developing the IEP in the Motor Skills/ Physical Development Area
- Collaborate with the APE/AT/OT and Program Management on creating and maintaining an inter-agency partnership to promote the well-being of students with disabilities
- Complete Random Moment Time Study (RMTS)
- Conduct Staff Development activities and training as defined by the APE, AT, OT and PT Program
- Contact primary care facilities, clinics, doctors, vendors, orthotics regarding students' medical issues, adaptive equipment needs, etc., to provide continuity of services for students
- Coordinate Physical Therapy services, as needed between school, home and or private therapists.
- Develop appropriate interventions and strategies to assist individual students in academic growth and school adjustment in the least restrictive environment (LRE)
- Develop curricular materials to meet the needs of students on caseload or identified by his/her assigned schools
- Develop and provide professional development (PD) to assigned schools. At least one (1) PD per IMPACT Cycle. Following DCPS guidelines. Completed before the APE's IMPACT conference is held
- Ensure compliance with the Physical Therapy Board rules and applicable federal laws and regulations.
- Fulfill the terms of any affected written contract and adhere to the Codes of Ethics and Principles of Professional Conduct as stated in the Physical Therapy Code of Ethics.
- Help identify long-term goals for post-school outcomes
- Help plan relevant instructional activities for ongoing implementation in the classroom
- Identify, design, modify or construct adaptive equipment to implement students RtI/ISP/IEP/504 Plan goals/classroom programs, and instruct teachers, paraprofessionals, parents and other staff in the use of these materials

- Identify, design, modify or construct adaptive equipment for classroom programs, and instruct teachers, paraprofessionals, parents and other staff in the use of these materials. Maintain an ongoing inventory of these materials
- Implement IEP program for referred students. Physical therapists use techniques that correct, facilitate, or adapt the student's functional performance in:
 - Motor control and coordination.
 - Sensorimotor coordination.
 - Postural balance and stability.
 - Activities of daily living/functional mobility
 - Environmental adaptations/accessibility
 - Use of assistive devices
- Keep abreast of Physical Therapy literature, evidence-based practices and regulations.
- Log services reporting on each intervention, complete monthly service trackers, and quarterly IEP progress reports for all students on caseload as required by DCPS current regulations
- Log services reporting each communication with student's parent (in the EasyIEP/SEDS communications log section)
- Make all decisions and perform all tasks in accordance with the District of Columbia Public Schools organizational Values
- Observe a student engaging in an activity and provide strategies to facilitate the student's full participation
- Orally communicate the role of Physical Therapy (PT) and technical concepts and language to non-technical individuals
- Participate in monthly Case Conference meetings, Cohort Meetings, Professional Development Days (PD), etc.
- Participate in multidisciplinary and parent conferences to discuss student progress
- Participate in School Collaborative Blocks
- Participate in RtI/ISP/SST/SEP/MDT/Eligibility/IEP meetings to interpret and present assessment results to parents and school personnel, and to help with Review and Dismissal from services
- Prepare and provide in-service to other educational staff, services providers, students families and community
- Reduce barriers that limit student participation within the school environment
- Select, administer, score, and interpret approved individual comprehensive motor assessment of individuals with disabilities using instruments and procedures approved by DCPS
- Prepare PT screening/assessment reports utilizing the format approved by DCPS. Upload assessments reports into EasyIEP/SEDS upon completion according to DCPS guidelines for Assessments Timeliness
- Serve as parent and student advocate
- Serve on the Crisis Team at assigned school(s); help families and schools manage crises such as death, illness, or community trauma
- Submit productivity forms on a weekly basis
- Submit weekly intervention schedule
- Supervise Physical Therapy Assistants (PTAs) if required
- Support the needs of students with significant challenges, such as by helping to determine methods for alternate assessment
- Use appropriate instruction strategies and materials that reflect each student's culture, learning styles, special needs and socioeconomic background.

- Work with students to improve their performance in a variety of learning environments (e.g. playgrounds, classrooms, lunchrooms, bathrooms, etc.)

Physical therapists (PTs) are **required** to attend all **mandatory** professional development activities/trainings and staff meetings, as are other service providers. The schedule of monthly staff meetings will be disseminated to you at the start of the school year. Please note and plan accordingly, as you will be held accountable for your participation. An unexcused absence to **mandatory** professional development activities/trainings and staff meetings warrants disciplinary action and negatively impacts Core Professionalism in IMPACT. Physical therapists (PTs) who are absent from the mentioned meetings should provide documentation of leave, as well as assume the responsibility for securing information or notes from a colleague.

Certification and licensure:

- Fulfill all licensure requirements as determined by the District of Columbia Physical Therapy Licensure Board.
- Maintain required continuing education units (CEUs) as required by the District of Columbia Licensure Physical Therapy Board
- Adhere to the certification requirements by DCPS

Evaluation

The District of Columbia Public Schools Effectiveness Assessment System for School-Based Personnel (IMPACT) is used to evaluate the performance of the physical therapist (PT).

D. WORK HOURS

TOURS OF DUTY

ET-11

Service Providers are to report to their schools for an eight and one-half (8.5) workday inclusive of a duty-free lunch period. Staff members should arrive at their assigned schools no later than the time of arrival expected for all school staff.

Arrival Time – 8:00am
Departure Time – 4:30pm

ET-15* AND CONTRACTORS

Service Providers are to report to their schools for a seven and one-half (7.5) workday inclusive of a duty-free lunch period. Staff members should arrive at their assigned schools no later than the time of arrival expected for all school staff.

Arrival Time – 8:00am
Departure Time – 3:30pm

SIGNING IN AND OUT

- Immediately upon his/her arrival, each service provider shall record in the school business office of his/her immediate supervisor the time of his/her arrival, and he/she shall report to his/her classroom or place of duty at least thirty-five (35) minutes before the start of the official school day for students.
- Itinerant service providers shall immediately upon their arrival at each school assigned, record in the school business office their time of arrival.
- Service providers shall record in the school business office or in the office of their immediate supervisor the time of their departure at the end of the school day.
- Service providers shall not be required to use time clocks.

*As stated in the WTU contract

E. TIME AND ATTENDANCE PROCEDURES – Revised (January 31, 2008).

A memorandum from the Deputy Chancellor for Special Education stated that:

“It is vital that time and attendance is accurately reported by all personnel. The erroneous reporting of time is against DCPS policy and grounds for disciplinary action against the employee, his/her supervisor or his/her timekeeper.”

“Effective immediately, all staff must sign-in and sign-out on a daily basis. If an employee does not submit leave slips, sign-in/sign-out sheets or any other required documentation to verify time and attendance, then time and attendance WILL NOT be entered into PeopleSoft for that employee with NO EXCEPTIONS.”

SCHOOL BASED AND ITINERANT OFFICE OF SPECIAL EDUCATION (OSE) STAFF:

- All sign-in/sign-out sheets must be signed by you on a daily basis
- All request for leave must be approved by your Program Manager and submitted via PeopleSoft
- All annual leave must be approved prior to the leave period
- All administrative leave requests for seminars, conferences and official travel must be accompanied by appropriate documentation (registration, receipt, etc.)
- All requests for leave for over two weeks must be approved by your Program Manager and the Senior Director of Related Services
- Leave without pay must be APPROVED by the Chief of Special Education
- Staff should not plan to request leave during the two weeks prior to the start of the new school year. Emergencies will require APPROVAL by the Chief of Special Education
- “Use or lose” leave must be exhausted prior to the use of annual leave
- All compensatory time or overtime must be approved by the Chief of Special Education prior to the work being performed and provide a copy to your timekeeper.
- All timesheets and leave requests must be submitted via PeopleSoft.
- If you have any questions or require additional clarification, please contact your Physical Supports Program Manager

Please check your leave balances prior to submitting requests for leave. Leave balance information can be obtained by logging into PeopleSoft.

- In DCPS network: <http://pshcm.dc.gov>
- Outside DCPS network: <https://ess.dc.gov>

ABSENCES/LEAVE – DCPS Employees

1. Sick and Emergency Leave

- a. For the purposes of accruing and using sick leave, a day of leave is defined as eight (8) hours, regardless of the tour of duty. For leave purposes, one-half of the tour of duty is calculated as four hours. Twelve (12) days (96 hours) of sick leave are posted at the beginning of each school year for ten (10) month service providers. Four (4) sick leave days may be used for general leave and one (1) additional sick leave day may be used for “personal business leave” during each school year. General leave and personal business leave shall not be cumulative. Unused sick leave shall be carried forward from year to year.
- b. Fifteen days (15) days (120 hours) of sick leave are posted at the beginning of each school year for twelve (12) month teachers (ET 15/12). Three (3) sick leave days may be used for general leave and one (1) additional sick leave day may be used for “personal business leave” during each school year. General leave and personal business leave shall not be cumulative. Unused sick leave shall be carried forward from year to year.
- c. A service provider who becomes sick or disabled to the point that he/she is unable to do his/her job, or has a scheduled medical or dental appointment, shall be permitted to use his/her accumulated leave in accordance with the Rules of the Board. **Leave requests for medical or dental appointments must be made by the service provider to his/her immediate supervisor as soon as the appointment is known to the employee. If a service provider cannot report for work due to illness, he/she shall notify the supervisor or designee as soon as possible, but in no case later than the first fifteen (15) minutes of the service provider’s workday.**
- d. A service provider may be required to submit a doctor’s certificate after three (3) or more consecutive days of absence due to illness, provided, however, that a service provider may be required to submit such a certificate in support of sick leave for any lesser period if the supervisor has reason to believe that the use of such leave has been abused.
- e. In cases of emergencies, service providers may be required to submit appropriate documentation in support of such absences.
- f. Service providers may be excused immediately from duties, with charge to leave, for pressing, urgent emergencies at any time upon oral explanation and notification to the supervisor or his/her designee. For the purpose of this Article, emergency shall be defined as any situation requiring immediate attention over which the employee has no control.
- g. Leave (sick and emergency), not to exceed thirty (30) days may be advanced to permanent and probationary service providers in cases of personal serious disability, illness or an emergency, which requires the service provider’s personal attention. Service providers in a temporary status may be advanced sick leave in amounts equal to anticipated sick leave accruals during their temporary appointments. A request for advanced leave must be submitted and approved in writing at least five (5) days prior to the absence.

- h. A service provider may elect to return to the Board one half (1/2) of the sick leave days accrued but not taken during the current year at the current daily rate of pay. Un-purchased sick leave shall be credited each year to the service provider's sick leave balance and shall not be subject to the Sick Leave Buy-Back Plan.
- i. An employee sick leave bank shall be operated under the guidelines approved by the Board and the Union.
- j. An employee maternity/paternity leave bank may be established annually at the option of the Union. If established, it shall operate under the guidelines developed and approved by the Board and the Union.
- k. One day of "individual professional development leave" shall be posted at the beginning of each school year for all bargaining unit members. Such leave shall be cumulative and unused "individual professional development leave" shall be carried over from year to year as part of the cumulative sick leave. The Chancellor and the President of the WTU shall mutually agree on the parameters associated with the use of "individual professional development leave".

2. General and Annual Leave

- a. Twelve (12) month service providers (EG09) shall receive annual leave with pay for each calendar year, exclusive of Saturdays, Sundays and holidays as follows:
 - Service providers with less than three (3) years service shall receive thirteen (13) days;
 - Service providers with three (3) but less than fifteen (15) years of service shall receive twenty (20) days; and,
 - Service providers with fifteen (15) or more years of service shall earn twenty-six (26) days.
- b. A request for the use of general or annual leave (Application for Leave) shall be given to the supervisor or his/her designee at least one (1) day prior to the expected absence. The unavailability of the application form at the school shall not be a reason for denial of leave.

3. Funeral/Bereavement Leave

- a. Four (4) additional days of leave will be granted without loss of pay and benefits for the death of an employee's or his/her spouse's/domestic partner's parent, legal guardian, child, sibling, or such persons designated in writing to the building supervisor prior to the beginning of each school year.
- b. This does not preclude the use of accrued sick leave if additional days are needed for the purpose of bereavement or attending a funeral.
- c. Funeral/Bereavement leave shall not be cumulative.

4. Administrative Leave

- a. Administrative leave shall be granted to a teacher when it is necessary for the teacher, in a major hardship case, to use time during the school day to seek redress under the terms of this Agreement.
- b. Service providers who are authorized by the Board to attend appropriate job-related technical, scientific and professional conferences, conventions, meetings, seminars,

symposiums, approved training courses, workshops and to visit industry and other schools during regular duty hours are considered to be in an administrative leave status.

- c. Service providers shall be carried in a leave without loss of pay status when summoned to serve as a juror on a petit or grand panel, or to appear in court as a subpoenaed witness in their official capacity, or on behalf of federal, state, or municipal governments. The service provider shall furnish his/her supervisor with a copy of the summons within twenty-four (24) hours of his/her receipt of the summons. If a service provider is excused from jury duty for a day or a substantial portion thereof, he/she shall report to the place of his/her employment and perform the duties assigned for that day or portion thereof. Any pay received for service as a witness or juror, other than expenses, shall be handled in accordance with applicable policy or law.
- d. When a service provider is injured in the performance of his/her duties, he/she shall be considered in a duty status during the time required for initial examination, emergency treatment, or treatment during duty hours.
- e. A service provider shall be granted a reasonable amount of time to present appeals in connection with adverse actions, grievances and discrimination complaints.
- f. Leave shall not be charged when schools are closed to service providers for emergency reasons.
- g. Service providers who are injured on the job and are unable to work shall be entitled to compensation as provided for in Section 1-624.2 of the D.C. Code. Upon notification that a service provider has been hurt on the job, the building supervisor shall immediately notify the Office of Risk Management and submit all appropriate documentation in a timely manner. Copies of workmen's compensation forms shall be available at the work site.

5. Extended Leaves of Absence

- a. Extended leaves of absence with or without pay for periods in excess of thirty (30) days and not to exceed two (2) years may be granted by the Board to permanent or probationary service providers. Among the reasons, but not limited to, for which such leaves of absence may be used are the following:
 - Personal illness leave
 - Family care leave
 - Maternity leave
 - Paternity leave
 - Adoption leave
 - Educational leave with pay
 - Educational leave without pay
 - Military service leave
- b. A service provider who is granted an extended leave of absence for maternity/paternity purposes may elect to use her accrued sick leave at the time she begins the extended leave of absence from duty.
- c. A service provider returning from maternity/paternity, adoption or educational leave shall have the right to return to his/her former or comparable position.
- d. A service provider shall be permitted to return from maternity/paternity, adoption, or educational leave upon a thirty (30) day written notice of intent to return to work prior to the end of a semester. This shall not preclude a teacher from an earlier return at the discretion of the Board.
- e. Upon proper application, permanent teachers may be granted a leave of absence without pay for one (1) school year to serve as a full time employee of the Union. A service provider granted such leave of absence shall retain all rights of reinstatement in accordance with the Rules of the Board.

6. Educational Leave with Pay

1. A permanent teacher may be granted a leave of absence with one-half (1/2) of his/her salary after six (6) continuous years of service in the Public Schools of the District of Columbia to pursue full-time graduate study in a program approved by the Board.
2. Such leave as granted in paragraph 1 above may be terminated at any time if the teacher fails to pursue in a satisfactory manner the purpose for which said leave of absence was granted.

7. Family and Medical Leave

Bargaining unit employees shall receive benefits as provided in the Family and Medical Leave Act of 1993, as amended, and as provided in the District of Columbia Family and Medical Leave Act of 1990.

ET-11 (Refer to CSO contract agreement for detailed information.)

1. Annual

- a. Service providers shall earn leave with pay in any one calendar year, exclusive of authorized leave for educational purposes and assignments and exclusive of Saturdays, Sundays and holidays as follows:
 - Less than three (3) years service, thirteen (13) days per year;
 - Three (3) years service, but less than fifteen (15) years service, twenty (20) days per year; or
 - Fifteen (15) or more years service twenty-six (26) days per year.
- b. Officers may accumulate annual leave for later use up to a maximum of thirty (30) days.
- c. Each supervisor in conjunction with the officer staff shall develop a tentative leave schedule for the use of annual leave, which shall be developed early in the leave year, which provides for vacations on a staggered basis throughout the year. On the basis of mutual agreement between employees and their supervisors, vacation periods should be scheduled in such a manner as to provide the least interruption to the work unit. These schedules may, of course, be revised from time to time. Employees should be given the opportunity for a planned period of extended vacation leave.

Annual leave may be used as the service provider chooses, provided that the leave has been requested by the related service provider and approved by the related service provider's immediate supervisor in advance of the utilization of the leave and in accordance with established leave policies.* However, if and when exigencies of the service provider's area(s) of responsibility occur, then the officer's immediate supervisor may rescind the approval of the leave request. In the event an officer's approved annual leave request is rescinded, the immediate supervisor should provide priority consideration to the service provider's future request for annual leave.

***PLEASE NOTE:** Guidelines indicate that "in advance" requires that you submit your request for leave at least three (3) days prior to the start date of your leave requested.]

- d. Service providers may exceed the thirty (30) day accumulation of annual leave under the following conditions:
 - Administrative error where such error causes the loss of annual leave;
 - Exigencies of the public business when the leave was scheduled in advance and the exigencies caused the cancellation of the leave; or
 - Illness or injury when leave was scheduled in advance and cancelled because of illness or injury.

The term "scheduled in advance" means before the start of the third bi-weekly pay period prior to the end of the leave year.

- e. Restoration of Leave
 - The Board is responsible for notifying the membership of, and providing the required form(s) for, the process to be followed in the restoration of annual leave in accordance with the annual "use or lose" leave protocol.

- The Board will provide the process for recording and utilization of restored annual leave to the membership and all responsible supervisors – in accordance with paragraph 6 below.
 - If the Board fails to properly notify officers of the process to be followed and the forms to fill out for the restoration of annual leave, the restored leave the service provider would have been entitled to shall not be subject to the “use or lose” leave protocol timeline and will be restored.
- f. Requests to restore leave lost due to any of the three (3) conditions listed above should be submitted to the Department of Human Resources in writing and include the service provider’s name and social security number, organizational code, amount of hours to be restored, reason(s) the scheduled leave could not be used and the date(s) the leave was scheduled for use, supported by documentation. Requests for restoration of leave must be submitted within thirty (30) days of the end of the leave year in which the leave was lost.
 - g. Upon separation from service, an officer shall receive a lump-sum payment, at the rate of salary on the effective date of separation, for accumulated or restored annual leave.

2. Sick Leave

- a. Service providers shall earn thirteen (13) days sick leave, with pay, in any one calendar year.
- b. Sick leave, which is not used during the year it is earned, shall accumulate and be available for use in accordance with Board Rules.
- c. Upon arrival by the Board, an officer may use accumulated sick leave in addition to the maximum useable accumulation provide in 5 DCMR §1200.9 of the Board Rules.
- d. Permanent or probationary service providers may be advanced up to thirty (30) days leave by the Chancellor. Every application for advances leave shall be supported by a certificate signed by a registered practicing physician or other licensed practitioner certifying that the service provider is unable to perform regular duties. Any advance leave is paid back. Sick leave may be advanced irrespective of whether the officer has annual leave credit. If the employee voluntarily or involuntarily terminates their employment prior to the repayment of the advance sick leave, the employee will be required to repay, at their then current rate of pay, the amount remaining.

3. Court and Jury Leave

- a. Service providers shall be entitled to a leave of absence with pay when they are required to report for jury duty or to appear in court as a subpoenaed witness, other than as a litigant, or to respond to an official subpoena from duty authorized government agencies. Service providers shall provide a copy of the documentation, in the form of the subpoena or jury duty notice, to the supervisors. Any pay received for service as a witness or juror, other than expenses, must be submitted to the D. C. Public Schools, Department of Human Resources.
- b. If a service provider is excused from jury duty for a day or a substantial portion thereof

the service provider shall report to their place of employment and perform the duties assigned for that day or portion thereof.

4. Family and Medical Leave

In accordance with D.C. Official Code §32-501, et seq., the Board acknowledges that an eligible employee who is employed for one year without a break in service except for regular holidays and worked at least 1,000 hours during a 12-month period shall be entitled to a total of 16 work weeks of family leave during any twenty-four (24) month period for:

- a. The birth of a child of the employee;
- b. The placement of a child with the employee for adoption or foster care;
- c. The placement of a child with the employee for whom the employee permanently assumes and discharges parental responsibility; or
- d. The care of a family member of the employee who has a serious health condition. D.C. Official Code §32-502(a).
- e. Family member means:
 - A person to whom the employee is related by blood, legal custody, or marriage;
 - A child who lives with an employee and for whom the employee permanently assumes and discharges parental responsibility; or
 - A person with whom the employee shares or has shared, within the last year, a mutual residence and with whom the employee maintains a committed relationship. D.C. Official Code §32-501 (4).

An employee who is unable to perform the functions of the employee's position because of a serious health condition shall be entitled to medical leave for as long as the employee is unable to perform the functions, except that the medical leave shall not exceed sixteen (16) work weeks during any twenty-four (24) month period. D.C. Official Code §32-503 (a).

The Board shall provide and implement Family and Medical Leave consistent with D.C. Law. The provision and implementation of Family and Medical Leave is based on D.C. Law.

5. Administrative Leave

- a. Each service provider, upon request and approval, shall be allowed three (3) days of leave with pay per year for visits to schools, industry and participation in conferences, seminars and workshops which are beneficial to the school system subject to the educational program and/or the service provider's work assignments during the period of leave request. Such leave must be requested by the service provider fifteen (15) days in advance.
- b. At the initial of the Board, leave with pay to attend conferences, workshops, conventions and seminars which are beneficial to the school system may be granted to the service provider.

6. Educational/Sabbatical Leave of Absence

- a. Educational/Sabbatical leave for academic study/professional improvement may be granted at the Chancellor's discretion and approval for academic study, research or other purposes that will increase or further the officer's professional growth and development and will contribute to the improvement of the school system.
- b. An outline of a planned program must be submitted with the application for leave, including what the officer intends to accomplish during the period of leave, how the leave would enhance the service provider's performance/career and benefit the school system, and a plan for monitoring progress during the term of leave. In addition, the service provider must obtain approval of the Chancellor or his/her designee who will monitor the plan, review progress reports submitted by the officer, and approve the documented completion of the approved program.
 - **Standard:** The total number of service providers granted sabbatical leave at the Chancellor's discretion in any leave year will not exceed one (1) percent of the total number of service providers.
 - **Eligibility:** A service provider becomes eligible for sabbatical leave, for a minimum period of a full semester, up to a maximum of one full year after five (5) consecutive years of employment with the District of Columbia Public Schools, excluding periods of Family and Medical leave, military or exchange leave. Eligibility is reestablished seven years after the first sabbatical leave is completed.
 - **Salary Allowance:** A service provider granted sabbatical leave shall receive a maximum of fifty (50) percent of his/her salary for the period of the sabbatical leave minus all required and/or elected deductions. Should the sabbatical leave be for participation in a program for which the officer is to receive remuneration, the total remuneration (DCPS salary and program assistance/compensation) shall not exceed the service provider's annual DCPS salary. In cases where the combined remuneration exceeds the service provider's annual DCPS salary, the service provider's DCPS salary shall be reduced accordingly.

Benefits during Sabbatical Leave

- a. A service provider on sabbatical leave shall for all purposes be viewed as a full-time employee. The service provider's rights and privileges, length of service, and the right to receive salary increments as provided by the policies of the Board or this contract will be the same as if the service provider had remained in the position from which he/she took leave. However, annual or sick leave may not be used or earned while on sabbatical leave.
- b. During the period of sabbatical leave, the officer's contributions to his/her retirement plan will be continued.
- c. The service provider shall retain membership in the employee benefit plans, for which he/she shall be made for the period of leave; and the Board shall continue to make its

contributions thereto.

Contractual Agreement for Sabbatical Leave

A service provider accepting sabbatical leave shall enter into a separate, written contract whereby he/she agrees to return to service in the District of Columbia Public Schools for a minimum two-year period immediately following the sabbatical leave. If the service provider fails to return and remain for the specified time, he/she shall be required to refund all monies paid to or for him/her or on his/her behalf by the Board, along with interest at the rate of six (6) cent per annum, prorated to account for any time served out of the two-year period. DCPS may deduct any amount owed from the Officer's termination pay upon agreement with the Officer.

Non-completion of program: If the service provider cannot complete the planned program for which sabbatical leave was granted, it is his/her responsibility to notify the Chancellor. The leave may then be rescinded by the Chancellor and the service provider is placed on the appropriate employment status. Salary allowances and benefits shall be adjusted accordingly. The service provider must repay any monies paid him/her or on his/her behalf for which he/she may be liable as a result of the change in leave status.

Satisfactory service as a probationary or permanent employee in the DC Public Schools shall be credited in determining eligibility for leaves of absence for educational purposes with or without pay.

7. Leave for Council Business

- a. Service providers elected to full time Council positions may be granted a leave of absence without pay for a period of one (1) year. Service providers granted leave of absence shall retain all rights to reinstatement and shall continue to accrue seniority.
- b. Service providers who are granted leave without pay for Council business may elect to receive retirement credit for such period of leave in accordance with the DC Official Code §38-2021.01 (a).

8. Return from Leave

A service provider returning from Family and Medical leave or educational/sabbatical leave of absence shall have the right to return to his/her former position or to an equivalent position and the same salary class. Excluding returns from Family and Medical leave, the returning service provider will be returned to his/her former or equivalent position if he/she has maintained appropriate/requisite certification/licensure and is considered to be in good standing at the time of scheduled return from leave.

9. Special Leave

Service providers required by the Chancellor to serve as administrators or supervisors of the regular summer school program during the entire period of the program shall be entitled to ten (10) days of special leave. The additional leave resulting from this provision must be used prior to the service provider's next administration of the regular summer school program. If the service provider has been denied requested utilization of earned Special Leave, due to

exigencies of their position or responsibilities, prior to retirement, termination or non-reappointment, the service provider will receive a lump sum payment for the number of days not utilized at their rate of pay on the effective date of the payout.

10. Sick Leave Bank

A sick leave bank for service providers shall be established and operated under the guidelines approved by the Board and Council.

11. Funeral/Bereavement Leave

- a. Four (4) additional days of leave without loss of pay and benefits will be granted annually for the occasion of the death of an employee's spouse/domestic partner, child, parent or sibling (whether adopted, natural, step, foster or in-law).
- b. The employee may be required to submit to the immediate supervisor a written statement specifying the date of funeral.
- c. This provision does not preclude the use of accrued sick leave if additional days are needed for the purpose of bereavement or attending a funeral.
- d. Funeral/bereavement leave shall not be cumulative and if not used during the school year, will not be carried over into the subsequent school year.

12. Note

Any officer (i.e., service provider) other than principals and assistant principals, who is not authorized or assigned administrative functions shall be granted liberal leave when schools are closed for emergencies for students or teachers.

F. INCLEMENT WEATHER POLICY

As you know, inclement weather has the potential to impact our school schedule (delayed openings or school closings). As in the past, the decision made and announced will be one of the following:

Inclement Weather Options

- Option 1: All schools and district administrative offices are closed. Only essential personnel report to work.
- Option 2: Schools are closed. District administrative offices are open.
- Option 3: Schools open for students and teachers two hours late. District administrative offices open on time.
- Option 4: Schools and district administrative offices open two hours late.

Notification Options:

When poor weather requires changing school schedules, DCPS works closely with radio, TV and other news outlets to notify the community.

During these situations, it is important that related service providers monitor one of the stations

listed below or check this page.

Look for updates (i.e. delayed openings or complete closures) on the radio and TV stations below. DCPS aims to work with stations to post closings by approximately 5:30 am.

AM Radio

WMAL (630), WOL (1450), Radio America, Spanish (1540), WTOP (1500)

FM Radio

WAMU (88.5), WTOP (103.5), WHUR (96.3)

Television

Channels 4, 5, 7, and 9 and Cable Channels 8, 16 and 28

Website

dc.gov/closures

dcps.dc.gov

Telephone

(202) 442-5885 or dial 311 for DC's Citywide Call Center

G. THE RANDOM MOMENT IN TIME STUDY (RMTS)

The Random Moment in Time Study is a mandatory study required by the federal Centers for Medicare and Medicaid Services (CMS) to evaluate how school-based staff spend their time providing special education services. These snapshots are required to support claims for Medicaid reimbursement of school-based health services, which ultimately generates revenue for DCPS for products and services for special education programs. As an APE/related services provider your participation in this study is crucial to securing these funds; if the response rate drops below 85% for all DCPS providers the federal government will deem the study invalid and penalize our district and DCPS' ability to claim for reimbursement. The terms RMTS and RMS are used interchangeably.

- Moment Timeline
- Each notification is sent in a separate e-mail and must be responded to individually
- Pre-notification 5 Business days before the moment
- Pre-notification 24 hours before the moment
- Notification 0-15 minutes before the moment
- If moment is not completed, reminders are sent 24 hours and 48 hours after the moment
- Moment expires 72 hours after the moment

If you have any questions about the Random Moment in Time Study you can contact Phuong Van (202) 384-7896 - Email: phuong.van@dc.gov

H. PROVIDER MANAGEMENT ACCOUNT (PMA)

APEs/OTs/OTAs and PTs will receive notifications from the PMA regarding weekly and monthly service documentation and assessment timeliness. They should respond to the notifications as indicated in the email message. The PMA is accessible through quick base by accessing the following website: <https://www.octo.quickbase.com>

I. PERFORMANCE EVALUATIONS

Related Services Providers and Adapted Physical Education Teachers are **evaluated twice a year**, using The District of Columbia Public Schools Effectiveness Assessment System for School-Based Personnel (IMPACT) for Group 12

How does IMPACT support my growth?

The primary purpose of IMPACT is to help you become more effective in your work. Our commitment to continuous learning applies not only to our students, but to you as well. IMPACT supports your growth by:

- **Clarifying Expectations** — IMPACT outlines clear performance expectations for all school-based employees. Over the past year, we have worked to ensure that the performance metrics and supporting rubrics are clearer and more aligned to your specific responsibilities.
- **Providing Feedback** — Quality feedback is a key element of the improvement process. This is why, during each assessment cycle, you will have a conference to discuss your strengths as well as your growth areas. You can also view written comments about your performance by logging into your IMPACT account at <http://impactdcps.dc.gov>.
- **Facilitating Collaboration** — By providing a common language to discuss performance, IMPACT helps support the collaborative process. This is essential, as we know that communication and teamwork create the foundation for student success.
- **Driving Professional Development** — The information provided by IMPACT helps DCPS make strategic decisions about how to use our resources to best support you. We can also use this information to differentiate our support programs by cluster, school, grade, job type, or any other category.
- **Retaining Great People** — Having highly effective teachers and staff members in our schools helps everyone improve. By mentoring and by serving as informal role models, these individuals provide a concrete picture of excellence that motivates and inspires us all. IMPACT helps retain these individuals by providing significant recognition for outstanding performance.

Who is in Group 12?

Group 12 consists of all related service providers and ~~adapted physical education teachers (APEs)~~

What are the IMPACT components for members of Group 12?

There are three IMPACT components for members of Group 12. Each is explained in greater detail in the following sections of this guidebook.

- **Related Service Provider Standards (RSP)** — These standards define excellence for related service providers in DCPS. They make up 90% of your IMPACT score.
- **Assessment Timeliness (AT)** — This is a measure of the extent to which you complete the related service assessments for the students on your caseload within the timeframe, and in accordance with the rules, established by the DCPS Office of Special Education. This component makes up 10% of your IMPACT score.
- **Core Professionalism (CP)** — This is a measure of four basic professional requirements for all school-based personnel and all itinerant instructional personnel. This component is scored differently from the others, which is why it is not represented in the pie chart. For more information, please see the Core Professionalism section of this guidebook.

For more details or questions, please refer to the IMPACT booklet, or contact the IMPACT team at 202-719-6553 or impactdcps@dc.gov.

J. ASSESSMENT QUALITY

To ensure that 90% of our providers achieve a score of 3.0 on the assessment quality section of IMPACT, a portion of the APEs/OTs and PT assessments will be reviewed every month. All providers will be audited by the end of the third quarter. The PS Program Manager or the Occupational Clinical Specialist will reach out to the providers to inform them on the results of the audit, emphasizing on the strengths of their assessments and actions to address growth areas. Communication for this purpose will happen either in-person, or via conference call or email. The presence and content of the following elements will be used to complete this audit:

- Student Identifying Information
- Background Information
- Assessment Tool Used/Results = Include tools as of Template
- Interviews and Dates
- Behavioral Observations /Interactive/Social Skills
- Clinical Assessment/Neuromotor/Musculoskeletal
- Functional Level in School Setting
- Standardized Testing Results
- Summary and Recommendations
- Validity Statement
- Strengths and Areas Needing Support
- Impact on Learning and Participation
- Recommendations for the educational staff
- Recommendations for the caregiver
- Statement of MDT to determine eligibility
- Grammar
- Sentence Structure
- Soundness of Recommendations

K. ELECTRONIC SIGNATURE VERIFICATION STATEMENT (E-SIGNATURE)

This requirement is intended to verify a physical copy of the provider' signature as part of the documentation required for the provision of school-based healthcare services on behalf of the District of Columbia Public Schools. By signing, the provider understands and accepts that his electronic signature will be created with a unique combination of his/her network login username and secure password. The unique combination is necessary to ensure that only the provider has completed all documentation submitted into SEDS under this unique combination.

All APEs, OTs/OTAs and PTs must fulfill this requirement

Refer to appendices for details

L. COMMUNICATIONS

E-mail

Each service provider has a dc.gov e-mail address. This is our primary means of communication. Messages should be checked daily and returned promptly (within 24 hours). Failure to receive notification of job related information due to a lack of timely checking of one's e-mail is not an acceptable excuse for non-compliance to work responsibilities. APEs, OTs, OTAs, PTs and PTAs are required to use their dc.gov email address – no other email address should be used.

Program Managers, Special Education Coordinators (SECs), Principals, teachers and parents often send email messages to APEs, OTs, OTAs, and PTs. Please ensure all your students' stakeholders have your correct email address to ensure proper communication.

Email communication is maintained by the District of Columbia's Office of the Chief of Technology Officer. If you have any difficulty or questions in reference to using your dc.gov email, contact the ServUs Help Desk.

- (202)-671-1566 / (202)-442-5715 (DCPS)
- (202)-741-8832 (Fax)
- email: helpdesk.servus@dc.gov

Out of The Office Messages

When the provider is out of the office and unable to respond his/her dc.gov email for extended periods, the provider is required to set up an auto-reply message for your incoming emails that notifies senders of your plan for responding to their emails. Your message should include a greeting, dates you will be out of the office, scheduled return date and contact information during your absence.

Follow these steps to set up your out of the office message:

- Go to the DCPS web main page: <http://dcps.dc.gov/DCPS>
- Click on the "Employee Webmail Login" at the bottom of the page.
- Enter your user name and password in the Outlook Web Access window, and click on "log on"
- Click on "Options" on the left side of the page. This will take it to the "Out of Office Assistant" section
- Select "I am currently out of the office"
- Customize the following message and add it into the box of the "Out of Office Assistant" section
Thank you for your email. I am out of the office from [DAY, DATE] to [DAY, DATE] and unable to respond at this time. If you need immediate assistance, please contact Jose F. Seijas, Physical Supports Program Manager, via email at jose.seijas@dc.gov.

I look forward to responding to your email within 24 hours of my return.

Thanks.

Your Name and Title

Physical Supports Program-Adapted Physical Education, Occupational and Physical Therapy

Office of Special Education

District of Columbia Public Schools

T: Your telephone Number

F: 202-654 6088

Email: Your dc.gov email address

- Click on "Save and Close"

Mailbox

Service providers are encouraged to check with their schools staff regarding correspondence.

Route-Mail Service

A DCPS mail service is available for sending documents to DCPS work locations. Envelopes may be available at your school's main office. An area for all outgoing route mail is designated at each school and work location. Remember to provide the sender's name and school address on the route mail envelope.

Physical Supports Weekly Notice

APEs, OTs, OTAs, and PTs will receive weekly notices on Monday morning, including APEs, OTs, OTAs, PTs and PTAs timeliness rates for assessments and Random Moment In Time Study timeliness, documentation percentages, tasks due for the week, reminders on upcoming important dates or events in OSE and DCPS. This information will be received via email until training is provided for the PMA 2.0, where the APEs, OTs, OTAs, and PTs will have that information on their dashboard.

Educator Portal

The Educator Portal is an internal website designed to provide RSPs with resources and information to support their work as a related service provider. Here providers will find announcements, discipline guidebooks, commonly used forms, SEDS support and resources from past Professional Development sessions. The main page for related services has forms and information used by all service providers. From that page providers can connect to subpages related specifically to their discipline.

This can be accessed from the following link:

<https://www.educatorportalplus.com/group/edportal/relatedservicesproviders>

Within the Educator Portal is a new feature called Better Lesson. Better Lesson is a cross between a social networking and a resource-sharing site for educators and providers. Each provider has the opportunity to create their own page and upload resources to their site. This site is a place where provider can connect with colleagues, discuss topics, and download resources.

Provider Management Account (PMA)

APEs, OTs, OTAs, and PTs will receive notifications from the PMA regarding weekly and monthly service documentation, and assessment timeliness. They should respond to the notifications as indicated in the email message. APEs, OTs, OTAs and PTs will also receive weekly notice from the PS Program Manager on their dashboard. The PMA is accessible through quickbase by accessing the following website:

<https://www.octo.quickbase.com>

~~PMA training will be provided to all APEs, OTs, OTAs and PTs before October 1st. Training session~~
announcements will be sent via email. All APEs, OTs and PTs are required to register and attend trainings on their use of the PMA.

M. TEST KITS/COMPUTERS/SUPPLEMENTAL MATERIALS

Assessment Test Materials that are used routinely are assigned to each DCPS service provider on a permanent basis. Other instruments may be shared between two or more service providers and infrequently used tests are available on a temporary loan basis. It is important to return loaned items promptly since other service providers may be waiting for them. Additionally, service providers are asked to inform their program manager of any problems found with these tests, e.g., missing or broken items. **Contracting companies** provide their therapists with testing materials.

Laptop Computers are assigned to all DCPS service providers for the purpose of scoring tests, writing reports and maintaining log data. Laptops are the responsibility of each service provider and should be appropriately maintained and secured at all times. Loss or damage must be promptly reported to the Program Manager. **Contracting companies** provide their therapists with the necessary hardware and software to perform their duties.

Supplemental Materials that are assigned to service providers for the purpose of providing therapeutic intervention services and assessing progress must be appropriately secured. Should a provider depart from DC Public Schools, these materials must be returned to the Program Manager.

Sign-Out - the providers will sign out All DCPS materials. Information will be cataloged and the provider assumes all responsibility for the equipment. If the equipment is loaned out between providers, some written verification should be obtained that the materials were loaned and that the materials have been returned. If materials are stolen, it is the providers' responsibility to file and submit a police report verification and present it to the Program Manager.

PLEASE NOTE: Testing equipment and testing materials are on loan to you for work purposes only. Therefore, upon your resignation, your materials should be returned in good condition to your Program Manager prior to your resignation date. Failure to return property will result in garnishing of wages.

N. LAPTOP REPAIR POLICY

- For providers issued Macs, all repairs should be handled through your local Apple store.
- For HP and Dells please submit your request via OSE IT support Form at:

<https://spreadsheets.google.com/viewform?hl=en&formkey=dHNySElzUlhzVj5Z3o2a0x0Y1lFckE6MQtgId=0>

O. DRESS CODE REQUIREMENTS

It is the providers' responsibility to find out the dress code requirements for the schools he/she services, and to wear the appropriate attire. Providers must be in compliance with the dress code for the school. Cleanliness, professionalism, good taste and safety are the primary considerations. The following is a non-exhaustive list of expectations. Please follow your school regulations.

- All clothing should be clean, neat, and not stained.

- Clothing should not contain any suggestive or offensive pictures or messages.
- Fingernails should be kept clean with filed, smooth edges. Long nails that could gouge a student's skin or that could be broken in the course of work are not acceptable.
- Long hair must be tied back when providing services for students. Front and sides of long hair may be pulled back if that is sufficient to prevent hair from falling forward.
- Appropriate leg and foot covering, as deemed by the school will be worn. Closed toe, low or no-heeled shoes must be worn for your personal safety.
- Tops should be of opaque fabric (not see-through), fit appropriately, not too low cut, tight or loose, and long enough to remain tucked in with movement (i.e., no bare midriffs). Tops should allow for rising of hands above head without exposing skin. T-shirts that convey a casual appearance are not to be worn.
- Pants should fit appropriately, loose enough to allow for mobility but not to present a safety hazard by getting caught in equipment.
- Skirts or skorts may be worn, but should be no shorter than 2" above the knee and have no slits above the knee.
- Piercing- other than ears- should not be visible while working with students. All tongue jewelry must be removed.

SECTION III

SPECIAL EDUCATION DISABILITY CLASSIFICATIONS

The presence of a disability is not sufficient to establish eligibility for special education. The disability must result in an educational deficit that requires specially designed instruction (i.e. special education). In order to qualify for services a student, due to his/her disability, must require special education and related services.

Eligibility for special education and related services is determined by documenting the existence of one or more of the following disabilities and its adverse effect on educational performance. Refer to the Office of the State Superintendent of Education's Chapter 30 policy for more detailed descriptions.

- Autism
- Traumatic Brain Injury
- Mental Retardation
- Emotional Disturbance
- Specific Learning Disability
- Other Health Impairment
- Orthopedic Impairment
- Speech Language Impairment
- Hearing Impairments Including Deaf / Hard of Hearing
- Visual Impairments including Blindness including Blind / Partially Sighted
- Multiple Disability
- Developmental Delay

Autism Spectrum Disorders (AUT)

A developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3.

- Common Associated characteristics:
 - Exhibit a condition characterized by severe communication and other developmental and educational problems such as extreme withdrawal, self-stimulation, repetitive motoric behavior and inability to relate to others
 - Diagnosed by a psychologist or physician as autistic

Traumatic Brain Injury (TBI)

The term TBI included open or close head injuries resulting in mild, moderate or severe impairments in one or more of the following areas:

- Cognition

- Language
- Memory
- Attention
- Reasoning
- Abstract thinking
- Judgment
- Problem solving
- Sensory, perceptual and motor abilities
- Psychosocial behavior
- Physical functions
- Information processing
- Speech

Mental Retardation (MR)

Mental retardation is diagnosed by looking at two main things. These are:

- The ability of a person's brain to learn, think, solve problems, and make sense of the world (called IQ or intellectual functioning); and
- Whether the person has the skills he or she needs to live independently (called adaptive behavior or adaptive functioning).

Intellectual functioning is usually measured by a test called an IQ test. The average score is 100. Scores ranging from below 70 to 75 are within the mental retardation range.

To measure adaptive behavior, professionals look at what a student can do in comparison to other student of his or her age.

Certain skills are important to adaptive behavior. These are:

- Daily living skills, such as getting dressed, going to the bathroom, and feeding one's self;
- Communication skills, such as understanding what is said and being able to answer;
- Social skills with peers, family members, adults, and others.

To diagnose mental retardation, psychologists look at the student's mental abilities (IQ) and his or her adaptive skills. Both of these are required in the definition and identification of mental retardation.

Emotional Disturbance (ED)

Exhibit one or more of the following characteristics over a long period of time and to a marked degree that adversely affects educational performance:

- An inability to learn that cannot be explained by intellectual, sensory or health factors
- Have a history of difficulty in the educational setting in relating to adults and / or peers as reflected by a diminished capacity to learn, and the inability to comply with school rules due to a limited frustration tolerance level

Specific Learning Disability (SLD)

The student must exhibit a disorder in one or more of the basic psychological processes involved in understanding or in sign language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, speak or to do mathematical calculations.

Speech Language Impairment (SLI)

To be eligible for SLI, a student must:

- Exhibit a communication disorder, such as stuttering, impaired articulation, a language impairment or a voice impairment that adversely affects educational performance
- Be diagnosed by a speech language pathologist
- Be certified by the MDT as qualifying and needing special education services
-

Hearing Impairments Including Deafness / Hard of Hearing (HI)

To be eligible as a student with deafness, a student must meet the following criteria by a MDT:

- An assessment by an audiologist or otolaryngologist who determines that there is a bilateral impairment in excess of 71 dB and connected speech is not understood at any intensity level
- Communication must be augmented by signing, lip reading, cued speech and / or other methods

To be eligible as a student hard of hearing, a student must meet the following criteria by a MDT:

- An assessment by an audiologist or otolaryngologist who determines that the hearing loss is greater than 20dB
- Hearing acuity can be improved through amplification to maximize usage of residual hearing
- Evidence of both articulation and delayed language development associated with hearing loss

Visual Impairment (VI)

To be eligible as a student with blindness, a student must be certified by a MDT to:

- Exhibit a visual capacity of 20/200 or less in the better eye with the best correction or a peripheral field so contracted that the widest diameter of such field subtends an angular distance no greater than 20 degrees

To be eligible as a partially sighted student, a student must be certified by a MDT to:

- Exhibit a visual acuity between 20 / 70 and 20 / 200 in the better eye with best correction or other dysfunctions or conditions that affect the vision

Orthopedic Impairment (OI)

To be eligible for special education as a student with orthopedic impairment, a student must:

- Exhibit a severe orthopedic impairment, including impairments caused by a congenital anomaly, disease or other causes that adversely affects educational performance
- Be diagnosed by a physician as orthopedically impaired

Other Health Impaired (OHI)

Other health impairment means having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that

Is due to chronic or acute health problems such as asthma, attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, an sickle cell anemia; and

- Adversely affects a student's educational performance.

Multiple Disabilities (MD)

Concurrent impairments (such mental retardation-blindness or mental retardation-orthopedic impairment), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments

MD does not include deaf-blindness

Developmental Delay (DD)

To be eligible for special education as a student with a developmental delay, a student must:

- Be aged three to seven
- Experiencing development delays and measured by appropriate diagnostic instruments and procedures, in one or more of the following areas:
 - Physical development
 - Cognitive development
 - Communication development
 - Social or emotional development
 - Adaptive development
- Be certified by the MDT as qualifying and needing special education services

SECTION IV

ASSESSMENT REFERRAL PROCEDURES

A. ROLE OF THE STUDENT SUPPORT TEAM (SST) – RtI TEAM

Prior to a referral being submitted the SST should meet on the student to determine what interventions will be implemented to assist in meeting the individual needs of the student.

This process is vital part of the student referral process. The SST includes three to five members, including, but not limited to, an administrator, a counselor, a regular education teacher, a special education teacher, a school social worker, a parent, with specialists or other central office persons as appropriate. APEs, OTs, and PTs should serve as consultants to the team. The SST process should be implemented over approximately six weeks, to determine if the recommendations are successful. If the strategies are not successful the team can meet again to modify the strategies. Students should be referred to Special Education if two important decision criteria are met:

- Reasonable classroom interventions of sufficient duration have been carefully attempted, without success.
- The cause of the problem is suspected to be a disability that cannot be resolved without special education services.

Exceptions to the process include those students for whom SST would delay obviously needed special education services. In these cases, the SST process may occur concurrently during the special education referral/assessment process.

As an APE, OT or PT, you may be asked to consult on the SST/RtI for certain students. In that case, you should provide strategies to the teacher and parent to address the identified concerns of your area. In addition, tier 2 or 3 RTI strategies/techniques may be required by the APE/OT or PT.

Once you have been required to participate in the SST meeting, you will:

- Ask the person requesting your participation to complete an Initial check off list as it applies to your area of expertise (APE checklist, Fine Motor Skills Checklist, Gross Motor Checklist, etc.).
- Observe/screen the student to verify the problems/difficulties identified by the person requesting your participation
- Devise a recommendation plan to address problems/difficulties
- Write a report
- Present report and plan to the SST
- Follow up on the plan as determined by the SST/RtI Team

ADAPTED PHYSICAL EDUCATION TEACHERS (APEs), OCCUPATIONAL THERAPISTS (OTs) AND PHYSICAL THERAPISTS (PTs) – THEIR ROLE IN RTI

General Role in Schools:

Provide services to enhance children's engagement and participation within various contexts, by focusing on:

1. Activities of daily living
2. Instrumental activities of daily living
3. Education
4. Work
5. Play
6. Leisure, and social participation
7. Participation in physical education
8. Access to and mobility within the school environment

How they do it?

APEs, OTs and PTs screen and provide consultations before either an evaluation/assessment for APE, OT, PT/Special Education is requested. Through screening and based on their expertise, these professionals may:

- Assist in the identification of sensory motor and educational access issues students may be experiencing.
- Analyze the impact of the barriers/difficulties on the academic performance, access to the school environment and participation of the child
- Design intervention strategies and accommodations aimed to facilitate the performance of the child within the context of the educational environment.
- Assist the general education team in these areas. Typically, activities are provided as professional development or evaluation, services, and supports (34 CFR Part 300.226 (b); (see Table 1). These activities should be based on scientifically-based evidence to the degree possible
- Evaluate the response to the instruction and intervention. These professionals will also assist the educational team with progress monitoring, ongoing data collection, and analysis to continually determine the level of intensity and support necessary for individual students
- Occupational therapists can be involved at several levels within an RTI approach. IDEA (2004) supports the occupational therapist's involvement at §614(a)(1)(E), which states: "The screening of a student by a teacher or specialist to determine appropriate instructional strategies for curriculum implementation shall not be considered to be an evaluation for eligibility for special education and related services." Additionally, related services are specifically included in 300.208 of the regulations as possible early intervening services which can occur at all levels of RTI.

Adapted Physical Education Teachers (APE)

Tier 1: Core Consultation

During Tier One, consultation is focused on increasing the general knowledge base of general education teachers regarding motor development, impairments, and the relationship to the curriculum and function in age-appropriate physical education activities.

At this level, students have not been identified as requiring adapted physical education services.

Activities may include:

- Providing in-services incorporating skill-building activities to provide general guidelines for typical and atypical motor development and its implications in physical education.
- Assist the regular physical education teacher with identifying students who are struggling in physical education
- Conduct a thorough review of student documentation
- Assist or facilitate student focused data-based discussions
- Consult with teachers and regular physical education teachers regarding early intervention strategies to promote participation in classroom, physical education and in the community
- Consult with district personnel to identify appropriate evidence-based intervention strategies
- Conduct classroom observations and confer with the students' physical education teacher and classroom staff
- Determine useful and appropriate procedures for concerns and needs of students
- Demonstrating activities that are implemented by the classroom staff
- Assisting with environmental accommodations for students to access the curriculum, as it pertains to physical education.

Tier Two: Prevention. Strategic or Supplemental Instruction and Intervention.

During Tier Two, it is the responsibility of the adapted physical education teacher to screen the child for possible motor delays.

Screenings are conducted in a natural environment to elicit a representative sample of the student's gross motor abilities.

- Screenings must not involve pullout or any activity that removes the student from his/her regular school activities.
- Screenings may include observation of a student in a peer group if it does not single-out the student who is being observed.

Activities may include:

- Observing the student in classroom or other school environments
- Consulting with parents, teachers, and other school staff regarding concerns about the student
- Reviewing teacher data regarding the outcomes of classroom accommodations from Tier One
- Reviewing of educational records.
- Follow-up screening, as appropriate

Tier Three: Prevention. Intensive Instruction and Intervention

- The purpose is to focus on specific motor skills that are required for the student to access the educational program
- Tier Three continues as long as the student continues to make progress in the development of targeted skills.

Activities may include:

1. Consulting with the classroom teacher and/or parent on a regular basis to monitor the recommended supports and accommodations and to adjust these, as needed. (The classroom teacher implements and documents progress for the recommended targeted interventions)
2. Providing follow-up consultation to the classroom teacher, staff, and parents if during the SST meeting, targeted intervention strategies and accommodations are deemed necessary based on identified goals

Throughout all of these phases, progress is continuously monitored. If a student continues to struggle with motor skills after targeted interventions and accommodations are in place and documented for a reasonable amount of time (as determined by the SST), a referral for a special education evaluation should be made.

Occupational Therapists

Tier 1: Core Consultation

During Tier One, consultation is focused on increasing the general knowledge base of general education teachers regarding fine motor/sensory development, impairments, and the relationship to the curriculum and function within the school environment.

At this level, students have not been identified as requiring occupational therapy services.

Activities may include:

- Providing in-services incorporating skill-building activities to knowledge regarding typical and atypical fine motor/sensory development
- Offering suggestions for motor function in the classroom
- Demonstrating activities that are implemented by the classroom staff
- Suggesting ideas for setting up the classroom for student success
- Assisting with environmental accommodations for students to access the curriculum, classroom, and campus.

Tier Two: Prevention. Strategic or Supplemental Instruction and Intervention.

During Tier Two, it is the responsibility of the occupational therapist to screen a student for possible motor delays.

- Screenings are conducted in a natural environment to elicit a representative sample of the student's motor abilities.
- Screenings must not involve pullout or any activity that removes the student from his/her regular school activities.
- Screenings may include observation of a student in a peer group if it does not single-out the student who is being observed.

Activities may include:

- Observing the student in classroom or other school environments
- Consulting with parents, teachers, and other school staff regarding concerns about the student
- Reviewing teacher data regarding the outcomes of classroom accommodations from Tier One
- Reviewing of educational records.
- Follow-up screening, as appropriate

Tier Three: Prevention. Intensive Instruction and Intervention

- The purpose is to focus on specific motor skills that are required for the student to access the educational program
- Tier Three continues as long as the student continues to make progress in the development of targeted skills.

Activities may include:

1. Consulting with the classroom teacher and/or parent on a regular basis to monitor the recommended supports and accommodations and to adjust these, as needed. (The classroom teacher implements and documents progress for the recommended targeted interventions)

2. Providing follow-up consultation to the classroom teacher, staff, and parents if during the SST meeting, targeted intervention strategies and accommodations are deemed necessary based on identified goals

Throughout all of these phases, progress is continuously monitored. If a student continues to struggle with motor skills after targeted interventions and accommodations are in place and documented for a reasonable amount of time (as determined by the SST), a referral for a special education evaluation should be made.

Physical Therapists

Tier 1: Core Consultation

During Tier One, consultation is focused on increasing the general knowledge base of general education teachers regarding gross motor development, impairments, and the relationship to the curriculum and function within the school environment.

At this level, students have not been identified as requiring physical therapy services.

Activities may include:

- Providing in-services incorporating skill-building activities to improve the knowledge of teachers in reference to typical and atypical gross motor development, and its implications in access and performance in the school environment
- Offering suggestions to foster and improve gross motor function in different school's environments (classroom, playground, cafeteria, school bus, etc.)
- Demonstrating gross motor activities that are implemented by the classroom staff
- Suggesting ideas for setting up the classroom for student success
- Assisting with environmental accommodations for students to access the curriculum, classroom, and campus.

Tier Two: Prevention. Strategic or Supplemental Instruction and Intervention.

During Tier Two, it is the responsibility of the physical therapist to screen a student for possible motor delays. The physical therapist serves as a resource to the case conference/SST in problem solving postural and mobility needs for children who are not identified as needing special education.

- Screenings are conducted in a natural environment to elicit a representative sample of the student's motor abilities.
- Screenings must not involve pullout or any activity that removes the student from his/her regular school activities.
- Screenings may include observation of a student in a peer group if it does not single-out the student who is being observed.

Activities may include:

- Observing the student in classroom or other school environments (classroom, stairs, playground, getting on/off the school bus)
- Serving as a resource to the SST in problem solving postural and mobility needs.
- Reviewing teacher data regarding the outcomes of classroom accommodations from Tier One
- Reviewing of educational records.
- Follow-up screening, as appropriate

The physical therapist serves as a resource to the case conference/SST in problem solving postural and mobility needs for children who are not identified as needing special education.

Tier Three: Prevention, Intensive Instruction and Intervention

- The purpose is to focus on specific motor skills that are required for the student to access the educational program
- Tier Three continues as long as the student continues to make progress in the development of targeted skills.

Activities may include:

1. Consulting with the classroom teacher and/or parent on a regular basis to monitor the recommended supports and accommodations and to adjust these, as needed. (The classroom teacher implements and documents progress for the recommended targeted interventions)
2. Providing follow-up consultation to the classroom teacher, staff, and parents if during the SST meeting, targeted intervention strategies and accommodations are deemed necessary based on identified goals

Throughout all of these phases, progress is continuously monitored. If a student continues to struggle with gross motor skills and access/navigation to school environment after targeted interventions and accommodations are in place and documented for a reasonable amount of time (as determined by the SST), a referral for a special education evaluation should be made.

Documenting pre-referral interventions

Since SY 2011–2012, APEs/RSPs are able to document pre-referral interventions in the Provider Management Application (PMA). The PMA is accessible through quickbase by accessing the following website:

<https://www.octo.quickbase.com>

B. EARLY STAGES CENTER

If the SST process is not successful in addressing the identified difficulties the student should be referred for an assessment. Students between the ages of 3 and 5 are assessed by Early Stages not the local school special education team. Students referred to the Early Stages Center receive a full assessment at the center located at Walker Jones Education Center.

Contact Information: (202) 698-8037 www.earlystagesdc.org

C. FINE AND GROSS MOTOR SKILLS SCREENING – APE/OT/ PT

Basic fine and gross motor screening is crucial in determining if the student is developing within the expected range. Fine and gross motor skills are essential building blocks to educational success. Any student referred as having difficulties with either fine or gross motor functions or with participation in regular physical education class shall be screened to determine if the student shows signs of an impairment that could be negatively impact participation in academic experience. Screening will also help the APE, OT or PT on:

- Making appropriate recommendations to the classroom staff/parent to be followed in the classroom/home to help the student overcome identified difficulties through accommodations and/or adaptations.
- Advising if a formal assessment is indicated.
- Indicate if a physician should follow up the student.

Specific measures or instruments will be employed which use:

- Both observational and performance techniques; and
- Techniques which guarantee non-discrimination
- Interview with the classroom teacher and any other stakeholder deemed necessary.

Occupational and Physical Therapy Screenings: The five areas that need to be screened to ensure expected development include

- Balance
- Bilateral coordination
- Upper extremity coordination
- Visual motor control, and
- Upper extremity speed and dexterity

Adapted Physical Education Screenings: The areas included in an APE screenings are:

- Gross motor
 1. Locomotor skills
 2. Balance
 3. Ball handling skills (throw, catch, strike, and kick)
 4. Using playground equipment
 5. Coordination (falls frequently, bumps into things, etc.)
 6. Tracing objects with eyes.
 7. Sensory Motor
- Physical fitness
 1. Climbing, crossing/hanging from monkey bars
 2. Doing sit-ups
 3. Stretching or bending body (flexibility)
 4. Keeping up with peers in running activities
- Sensory Motor
 1. Displays tactile defensiveness
 2. Knowledge of right/left
 3. Knowledge of basic body parts
 4. Dislikes or avoids play involving spinning, swinging
 5. Difficulty with spatial awareness
 6. Following basic directions

Referral and Follow-Up Process: Examiners should document the results of the student's screening, write a report, notify team members and parents, and make appropriate recommendations when the student is unable to meet the screening guidelines, in an attempt to alleviate or remediate the problem. The report must be kept in the student's school record and uploaded into EasyIEP/SEDS.

If it is ascertained that the fine or gross motor Impairment cannot be alleviated or remediated by implementing the recommendations, or has been corrected to the extent that it can be, a referral is made to the Student Support Team for recommendations for further assessment.

D. APE/OT/PT ASSESSMENT REFERRAL

When either an APE/OT/PT assessment is necessary, a referral for assessment will be initiated. Prior to making a referral for and APE/OT/PT, the classroom teacher/case manager or SST members should complete, as applicable:

- Adapted Physical Education – Motor Skills Screening for the Classroom/Regular Physical Education Teacher
- Occupational Therapy – Checklist for the Classroom Teacher
- Physical Therapy – Checklist for the Classroom Teacher

The information contained in the mentioned checklists can assist the APE/OT/PT in completing the Analyzing Existing Data section in EasyIEP.

E. ASSESSMENTS FOR NON-ATTENDING DCPS STUDENTS

Some related serviced providers are hired to cover citywide cases. Employees will be placed on pre-specified teams and will be responsible for several groups of students. These Teams are responsible for all students who attend a school within the geographic boundaries of the districts that are served by DCPS. The school served could be a:

- Day Care Center
- Private school
- Parochial school
- Charter school
- State approved Non-Public School (regardless of home address)

The citywide teams are also responsible for students who reside within the geographic boundaries of the districts that are served by DCPS and who are:

- Students attending non-public Schools outside of the District of Columbia
- Students who receive home instruction as their placement on their IEP (Please note that this does not include students on temporary home instruction as these students are expected to return to their prior school) and
- Students who are being home-schooled and
- Students who are non-attending

OSE related service providers also complete assessments for students who do not attend school in a DCPS site. These evaluators are responsible for all students age 3 to 21 years of age who attend a school within the geographic boundaries of the districts that are served by DCPS.

F. BILINGUAL REFERRALS

When a student has gone through the referral procedure, and it is concluded based on the results of the English Proficiency Test that he/she needs to be assessed in his/her native language, the Special Education Coordinator will forward the referral package. It is still necessary for all of the pre-referral

steps, including intervention, to be completed prior to the referral package being forwarded to the Bilingual Team. Please see the Bilingual Referral Manual for details on this process.

G. UNTIMELY ASSESSMENTS GUIDELINES

Per the DCPS guidelines, Initial and reassessments must be completed within 45 days of parental consent. It is expected that all providers upload via fax (only), their completed assessments into SEDS 45 days from the date of parental consent. Timeliness will be determined from the initial fax date, which should correspond with the date entered. All reports that are late or are incomplete will be considered Untimely. In those cases, please adhere to the Untimely Assessment Guidelines developed in November 2009.

Parent/Guardian Consent is Granted but the Student is Frequently Absent, Truant, and/or Refuses to Participate or Attend

When 2-3 attempts to assess are unsuccessful because the student is absent, truant and/or refuses to participate or attend:

- The APE/OT/PT assigned to complete the assessment must:
 - Contact the teacher, attendance monitor, and parent/guardian to determine the reason for the student's absence for each failed attempt;
 - Document contacts, attempted contacts, and outcomes in the SEDS communication log;
 - Call the parent/guardian to reschedule the assessment and document in the SEDS communication log; and
 - Inform the Special Education Coordinator (SEC) via email that the student was absent or refused to participate and that the information has been documented.
- The Special Education Coordinator (SEC) must:
 - Contact the parent/guardian at least three times using multiple modalities (e.g., written, phone, email, and visit). One contact must be written correspondence sent by certified mail with a return receipt;
 - Notify the assigned APE/OT/PT via email when the attempts to contact the parent are made; and
 - Document contacts with parent/guardian, attempted contacts, and outcomes in the SEDS communication log.
- The IEP Team must convene within 15 school days of the second failed attempt to assess. The Team will:
 - Review the student's attendance history since consent was obtained;
 - Consider the reason(s) for the student's absence, truancy, and/or refusal to participate or attend; and
 - Determine if an alternate assessment or schedule for the assessment may be warranted.

The parent/guardian and DCPS can agree in writing that the attendance of certain IEP Team members is not necessary for this meeting depending on the member's area of curriculum or related services; allowing a partial team to meet to address this particular situation. **However, the APE/OT/PT assigned to that assessment MUST be in attendance.** If the parent/guardian cannot physically attend the IEP meeting an alternative means of participation may be used (e.g., individual or conference telephone calls).

The SEC will send a letter by certified mail with a return receipt to the parent/guardian within five business days of the IEP meeting if the parent/guardian does not want to attend the IEP meeting or fails to respond to the *IEP Meeting Invitation/Notice*.

No Parent/Guardian Consent for Initial Assessment

If the parent/guardian refuses to consent to an initial assessment or fails to respond to the *Parent/Guardian Consent to Initial Evaluation/Reevaluation* within 15 school days the SEC must:

- Contact the parent/guardian at least three times using multiple modalities (e.g., written, phone, email, and visit). One contact must be written correspondence sent by certified mail with a return receipt;
- Document contacts, attempted contacts, and outcomes in the SEDS communication log;
- Send a Prior Written Notice (PWN) by certified mail with a return receipt to the parent/guardian indicating that the special education process has stopped. At this point, DCPS is no longer obligated to pursue consent or conduct assessments; and
- Contact the cluster supervisor via email if he/she feels it is necessary to pursue the consent to evaluate. DCPS may elect to proceed to mediation and/or a due process hearing in order to override the lack of consent for assessment.

No Parent/Guardian Consent for Reevaluation

If the parent/guardian refuses to consent to a reevaluation or fails to respond to the *Parent/Guardian Consent to Initial Evaluation/Reevaluation* within 15 school days the SEC must:

- Contact the parent/guardian at least three times using multiple modalities (e.g., written, phone, email, and visit). One contact must be written correspondence sent by certified mail with a return receipt;
- Document contacts, attempted contacts, and outcomes in the SEDS communication log;
- Send a PWN by certified mail with a return receipt to the parent/guardian indicating that the special education process has stopped. At this point, DCPS is no longer obligated to pursue consent or conduct assessments; and
- Contact the cluster supervisor via email if he/she feels it is necessary to pursue the consent to reevaluate. DCPS may elect to proceed to mediation and/or a due process hearing in order to override the lack of consent for assessment.

Parent/Guardian Consent Provided but Assessment Not Completed in Timely Manner (Exception: student absent, truant, and/or refuses to participate or attend)

If the parent/guardian has provided consent to evaluate/reevaluate but the assessment may not be completed within the required timeline the SEC must:

- Contact the program manager of the specific discipline via email immediately (e.g., if the SEC suspects the APE/AT/OT/PT assessment will not be completed within the required timeline); and
- Mail written correspondence to the parent/guardian identifying the incomplete assessment(s) and requesting agreement on a new timeline for completion. This correspondence should be sent by certified mail with a return receipt on the same day as the program manager is contacted.

Parent/Guardian Withdraws Consent to Evaluate/Reevaluate

If the parent/guardian verbally withdraws consent to evaluate/reevaluate the case manager must:

- Document the conversation in the SEDS communication log; and
- Send a PWN by certified mail with a return receipt to the parent/guardian documenting that the consent to evaluate/reevaluate has been withdrawn.

NOTE: Please contact the Physical Supports Program Manager if you have barriers to completing assessments in a timely fashion.

For detailed information on DCPS' Special Education Guidelines, please refer to DCPS' Reference Guide:

- For users connected to a dc.gov <<http://dc.gov>> connection go to:
 - <http://osereferenceguide.dc.gov> <<http://osereferenceguide.dc.gov>>
- For users not connected to a dc.gov <<http://dc.gov>> connection go to:
 - <https://sites.google.com/a/dc.gov/office-of-special-education-reference-guide/>

SECTION V

APE/OT AND PT ELIGIBILITY PROCEDURES

A. ELIGIBILITY PROCESS: OVERVIEW

What is "Eligibility"?

Eligibility refers to the meeting of specific criteria for receiving special education and related services. In order for a student to be considered eligible for special education and related services there must be documentation that the student is a "student with a disability" and is in need of special education and related services.

A student may not receive special education and related services as defined in IDEA unless they have been determined to be eligible by the MDT.

Why are we required to use such a strenuous process to determine the eligibility of a student?

There are two reasons for the process to determine if a student is eligible for special education. First and foremost, the process is designed to ensure that students who need special education actually get it. When a student is determined to be eligible for special education, the District basically guarantees that the student will have what they need to learn and benefit from education. Federal and state funds are set aside to guarantee the student receives appropriate services. Explicit instructions are provided for teachers and service providers to help them know how to facilitate student learning.

The second reason is to prevent students from being labeled as disabled for arbitrary reasons such as poor teaching, cultural differences, racial bias, or socioeconomic disadvantage. This process ensures that general education teachers and other educators do not use special education as a dumping ground for students who might not be "perfect learners."

In addition, the process for eligibility for APE/OT/PT services should be just as strenuous to avoid over-identification of students, and to ensure that appropriate services are delivered to the students who need them.

Who determines APE/OT/PT eligibility?

The multidisciplinary team (MDT) determines eligibility, based on the input from a qualified APE/OT/PT and from the information collected from a multidisciplinary assessment. This decision is made only after the provisions for pre-referral interventions, referral, and a multidisciplinary evaluation have been

completed. An APE/OT/PT who can interpret educational implications of assessments results must be an MDT member when assessments are discussed.

Assessment

Prior to any student being identified and receiving special education services the school shall conduct a full assessment (IDEA, 20 U.S.C. 1414(a) (1)). The assessments conducted for this assessments process should assist the team in both identifying the student and determining their educational programming.

Six Principles of IDEA

Principle of IDEA	Requirement
Zero Reject	Locate, identify, and provide services to all eligible students with disabilities
Protection in Assessment	Conduct an assessment to determine if a student has an IDEA related disability and if he/she needs special education services
Free Appropriate Public Education (FAPE)	Develop and deliver an individualized education program of special education services that confers meaningful educational benefit.
Least Restrictive Environment (LRE)	Educate students with disabilities with nondisabled students to the maximum extent appropriate.
Procedural Safeguards	Comply with the procedural requirements of the IDEA.
Parental Participation	Collaborate with parents in the development and delivery of their student's special education program.

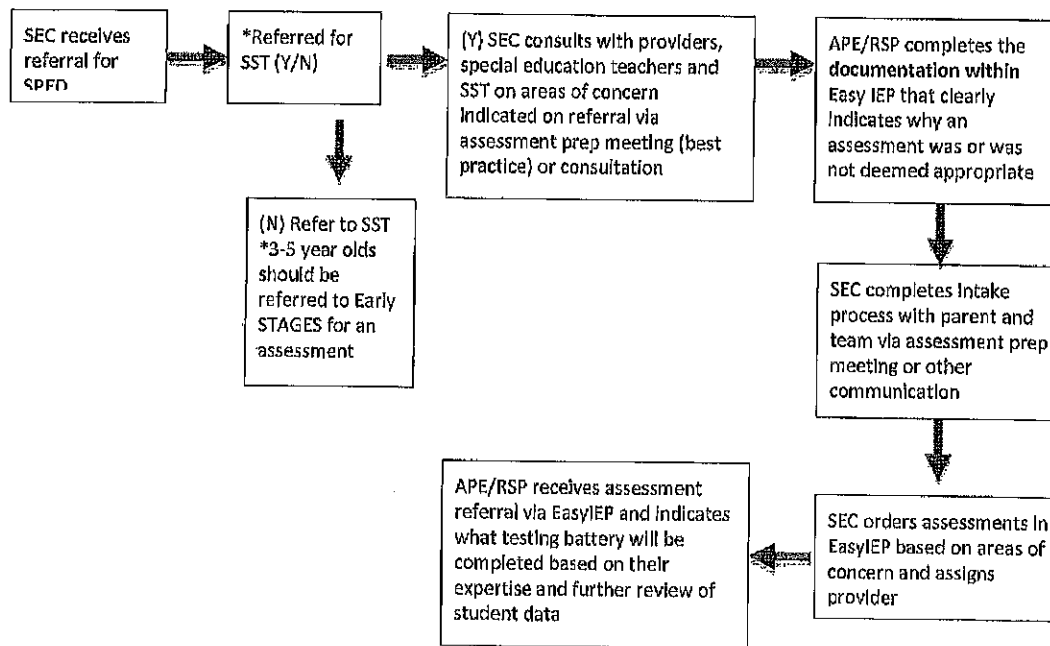
Requesting an Assessment

- Any interested person (a parent, the SEA, another state agency, or school district personnel) may initiate a request for an initial assessment (IDEA, 1414 (a) (1) (B)).
- The SST team or and other qualified professionals review existing data, determine if additional data is needed, interpret all data and then make this decision to refer the student to special education.

Referral Process

- The MDT decides which assessments are warranted.
- The MDT obtains parental permission to assess.
- The MDT receives informed consent.
- The MDT conducts assessment.

Flow Chart for Initial Assessments



Parental Consent for Assessment

DCPS must obtain parental consent prior to assessment or providing special education services and must make reasonable attempts to get consent of parents of students who are wards of the state

- If a parent refuses consent:
- For assessment: the agency may use due process to obtain authority for assessment

Assessment Data

- Review existing assessment data
- Information provided by parent
- Classroom-based observations
- Response to Intervention in the General Education setting
- Response to Intervention in the General Education setting
- Information provided by the teachers
- Formal and informal assessments to identify the data that is needed to determine:
 - Category of disability, if present
 - Present levels of performance
 - Impact on academic functioning
 - Special education and related services
 - Modifications to allow student to meet IEP goals and participate in general education
 - The student progress

Assessment Materials

- Must not be discriminatory
- Must be given in the student's native language or mode of communication
- Must be used to assess all areas related to the suspected disability
- Technically sound instruments to assess
 - Cognitive, social, emotional and behavioral factors
 - Physical and developmental factors

Standardized Assessments

Standardized assessments must:

- Be valid
- Be administered by trained personnel in conformity with instructions
- Reflect of the student's aptitude or achievement
- Assess specific areas of educational need

Assessment Procedures

- A variety of assessment tools and strategies must be used to collect functional and developmental information that may assist in determining:
 - Whether the student has a disability
 - The content of the IEP
- No single procedure may be the sole criterion
- Decisions must be made by a multidisciplinary team

Non-Discriminatory Assessments

- Tests selected and administered must not be racially or culturally discriminatory
- Ensure that the test used is valid with your population by reading the data provided in the manual.

Interpreting Assessment Data

- Draw on information from a variety of sources
- Decisions must be documented and carefully considered
- Decisions must be made by the MDT/IEP team
- Placement decisions must be accordance with LRE requirements

Special Rules for Determining Eligibility in IDEA 2004

A student will *not* be determined to be a student with a disability if the basis of the student's problem is lack of **scientifically based instruction** in reading, lack of appropriate teaching in math, or LEP "Scientifically based reading instruction addresses the essential components of reading as listed by the National Reading Panel".

Special Case Referrals

All Adapted Physical Education (APE), Occupational Therapy (OT) and Physical Therapy (PT) special referrals for assessment (including 504s) are sent to the Physical Supports Program Manager via email along with the following information:

- Any previous APE, OT or PT Assessment.

- Anecdotal Notes (specify justification for assessment) completed by the student's teacher, or other educational staff including service providers.
- Medical documentation if available

B. ELIGIBILITY FOR ADAPTED PHYSICAL EDUCATION (APE) - ASSESSMENTS REFERRALS, SERVICE DELIVERY MODELS AND DISMISSAL CRITERIA

Referrals for an Adapted Physical Education assessment are based on a collaborative discussion between the DCPS Adapted Physical Education Teacher and the Multi-Disciplinary Team.

The special education/classroom teacher, parents, and members of the SST or IEP team can make a referral for an Adapted Physical Education assessment. Identification, screening and assessment can occur at any point during the school year.

Before making an Adapted Physical Education referral, appropriate and meaningful interventions, adaptations, and modifications should be tried with the physical education program. Results of these interventions should be recorded and will be part of the APE assessment report.

The Adapted Physical Education Teacher assesses the student to determine:

- Physical Fitness
- Motor Fitness (or Motor Ability) including Speed, Agility, Power, Balance and Coordination
- Fundamental Motor Skills (including Throwing, Catching, Striking, Running, Jumping, Kicking, Wheelchair Strike, etc.)
- Skills for Participation in Aquatics, Dance, and Individual Group Games and Sports (Including Team Work, Comply with Rules, Impulsive Behavior, Leadership/Team Member, Safety, Self-Concept, etc.)
- Motor patterns Assessments for Low Functioning Students (including Rolling, Creeping/Crawling, Walking/Wheelchair Mobility, Maintenance of Posture Sitting/Standing, Pre-Strike, Pre-Catch, Pre-Kick, Individual Mode of Movement)

Assessment Procedures and Instruments to Determine Eligibility for APE

The assessment of a student for Adapted Physical Education must address the student's needs and give special attention to concerns raised in the student's referral.

The five purposes for an assessment in APE are as follows:

- Establish Present Level of Performance – identify student strength and needs areas.
- Program Development - determine which activities would promote development of delayed areas as well as activity modifications necessary to permit participation
- Placement – assist in determining the most appropriate physical education placement in the least restrictive environment
- Prediction – enable the teacher to make an educated estimate about what the student is capable of achieving
- Measure Achievement – determine whether the student has achieved the established educational goals.

Upon receiving the Adapted Physical Education referral the adapted physical education teacher will make the arrangements to:

- Interview the regular physical education teacher
- Interview the classroom teacher and staff working with the student
- Observe the student during PE class, if possible
- Review appropriate records in SEDS/IDAS
- Test the student, using the appropriate test battery
- Write up a report mentioning, among others, the student's present level of performance, the strengths and needs, the impact on his/her academic performance, and recommendations to the educational staff and student's caregiver to ameliorate and mitigate those difficulties,
- Upload information in SEDS, following DCPS guidelines
- The Adapted Physical Education Teacher will notify the LEA representative/SEC to set up an IEP conference at which the APE's recommendations will be considered by the MDT/IEP team. If the team decides that both special education or APE are required, the APE will assist the team in developing appropriate goals and objectives or review existing IEP goals and objectives to meet the student's requirement for service. The IEP must contain a description of the APE services that includes anticipated frequency, location and duration.

The National Association for Sport and Physical Education (NASPE) and the American Association for Physical Activity and Recreation (AAPAR) recommend that students be considered eligible for adapted physical education services if their comprehensive score is 1.5 standard deviations below the mean on a norm-referenced test, or at least two years below age level on criterion-referenced tests or other tests of physical and motor fitness. Those tests include, but are not limited to, fundamental motor skills and patterns, and skills in aquatics, dance, individual games, group games and/or sports. DCPS agrees to use this criterion, when applicable, to not only ensure equal opportunity for services for all of the District's students, but to utilize this score as a systematic benchmark to determine if a true foundation skill deficit exists as assessed via a valid and reliable test instrument exists.

Determination of the need of adapted physical education, amount, duration and frequency of services is made by the MDT and it should occur only after:

1. Eligibility for special education has been determined
2. The APE service is educationally relevant and clear in purpose
3. The APE service is necessary in order for the student to benefit from the IEP
4. Measurable annual goals have been developed.

The Adapted Physical Education teacher as other MDT members should encourage the student's parent or any other member of the team to not make recommendations based solely on the student's disability or without considering all of the information from all sources about a given student. It is more important to focus on the desired outcomes (student's goals) and decide whose expertise is needed to accomplish these goals (i.e., the classroom educational staff, the regular PE, the APE, the OT and/or the PT), and then decide how much time, frequency and duration of services is needed to achieve the outcome.

Re-assessment is conducted if there are questions regarding significant changes in performance.

Service Delivery Models

Adapted Physical Education can be any of the following:

Direct APE Service

- The APE teacher has consistent direct contact with the student; employs specific instructional techniques to remediate and prevent problems, and assist in further progress in areas of delay that affect educational performance. Duration of Intervention is determined based on professional assessment and academic goals and may range from 15 to 60 minutes one or more times weekly/monthly. The MDT determines the amount of time and duration of the APE service, however the frequency is scheduled at the APE teacher's discretion, according to the student individualities.

Indirect APE Service

- **Consultation:** The APE teacher develops a plan to support and maintain IEP goals, but instructs others (classroom teachers, regular PE teachers, aides, paraprofessionals, parents) to carry out activities with the student on a daily basis; he/she essentially manages activities carried out by others. It is a service in which the APE teacher's expertise is used to help the education system achieve its goals and objectives. Case consultation focuses on the development of the most effective educational environment for students with special needs. Colleague consultation addresses the needs of other professionals in the educational environment system, and addresses the needs of the system to maximize the use of Adapted Physical Education personnel and improve the effectiveness of the whole system
- **Monitor:** The APE teacher has contact with the classroom teacher, regular PE teacher, staff, and parents regarding the student's continued performance in his/her educational setting. He/she is available as a resource to school staff for support of the student's IEP objectives. Employs collaborative teaming to teach and directly supervise other professionals or paraprofessional who is involved with the implementation of intervention procedures. The APE teacher completes an assessment and develops an intervention program to enhance the achievement of the IEP goals and to ensure that appropriate programming and/or equipment is in place, but teaches someone else in the immediate environment to carry out the procedures with the child. The APE teacher may not supervise all activities of these persons, but provides information and quality control in his or her areas of expertise. The APE teacher would continue to have contact on a regular basis (at least once a month) to determine whether adjustments in the intervention procedures are necessary. It is recommended that contact be made on site. Although much of the monitoring time is spent teaching personnel, APE teachers also spend time with the student during their scheduled monitoring visit.

Program Completion/Service Discontinuation Criteria

Dismissal from Adapted Physical Education shall be determined if any of the following applies:

- Student has exited Special Education
- The student is functional within the educational environment, and APE services are no longer indicated
- Applicable goals have been met or student has progressed and met all his/her needs

- Other educational personnel (e.g. the regular PE teacher, the classroom teacher) are able to assist the student in areas of concern previously addressed by APE
- The student has achieved a composite score of better than 1.5 standard deviation below the mean, when applicable
- Student performance remains unchanged despite multiple efforts by the APE teacher to remediate the concerns or to assist the student in compensating. Student shows lack of progress within a reasonable length of time (services for 3 or more years and performance has remained unchanged for more than 6 months)
- The potential for further functional change in motor functions as a result of adapted physical education intervention appears unlikely. This is based on previous intervention attempts, which resulted in little or no functional skill acquisition.
- The student continues to make progress in the areas being addressed by adapted physical education consistent with developmental progress in other educational areas despite a decrease in adapted physical education services.
- Adapted physical education is contraindicated because of the change in medical or physical status.
- The student consistently demonstrates behaviors that inhibit progress in adapted physical education such as lack of cooperation, motivation, or chronic absenteeism. In these circumstances the IEP team should consider the initial eligibility decision since these behaviors may reflect social maladjustment, environmental, cultural, or economic factors rather than an actual disability. The IEP team may also explore alternative services or strategies to remedy the interfering behaviors or conditions.

ESY and Adapted Physical Education

The provision of Adapted Physical Education services during ESY is an annual determination of the IEP team. Every student with an IEP has the right to have ESY discussed as part of their IEP meeting. Extended school year services are provided for those students who demonstrate a regression in skill level over breaks (summer break, winter break, spring break). Skills that have been mastered might be lost during the course of a break, and recouping these skills takes a greater span of time than the span of the break.

For more information regarding ESY Related Services, please refer to the DCPS ESY Guidelines.

C. ELIGIBILITY FOR SCHOOL-BASED OCCUPATIONAL THERAPY (OT) - ASSESSMENT REFERRALS, SERVICE DELIVERY MODELS AND DISMISSAL CRITERIA

Occupational therapy is concerned with the student's ability to fully and actively participate in his/her educational setting and academic experience. Specifically, OT addresses function and uses specific activities to help students learn necessary skills so they can organize, manage, and perform their daily life "occupations" and activities (AOTA, 2004). The occupational therapist looks at the interplay between the skills of the student and the demands of the environment to identify appropriate solutions for interventions. The occupational therapist will assess five (5) interrelated elements that affect participation in goal-directed activities or occupations in school:

- Performance skills (e.g., motor, process, and communication/interaction skills);
- Performance patterns (e.g., as habits, routines, and roles);
- Context (e.g., physical and social environments);

- Activity demands (e.g., required actions and body functions); and
- Client factors (e.g., the mental, neuromuscular, sensory, visual, perceptual, digestive, cardiovascular, and integumentary systems) (AOTA, 2004).

All of these factors converge in school settings to help the occupational therapist identify what might be interfering with the student's learning and participation in the contexts of his or her educational activities, routines, and environments (AOTA, 2004). When a student is having difficulty in sensory-motor performance (postural control, fine-motor skills, self-help, adaptive equipment needs, visual perception, visual-motor integration), that is hindering the student's acquisition of academic skills, he or she may be recommended for an occupational therapy assessment. It is critical, that these services, to the greatest extent possible, occur in the classroom and not detract from the student's education with unnecessary services.

Relevance and Necessity

All school-based occupational therapists start with the basic question, "What does the child need to do in order to be successful in his/her educational program?" Therapists then rely on research, clinical reasoning, and professional experience to match interventions as appropriate. The emphasis of school-based services provided by Occupational Therapy (OT) has shifted over the years from a medical approach to an educational approach. The functional skills a student needs to perform in the educational setting are dependent on a variety of factors, including the student's diagnosis, present level of function, educational program, and overall developmental, cognitive, and academic abilities. Some OT skill deficits may not directly impact educational progress and may not constitute educational need. In order to receive OT services at school, the impairment must be linked to the student's inability to access the curriculum and to achieve educational goals and objectives on the IEP. Also, the student's needs must be met in the least restrictive environment.

OT in the school environment focuses on sensory processing (including sensory modulation and sensory motor skills), fine motor skills, visual perceptual motor skills, self-help skills, and functional life skills. Students are assessed using assessment tools which are appropriate to their chronological age and/or functional level, and which are the most inclusive of racial, cultural, and socioeconomic differences. The following questions are considered before deciding on service needs:

- Do identified skill deficits interfere with the student's ability to access the educational curriculum?
- If there is a likely potential for change in the student's educational functioning if he/she receives therapeutic intervention?
- What is the student's academic/cognitive level and are OT skills commensurate with this?
- Could the student's needs be met by consultation with the classroom staff or by making accommodations?
- Would the benefit of pulling the student out for OT outweigh the loss of classroom time and the academic or social/emotional needs of the student?
- Is the student receptive to therapy and/or leaving the classroom?

Therapy in the educational environment should be viewed as a continuum of services that encompasses a variety of delivery models and intervention strategies under the auspices of special education. These can vary from one-time classroom suggestions and/or accommodations to ongoing consultation and/or

direct services. Services may be delivered within the therapy room, within the classroom setting, or in small or whole groups and may be performed as a co-treatment with another discipline if appropriate. The knowledge and expertise of an occupational therapist (OT) can be utilized to determine and design intervention strategies that can be integrated into a student's daily routine and may be implemented by classroom staff.

Priority is given to providing services utilizing an early intervention model rather than attempting to remediate a problem through splinter skill instruction. Therefore, direct OT services are most beneficial to preschool and to the earlier elementary grades. When recommending services for older students, every attempt is made to use a consultation model in order to avoid the loss of academic learning provided in the classroom. If direct services are required for older students, they are usually short term and/or provided within the classroom setting.

The provision of services shall be determined at the IEP team meeting, using the input of the occupational therapist and the results/recommendations of the OT assessment. Eligibility for continued services shall be determined at the annual IEP review using input of the occupational therapist as well.

Assessments Procedures and Instruments to Determine Eligibility for School-based OT

Referrals for an Occupational Therapy assessment are a collaborative decision of the DCPS occupational therapists and the Multidisciplinary Team. The classroom teacher, the SST/IEP Team, or any other educational staff suspecting the student as having whether a fine motor disability that negatively impacts his/her academic performance can prepare a referral for a school-based occupational therapy assessment.

A school-based Occupational Therapy assessment may be recommended when the student demonstrates deficits in the following areas that negatively impact their educational performance/access:

1. Difficulty in learning new motor tasks
2. Poor organization and sequencing of tasks
3. Poor fine motor use as a result of a foundation deficit that requires skilled OT intervention (i.e. cerebral palsy)
4. Difficulty in accomplishing tasks without the use of adaptive equipment, environmental modifications, or assistive technology
5. Unusual or limited play patterns
6. Deficits in adaptive self-help or feeding skills in the educational setting
7. Poor attention to task
8. Notable overreaction or under-reaction to textures, touch, or movement

The classroom teacher, the SST/IEP Team, or any other educational staff suspecting the student as having a fine motor impairment that negatively impacts his/her academic performance can prepare a referral for a school-based occupational therapy assessment. The referral must be completed in SEDS following DCPS guidelines

Once the occupational therapist has been assigned, he/she will:

- Review appropriate records in SEDS/IDAS

- Interview the student's classroom teacher, and will request her/him to complete the Fine Motor Checklist for the Classroom Teacher, which contains the description of the student's gross motor performance.
- Interview staff working with the student, as deemed appropriate
- Interview the student's caregiver/legal guardian
- Observe the student in different settings (hallways, classroom, cafeteria, stairwells, playground, bus area, etc.)
- Collect student's sample works
- Test the student, using the appropriate test battery
- Write up a report mentioning, among others, the student's present level of fine motor performance, the strengths and needs, the impact on his/her academic performance, and recommendations to the educational staff and the student's caregiver to ameliorate and mitigate those difficulties,
- Upload information in SEDS, following DCPS guidelines
- The therapist will notify the LEA representative/SEC to set up an IEP conference at which the therapist's recommendations will be considered by the MDT/IEP team. If the team decides that either special education and school-based occupational therapy are required (OT as a related service), the occupational therapist will assist the student's teacher in developing appropriate goals and objectives or review existing IEP goals and objectives to meet the student's requirement for therapy. The IEP must contain a description of the therapy services that includes anticipated frequency, location and duration.

Service Delivery Models

It is important to reiterate that school-based OT is different than OT in a hospital or clinic. Whereas the hospital therapist directs his/her attention primarily toward rehabilitating the physical impairments of the student. The school based therapist focuses on minimizing barriers that may limit the student's ability to perform functional tasks required of him/her in the school environment. As a result, school services may be terminated or not indicated if the student is able to execute what is required of him/her in school regardless of whether he/she has been rehabilitated. This may be accomplished through the recommendation and/or provision of adaptive equipment, compensatory strategies, teaching of identified school personnel to understand different considerations required for the student with a disability. In short, it is quite possible for a student to be receiving therapy through an outside agency and not qualify for school-based therapy, depending on the extent of the impact of his/her deficits on academic performance.

Occupational therapy intervention may not be indicated when other resources or services can adequately meet the needs of the student or the deficits are of a qualitative nature. It should be emphasized that the need for occupational therapy is dependent on the impact of a disability or impairment on a student's educational performance, not on a particular diagnosis or need for clinical services. School-based occupational therapy is not a substitute for medically based occupational therapy; however can form liaisons to better serve the student.

There are no provisions in state or federal law which specifies how OT, once recommended by the team, must be provided. This includes the service model, frequency of intervention as well as the frame of reference. In due process hearings and the courts the issue of theory base or frame of reference has been referred to as a methodology decision. One of the latest court decisions regarding methodology

centered on individual instruction for a student with dyslexia using the Ortho-Gillingham method (E.S. v. Independent Sch. Dist. No.196). The district court disallowed the parent's request for this kind of reading instruction, stating that schools have discretion over methodology decisions as long as the program provides a free and appropriate public education (called FAPE).

Best practice dictates that the school-based occupational therapist attends the MDT meeting to interpret the school-based occupational therapy assessment and its contents as pertains to educational implications.

School-based occupational therapy services should never be decided based solely on a student's score on a test, although, this is a critical, quantitative consideration to ensure District-wide consistency. Decisions about any needed services should be "based on peer-reviewed research, to the extent practicable". In other words, the decision to provide school-based occupational therapy as any other related services should be supported by research data as much as possible.

The leadership of DCPS emphasizes the importance of using a 1.5 standard deviation cut off score, when applicable. The application of this criterion is critical not only to ensure equal opportunity for services for all of the District's students, but this score serves as the systematic benchmark to determine if a true foundation skill deficit exists as assessed via a valid and reliable test instrument exists. The use of the 1.5 cut off score is found in the literature to determine eligibility for: (1) school-based OT services (North Central Special Education Cooperative, South Dakota); and (2) the educational disability of developmental delay, which is implicitly tied to OT services, (Massachusetts, Oregon, and Louisiana just to name a few states that use this standard). In addition, the use of the 1.5 cut-off score for school-based speech-language pathology services is well established in a number of states (Colorado, 2001; Tennessee, 2003; Virginia, 2006; Idaho, 2007; New Jersey, 2007; South Dakota, 2007; and Connecticut, 2008).

Determination of the need of school-based OT, amount, duration and frequency of services is made by the MDT and it should occur only after:

5. Eligibility for special education has been determined
6. The OT service is educationally relevant and clear in purpose
7. The OT service is necessary in order for the student to benefit from the IEP
8. Measurable annual goals have been developed.

The occupational therapist as other MDT members should encourage the student's parent or any other member of the team to not make recommendations based solely on the student's disability or without considering all of the information from all sources about a given student. It is more important to focus on the desired outcomes (student's goals) and decide whose expertise is needed to accomplish these goals (i.e., the classroom educational staff, the APE, the OT/OTA and/or the PT), and then decide on the amount of time and the duration of services needed to achieve the outcomes.

Intervention in a DCPS school setting may be provided through direct and/or indirect therapy as specified in the student's IEP.

Service Delivery Models

Occupational Therapy can be any of the following:

Direct Therapy

- The occupational has consistent direct contact with the student; employs specific therapeutic techniques to remediate and prevent problems, and assist in further progress in areas of delay that affect educational performance. Duration of intervention is determined based on professional assessment and academic goals and may range from 15 to 60 minutes one or more times weekly/monthly. The MDT determines the amount of time and duration of therapy however the frequency is scheduled at the treating occupational therapist's discretion, according to the student individualities.

Indirect Therapy

- **Consultation:** The occupational therapist develops a plan to support and maintain IEP goals, but instructs others (teachers, aides, paraprofessionals, parents) to carry out activities with the student on a daily basis; he/she essentially manages activities carried out by others. It is a service in which the occupational therapist's expertise is used to help the education system achieve its goals and objectives. Case consultation focuses on the development of the most effective educational environment for students with special needs. Colleague consultation addresses the needs of other professionals in the educational environment system, and addresses the needs of the system to maximize the use of its occupational therapy personnel and improve the effectiveness of the whole system
- **Monitor:** The occupational therapist has contact with the teacher, staff, and parents regarding the student's continued performance in his/her educational setting. He/she is available as a resource to school staff for support of the student's IEP objectives. Employs collaborative teaming to teach and directly supervise other professionals or paraprofessional who is involved with the implementation of intervention procedures. The occupational therapist completes an assessment and develops an intervention program to enhance the achievement of the IEP goals and to ensure that appropriate programming and/or equipment is in place, but teaches someone else in the immediate environment to carry out the procedures with the child. The occupational therapist may not supervise all activities of these persons, but provides information and quality control in his or her areas of expertise. The occupational therapist would continue to have contact on a regular basis (at least once a month) to determine whether adjustments in the intervention procedures are necessary. It is recommended that contact be made on site. Although much of the monitoring time is spent teaching personnel, occupational therapists also spend time with the student during their scheduled monitoring visit.

Program Completion/Service Discontinuation Criteria

When determining whether to discontinue services for a student, it is important to discuss information about the student, including assessments and information from parents, current classroom assessment and observations, and teacher and related service observations. The IEP team (including parents and student, if appropriate) determines whether therapy services will be discontinued. Written notice and written parental consent are required before discontinuing any IEP service.

Discontinuation from School-based Occupational Therapy services shall be determined if any of the following applies:

- Student has exited Special Education.
- The student is functional within the educational environment, and therapy services are no longer indicated.
- Applicable goals have been met or student has progressed and met all his/her needs
- Other educational personnel are able to assist the student in areas of concern previously addressed by OT.
- The student has achieved a composite score of better than 1.5 standard deviation below the mean, when applicable.
- Student performance remains unchanged despite multiple efforts by the therapist to remediate the concerns or to assist the student in compensating. Student shows lack of progress within a reasonable length of time (services for 3 or more years and performance has remained unchanged for more than 6 months).
- The potential for further functional change in motor and/or sensory motor functions as a result of occupational therapy intervention appears unlikely. This is based on previous intervention attempts, which resulted in little or no functional skill acquisition.
- The student continues to make progress in the areas being addressed by OT consistent with developmental progress in other educational areas despite a decrease in OT services.
- Therapy is contraindicated because of the change in medical or physical status.
- The student consistently demonstrates behaviors that inhibit progress in occupational therapy such as lack of cooperation, motivation, or chronic absenteeism. In these circumstances the IEP team should consider the initial eligibility decision since these behaviors may reflect social maladjustment, environmental, cultural, or economic factors rather than an actual disability. The IEP team may also explore alternative services or strategies to remedy the interfering behaviors or conditions.

Section 504

Can an occupational therapist provide services to a student in the general education program who does not qualify under IDEA?

Occupational therapy may be provided as a related service to a qualified student under Section 504 of the 1973 Rehabilitation Act.

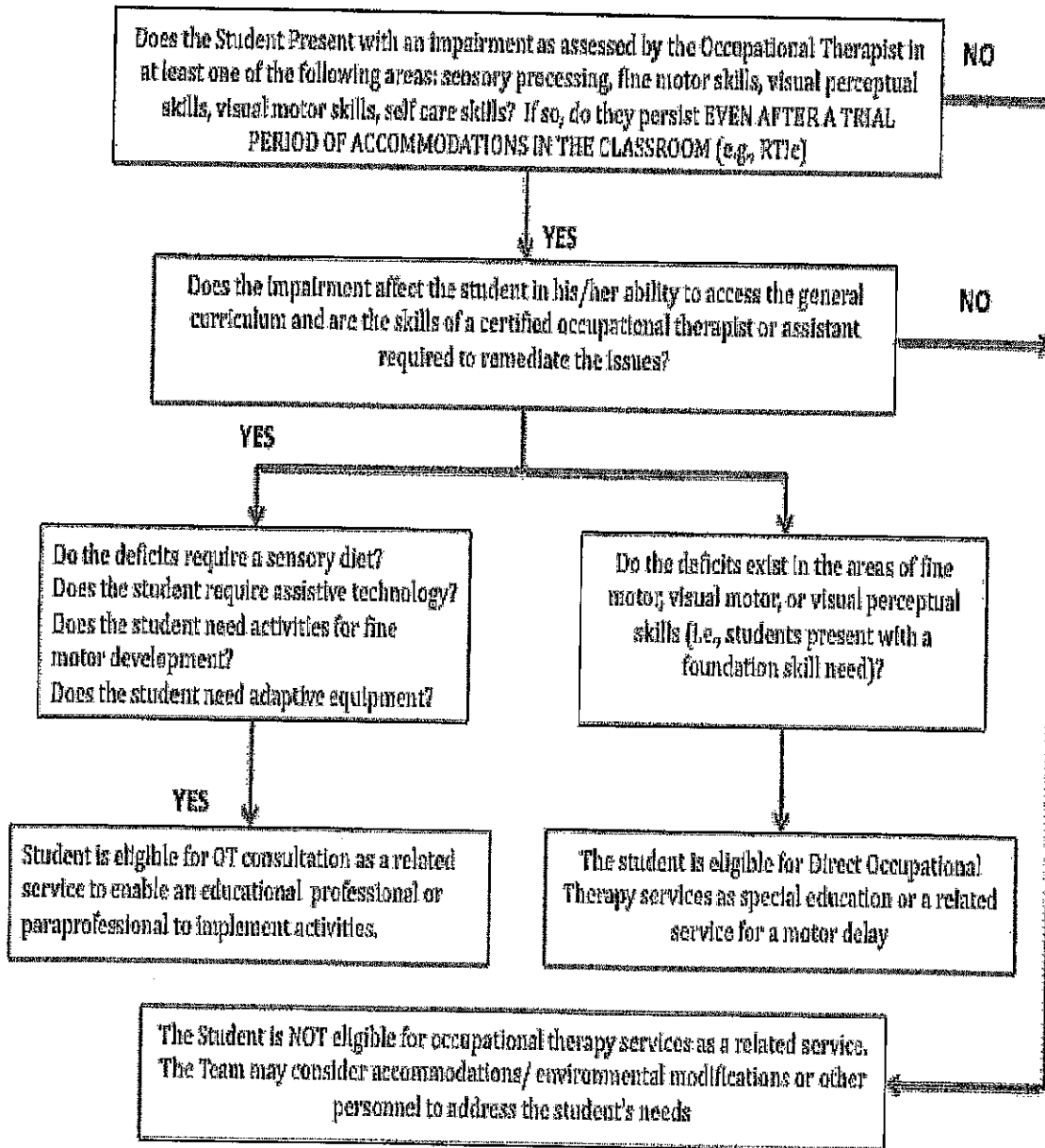
For more information regarding Section 504, please refer to the DCPS Section 504 Guidelines.

ESY and School-based Occupational Therapy services

The provision of school-based occupational therapy services during ESY is an annual determination of the IEP team. Every student with an IEP has the right to have ESY discussed as part of their IEP meeting. Extended school year services are provided for those students who demonstrate a regression in skill level over breaks (summer break, winter break, spring break). Skills that have been mastered might be lost during the course of a break, and recouping these skills takes a greater span of time than the span of the break.

For more information regarding ESY Related Services, please refer to the DCPS ESY Guidelines.

Summary Flowchart for IEP Team Discussion: Occupational Therapy Services - Entrance and Completion/Discontinuation Criteria



D. ELIGIBILITY FOR SCHOOL-BASED PHYSICAL THERAPY (PT) - ASSESSMENT REFERRALS, SERVICE DELIVERY MODELS AND DISMISSAL CRITERIA

Referrals for a School-based Physical Therapy Assessment are a collaborative decision of the DCPS Physical Therapists and the Multidisciplinary Team.

School-based physical therapy, as a related service, identifies impairments and functional limitations, which interfere with students' ability to participate fully in the educational program. It focuses on removing barriers from the students' ability to learn, helping students develop skills, which increase their independence in the school environment, and improving the students' performance in school classrooms, hallways, playground, physical education and other areas that may be part of their educational program. The school-based physical therapist may work with school personnel on adapting or modifying the students' seating and other equipment/materials. The school-based physical therapist works in a supportive role, working closely with teachers, to promote the highest level of function possible for students pursuing educational goals.

The physical therapist will assess the current level of gross motor performance and determine how it directly impacts the student's ability to perform specific school tasks. Services are provided to enhance independent functioning and may include positioning, strengthening, mobility and modifications and adaptations to the environment.

Although medical concerns are significant, rehabilitation is not the focus of school-based physical therapy.

Assessment Procedures and Instruments to Determine Eligibility for School-based PT

The classroom teacher, the SST/IEP Team, or any other educational staff suspecting the student as having a gross motor impairment that negatively impacts his/her academic performance can prepare a referral for a school-based physical therapy assessment. The referral must be completed in SEDS following DCPS guidelines.

Once the Physical Therapist has been assigned, he/she will:

- Review appropriate records in SEDS/IDAS
- Interview the student's classroom teacher, and will request her/him to complete the Gross Motor Checklist for the Classroom Teacher, which contains the description of the student's gross motor performance.
- Interview staff working with the student, as deemed appropriate
- Interview the student's caregiver/legal guardian
- Observe the student in different settings (hallways, classroom, cafeteria, stairwells, playground, bus area, etc.)
- Test the student, using the appropriate test battery
- Write up a report mentioning, among others, the student's present level of gross motor performance, the strengths and needs, the impact on his/her academic performance, and recommendations to the educational staff and the student's caregiver to ameliorate and mitigate those difficulties
- Upload information in SEDS, following DCPS guidelines

- The therapist will notify the LEA representative/SEC to set up an IEP conference at which the therapist's recommendations will be considered by the MDT/IEP team. If the team decides that either special education and school-based physical therapy are required (PT as a related service), the physical therapist will assist the student's teacher in developing appropriate goals and objectives or review existing IEP goals and objectives to meet the student's requirement for therapy. The IEP must contain a description of the therapy services that includes anticipated frequency, location and duration.

Service Delivery Models

It is important to note that school-based PT is different than PT in a hospital or clinic. Whereas the hospital therapist directs his/her attention primarily toward rehabilitating the physical impairments of the patient. School-based physical therapy, as a related service, identifies impairments and functional limitations, which interfere with students' ability to participate fully in the educational program. It focuses on removing barriers from the students' ability to learn, helping students develop skills, which increase their independence in the school environment, and improving the students' performance in school classrooms, hallways, playground, physical education and other areas that may be part of their educational program. The school-based physical therapist works to help students' function better in classrooms, the lunchroom, or restrooms and may work with school personnel on adapting or modifying their seating and other equipment/materials. As a result, school services may be terminated or not indicated if the student is able to execute what is required of him/her in school regardless of whether he/she has been rehabilitated. This may be accomplished through the recommendation and/or provision of adaptive equipment, compensatory strategies, teaching of identified school personnel to understand different considerations required for the student with a disability. In short, it is quite possible for a student to be receiving physical therapy through an outside agency and not qualify for school-based physical therapy, depending on the extent of the impact of his/her deficits on academic performance.

School-based physical therapy intervention may not be indicated when other resources or services can adequately meet the needs of the student or the deficits are of a qualitative nature. It should be emphasized that the need for occupational therapy is dependent on the impact of a disability or impairment on a student's educational performance, not on a particular diagnosis or need for clinical services. School-based occupational therapy is not a substitute for medically based occupational therapy; however can form liaisons to better serve the student.

There are no provisions in state or federal law which specifies how school-based PT, once recommended by the team, must be provided. This includes the service model, frequency of intervention as well as the frame of reference. In due process hearings and the courts the issue of theory base or frame of reference has been referred to as a methodology decision.

Best practice dictates that the school-based physical therapist attends the MDT meeting to interpret the school-based physical therapy assessment and its contents as pertains to educational implications.

School-based physical therapy services should never be decided based solely on a student's score on a test. Decisions about any needed services should be "based on peer-reviewed research, to the extent practicable". In other words, the decision to provide school-based physical therapy as any other related services should be supported by research data as much as possible.

Determination of the need of school-based PT, amount, duration and frequency of services is made by the MDT and it should occur only after:

1. Eligibility for special education has been determined
2. The PT service is educationally relevant and clear in purpose
3. The PT service is necessary in order for the student to benefit from the IEP
4. Measurable annual goals have been developed.

The school-based physical therapist as Other IEP/MDT members should encourage the student's parent or any other member of the team to not make recommendations based solely on the student's disability or without considering all of the information from all sources about a given student. It is more important to focus on the desired outcomes (student's goals) and decide whose expertise is needed to accomplish these goals (i.e., the classroom educational staff, the APE, the PT and/or the PT), and then decide on the amount of time and the duration of services needed to achieve the outcomes.

Intervention in a DCPS school setting may be provided through direct and/or indirect therapy as specified in the student's IEP.

Service Options:

Direct Therapy

- The physical therapist has consistent direct contact with the student; employs specific therapeutic techniques to remediate and prevent problems, and assist in further progress in areas of delay that affect educational performance. Duration of intervention is determined based on professional assessment and academic goals and may range from 15 to 60 minutes one or more times weekly/monthly. The MDT determines the amount of time and duration of therapy however the frequency is scheduled at the treating physical therapist's discretion, according to the student individualities.

Indirect Therapy

- **Consultation:** The physical therapist develops a plan to support and maintain IEP goals, but instructs others (teachers, aides, paraprofessionals, parents) to carry out activities with the student on a daily basis; therapist essentially manages activities carried out by others. It is a service in which the physical therapists expertise is used to help the education system achieve its goals and objectives. Case consultation focuses on the development of the most effective educational environment for children with special needs. Colleague consultation addresses the needs of other professionals in the educational environment system, and addresses the needs of the system to maximize the use of its physical therapy personnel and improve the effectiveness of the whole system.
- **Monitor:** The physical therapist has contact with the teacher, staff, and parents regarding the student's continued performance in his/her educational setting. He/she is available as a resource to school staff for support of the student's IEP objectives. Employs collaborative teaming to teach and directly supervise other professionals or paraprofessional who is involved with the Implementation of intervention procedures. The physical therapist completes an assessment and develops an Intervention program to enhance the achievement of the IEP goals and to ensure that appropriate programming and/or equipment is in place, but teaches someone else in the immediate environment to carry out the procedures with the child. The

physical therapist may not supervise all activities of these persons, but provides information and quality control in his or her areas of expertise. He/she would continue to have contact on a regular basis (at least once a month) to determine whether adjustments in the intervention procedures are necessary. It is recommended that contact be made on site. Although much of the monitoring time is spent teaching personnel, physical therapists also spend time with the student during their scheduled monitoring session.

Program Completion/Service Discontinuation Criteria

When determining whether to discontinue PT services for a student, it is important to discuss information about the student, including assessments and information from parents, current classroom assessment and observations, and teacher and related service observations. The IEP team (including parents and student, if appropriate) determines whether therapy services will be discontinued. Written notice and written parental consent are required before discontinuing any IEP service.

Dismissal from School-based Physical Therapy services shall be determined if any of the following applies:

- Student has exited Special Education.
- The student is functional within the educational environment, and therapy services are no longer indicated.
- Applicable goals have been met or student has progressed and met all his/her needs
- Student's skill level is compatible with cognitive level of functioning.
- Other educational personnel are able to assist the student in areas of concern previously addressed by PT.
- The student has achieved a composite score of better than 1.5 standard deviation below the mean, when applicable.
- Student performance remains unchanged despite multiple efforts by the therapist to remediate the concerns or to assist the student in compensating. Student shows lack of progress within a reasonable length of time (services for 3 or more years and performance has remained unchanged for more than 6 months).
- The potential for further functional change in motor functions as a result of physical therapy intervention appears unlikely. This is based on previous intervention attempts, which resulted in little or no functional skill acquisition.
- The student consistently demonstrates behaviors that inhibit progress in physical therapy such as lack of cooperation, motivation, or chronic absenteeism. In these circumstances the IEP team should consider the initial eligibility decision since these behaviors may reflect social maladjustment, environmental, cultural, or economic factors rather than an actual disability. The IEP team may also explore alternative services or strategies to remedy the interfering behaviors or conditions.
- The student continues to make progress in the areas being addressed by PT consistent with developmental progress in other educational areas despite a decrease in PT services.
- Therapy is contraindicated because of the change in medical or physical status.

Section 504

Can a physical therapist provide services to a student in the general education program who does not qualify under IDEA?

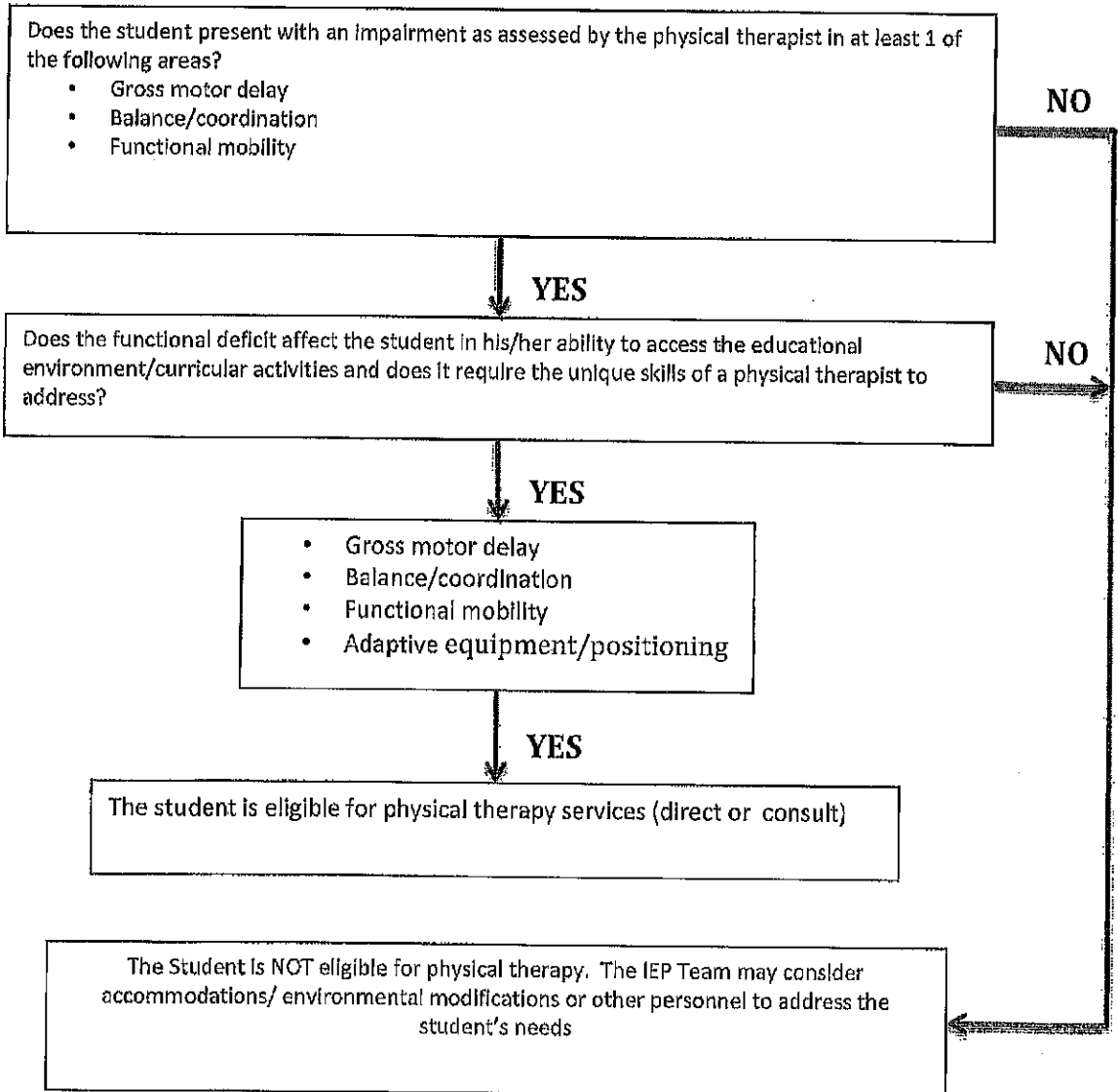
Physical therapy may be provided as a related service to a qualified student under Section 504 of the 1973 Rehabilitation Act. IDEA funds may not be used to provide such services to qualified Section 504 students unless the student also is eligible for services under IDEA. For more information regarding Section 504, please refer to the DCPS Section 504 Guidelines.

ESY and School-based Physical Therapy services

The provision of school-based physical therapy services during ESY is an annual determination of the IEP team. Every student with an IEP has the right to have ESY discussed as part of their IEP meeting. Extended school year services are provided for those students who demonstrate a regression in skill level over breaks (summer break, winter break, spring break). Skills that have been mastered might be lost during the course of a break, and recouping these skills takes a greater span of time than the span of the break.

For more information regarding ESY Related Services, please refer to the DCPS ESY Guidelines.

Summary Flowchart for IEP Team Discussion: Physical Therapy Services - Entrance and Completion/Discontinuation Criteria



SECTION VI

ASSESSMENT PROCEDURES

A. GENERAL CONSIDERATIONS

A variety of assessment tools and strategies are used to gather relevant functional, academic and developmental information about the student, including information provided by the parent. This information will then be used by the team to determine whether the student has a disability, the student's present levels of academic achievement and functional performance, and if eligible for special education and related services, the content of the student's IEP. The information will also be used to determine whether modifications are needed to enable the student to achieve his or her annual IEP goals, and to participate in the general education curriculum. For preschool students this information is used to help them participate in age-appropriate activities.

The responsibility for determining the need for an APE, OT and/or PT assessment rests with the multidisciplinary team while the choice of assessment methods, as well as intervention strategies are competencies of the APE, OT or PT. These service providers possess the competency to choose from a vast array of assessment tools including standardized and non-standardized tests.

The purpose of conducting an APE, AT, OT and/or PT Assessment is to:

- Gather specific information to determine the impact of motor performance on academic functioning and assist the MDT determine whether a student has a disability and is eligible for special education, and
- Determine the nature and extent of the special education and related services that the student needs.

All assessment procedures are provided at no expense to the parent.

Initial Assessment

Before a student may be assessed, the District must notify the parents in writing. This notice must describe any assessment procedure that the District proposes to use. Parents must give their informed consent in writing before their student may be evaluated/assessed.

Review of Existing Data

As part of an initial assessment, the APE, AT, OT and/or PT must examine assessment data already available on the student. Examples of data that may be examined include:

- Information and assessments provided by the student's parents, legal representatives/agencies and/or DCPS (SEDS/IDAS) or non-DCPS schools

- Current classroom-based assessments, local or state assessments, interventions, and classroom-based observations.
- Teacher and/or other related service providers' observations.
- Classroom work samples.
- Behavioral observations and assessments.

B. SPECIFIC DISCIPLINE ASSESSMENTS

1. APE, OT, PT Screenings
2. Adapted Physical Education Assessment (APE) – Initial and Triennial
3. Occupational Therapy Assessment (OT) – Initial and Triennial
4. Physical Therapy Assessment (PT) – Initial and Triennial

C. STANDARDS FOR QUALITY ASSESSMENTS:

When writing assessment reports, service providers should include all the components *necessary to support the MDT on its mission to determine eligibility for special education and related services*, and adhere to the following criteria:

- The report should be devoid of educational/medical jargon and written with language that is understandable for all stakeholders involved.
- The language in the report should be sensitive in nature as it reflects the identified classification.
- The report should refrain from using absolute statements.
- The report should be gender specific throughout its entirety.
- The report should be grammatically correct and all data points should be sensitized in a way that answers the referral question(s) and incorporates all measures used via qualitative and/or quantitative.
- The report should consistently contain scores, a description of all the tools used and their results, and include a statement describing any concerns about validity.
- The report should be problem and/or issue focused, and should clearly state and substantiate the impact of the student's motor performance on his/her ability to access grade-level material, acquisition of academic goals and overall educational experience.
- Raw evaluation data or completed questionnaires are not considered reports and should not be included. In all cases, merely collecting data without analyzing and reporting what the data means is of little benefit.
- The report should consistently make recommendations as appropriate, and always be written in the proper format.
- Finally, the report should include, in accessible language, practical strategies that school staff and families can use to help improve the student's academic achievement.

Refer to appendices for details.

Please remember that the decision of qualifying a student for special education, APE and any related services relies on the Multidisciplinary/IEP Team. The MDT/IEP Team also includes recommendations and approves time, duration, and amount of therapy. The eligibility for provision of APE, OT or PT school services should never be a unilateral decision of the APE, AT specialist or therapist.

D. REVIEWING INDEPENDENT ASSESSMENTS (IEEs):

There are times when an outside assessment is submitted to the District of Columbia Public Schools - DCPS, for consideration for the eligibility of a student with a suspected disability for the purpose of seeking placement in education programs or accessing services. It should be understood by parents and private services providers alike that determining student eligibility for an exceptional education program is more than administering a battery of tests. As it relates to the District of Columbia Public Schools - DCPS, a multidisciplinary (MDT) assessment team is required to review all relevant documentation and decide if data is sufficient and/or additional information is needed. Among the procedures to produce additional information the reviewer could include parent conferences notes, student observations, current educational functioning, and interviews (including the student's educational staff, parents and other service providers) before eligibility is determined.

All available information, assessment results, and results from independent evaluations are used by the team in the decision-making process regarding the student's participation in special education and related services, including occupational therapy. Information from independent evaluations has no greater weight than any other team evaluation. A strong independent evaluation (IEE) addresses the student's performance in the educational setting considering the least restrictive (LRE) mandate. A credible evaluation includes, at minimum, observation of the child at school, interview of relevant team members, and consideration of past and current services.

It should be noted that the District of Columbia's Schools Adapted Physical Education Teachers, Occupational and Physical Therapists are qualified to interpret outside assessments such as: Adapted Physical Education, Occupational and Physical Therapy Assessments as it pertains to the educational setting.

**An assessment by a person not employed by The District of Columbia Public School does not eliminate the need to assure that all procedures are followed prior to eligibility determination.*

Refer to appendices for details.

E. TRIENNIAL ASSESSMENTS/REEVALUATIONS

Students placed in special education must have their individualized educational programs re-evaluated every three years. The purpose of the triennial assessment is to:

- Determine if the student is still eligible for services under IDEA
- Determine the student's present levels of academic achievement and functional needs
- If additions or modifications are needed to the special education and related services in order to meet annual goals and to progress in the general curriculum.

After a thorough review of the information available regarding a student's present level of performance, the IEP team (including the parent) is responsible for making a decision as to if new assessments are needed to address the student's individualized educational program. If the decision is not to conduct new assessment, the parents must be informed of such decision, reasons for it, and their right to request new assessment.

- Informed parental consent must be sought by the school division before any new assessment can take place. The school division may proceed with new assessment if the

school division takes the parent through Due Process and can show that it has taken reasonable measures to obtain this consent and the parents have failed to respond.

- A triennial assessment must include new assessments if the parent requests it.
- A triennial assessment should include new assessments, if:
 - Additional Information is needed for continued placement and/or delivery of services
 - The IEP committee is considering a change of placement, disability or eligibility.
 - The evaluator determines that the previous assessment(s) is outdated, erroneous or inconsistent.

Other provisions related to issues of assessment for students already found eligible for special education services include:

- A referral for assessment that addresses specific eligibility criteria for related services may take place at any time after the student has been found eligible for special education services. Timelines that apply to initial assessment also apply to referrals for related services.

Adapted Physical Education, Occupational and Physical Therapy re-assessments **are not always necessary, and the need should be determined by the team.** The need for re-assessments should be reviewed, discussed and documented by the multidisciplinary team. Examples when a triennial or re-assessment is not warranted:

- Standardized testing would not provide any additional relevant information
- The student has demonstrated little change in functional skills
- There is sufficient anecdotal and/or informal assessment information to provide an accurate assessment of a student's needs and current levels of performance (checklists, monthly service trackers, quarterly IEP progress reports, work samples, interviews of other stakeholders, etc.)
- There is no change in eligibility or placement.

SECTION VII

APE, OT AND PT INTERVENTION

A. RELATED SERVICE PROVIDER WEEKLY BUILDING AND INTERVENTION SCHEDULE

By the first day of school, Special Education Coordinators (SEC)/LEA Representatives must identify all students who require related services as per their IEP. This identification process includes:

- Type of service, Adapted Physical Education Teacher/ Related Service Provider assigned to the student
- Beginning date of service
- Intensity of service (e.g. one 60-minute session per week, 120 minutes per month, etc.)

During the first two weeks of school, APEs and Related Service Providers must:

- Check with the Special Education Coordinators (SEC)/LEA Representatives at each of their assigned schools to ensure they have all of the students on their caseload assigned to them in SEDS.
- Add students to their caseload using their EasyIEP access.
- If the APE/OT/OTA/PT has difficulty engaging their Special Education Coordinators (SEC)/LEA Representatives in this process, they should contact the SEDS Help Desk for assistance in appropriately assigning students to their caseload and immediately notify their Program Manager via email.
 - Phone: 202-442-9281 - Callers will hear three options when they dial the help desk (DC stars, SEDS, Blackman Jones).
 - Email: spedoda.dcps@dc.gov
- Identify any students they do not have the capacity to serve; and supply this information to their Program Manager immediately to assure the Program Manager is aware of the capacity issue at that school.
- By **8/30/10** - Complete and submit a copy of the signed intervention schedule to:
 - Their school(s)'s Special Education Coordinators (SEC)/LEA Representatives and Principal(s).
 - The PS Program Manager.
- Note:
 - All submitted copies of the original schedule and updated schedules must be signed by the principal at the assigned school(s).
 - All submitted schedules must contain the complete name of the student and the length of the session

- If there are any changes to the schedule, an updated schedule must be submitted immediately.
- If an APE/OT/OTA/PT varies their work location from what is recorded on the schedule, the PS Program Manager, Special Education Coordinators (SEC)/LEA Representative and Principal must be notified immediately.

Refer to appendices for details.

B. APE/OT AND PT IN SPEECH AND LANGUAGE ONLY IEPs (SLP AS A PRIMARY AND A RELATED SERVICE)

Speech and language services can be provided either as a primary service or as a related service. A primary service consists of speech language services as the specialized instruction needed by a child with a disability of SLI to benefit from special education. When speech is the primary service, the student's disability classification must be SLI (Speech Language Impaired). **APE/OT/PT will not be added to this type of IEPs.**

* Refer to March 2009 memo from Dr. Richard Nyankori

C. GOAL WRITING

IDEA (the Individuals with Disabilities Education Act) 2004 wants to ensure that children with disabilities have "access to the general education curriculum in the regular classroom, to the maximum extent possible, in order to (20 U.S.C Sec. 1400 (c) (5) (a) (i)) meet developmental goals, and to the maximum extent possible, the challenging expectations that have been established for all children; and (ii) be prepared to lead productive and independent adult lives, to the maximum extent possible".

DCPS requires goals and objectives are written in a S.M.A.R.T. format:

- S Specific
- M Measurable
- A Achievable
- R Realistic and relevant
- T Time-limited

Specific goals and objectives "target areas of academic achievement and functional performance. They include clear descriptions of the knowledge and skills that will be taught and how the child's progress will be measured". To write specific goals and objectives the APE/AT/OT and PT should ask themselves the questions, "who, what, when, where and how?".

Measurable means that the goal can be measured by counting occurrences or by observation. "Measurable goals allow parents and teachers to know how much progress the child has made since the performance was last measured. With measurable goals, you will know when the child reaches the goal". The APE/AT/OT and PT should ask themselves the question, "How can I measure this goal?".

Action words - "IEP goals include three components that must be stated in measurable terms: direction of behavior (increase, decrease, maintain, etc.), area of need (i.e. reading, writing, social skills, transition, communication, etc.), and level of attainment (i.e. to age level, without assistance, etc.)".

Achievable (attainable). The goal must respond the questions, "Can the student meet the goal? Is the goal too difficult to be met, considering the student's physical, cognitive, social and environmental barriers?".

Realistic and Relevant goals and objectives "address the child's unique needs that result from the disability. SMART IEP goals are not based on district curricula, state or district tests, or other external standards". The APE/AT/OT and PT should ask themselves the question, "Is this goal meaningful to the student?".

Time-limited goals enable you to monitor progress at regular intervals. The APE/AT/OT should ask themselves the question, "What kind of time frame should be used?".

*Annual goals and objectives are required for students that are taking an alternative assessment (portfolio).

In addition to writing goals that fit the S.M.A.R.T format, the APE/OT/PT must learn to use the data provided by the educational team, which can provide very valuable help to write those goals. All test results, assessments; benchmark tests and studies conducted on, with or for the student are available in Easy/IEP for review or can be provided to the APE/OT/PT by the student's school or by the caregiver simply by asking for them.

Reference:

Parenting Special Needs Magazine, July/August Issue, Copyright [2009] by Parenting Special Needs LLC. www.parentingspecialneeds.org

Setting "SMART" Seating Goals, by Linda M. Lambert and Angie Maidment - Health Sciences Centre - Winnipeg, Manitoba

D. IEP MANDATED SERVICES – MINUTES/MONTH SERVICES

Per a student's IEP, APE/OT/PT services must be provided in/out of the general education setting based on the setting designated on the IEP.

All IEPs for related services must include a frequency of monthly not weekly service delivery. The APE/OT/PT must ensure he/she makes Monthly Selection in EasyIEP.

Benefits of monthly services:

- Flexibility in providing services
- Accommodating student and classroom needs

- Increased opportunities to integrate services in the classroom or during school events
- Allows rescheduling of sessions to accommodate provider unavailability
- Scheduling options that can change to meet the student's needs.

Note: APEs/Related Service Providers are highly advised to avoid accumulation of services, as it will prevent them from completing all assigned intervention/therapy time for the month in a timely manner, and will negatively affect their productivity, and put DCPS out of compliance.

E. 504 SECTION - 504 PLAN SERVICES

Section 504 is an antidiscrimination statute that assures equal access to individuals with disabilities who participate in programs that are federally funded, and requires a school district to provide a "free appropriate public education" (FAPE) to each qualified student with a disability within its jurisdiction, regardless of the nature or severity of the disability. Under Section 504, FAPE consists of the provision of regular or special education and related aids and services designed to meet the student's individual educational needs as adequately as the needs of nondisabled students are met. Students who are not classified as eligible for special education and related services may receive accommodations and services under a 504 Plan.

If a student has a disability, which impacts their ability to access their education, the 504 process can begin without referring to Special Education. However, sometimes a student will be assessed/evaluated for Special Education and found to have a disability but not require Special Education. A student may need accommodations to access his or her education. In this case, the student will be referred to the Section 504 process. In either case the APE/OT or PT may be called upon to complete the necessary assessments, which may be used to determine if there is a disability, which impedes the student's ability to access their education. A 504 Plan may include APE/OT or PT, in the form of consultation or direct service if it appears to be needed for access. Students with either APE/AT/OT/PT services on a 504 plan will receive intervention services from the respective provider.

Documentation on services provided to students with 504 plans is completed as follows:

Documenting 504 interventions:

Providers servicing students with 504 Plans must complete the 504 -Service Tracker and then fax it to 202-654 6088. Documentation on 504 Plan interventions follows DCPS guidelines for content and timelines.

Refer to appendices for details.

For additional information please refer to the to the information on the DCPS educator portal

<https://sites.google.com/a/dc.gov/educators/groups/504-and-sst-coordinators?AuthEventSource=SSO>

F. TEACHING STRATEGIES GOLD® - EDUCATIONAL RELEVANCE AND IMPACT FOR EARLY CHILDHOOD STUDENTS

Early childhood classrooms in DCPS utilize a curriculum and assessment tool called Teaching Strategies GOLD.

Teaching Strategies GOLD is an authentic observational assessment system for children from birth through kindergarten. It is designed to help teachers get to know their students well, what they know and can do, and their strengths, needs and interests.

The Teaching Strategies GOLD assessment system blends ongoing, authentic observational assessment for all areas of development and learning with intentional, focused, performance-assessment tasks for selected predictors of school success in the areas of literacy and numeracy.

This seamless system for children is designed for use as part of meaningful everyday experiences in the classroom or program setting.

It is inclusive of children with disabilities, children who are English-language or dual-language learners, and children who demonstrate competencies beyond typical developmental expectations.

The assessment system may be used with any developmentally appropriate curriculum.

The GOLD links key developmental milestones with Instruction in order to track student progress.

Individual objectives correspond to the dimensions which include: (a) Social-Emotional; (b) Physical; (c) Language; (d) Cognitive; (e) Literacy; (f) Mathematics; (g) Science and Technology; (h) Social Studies; (i) The Arts; and (j) English Language Acquisition.

The 4 GOLD Physical Objectives are presented next, as well as the possible educational impact derived from the lack or reduced ability of the student to demonstrate them:

OBJECTIVE 4 - DEMONSTRATES TRAVELING SKILLS:

a. Moving purposefully from place to place with control

- Runs
- Avoids obstacles and people while moving
- Starts and stops using wheelchair
- Walks up and down stairs alternating feet
- Climbs up and down on playground equipment
- Rides tricycle using pedals
- Gallops, but not smoothly

b. Coordinates complex movements in play and games

- Runs smoothly and quickly, changes directions, stops and starts quickly
- Steers wheelchair into small playground spaces
- Jumps and spins
- Moves through obstacle course
- Gallops and skips with ease
- Plays "Follow the Leader" using a variety of traveling movements

Educational Impact:

- Participation in gross motor activities during recess and physical education might be decreased
- Safe and effective mobility decreased and compromised
- Social ramifications

OBJECTIVE 5- DEMONSTRATES BALANCING SKILLS

a. Sustains balance during simple movement experiences

- Walks forward along sandbox edge, watching feet
- Jumps off low step, landing on two feet
- Jumps over small objects
- Holds body upright while moving wheelchair forward

b. Sustains balance during complex movement experiences

- Hops across the playground
- Hops on one foot then the other

- Walks across beam or sandbox edge forward and backwards
- Attempts to Jump rope

Educational Impact:

- Safe and effective mobility compromised. Decreased participation in gross motor activities during recess and physical education
- Social ramifications
- Safe and effective mobility compromised.
- Decreased effective use of mobility device, and musculoskeletal ramifications (if trunk/head control does not develop)
- Own and others safety might be compromised

OBJECTIVE 6 - DEMONSTRATES GROSS-MOTOR MANIPULATIVE SKILLS

a. Manipulates balls or similar objects with flexible body movements

- Throws a ball or other object
- Traps thrown ball against body
- Tosses bean bag into basket
- Strikes a balloon with large paddle
- Kicks ball forward by stepping or running up to it

b. Manipulates ball or similar objects with a full range of motion

- Steps forward to throw ball and follows through
- Catches large ball with both hands
- Strikes stationary ball
- Bounces and catches ball
- Kicks moving ball while running

Educational Impact:

- Safe and effective mobility might be compromised
- Participation in gross motor activities during recess and physical education might be decreased.
- Safe and effective participating in gross might be compromised
- Social ramifications
- Own and others safety might be compromised

OBJECTIVE 7- DEMONSTRATES FINE MOTOR STRENGTH AND COORDINATION MANIPULATIVE SKILLS

a. USES FINGERS AND HANDS

a.1. Uses refined wrist and finger movements

- Squeezes and releases tongs, turkey baster, squirt toy
- Snips with scissors, then later cuts along straight line
- Strings large beads
- Pours water into containers
- Pounds, pokes, squeezes, rolls clay
- Buttons, zips, buckles, laces
- Uses hand motions for "itsy Bitsy Spider"
- Turns knobs to open doors
- Uses eating utensils
- Sews lacing cards

a.2. Uses small, precise finger and hand movements

- Uses correct scissors grip
- Attempts to tie shoes
- Pushes specific keys on a keyboard
- Arranges small pegs in pegboard
- Strings small beads
- Cuts out simple pictures and shapes, using other hand to move paper
- Cuts food
- Build a structure using small Legos

b. USES WRITING AND DRAWING TOOLS

- Grips drawing and writing tools with whole hand but may use whole-arm movements to make marks
- Holds drawing and writing tools by using a three-point finger grip but may hold the instrument too close to one end.

Educational Impact:

- Decreased grasp on crayons, scissors, feeding utensils, etc
- Decreased bilateral hand skills
- Poor bilateral hand skills needed for tabletop activities.
- Decreased independence with ADLs
- Hand strength, need to explore a variety of texture
- Social ramifications in the academic setting and community
- Social aspects, indicative of decreased motor planning
- Decreased independence to navigate the environment, indicative of poor strength
- Impact on social aspect in the classroom setting
- Fine motor skills, participating in classroom activities, hand strength/endurance
- Possibility to use assistive technology, visual scanning for academic based tasks.
- Design copy, precise hand movements,
- Precise hand movements, increased precision needed for advancing visual motor skills
- Efficient in-hand manipulation skills.
- Foundation for writing skills, coordination

Definition of Educational Impact

- **For occupational therapy** educational impact is defined as decreased ability to apply, use, and generalized foundation fine motor, visual motor, and sensory processing skills towards academic and non-academic school tasks. These can include (but not be limited to) the following: written communication (pre-writing strokes, letter formation, organization of written work), multistep activities (arts and crafts, simple meal preparation, motor based activities [i.e. gym class, organized classroom games, etc.], gathering materials for school activities, keeping track of materials for school activities, etc.), efficient and *safe* manipulation of school tools (crayons, chalk, pencils, scissors), independence with age appropriate self-care tasks (clothing management, feeding, personal hygiene, tooth brushing), and establishing and maintaining functional and meaningful relationship(s) between peers and school staff (i.e. attending, expanding upon play schemes, etc.).
- **For physical therapy**, educational impact is defined as decreased ability to safely and functionally access the school environment and accessing materials needed for academic

and social success. *Short version—student demonstrates serious difficulty on effectively and safely accessing educational environment(s) and/or materials*

G. PRIVATE RELIGIOUS SERVICES - Individual Service Plan (ISP)

The District of Columbia Public Schools' (DCPS) Private and Religious Office (referred to as "PRO") is the office that is responsible for locating, identifying, and evaluating all parentally-placed private school children ages 3-22 who have a disability or are suspected of having a disability and who are parentally-placed in a private elementary or secondary school located within the District of Columbia (DC).

What is the difference between an IEP (Individualized education program) and an ISP (Individual service plan)?

An IEP is a written statement that specifies the individual needs of a child with a disability and what special education and related services are necessary to meet those needs. The services in the IEP are provided in a public school. (DCPS uses the same definition for IEP that P.L. 108-466 provides. The full definition of IEP can be found in P.L. 108-466 Sec. 614(d).)

An ISP is a written statement that specifies for a parentally-placed private school child with a disability the equitable services for which the child qualifies, including the location of the equitable services. (DCPS uses the same definition for ISP)

The following details equitable OT and PT equitable services via ISP:

All students 5 years and 11 months and older who qualify for occupational therapy: up to 2 school-based consultations per school year for consultative occupational therapy;

For children prior to 5 years and 11 months who qualify for occupational therapy: up to one hour per week of occupational therapy;

For children prior to 5 years and 11 months who qualify for physical therapy: up to one hour per week of physical therapy;

These services are detailed in the PRO Statement of Services Agreement (available on the PRO website: www.dcps.dc.gov/DCPS/PRO).

Documenting ISP interventions:

Providers servicing students with ISPs must complete all documentation in the PMA. Documentation on ISP interventions follows DCPS guidelines for content and timelines.

H. MISSED RELATED SERVICE SESSIONS, MAKE UP SESSIONS AND DUE DILLIGENCE GUIDELINES

Refer to the Missed Related Service Sessions and Due Diligence Guidelines of May 2013 in the appendices for details on guidance related to when a missed APE/OT/PT service session(s) must be made up, how to document missed, make-up, and attempts to make up service sessions, and timelines by which the sessions are to be made up.

I. MISSED SERVICES VERSUS COMPENSATORY EDUCATION

On occasions, related service providers are unavailable due to absences, MDT meetings, etc. When the missed sessions create a significant disruption of either APE, OT or PT services not attributable to the student or student's parents, it must be made up. Missed services are made up in school during the student's school day by the appropriate provider.

If there are too many missed service hours to be made up during the school day, compensatory education hours may be provided. Compensatory Education hours are provided after the student's school day at a mutually agreed upon location and time between the service provider and parent.

When it has been determined that missed services have occurred, the following steps should occur:

1. SEC/LEA Representative schedules IEP meeting
2. Meeting is convened where the APE/OT/OTA/PT documents how the missed services will be made up (either missed services format or compensatory education)
3. Missed services are made up until completed
4. Make up sessions are documented in EasyIEP per the Due Diligence Guidelines.

Refer to Missed Related Service Sessions and Due Diligence Guidelines dated May 2012

J. DOCUMENTATION

1. Service Logs/Service Trackers/Medicaid

Each intervention/therapy session (provided, attempted or missed) to a student must be documented:

- Students with IEPs – Document in the Special Education Data System (EasyIEP/SEDS)
- Students with ISPs - Document as directed for Private Religious Services - Individual Service Plan (ISP) in the PMA
- Students with 504 Plans - Document as directed for 504 Plans

Service Log/Monthly Service Tracker Checklist

Each service log must include the following information:

- Identification of the Goal the APE/OT/OTA/PT is working on
- Identification of the intervention activity / activities and strategies used the session (should demonstrate a variety throughout the month)
- Description of the student's response to the Intervention (quantitative/ qualitative information)
- Explanation of the relevance of the activity to the IEP goal.
- Progress made toward IEP goal in measurable terms
- Any adjustment to the treatment session

IEP Service Documentation Guidelines

DCPS' Office of Special Education Related Services division continues to move towards excellence in servicing our students and raising compliance standards regarding documentation. We want to ensure all of your extraordinary efforts to service every student are recorded as required. The expectations concerning documentation have been outlined below for your review.

As a reminder, DCPS, the Center for Medicare and Medicaid (CMS), and the Office of the State Superintendent for Education (OSSE) have established a best practice service delivery documentation system. APEs and Related Service Providers should continue documenting the services they provide or attempt to provide pursuant the IEP within the same school day those services were scheduled to occur. We recognize there may be challenges (e.g. incorporating time to collaborate with teachers and parents) that could prevent you from providing daily

documentation 100% of the time. Therefore, DCPS has established a definitive due date for documenting services provided during a school week.

Definitive Due Date for Documenting Services:

Service Logs: All services provided in a school week must be documented by noon on the Monday of the following school week. If school is closed on Monday, documentation is due by noon of the next school day. For example, 60 minutes of either APE/OT/PT services provided on Friday from 2 to 3 p.m. should be documented by noon the following Monday

Service Trackers: Service trackers displaying all services provided, plus the attempted provision of services should be completed by the 5th date of each month for the previous month and finalized in EasyIEP/SEDS.

Please note: *All APEs and Related Services providers are required to document all school closures and all holidays.*

To raise compliance across disciplines and to ensure services are appropriately documented, the following process will be implemented:

APEs and Related Services Service Documentation Compliance Process:

- a. APEs and Related Services providers will receive an email notification from the PS Program Manager and/or PS Program Manager Clinical Specialist by Wednesday of each week regarding students for whom no services were documented by Monday at noon for the previous week.
- b. The APE/Related Service provider must either:
 - o Complete all outstanding documentation for the identified student(s) for the previous week by close of business Friday afternoon, and immediately inform the PS Program Manager of its completion, OR
 - o Inform the PS Program Manager and/or PS Program Manager Clinical Specialist of the reasons why he/she did not complete documentation on the student(s) listed in the email
- c. If outstanding documentation for the previous week is not completed close of business Friday the APE/Related Service provider will receive communication from Dr. Fields, Senior Director of Related Services, by the following Monday regarding record of non-compliance with DCPS policies.
- d. Progressive disciplinary action will be initiated from DCPS employees and contracted Related Service Providers who receive communication from Dr. Fields regarding record of non-compliance three (3) or more times

Please notify the PS Program Manager and/or PS Program Manager Clinical Specialist of any existing barriers preventing daily, weekly, and monthly documentation.

Refer to the IEP Service Documentation Guidelines memorandum dated March 23, 2012

The website for EasyIEP is:

<https://osse.pcgeducation.com/dcdcps>

For Log-in Help and technical assistance, please contact the SEDS Help Desk or review the Related Service Provider Guide on the EasyIEP website :

Phone: 202-442-9281

Email: spedoda.dcps@dc.gov

Initial/Refresher EasyIEP/SEDS training is provided by the DCPS/ODA.

2. Documenting Missed Services

The APE/OT/OTA/PT must log all missed service sessions in the EasyIEP/SEDS Service Logging Wizard indicating:

- Date of missed service session;
- Service type (e.g., student absent, student unavailable, provider unavailable, school closure);
- Duration of service scheduled (Service duration must be documented even if a student is absent; if the student receives only partial service, document the altered duration.);
- Group size;
- "Progress Report" (e.g., just introduced, mastered, no progress, not introduced, progressing, regressing); and
- "Comments" box
 - Document why the service session was missed (e.g., student unavailable, student absent, provider unavailable, school closure); and
 - List action taken to ensure service delivery (e.g., contacted the parent/guardian, talked with the teacher, contacted the student).

Refer to the Missed Related Service Sessions and Due Dillgence Guidelines dated May 2012 for additional information.

3. Documenting Make Up Services

The APE/OT/OTA/PT must log all make-up service sessions in the SEDS *Service Logging Wizard* indicating:

- Date and time of service provided;
- Service type (e.g., student absent, student unavailable, provider unavailable, school closure);
- Duration of the service provided;
- Group size;
- "Progress Report" (e.g., just introduced, mastered, no progress, not introduced, progressing, regressing); and
- "Comments" box
 - "MAKE UP SERVICE SESSION for Missed Session on MM/DD/YYYY." In addition, record progress note standards for service sessions delivered; and
 - List action taken to ensure service delivery (e.g., notified the parent/guardian of the make-up service session dates(s)).

Make-Up Service Session Attempts

The APE/OT/OTA/PT is required to attempt to make up a service session three times. Any failed attempt prior to the third scheduled make-up session should be logged in the SEDS communication log. The log should include:

- Attempted date and time of service session; and
- Which attempt it was (e.g., first or second).

Upon the third failed attempt the scheduled missed make-up service session should be logged in the SEDS *Service Logging Wizard* indicating:

- Attempted date and time of service session; and
- Service type (e.g., student absent, student unavailable, provider unavailable, school closure);
- Which attempt it was (e.g., third);
- Duration of service attempted (number of minutes or zero minutes);
- Group size;
- "Progress Report" (e.g., just introduced, mastered, no progress, not introduced, progressing, regressing); and
- "Comments" box
 - Add notation "MAKE UP SERVICE SESSION for Missed Session on MM/DD/YYYY."
 - List action taken to ensure service delivery (e.g., contacted parent/guardian, talked with the teacher, contacted the student).

After three attempts have been made and documented in an effort to make up the missed service session(s), and the District has exercised due diligence, attempts to implement a make-up session for the missed session(s) are discontinued.

PLEASE NOTE: When all three attempts to make up a missed service session do not occur only the third make-up attempt should be logged in the SEDS *Service Logging Wizard*. The date of the missed session indicated in the "comments" box (e.g., MM/DD/YYYY) must reflect the date of the regularly scheduled missed service session for which the make-up service was covering. The previous failed attempts must be documented in the contact log (e.g., spoke with the teacher when the student was absent to schedule the make-up session, called parent/guardian) as outlined above.

4. Communication to Parents/Guardians

a. Introductory Letter

Each APE/OT/OTA and PT is required to send an introductory letter to each parent / guardian of the students on his/her caseload no later than Friday, August 30, 2013. The correspondence should contain the following information:

- Your name
- Days assigned to School
- Day student is scheduled for APE/OT or PT
- Your contact information (ex. Email or school phone number and extension)

Once all letters are sent the provider must document accordingly in the communications log of the student (parent contact) stating that the letter has been sent.

Please refer to appendices for a template

b. Quarterly IEP Progress Reports

Quarterly IEP progress reports must be completed in EasyIEP/SEDS for each student on the APE/OT/OTA/PT's caseload. This IEP report must be printed and provided to the parent at the end of each advisory period. Please refer to the school calendar to obtain DCPS' IEP Progress Reports due dates; and also consult your schools' special education coordinators to know the specific due dates for you to complete these reports.

Each IEP Progress Report must include the following information:

- Baseline data on all IEP goals
- Current performance on all IEP goals. In measurable terms
- Information on each goal must be noted on the IEP progress report
- Special Factors Important to treatment/Instruction sessions (Examples: cooperative, student often refuses to participate and requires a lot of encouragement from teacher and therapist to attend therapy sessions, etc.)
- General therapeutic/instructional Interventions used in therapy sessions (Examples: ROM, transfer training, strengthening, grasp development, etc.)
- Feedback gathered from the student's classroom teacher on progress the student has experienced towards achieving his/her APE/OT/PT goals
- Feedback gathered from the student's caregiver on progress the student has experienced towards achieving his APE/OT/PT goals
- If an IEP goal was not addressed during the quarter, state that the goal was not addressed during the reporting period and inform why it was not so.

c. Bimonthly Progress Reports (BPRs)

The goal of this communication is:

1. To provide the student's parent with a succinct and simple summary of the student progress towards the IEP goals in APE/OT/PT during those months that IEP Progress Reports are not issued,
 2. To provide the student's parent with simple activities to help with carry over and generalization of skills practiced in the APE, OT or PT sessions at school.
 3. To foster communication and collaboration between the provider and parent. By using the information sent, parents can contribute to the student's overall growth and achievement of his/her IEP goals/development in the program.
- Each APE/OT/OTA and PT is required to send a BPR to each parent / guardian of the students on his/her caseload, following these datelines:

NOTE: Details on BPR's (documentation in SEDS, content and datelines) will be delivered to APEs, OT/OTAs and PTs via e-mail by the middle of September 2013

Refer to appendix for template

5. Communication to Classroom Staff

a. Introductory Letter

Each APE/OT/OTA/PT is required to send or hand-deliver an introductory letter to each teacher of the students on his/her caseload no later than **Friday, August 30, 2013**. The correspondence should contain the following information:

- Your name
- Days assigned to School
- Day student is scheduled for APE/OT or PT
- Your contact information (ex. Email or school phone number and extension)

The APE/OT/OTA/PT must then document this action in the communications log of each student in SEDS (Non-Parent Contact).

Please refer to appendices for a template.

b. Collaboration with Classroom Staff/Teachers

Each APE/OT/PT is required to:

- Complete a minimum of one collaboration every quarter per student
- Document in SEDS/EasyIEP (Communications Log) and Indirect Services Form (DCPS Employees)
- Document in SEDS/EasyIEP (Communications Log – Non-Parent Contact).

K. STUDENT SERVICE ALIGNMENT PLAN (SSAP)

The student service alignment plan is a process that ensures students are receiving appropriate related services to meet their needs in order to function in the academic setting. The purpose is to align the services appropriately to the students needs. The SSAP allows the IEP team to make a **more effective informed decision on determining continued eligibility and amount of services/delivery models** for related services for a student. The OT and PT, using their respective expertise, support the IEP team on its mission to make this possible.

Related Service Providers (RSP) will make the appropriate recommendation after collecting data, collaborating with staff, parents, and/or other stakeholders. The RSP may recommend a change in service model (direct, consultative); therapy setting (in or out of general education), and/or time (decreasing or increasing time). The RSP may determine that there is no educational impact or no longer a benefit of services; therefore, services are no longer warranted and recommend to dismiss the student from services. The Student Service Alignment Plan does not circumvent the eligibility process and providers should continue to adhere to those guidelines. An eligibility meeting and/or an Individualized Education Plan Review will be warranted.

Details on SSAP will be announced by the end of the first week of September 2013

L. PILOT INITIATIVE

To be announced.

SECTION VIII

TRAINING AND SUPPORT

DCPS seeks to create a culture in which all school-based personnel have a clear understanding of what defines excellence in their work, are provided with constructive and data-based feedback about their performance, and receive support to increase their effectiveness. The objectives of these efforts are:

- Clarify and outline clear performance expectations.
- Define your specific roles and responsibilities.
- Provide clear and concise feedback to enhance performance.
- Facilitate collaboration among service providers, school staff and parents to create the foundation for student success.
- Delivering professional development to supply service providers with the necessary evidence-based resources and support to enhance their role.
- Retain excellent service providers that can work with DCPS on increasing student achievement.

A. MONTHLY COHORT MEETINGS/CASE CONFERENCES

The cohort is a group of professionals working together to identify how APEs, OTs/OTAs and PTs combine can create instructional and therapeutic approaches to address the needs of students in DCPS. 4 cohorts have been identified and will operate during the SY 2013-2014:

1. Assessment Quality
2. Documentation Quality
3. Collaboration
4. Student Alignment Plan

Details and guidelines of the cohort meetings will be defined prior to the beginning of the attached meetings calendar, and will include:

- General and individual objectives of cohorts
- Number and specialty of members by cohort
- Dynamics of meetings
- Individual responsibilities
- Communication of results of cohorts meetings to other providers in the Physical Supports Program, providers in the Related Services Department, providers in the Office of Special Education, schools, students teachers and parents.

B. PROFESSIONAL DEVELOPMENT DAYS (PD)

- **Professional Development Days and Cohort Meetings Schedule**

*Reserve the following dates on calendar, as attendance is MANDATORY - Locations to be announced

Date	Event(s)	Time	Participants	Location
8/19, 20, 21, 22 and 23, 2013	Kick off week – PD	8:00 am – 3:30 pm	All providers	Bancroft
10/18/2013	Professional Development Day	8:00 am – 3:30 pm	All providers	Bancroft
12/13/2013	Professional Development Day	8:00 am – 3:30 pm	All providers	Bancroft
2/14/2013	Professional Development Day	8:00 am – 3:30 pm	All providers	Bancroft
4/4/2013	Professional Development Day	8:00 am – 3:30 pm	All providers	Bancroft
6/20/2013	Professional Development Day	8:00 am – 3:30 pm	TBD	Bancroft

- **Cohort Meetings/Case Conferences Schedule**

To be announced

SECTION IX.

GLOSSARY OF TERMS

A. ABBREVIATIONS

APE	Adapted Physical Education; Adapted Physical Education Teacher
AOTA	American Occupational Therapy Association
APTA	American Physical Therapy Association
AT	Assistive Technology
ATS	Assistive Technology Specialist
AUD	Audiologists
BIP	Behavioral Intervention Plan
BPR	Bimonthly Progress Report
OTA	Occupational Therapy Assistant
DCMR	District of Columbia Municipal Regulations
DCPS	District of Columbia Public Schools
DHS	Department of Human Services
DOB	Date of Birth
ED	Emotionally Disturbed
ESL	English as a Second Language
ESY	Extended School Year
FAPE	Free Appropriate Public Education
FBA	Functional Behavioral Assessment

HI	Hearing Impairment
HOD	Hearing Office Determination
IDEA	Individuals with Disabilities Education Act
IEE	Independent Educational Evaluation
IEP	Individualized Education Program
IFSP	Individualized Family Service Plan
ISP	Individualized Service Plan
LD	Learning Disability
LEA	Local Education Agency
LEP	Limited English Proficiency
LRE	Least Restrictive Environment
MD	Multiple Disabilities
MDT	Multidisciplinary Team
MR	Mental Retardation
OHI	Other Health Impairment
OSE	Office of Special Education
OSSE	Office of the State Superintendent of Education
OT/OTR	Occupational Therapy; Occupational Therapist; School-based Occupational Therapist
PT	Physical Therapy; Physical Therapist; School-based Physical Therapist
PS	Physical Supports (Program)
PTA	Physical Therapy Assistant
RSP	Related Service Provider
SA	Settlement Agreement

SEC	Special Education Coordinator
SEA	State Education Agency
SLD	Specific Learning Disability
SLI	Speech Language Impairment
SLP	Speech Language Pathologist
SSI	Supplemental Security Income
SST	Student Support Team
SW	Social Worker
TBI	Traumatic Brain Injury
VI	Visual Impairment
VIS	Visiting Instruction Services

B. KEY TERMS

The key terms outlined below have specific meanings assigned by IDEA (34 C.F.R §300.34, and/or DCMR 5-3001. This is not an exhaustive list of the developmental, corrective and supportive services that an individual student with disabilities may require. However, all related services must be required to assist a student with disabilities to benefit from special education. To provide clarity on the various types of related services, the individual definitions are provided below.

- Audiology. Audiology services include (i) the identification of students with hearing loss, (ii) determination of the range, nature, and degree of hearing loss, including referral for medical or other professional attention for the habilitation of hearing, (iii) provision of habilitative activities, such as language habilitation, auditory training, speech reading (lip-reading), hearing assessment, and speech conservation, (iv) creation and administration of programs for prevention of hearing loss, (v) counseling and guidance of students, parents, and teachers regarding hearing loss; and (vi) determination of student's needs for group and individual amplification, selecting and fitting an appropriate aid, and evaluating the effectiveness of amplification.
- Counseling. Counseling services means services provided by qualified social worker, psychologist, guidance counselors, or other qualified personnel.
- Early identification and assessment of disabilities in student. Early identification and assessment means the implementation of a formal plan for identifying a disability as early as possible in a student's life.
- Interpreting services. When used with respect to students who are deaf or hard of hearing, this includes (i) oral transliteration services, cued language transliteration services, sign language transliteration and interpreting services, and transcription services, such as communication access real-time translation (CART), C-Print, and TypeWell and (ii) special interpreting services for students who are deaf-blind.
- Medical services. This service is for diagnostic or assessment purposes provided by a licensed physician to determine a student's medically related disability that results in the student's need for special education and related services.
- Occupational therapy. Occupational therapy means services provided by a qualified occupational therapist and (ii) include (a) improving, developing, or restoring functions impaired or lost through illness, injury, or deprivation, (b) improving ability to perform tasks for independent functioning if functions are impaired or lost, and (c) preventing, through early intervention, initial or further impairment or loss of function.
- Orientation and mobility. Orientation and mobility services means services: (i) provided to blind or visually impaired students by qualified personnel to enable those students to attain systematic orientation to and safe movement within their environments in school, home, and community, and (ii) includes teaching students the following, as appropriate: (a) spatial and environmental concepts and use of information received by the senses (such as sound, temperature and vibrations) to establish, maintain, or regain orientation and line of travel (e.g.,

using sound at a traffic light to cross the street), (b) to use the long cane or a service animal to supplement visual travel skills or as a tool for safely negotiating the environment for students with no available travel vision, (c) to understand and use remaining vision and distance low vision aids, and (d) other concepts, techniques, and tools.

- Parent counseling and training. Includes (i) assisting parents in understanding the special needs of their student, (ii) providing parents with information about student development, and (iii) helping parents to acquire the necessary skills that will allow them to support the implementation of their student's IEP or IFSP.
- Physical therapy. Physical therapy means services provided by a qualified physical therapist.
- Psychological. Psychological services includes (i) administering psychological and educational tests, and other assessment procedures, (ii) interpreting assessment results, (iii) obtaining, integrating, and interpreting information about student behavior and conditions relating to learning, (iv) consulting with other staff members in planning school programs to meet the special educational needs of students as indicated by psychological tests, interviews, direct observation, and behavioral assessments, (v) planning and managing a program of psychological services, including psychological counseling for students and parents, and (vi) assisting in developing positive behavioral intervention strategies.
- Recreation. This service includes (i) assessment of leisure function, (ii) therapeutic recreation services, (iii) recreation programs in schools and community agencies, and (iv) leisure education.
- Rehabilitation counseling. Rehabilitation services means services provided by qualified personnel in individual or group sessions that focus specifically on career development, employment preparation, achieving independence, and integration in the workplace and community of a student with a disability.¹
- School health and school nurse. These services mean health services that are designed to enable a student with a disability to receive FAPE as described in the student's IEP. School nurse services are services provided by a qualified school nurse. School health services are services that may be provided by either a qualified school nurse or other qualified person.
- Social work. Social work in schools including (i) preparing a social or developmental history on a student with a disability, (ii) group and individual counseling with the student and family, (iii) working in partnership with parents and others on those problems in a student's living situation (home, school, and community) that affect the student's adjustment in school, (iv) mobilizing school and community resources to enable the student to learn as effectively as possible in his or her educational program, and (v) assisting in developing positive behavioral intervention strategies.
- Speech-language pathology Services. Speech-language services include (i) identification of students with speech or language impairments, (ii) diagnosis and appraisal of specific speech or language impairments, (iii) referral for medical or other professional attention necessary for the

habilitation of speech or language impairments, (iv) provision of speech and language services for the habilitation or prevention of communicative impairments, and (v) counseling and guidance of parents, students, and teachers regarding speech and language impairments.

- Transportation. Transportation includes (i) travel to and from school and between schools, (ii) travel in and around school buildings, and (iii) specialized equipment (such as special or adapted buses, lifts, and ramps), if required to provide special transportation for a student with a disability.

SECTION X

APPENDICES

APPENDIX 1 - CONFIRMATION OF RECEIPT



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Office of Special Education
1200 First Street, N.E., 9th Floor
Washington, D.C. 20002

CONFIRMATION OF RECEIPT

I have received the August 2013 Physical Supports Program: Provider Handbook. I understand I am responsible for the information included in this provider handbook.

Print Name

Discipline

Signature

Date

APPENDIX 2 - EMPLOYMENT INFORMATION FORM



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Office of Special Education

1200 First Street, N.E., 9th Floor
Washington, D.C. 20002

SCHOOL YEAR _____

EMPLOYMENT INFORMATION FORM
(Please type information)

Name (LAST, FIRST, MI)

Address (Include City, State and Zip Code)

Home Telephone

Cellular Telephone

Date of Birth (Month and day)

Email Address

DCPS Employee or Contractor? _____

Do you have a dc.gov email address? Yes No

Any ailment(s) you would like on record, or would like for us to consider if so please list:

In case of emergency contact:

Name

Relationship

Contact Number

APPENDIX 3 - CLUSTER LISTING

**Instructional Superintendents (IS) and Special Education Specialists (SES)
Cluster Assignments
SY-2013-2014**

Cluster I IS: Harry Hughes SES:	Cluster II IS: Stephen Zagami SES:	Cluster III IS: LaKimbre Brown SES:
Cooke Garfield ES Hendley ES Ludlow-Taylor ES Murch ES Plummer ES Savoy ES School Within a School Shepherd ES Thomas ES Thomson ES Turner ES	Beers ES Capitol Hill Montessori Drew ES Houston ES Key ES Leckie ES ML King ES Nalle ES Payne ES Peabody ES Randle Highlands ES Watkins ES	Amidon ES Bancroft ES Bruce-Monroe ES Cleveland ES Garrison ES JO Wilson ES Ketcham ES Kimball ES Oyster-Adams Bilingual Patterson ES Powell ES Reed ES Tyler ES
Cluster IV IS: Elick Greene SES:	Cluster V IS: Jacqueline Gartrell SES:	Cluster VI IS: John Stover SES:
Alton ES Brent ES Burville ES Harris, CW ES Hearst ES Lafayette ES Langley ES Moten ES Ross ES Seaton ES Simon ES Tubman ES	Barnard ES Eaton ES Hyde-Addison ES Janney ES Mann ES Maury ES Miner ES Orr ES Smothers ES Stoddert ES Walker-Jones EC Wheatley EC	Brightwood EC Brookland EC @ Bunker Hill Browne EC Burroughs EC Langdon EC LaSalle-Backus EC Noyes EC Raymond EC Takoma EC Truesdell EC West EC West EC Whittier EC

**Instructional Superintendents (IS) and Special Education Specialists (SES)
Cluster Assignments
SY-2013-2014**

Cluster VII IS: Mark King SES:	Cluster VIII IS: Dan Shea SES:
Deal MS Elliot-Hine MS Hardy MS Hart MS Jefferson MS Johnson MS Kelly Miller MS Kramer MS Stuart-Hobson MS Sousa MS	Anacostia SHS Ballou SHS Cardozo SHS Ellington School for the Arts McKinley Technology SHS Phelps SHS Wilson SHS
Cluster IX IS: Thomas Anderson SES:	Cluster X IS: Terry DeCarbo SES:
Benjamin Banneker SHS Columbia Heights EC Coolidge SHS Dunbar SHS Eastern SHS Roosevelt SHS School Without Walls (PreK-12) HD Woodson SHS	Ballou STAY CHOICE Academy Fillmore Arts Center Incarcerated Youth Program Luke C. Moore Academy Roosevelt STAY Malcolm X ES Mamie D. Lee School Sharpe Health School Stanton ES Washington Metropolitan Youth Services Center

APPENDIX 4 – ADAPTED PHYSICAL EDUCATION TEACHER POSITION DESCRIPTION

ADAPTED PHYSICAL EDUCATION TEACHER (APE) POSITION DESCRIPTION

Position: Adapted Physical Education Teacher

Grade(s): ET-0184-11 and
ET-0185-15

INTRODUCTION

The adapted physical education teacher (APE) is the person responsible for developing an appropriate physical education plan for individuals with disabilities.

The APE teacher is a physical educator with highly specialized training in the assessment of motor competency, physical fitness, play, and leisure, recreation and sport skills.

The APE teacher has the skills necessary to develop an individualized physical education program and to implement the program.

The APE teacher is a direct service provider, not a related service provider, because special physical education is a federally mandated component of special education services (USCA 1402(25)).

The APE teacher positively motivates the student to develop appropriate skills, attitudes, and knowledge; utilizes a variety of instructional techniques appropriate to students' abilities; and creates a safe and orderly learning environment. The APE teacher should also be responsible for developing, implementing, and coordinating a division-wide employee wellness program to include planning workshops, screenings, and other wellness activities that encourage school division employees to participate in healthy behaviors.

What skills does an Adapted Physical Educator need?

Knowledge of motor characteristics, behaviors, and developmental sequences (including birth through age 21) associated with various disabilities in relation to normal motor development;

Knowledge of neurological basis of normal and abnormal motor control and sensory motor integration methods for teaching physical education to individuals with severe disabilities, non-ambulatory individuals, and individuals with multiple disabilities; in psychomotor assessment and a variety of physical education techniques and procedures for implementing the individual education plan; and developmental teaching methods/materials and gymnasium organizational abilities in physical and motor fitness, fundamental motor skills and skills in aquatics, dance, individual and group games and sports for individuals with disabilities and/or motor problems

MAJOR DUTIES AND RESPONSIBILITIES

- Provide direct service provider (hands-on teaching)
- Complete comprehensive motor assessments of individuals with disabilities and making specific program recommendations
- Consultant for physical education and special education staff providing physical education instruction for individuals with disabilities

- IEP (Multi-disciplinary Team or Admission, Review, Dismissal) MDT member who helps develop the IEP in the psychomotor domain
- Student and parent advocate
- Program coordinator who develops curricular materials, develops intra and inter-agency collaborations to meet the needs of individuals with disabilities, and monitors progress on IEP's
- Attends staff development programs, curriculum development meetings, and other professional activities.
- Keeps abreast of developments and research in the field of adapted physical education and employee wellness.
- Performs any other related duties as assigned by the Principal or the APE, AT, OT and PT Program Manager.

JOB SPECIFICATIONS

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill and/or ability required. Reasonable accommodation may be made to enable individuals with disabilities, who are otherwise qualified, to perform the essential functions.

1. Minimum Qualifications (Knowledge, Skills and/or Abilities Required)
2. Must possess a Bachelor's degree, preferably in health/physical education or a closely related field, and must be eligible for a DC Teaching License.
3. Three years of teaching experience preferred.
4. Experience with designing programs for physically restricted/mentally challenged students preferred.
5. Must possess effective instructional delivery techniques and skills.
6. Must possess an in-depth knowledge in the areas of adaptive physical education, nutrition, weight management, physical fitness, stress management, and adult health education.
7. Must possess proficiency in providing swimming instruction and pool supervision.
8. Must possess knowledge of the needs of physically restricted/mentally challenged students.
9. Must possess the ability to instruct students in adaptive physical education.
10. Experience in organizing workshops/classes on adult health related issues preferred.
11. Must possess a valid CPR/First Aid Instructor certification.
12. Must possess excellent organizational and communication skills.
13. Must possess the ability to establish and maintain effective working relationships with school administrators, employees, parents, and students.

WORKING CONDITIONS AND PHYSICAL REQUIREMENTS

The APE teacher must have the ability to:

- Sit and stand for extended periods of time
- Exhibit manual dexterity to dial a telephone
- Enter data into a computer
- See and read a computer screen and printed material with or without vision aids
- Hear and understand speech at normal classroom levels, outdoors and on the telephone
- Speak in audible tones so that others may understand clearly in normal classrooms, outdoors and on the telephone
- Physical agility to lift up to 25 pounds to shoulder height and 50 pounds to waist height; and to bend, stoop, climb stairs, walk and reach overhead.

WORK ENVIRONMENT

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. Duties are normally performed in a school/classroom environment. Duties may be occasionally performed on field trips away from school. The noise level in the work environment is usually moderate to loud.

SUPERVISORY CONTROLS

Incumbent works under the general supervision of the DCPS Program Manager for APE, AT and OT and PT, Office of Special Education Reform, who provides overall objectives and available resources. Incumbent independently evaluates student's plans and initiates treatment and intervention goals in collaboration with other team specialists. Keeps supervisor abreast of issues that may have far-reaching implications. Also, keeps supervisor informed through reports and discharge summaries and conclusions.

EQUIPMENT USED:

- Computer
- Printer
- Copier
- Fax machine
- Telephones
- Test equipment
- Treatment equipment

MENTAL DEMANDS:

- Maintain emotional control under stress
- Work with frequent interruptions
- Work with frequent deadlines

PHYSICAL DEMANDS:

Frequent: lifting, carrying (up to 25 pounds to shoulder height and 50 pounds to waist height)
Sitting, Standing, bending
Walking, Climbing steps
Repetitive hand movements
Speaking clearly
Visual acuity
Driving
Hearing
Finger dexterity

APPENDIX 5 – OCCUPATIONAL THERAPIST (OT) POSITION DESCRIPTION

OCCUPATIONAL THERAPIST (OT) POSITION DESCRIPTION

ET-631-11

Grade(s): ET-631-11

INTRODUCTION

This position is located in the Public Schools of the District of Columbia (DCPS), Office of Special Education Reform, School Support Division. The School Support Division provides technical support services to DCPS special education processing, including program assessments, re-evaluations of office process, and compliance assurance of special education programs.

Position: School-based Occupational Therapy

MAJOR DUTIES AND RESPONSIBILITIES

- Incumbent participates with multi-disciplinary team approach. Serves as a school-based occupational therapist for assessment and implementation of individualized education programs for students with special needs in assigned local schools and identified nonpublic school programs within the District of Columbia.
- Develops individualized goals and objectives to facilitate eligible student's active participation/acquisition of functional performance skills in self-maintenance; academic and vocational pursuits; and, leisure/play activities that occur in school environments.
- Prepares written/or reports/presentations for determining student's eligibility for special education services.
- Utilizes direct and indirect services, assistive technology and/or environmental modifications to implement special educational programming and to provide for the development of sensory-motor, perceptual or neuromuscular functioning, and emotional, motivational, cognitive, or psychosocial performance.
- Maintains confidential files which include assessments, reviews, test results, IEPs, documentation of consultations, and monthly service tracker forms.
- Consults with DCPS regular and special education staff, parents, and community resources.
- Participates in planning team meetings for students and discusses student's response to OT treatment; and, makes recommendations to enhance student's function in other areas. May make or recommend referrals to other disciplines as appropriate.
- Reviews and interprets independently generated therapy and medical reports and serves as a resource in reporting findings to other health care and related service providers.
- Attends administrative due process hearings, and other court proceedings, eligibility conferences as well as other meetings, including but not limited to, staff conferences.
- Participates in varied professional development activities.

More specifically, the incumbent will be able to:

- Input complete and required data relating to each service encounter on EasyIEP within two weeks of actual service delivery. This data shall include, among others:
- School code
- Service date
- Service type, code, group size, duration, procedure code
- Provider information
 - Reason for encounter (Intervention, evaluation etc)
 - Results of encounter (as it relates to IEP goals)
 - Relevant observations and description of progress
- Print, sign, and file the Progress Report in each student file
- Maintain all documents required to file Medicaid claims and required by Medicaid, including signed copies of all EasyIEP Forms, Assessment reports, and progress notes in the student file.
- Responsible for maintaining, renewing and keeping licenses/credentials current and provide a copy of their license/credentials to the Medicaid Recovery Unit when requested.
- Other related duties as assigned.

KNOWLEDGE REQUIRED OF THE POSITION

- Comprehensive knowledge of professional therapy concepts, principles, and methodologies to develop plans using standard procedures and to modify intervention plans according to changing conditions or reactions.
- Thorough knowledge of school-based vs. medical occupational therapy.
- Knowledge of the School System's requirements regarding consent, confidentiality, applicable court decrees, and pertinent regulations and laws specific to the evaluation process and the administration of special education delivery.
- Knowledge of intellectual sensory, social, emotional growth and physical development patterns of students.
- Knowledge of standard equipment, techniques and instruments used in the assessment and implementation of occupational therapy in a school setting.
- Knowledge of design and construction of specialized and adapted equipment.
- Knowledge of the fundamentals of IDEA and its impact in the discipline.
- Knowledge of computers and familiarity with EasyIEP.
- Skill in oral and written communication.
- Ability to provide individualized and small group occupational therapy to school-aged population.
- Ability to work in a team environment.

SUPERVISORY CONTROLS

Incumbent works under the general supervision of the DCPS Program Manager for Physical Supports, Office of Special Education, who provides overall objectives and available resources. Incumbent independently evaluates student's plans and initiates treatment and intervention goals in collaboration with other team specialists. Keeps supervisor abreast of issues that may have far-reaching implications. Also, keeps supervisor informed through reports and discharge summaries and conclusions.

EQUIPMENT USED:

- Computer
- Printer
- Copier
- Fax machine
- Telephones
- Test equipment
- Treatment equipment

GUIDELINES

Guides include rules and regulations of the Board of Education; Chancellor's directives; Individuals with Disabilities Education Act (IDEA); regulations and policies of the Office of Special Education; and, National Occupational Standards. Incumbent uses judgment in selecting and modifying treatment and designing treatment modality approaches. Designs, fabricates, and adjusts splints and braces to meet the functional needs and conditions of usage of student and modifies the intensity or frequency of activities according to the rate of progress.

COMPLEXITY

The work includes various and unrelated methods for evaluating and interpreting levels of physical and psychological functioning in order to provide progressive treatments, to teach new skills and teach compensatory techniques required to restore performance. Decisions involve variations in approach, planning work, and modifying method and techniques.

SCOPE AND EFFECT

The purpose of the work is to provide occupational therapy services; establish program criteria; evaluate unusual approaches; and, develop occupational therapy techniques and treatments to meet the individual needs of students. In addition, the work enhances the integrity and quality of the occupational therapy program in the DCPS and its reputation in the community.

PERSONAL CONTACTS

Personal contacts are with case managers, family members, educational community, physicians, social workers, psychologists, other therapeutic specialists, service providers, volunteers, other therapeutic specialists, and representatives of public and private organizations.

PURPOSE OF CONTACTS

The purpose of the contacts is to encourage support and foster integrated efforts to improve services to students with special needs.

PHYSICAL DEMANDS

The work requires physical exertion by regularly lifting and transferring students who are not ambulatory.

WORK ENVIRONMENT

Incumbent is exposed to situations that are subject to abusiveness and sudden outbursts in addition to conditions that may be hazardous to one's health.

OTHER SIGNIFICANT FACTORS

LICENSURE REQUIREMENT OF THE POSITION

- American Occupational Therapy Association
- D.C. Department of Consumer and Regulatory Affairs Occupational and Professional Licensing Administration.

EVALUATION

Performance of this position will be evaluated in accordance with the provisions of DCPS policy on evaluation of personnel.

APPENDIX 6 – OCCUPATIONAL THERAPIST (OT) POSITION DESCRIPTION

OCCUPATIONAL THERAPIST (OT) POSITION DESCRIPTION

ET-631-15

Grade(s): ET-631-15

INTRODUCTION

This position is located in the Public Schools of the District of Columbia (DCPS), Office of Special Education Reform, School Support Division. The School Support Division provides technical support services to DCPS special education processing, including program assessments, re-evaluations of office process, and compliance assurance of special education programs.

MAJOR DUTIES AND RESPONSIBILITIES

- Incumbent participates with multi-disciplinary team approach, utilizing standard procedures. Serves as a school-based occupational therapist for assessment and implementation of individualized education programs for students with special needs in assigned local schools and identified nonpublic school programs within the District of Columbia.
- Facilitates eligible student's active participation/acquisition of functional performance skills in self-maintenance; academic and vocational pursuits; and, leisure/play activities that occur in school environments.
- Prepares reports for determining student's eligibility for special education services.
- Utilizes direct and indirect services, assistive technology and/or environmental modifications for common disabilities to implement special educational programming and to provide for the development of sensory-motor, perceptual or neuromuscular functioning, and emotional, motivational, cognitive, or psychosocial performance.
- Maintains confidential files which include assessments, reviews, test results, IEPs, documentation of consultations, and monthly service tracker forms.
- Consults with DCPS regular and special education staff, parents, and community resources.
- Attends team meetings for students and discusses student's response to OT treatment. May be called upon to attend administrative due process hearings, and other court proceedings, eligibility conferences as well as other meetings, including but not limited to staff conferences.
- Participates in varied professional development activities.
- More specifically, the incumbent will be able to:
 - Input complete and required data relating to each service encounter on EasyIEP within two weeks of actual service delivery. This data shall include, among others:
 - School code
 - Service date
 - Service type, code, group size, duration, procedure code
 - Provider Information
 - Reason for encounter (Intervention, evaluation etc)
 - Results of encounter (as it relates to IEP goals)
 - Relevant observations and description of progress
 - Print, sign, and file the Progress Report in each student file
 - Maintain all documents required to file Medicaid claims and required by Medicaid, including signed copies of all EasyIEP Forms, Assessment reports, and progress notes in the student file.

- Responsible for maintaining, renewing and keeping licenses/credentials current and provide a copy of their license/credentials to Program Manager office and the Medicaid Recovery Unit when requested.
- Other related duties as assigned.

KNOWLEDGE REQUIRED OF THE POSITION

- Knowledge of professional therapy concepts, principles, and methodologies to implement plans using standard procedures and to modify Intervention plans according to changing conditions or reactions.
- Knowledge of school-based vs. medical occupational therapy.
- Knowledge of the School System's requirements regarding consent, confidentiality, applicable court decrees, and pertinent regulations and laws specific to the evaluation process and the administration of special education delivery.
- Knowledge of intellectual sensory, social, emotional growth and physical development patterns of students.
- Knowledge of standard equipment, techniques and instruments used in the assessment and implementation of occupational therapy in a school setting.
- Knowledge of design and construction of specialized and adapted equipment. Knowledge of the fundamentals of IDEA and its impact in the discipline.
- Knowledge of computers and familiarity with SETS.
- Skill in oral and written communication.
- Ability to provide individualized and small group occupational therapy to school-aged population.
- Ability to work in a team environment.

SUPERVISORY CONTROLS

Incumbent works under the general supervision of the DCPS Program Manager for APE, AT and OT and PT, Office of Special Education Reform, who provides overall objectives and available resources. Incumbent independently evaluates student's plans and initiates treatment and Intervention goals in collaboration with other team specialists. Keeps supervisor abreast of issues that may have far-reaching implications. Also, keeps supervisor informed through reports and discharge summaries and conclusions.

EQUIPMENT USED:

- Computer
- Printer
- Copier
- Fax machine
- Telephones
- Test equipment
- Treatment equipment

GUIDELINES

Guides include rules and regulations of the Board of Education; Superintendent's directives; Individuals with Disabilities Education Act (IDEA); regulations and policies of the Office of Special Education/School Support Division; and, National Occupational Standards. Guidelines require interpretation and adaptation to specific situations. Incumbent makes minor adjustments in the way tasks are completed.

COMPLEXITY

The work includes various and unrelated methods for evaluating and interpreting levels of physical and psychological functioning in order to provide recurring treatments, to teach new skills and teach compensatory techniques required to restore performance. Decisions involve variations in approach and planning work

SCOPE AND EFFECT

The purpose of the work is to provide occupational therapy services; implement program criteria and occupational therapy techniques and treatments to meet the individual needs of students.

PERSONAL CONTACTS

Personal contacts are with case managers, family members, educational community, physicians, social workers, psychologists, other therapeutic specialists, service providers volunteers, other therapeutic specialists, and representatives of public and private organizations.

PURPOSE OF CONTACTS

The purpose of the contacts is to encourage support and foster integrated efforts to improve services to students with special needs.

PHYSICAL DEMANDS

The work demands some physical exertion in the movement of occupational therapy supplies and equipment to conduct therapy sessions. The work requires reasonable dexterity and skills in order to participate with students in occupational therapy sessions.

WORK ENVIRONMENT

The work is performed in designated areas, such as classrooms and designated workspaces within regular and special educational settings.

OTHER SIGNIFICANT FACTORS**LICENSURE REQUIREMENT OF THE POSITION**

- American Occupational Therapy Association
- D.C. Department of Consumer and Regulatory Affairs Occupational and Professional Licensing Administration.

EVALUATION

Performance of this position will be evaluated in accordance with the provisions of DCPS policy on evaluation of personnel.

APPENDIX 7 – PHYSICAL THERAPIST (PT) POSITION DESCRIPTION

PHYSICAL THERAPIST (PT) POSITION DESCRIPTION

ET-631-15

Grade(s): ET-631-15

INTRODUCTION

This position is located in the Public Schools of the District of Columbia (DCPS), Office of Special Education Reform, and School Support Division. The School Support Division provides technical support services to DCPS special education processing, including program assessments, re-evaluations of office process, and compliance assurance of special education programs.

The Physical Therapist is responsible for planning, implementing and providing physical activities for students, along with indirect physical therapy program activities for caretakers and other service providers.

MAJOR DUTIES AND RESPONSIBILITIES

The incumbent serves as a school-based Physical Therapist for assessment and implementation of individualized education programs for students with special needs in assigned local schools and identified nonpublic school programs within the District of Columbia. The incumbent participates with a multi-disciplinary team approach, utilizing standard procedures, in an effort to:

- Facilitate eligible student's active participation/acquisition of functional performance skills in self-maintenance; academic and vocational pursuits; and leisure/play activities that occur in school environments
- Screens and evaluates students to determine needs for treatment
- Provides appropriate physical therapy treatment through the use of specific activities or methods to develop, improve, and/or restore the performance of necessary functions, compensate for dysfunction and/or minimize debilitation
- Establishes a program of physical therapy services in the student's Individualized Education Program (IEP) identifying both annual goals and short term objectives
- Prepare reports for determining student's eligibility for special education services
- Assess student's basic skills and abilities in gross motor function, balance and equilibrium, orthopedic status, motor planning, development or functional activities, range of motion, postural tone, gait, reflex integration, and kinesthesia.
- Provide assistance to the classroom teacher by demonstrating exercises and activities
- Monitor therapy received and record and report progress to involved parties
- Utilize direct and indirect services, assistive technology and/or environmental modifications for common disabilities to implement special educational programming and to provide for the development of sensory-motor, perceptual or neuromuscular functioning, and emotional, motivational, cognitive, or psychosocial performance
- Develop and monitor recommendations for students to teachers
- Develop, implement, coordinate, monitor, document, evaluate and revise physical therapy program as warranted
- Maintain confidential files which include assessments, reviews, test results, IEPs, documentation of consultations, and monthly service tracker forms

- Consult with DCPS regular and special education staff, parents, and community resources
- Attend team meetings for students and discusses student's response to PT treatment
- Participate in varied professional development activities
- Ensure compliance with DCPS rules and applicable federal laws and regulations.
- May be called upon to attend administrative due process hearings, and other court proceedings, eligibility conferences as well as other meetings, including but not limited to, staff conferences

More specifically, the incumbent will be able to:

- Input complete and required data relating to each service encounter on EasyIEP within two weeks of actual service delivery. This data shall include, among others:
 - School code
 - Service date
 - Service type, code, group size, duration, procedure code
 - Provider information
 - Reason for encounter (intervention, evaluation etc)
 - Results of encounter (as it relates to IEP goals)
 - Relevant observations and description of progress
- Print, sign, and file the Progress Report in each student file
- Maintain all documents required to file Medicaid claims and required by Medicaid, including signed copies of all EasyIEP Forms, Assessment reports, and progress notes in the student file.
- Responsible for maintaining, renewing and keeping licenses/credentials current and provide a copy of their license/credentials to the Program Manager's office and Medicaid Recovery Unit when requested.
- Perform other related duties as assigned.

KNOWLEDGE REQUIRED OF THE POSITION

The incumbent should possess a thorough and working knowledge of professional therapy concepts, principles, and methodologies to implement plans using standard procedures and to modify intervention plans according to changing conditions or reactions. Additional knowledge includes:

- Knowledge of school-based vs. clinically-based physical therapy
- Knowledge of DCPS requirements regarding consent, confidentiality, applicable court decrees, and pertinent regulations and laws specific to the evaluation process and the administration of special education delivery
- Knowledge of intellectual sensory, social, emotional growth and physical development patterns of students
- Knowledge of student development and growth
- Knowledge of posture and movement dysfunction
- Ability to administer required assessments and evaluate student progress
- Ability to recommend educationally related treatment objectives
- Ability to effectively and efficiently operate standard office equipment and software
- Ability to establish and maintain effective working relationships with others
- Knowledge of standard equipment, techniques and instruments used in the assessment and implementation of physical therapy in a school setting
- Knowledge of design and construction of specialized and adapted equipment
- Knowledge of the fundamentals of IDEA and its impact in the discipline
- Knowledge of computers and familiarity with ENCORE

- Skill in oral and written communication
- Ability to provide individualized and small group physical therapy to school-aged population
- Ability to work in a team environment

SUPERVISORY CONTROLS

Incumbent works under the general supervision of the DCPS Program Manager for Physical Support (APE, AT and OT and PT), Office of Special Education Reform, who provides overall objectives and available resources. Incumbent independently evaluates student's plans and initiates treatment and intervention goals in collaboration with other team specialists. Keeps supervisor abreast of issues that may have far-reaching implications. Also, keeps supervisor informed through reports and discharge summaries and conclusions.

EQUIPMENT USED:

- Computer
- Printer
- Copier
- Fax machine
- Telephones
- Test equipment
- Treatment equipment

GUIDELINES

Guides include rules and regulations of the Board of Education; Superintendent's directives; Individuals with Disabilities Education Act (IDEA); regulations and policies of the Office of Special Education/School Support Division; and, National Physical Therapy Standards. Guidelines require interpretation and adaptation to specific situations. Incumbent makes minor adjustments in the way tasks are completed.

COMPLEXITY

The work includes various and unrelated methods for evaluating and interpreting levels of physical and psychological functioning in order to provide recurring treatments, to teach new skills and teach compensatory techniques required to restore performance. Decisions involve variations in approach and planning work.

SCOPE AND EFFECT

The purpose of the work is to provide physical therapy services; implement program criteria and physical therapy techniques and treatments to meet the individual needs of students. In addition, the work enhances the integrity and quality of the physical therapy program in the DCPS and its reputation in the community.

PERSONAL CONTACTS

Personal contacts are with case managers, family members, educational community, physicians, social workers, psychologists, other therapeutic specialists, service providers volunteers, other therapeutic specialists, and representatives of public and private organizations.

PURPOSE OF CONTACTS

The purpose of the contacts is to encourage support and foster integrated efforts to improve services to students with special needs.

PHYSICAL DEMANDS

The work demands some physical exertion in the movement of physical therapy supplies and equipment to conduct therapy sessions. The work requires reasonable dexterity and skills in order to participate with students in physical therapy sessions.

The work also requires the Incumbent to possess appropriate hearing and speaking capabilities in order to exchange information. The incumbent requires standing for extended periods of time, requires dexterity of hands and finger, kneeling, bending at the waist, reaching overhead and above the shoulders and horizontally.

WORK ENVIRONMENT

The work is performed in designated areas, such as classrooms and designated workspaces within regular and special educational settings.

LICENSURE REQUIREMENTS OF THE POSITION

All applicants must hold a current license to practice physical therapy in the District of Columbia.

EVALUATION

Performance of this position will be evaluated in accordance with the provisions of DCPS policy on evaluation of personnel.

APPENDIX 8 – WEEKLY BUILDING INTERVENTION



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Office of Special Education

**APE/Related Service Provider Weekly Building Intervention/Assessment
Schedule**

School Year _____ Week of _____

Discipline:

Employee:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	School: Contact#:	School: Contact#:	School: Contact#:	School: Contact#:	School: Contact#:
A.M.					
8:00					
8:30					
9:00					
9:30					
10:00					
10:30					
11:00					
11:30					
P.M.					
12:30					
1:00					
1:30					
2:00					
2:30					
3:00					
3:30					
4:00 (ET 11)					

APPENDIX 9 – INDEPENDENT ASSESSMENT REVIEW



**DISTRICT OF COLUMBIA
PUBLIC SCHOOLS**

Office of Special Education

INDEPENDENT ASSESSMENT REVIEW

Student's Name _____ Student ID Number _____

School _____ Grade _____ Date of Birth ___/___/___ Age _____

Date of Assessment ___/___/___ Date of Review ___/___/___

Type of Independent Assessment (Check One)

Audiological _____ Clinical _____ Educational _____ Neuropsychological _____
 Occupational Therapy _____ Physical Therapy _____ Psychiatric _____ Psychological _____
 Speech/Language _____ Other _____

Part I: Review by Qualified Personnel

Name and title of DCPS qualified personnel reviewing assessment: _____

Name and title of person who completed the independent assessment/and name and title of supervisor (if applicable) _____

If the person who completed the assessment is an audiologist, occupational therapist, physical therapist, psychologist, physician, or speech-language therapist, is the person licensed? _____ Yes _____ No

The report is written, dated, and signed by the individual examiner who conducted the assessment or appropriate designee and appears on agency/company letterhead? _____ Yes _____ No

Testing and assessment materials and procedures used to assess the student's need for special education and related services are:

- Valid and reliable? _____ Yes _____ No
- Current version of assessment (newer version that is more than 2 years old does not exist)? _____ Yes _____ No
- Provided and administered in the student's native language, unless it is clearly not feasible to do so? _____ Yes _____ No
- Valid for the specific purpose for which they are used? _____ Yes _____ No

The results of the assessment procedures selected for use with a student with impaired sensory, manual, or speaking skills accurately reflect the student's potential or achievement level or the other factors that the procedures are intended to measure? _____ Yes _____ No _____ Not applicable

Part II: Review, Considerations, and Conclusions

The report includes the following:

- A review of relevant background information (including observation, teacher/parent interview)? _____ Yes _____ No
- A description of the student's performance on the assessment? _____ Yes _____ No
- A description of the student's performance in the current school environment (including educational impact)? _____ Yes _____ No
- A variety of assessment tools and strategies to directly assist in determining if the student has an educational handicapping condition as defined by IDEA and Chapter 307? _____ Yes _____ No

Are there additional data available to the school, which suggests that there are other factors, which significantly impact the student, such as health, attendance, social, or other issues? _____ Yes _____ No

If yes, please specify _____

Are conclusions supported by the data provided? _____ Yes _____ No

Is additional information needed? _____ Yes _____ No

If yes, please specify _____

Reviewer has had direct contact with student? _____ Yes _____ No

The MDT concludes that a DCPS assessment is waived. _____ Yes _____ No _____ Yes, with reservations (attach note)

APPENDIX 10 – RECORD REVIEW REPORT



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Office of Special Education

RECORD REVIEW REPORT

SECTION I. STUDENT IDENTIFYING INFORMATION:

Student: Student ID Number:
Date of Birth: Age:
School: Grade:
Student Teacher's Name:
Disability: Caregivers/Legal Guardian's Name:
Caregivers/Legal Guardian Telephone Number:
Record Reviewed (please select as it applies):

Independent Assessment DCPS Assessment IEP Progress Report

Service Log Other (please list)

Date of Document Reviewed:

Name of Independent Assessor: (Name, Title and Company):

Date of Review:

DCPS Reviewer's Name and title:

SECTION II. FINDINGS AND RECOMMENDATION OF THE INDEPENDENT ASSESSOR:

SECTION III. DCPS STUDENT'S OBSERVATION AND INTERVIEWS:

SECTION IV. DCPS CONSIDERATIONS AND RECOMMENDATIONS:

Reviewer Signature, Title and Date

APPENDIX 11 – ADAPTED PE – MOTOR SKILLS SCREENING – REGULAR TEACHER/PE



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Office of Special Education

CONFIDENTIAL

ADAPTED PHYSICAL EDUCATION (APE) - MOTOR SKILLS SCREENING FOR THE REGULAR PHYSICAL EDUCATION OR CLASSROOM TEACHER

Student: _____ Student ID Number: _____
 Date of Birth: _____ Age: _____
 Disability: _____ Caregivers/Legal Guardian's Name: _____
 School: _____ Grade: _____
 Time of PE Period: _____ Days: _____
 Checklist completed by: _____ Title: _____
 Date Checklist Completed: _____ Adapted PE Teacher: _____

*Physical Education must be a part of the student's curriculum.

Instructions:

- Based on your observation, place a check mark (✓) by areas observed/screened by you.
- Complete all sections
- Submit to the APE assigned to screen/assess the student

SECTION I. PRESENT LEVEL OF PERFORMANCE

		PRESENT LEVEL OF PERFORMANCE			
SKILLS		YES	SOMETIMES	NO	COMMENTS
GROSS MOTOR AREA					
Locomotor	Walking				
	Running				
	Skipping				
	Hopping				
	Jumping				
Balance	Galloping				
	Static				
Ball handling skills	Dynamic				
	Throwing				
	Catching				
Use of playground Equipment	Striking				
	Kicking				
Coordination (falls frequently, bumps into things, etc)					
Tracing objects with eyes					
PHYSICAL FITNESS AREA					
	Climbing				
	Crossing monkey bars				
	Hanging from monkey bars				
	Doing sit-ups				
	Stretching or bending body (flexibility)				
	Keeping up with peers in running activities				
	Displays tactile defensiveness				

SENSORY MOTOR AREA	Knowledge of right/left				
	Knowledge of basic body parts				
	Dislikes or avoids play involving spinning, swinging				
	Difficulty with spatial awareness				
	Following basic directions				
MOBILITY (Non-Ambulatory)	Transfers in and out of chair				
	Has acceptable range of motion				
	Can open doors				
	Can push up ramps				
	Can reverse direction				
	Can use brake				
	Can pivot in chair				
	Can perform a wheelie				

SECTION II. STUDENT SPECIALIZED EQUIPMENT:

SECTION III. STUDENT'S MEDICAL EQUIPMENT:

SECTION IV. REGULAR PHYSICAL EDUCATION INTERVENTIONS/PROGRESS

The following table contains the strategies/interventions that have been implemented to address your student difficulties while participating in Regular Physical Education/gross motor activities, and also a summary of the progress demonstrated.

Difficulty	Strategy/Intervention	Length of Implementation (weeks)	Results/Progress

SECTION V: I WOULD LIKE TRAINING ON: _____

Regular PE/Classroom Teacher signature

Date

APPENDIX 12 – ADAPTED PHYSICAL EDUCATION – SCREENING REPORT TEMPLATE



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Office of Special Education

CONFIDENTIAL

ADAPTED PHYSICAL EDUCATION (APE) SCREENING REPORT

SECTION I. STUDENT IDENTIFYING INFORMATION:

Student: _____ Student ID Number: _____
 Date of Birth: _____ Age: _____
 School: _____ Grade: _____
 Screening Location: _____
 Date of Screening: _____ Date of Report: _____
 Adapted PE Teacher, and title: _____

SECTION II. BACKGROUND INFORMATION:

- Background History:
- Previous/current APE services:
- Student's current IEP services consist of:
- Record Review:
- Reason for Screening:

SECTION III. SCREENING TOOLS:

- Interview with the regular PE teacher/Classroom Teacher
- APE Teacher Observations
- Formal Screening
- Record Review

SECTION IV. SCREENING RESULTS

SKILLS	PRESENT LEVEL OF PERFORMANCE			COMMENTS
	YES	SOMETIMES	NO	
GROSS MOTOR AREA				
Locomotor	Walking			
	Running			
	Skipping			
	Hopping			
	Jumping			
	Galloping			
Balance	Static			
	Dynamic			
Ball handling skills	Throwing			
	Catching			
	Striking			
	Kicking			
Use of playground Equipment				
Coordination (falls frequently, bumps into things, etc)				
Tracing objects with eyes				
PHYSICAL FITNESS AREA	Climbing			
	Crossing monkey bars			
	Hanging from monkey bars			
	Doing sit-ups			
	Stretching or bending body (flexibility)			
	Keeping up with			

	peers in running activities				
SENSORY MOTOR AREA	Displays tactile defensiveness				
	Knowledge of right/left				
	Knowledge of basic body parts				
	Dislikes or avoids play involving spinning, swinging				
	Difficulty with spatial awareness				
	Following basic directions				
MOBILITY (Non-Ambulatory)	Transfers in and out of chair				
	Has acceptable range of motion				
	Can open doors				
	Can push up ramps				
	Can reverse direction				

SPECIALIZED EQUIPMENT:

MEDICAL EQUIPMENT:

SECTION V. REGULAR PHYSICAL EDUCATION INTERVENTIONS/PROGRESS

The following table contains the strategies/interventions that have been implemented to address STUDENT'S NAME difficulties while participating in Regular Physical Education/gross motor activities, and also a summary of the progress demonstrated by STUDENT'S NAME:

Difficulty	Strategy/Intervention	Length of Implementation (weeks)	Results/Progress

SECTION VI. SUMMARY AND RECOMMENDATIONS

The results achieved from this screening are felt to be a true representation of STUDENT'S NAME skills in the areas observed.

Strengths:

Areas Needing Support:

Impact on Learning and Participation in PE activities

Recommendations:

The results of this screening will be used by the MDT to either determine if further Adapted Physical Education assessment is needed.

Adapted Physical Education Teacher's Signature _____

Date _____

APPENDIX 13 – OCCUPATIONAL THERAPY CHECKLIST



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Office of Special Education

CONFIDENTIAL

OCCUPATIONAL THERAPY (OT) CHECKLIST – FOR THE CLASSROOM TEACHER

Student:	Student ID Number:
Date of Birth:	Age:
Disability:	Caregivers/Legal Guardian's Name:
School:	Grade:
Checklist completed by:	Title:
Date Checklist Completed:	Occupational Therapist Name:

INSTRUCTIONS

- Place a check mark (✓) by areas of difficulty.
- Place an (*) by areas of prominent difficulty.
- Items in Italics are RED FLAG indicators for OT assessment.
- Complete all sections.
- Provide completed form to the Occupational Therapist assigned to screen/assess the student.

• SELF-HELP SKILLS

Preschool:

_____ Is unable to use eating utensils to feed self by age 3

School Age:

_____ Has trouble with self-help skills beyond kindergarten.

♦ FINE MOTOR ACTIVITIES

Preschool:

- _____ Unable to stack 4-5 small blocks
- _____ Unable to string 2-3 large beads
- _____ Uses whole palm to grasp small objects instead of fingers
- _____ Unable to complete simple inset puzzle (circle, square/triangle)
- _____ Does not turn pages in a board book
- _____ *Awkward pencil grip which interferes with handwriting legibility*
- _____ Complains of fatigue/hand hurting when writing
- _____ Pencil lines are tight, wobbly, too faint/too dark; pencil point often breaks when writing
- _____ Difficulty coloring within the lines (after kindergarten)
- _____ *Hand dominance not well established (after age 6)*
- _____ *Awkward cutting skills*

♦ **PRE-WRITING / HANDWRITING

Preschool:

_____ Does not scribble on paper

Kindergarten:

- _____ *Difficulty imitating simple geometric shapes*
- _____ Difficulty writing first name

First Grade:

- _____ *Difficulty forming upper/lower case letters and numbers*
- _____ *Decreased handwriting legibility that impacts student's success in the classroom*

After First Grade:

- _____ Difficulty copying from the board
- _____ *Decreased handwriting legibility that impacts student's success in the classroom*

_____ *Difficulty completing assignments (slow writer)*

• **VISUAL PERCEPTION:**

_____ Difficulty completing wood inset puzzles by kindergarten

**also indicated above with legibility

• **SENSORY MOTOR ORGANIZATION:**

Preschool/School Age:

_____ Resists being held or cuddled

_____ Becomes very upset if own clothing, hands, and/or face are messy

_____ Exhibits odd, ritualistic, or self-stimulatory behavior

_____ *Avoids putting hands in various textured substances (glue, putty, sand, paint)*

_____ Seems overly sensitive to loud noises

_____ *Constantly seeks movement opportunities*

_____ *Fat affect, requiring constant instruction to engage in activities*

_____ *Unable to hold head up and/or frequently falls out of chair, is clumsy*

Specialized equipment: _____

Medical equipment: _____

• **INTERVENTIONS/PROGRESS**

Please complete the following table, which contains the strategies/interventions that have been implemented to address the student's difficulties you identified above, and also a summary of the progress demonstrated.

Difficulty	Strategy/Intervention	Length of Implementation (weeks)	Results/Progress

I would like training on: _____

Teacher signature _____

Date _____

APPENDIX 14 – OCCUPATIONAL THERAPY SCREENING REPORT TEMPLATE



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Office of Special Education

CONFIDENTIAL

OCCUPATIONAL THERAPY SCREENING REPORT

SECTION I - STUDENT IDENTIFYING INFORMATION:

Student: Student ID Number:
Date of Birth: Age:
Disability:
Caregivers/Legal Guardian's Name:
School: Grade:
Student Teacher's Name:
Screening Location:
Date of Screening: Date of Report:
Occupational Therapist:

SECTION II

II.a. General Information:

II.b. Medical and Education History (birth history, developmental history, surgical procedures, previous and current therapeutic/medical interventions):

II.c. Reason for Referral/Presenting Academic Concern:

School-based occupational therapy, as a related service, may be provided in the educational setting to help students meet their educational goals when functional fine motor or sensory problems significantly affect academic progress and are not addressed by other services. Modifications, skill building, or strategies are provided to help the student be successful with the functional skills in the student role.

SECTION III – SCREENING TOOLS AND RESULTS

III.a. Clinical Observation:

III.b. Classroom Teacher Interview/The Occupational Therapy Checklist, completed by classroom teacher:

III.c. Parental Interview:

III.d. Analysis of work samples:

III.e. Sensory processing:

III.d. Analysis of visual Motor and upper extremity speed and dexterity skills:

- Visual Motor Skills:

- Upper Extremity Speed and Dexterity:

SECTION IV. SUMMARY AND RECOMMENDATIONS

The results achieved from this screening are felt to be a true representation of _____'s skills in the areas observed.

IV.a. Strengths:

IV.b. Areas needing support:

IV.c. Impact on learning and participation in academic activities:

IV.d. Recommendations for the classroom staff:

The results of this screening will be used by the MDT to either determine if further Occupational Therapy assessment is needed.

Occupational Therapist's Signature and Date

APPENDIX 15 – PHYSICAL THERAPY CHECKLIST



**DISTRICT OF COLUMBIA
PUBLIC SCHOOLS**

Office of Special Education

CONFIDENTIAL

PHYSICAL THERAPY (PT) CHECKLIST – FOR THE CLASSROOM TEACHER

Student: _____ Student ID Number: _____
 Date of Birth: _____ Age: _____
 Disability: _____ Caregivers/Legal Guardian's Name: _____
 School: _____ Grade: _____
 Checklist completed by: _____ Title: _____
 Date Checklist Completed: _____ Physical Therapist Name: _____

INSTRUCTIONS

- Place a check mark (✓) by areas of difficulty.
- Place an asterisk (*) by areas of prominent difficulty.
- Complete all sections.
- Provide completed form to the Physical Therapist assigned to screen/assess the student

	Yes	No/ Needs help	N/A
Classroom—Library—Art			
Can position at all work stations			
Can access all work materials			
Can move between all work stations			
Doors / Stairs			
Can open and close all doors			
Can move through doorways			
Can walk up and down stairs/ ramp			
Hallways			
Can travel required distance			
Can move through crowded hallways			
Can use water fountain			
Lunchroom			
Can go through lunch line			
Can carry lunch tray			
Can maneuver tight spaces			
Can sit at lunch table			
Bathrooms			
Is safe on wet floor			
Can move in and out of toilet stall			
Can sit or stand at toilet			
Can access faucet, soap, and towels			
School Bus			
Can move on and off bus			
Can sit securely on bus			
Playground			
Can access playground			
Can play on outdoor equipment			
Can negotiate stairs or ramps			
Assemblies / Sporting Events			
Can access assembly room/gym			
Can access athletic field/ playground			
Can sit with peers			
Community Events			

Can access 4-wheeler / metro / car			
Can access buildings (clinic, store, etc)			
Can push grocery cart and carry purchases			

• Specialized equipment: _____

• Medical equipment: _____

• **INTERVENTIONS/PROGRESS**

Please complete the following table contains the strategies/interventions that have been implemented to address the student's difficulties you identified above, and also a summary of the progress demonstrated.

Difficulty	Strategy/Intervention	Length of Implementation (weeks)	Results/Progress

I would like training on: _____

Teacher signature Data

APPENDIX 16 - PHYSICAL THERAPY SCREENING REPORT TEMPLATE



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Office of Special Education

CONFIDENTIAL

PHYSICAL THERAPY – GROSS MOTOR SKILLS SCREENING REPORT

SECTION I - STUDENT IDENTIFYING INFORMATION:

Student: Student ID Number:
Date of Birth: Age:
Disability: Caregivers/Legal Guardian's Name:
School: Grade:
Student Teacher's Name: Screening Location:
Date of Screening: Date of Report:
Physical Therapist:

SECTION II -

GENERAL INFORMATION:

MEDICAL AND EDUCATIONAL HISTORY (birth history, developmental history, surgical procedures, previous and current therapeutic/medical interventions):

REASON FOR REFERRAL/PRESENTING ACADEMIC CONCERN:

School-based physical therapy, as a related service, identifies impairments and functional limitations, which interfere with students' ability to participate fully in the educational program. It focuses on removing barriers from the students' ability to learn; helping students develop skills, which increase their independence in the school environment, and improving the students' performance in school classrooms, hallways, playground, physical education and other areas that may be part of their educational program. The school-based physical therapist works to help students' function better in classrooms, the lunchroom, or restrooms and may work with school personnel on adapting or modifying their seating and other equipment/materials.

SECTION III – SCREENING TOOLS AND RESULTS

- III.a. Record Review:
- III.b. Clinical Observation:
- III.c. Classroom Teacher Interview/The Physical Therapy Checklist, completed by classroom teacher:
- III.d. Parental interview:
- III.e. Analysis of Balance, Bilateral Coordination, and Upper Extremity Coordination - Results
 - Balance:
 - Bilateral Coordination:
 - Upper Extremity Coordination:

Summary of Gross Motor Screening			
Skill	Grade	Screening Test	Pass/Fail/NA
Balance	K	Balance on each foot for 5 seconds	
Balance	1-2	Balance on each foot for 10 seconds	
Balance	3	Balance on each foot for 12 seconds	
Bilateral Coordination	K-2	Jumping up and down on two feet and landing on both feet while clapping hands five times	
Bilateral Coordination	3	Jumping in the air and touching both heels with both hands during two out of three trials	
Upper Extremity Coordination	K-1	Toss an 8 ½ -inch playground ball in the air and catch it five consecutive times (ball may be trapped in the body)	
Upper Extremity Coordination	2-3	Toss a 4- to 5-inch ball into the air and catch it with hands, five times consecutively, with hands only	

SECTION IV. SUMMARY AND RECOMMENDATIONS

The results achieved from this screening are felt to be a true representation of STUDENT'S NAME skills in the areas observed.

Strengths:

Areas Needing Support:

Impact on Learning and Participation:

Recommendations:

The results of this screening will be used by the MDT to either determine if further Physical Therapy assessment is needed.

School-based Physical Therapist' Signature and Date

APPENDIX 17 – ADAPTED PE ASSESSMENT REPORT TEMPLATE



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Office of Special Education

CONFIDENTIAL ADAPTED PHYSICAL EDUCATION (APE) ASSESSMENT REPORT

SECTION I. STUDENT IDENTIFYING INFORMATION:

Student: _____ Student ID Number: _____
Date of Birth: _____ Age: _____
Disability: _____ School: _____
Grade: _____
Caregivers/Legal Guardian's Name: _____ Student Teacher's Name: _____
Test Location: _____ Date of Assessment: _____
Date of Report: _____
Adapted PE Teacher, title: _____

SECTION II.

GENERAL INFORMATION:

MEDICAL AND EDUCATIONAL HISTORY (birth history, developmental history, surgical procedures, previous and current therapeutic/medical interventions):

REASON FOR REFERRAL/PRESENTING ACADEMIC CONCERN:

_____ was referred to an Adapted Physical Education assessment to establish _____ present level of gross motor performance, and identify strengths and areas for growth as they apply to the practice of physical education. The results of this assessment will help the multidisciplinary team establish if _____ is a candidate to receive adapted physical education services, and in the case _____ does, it will provide guidance to help the team with planning the goals to promote development of the growth areas as well. Finally it contains a series of recommendations for _____'s classroom staff and caregiver to promote more skill practice opportunities across settings and foster growth towards development, and/or achievement of IEP goals.

SECTION III. ASSESSMENT TOOLS USED/RESULTS:

III.a. Record Review:

III.b. Interviews:

- Interview with Regular Physical Education teacher;
- Interview with classroom teacher;
- Interview with special education teacher;
- Interview with student;
- Interview with caregiver;

III.c. Observations:

III.d. Standardized/Non-Standardized Testing Results:

III.e. Progress towards Adapted Physical Education IEP Goals (In case the student is receiving APE services):

SECTION IV. SUMMARY, FUNCTIONAL LEVEL IN THE SCHOOL SETTING, AND IMPLICATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION IN THE EDUCATIONAL SETTING. RECOMMENDATIONS:

The results achieved from this assessment are felt to be a true representation of STUDENT'S NAME skills in the areas assessed.

Summary:

Strengths:

Growth Areas:

Impact on Learning and Participation:

Recommendations for the classroom staff and regular PE teacher:

Recommendations for the student's caregiver:

The results of this assessment will be used by the MDT to determine if Adapted Physical Education services are needed to assist _____ on achieving _____ educational goals.

It has been a pleasure working/assessing _____. Please do not hesitate to contact me at _____ in case you have any question about this report

Adapted PE Teacher Signature

Date

APPENDIX 18 – OCCUPATIONAL THERAPY ASSESSMENT REPORT TEMPLATE



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Office of Special Education

CONFIDENTIAL OCCUPATIONAL THERAPY ASSESSMENT REPORT

SECTION I. STUDENT IDENTIFYING INFORMATION:

Student: Student ID Number:
Date of Birth: Chronological Age:
School: Grade:
Student Teacher Name (Sp. Ed. and Reg. Ed.):
Caregivers/Legal Guardian's Name:
Disability: Test Location:
Date of Evaluation: Date of Report:
DCPS Evaluator and title:

SECTION II. BACKGROUND INFORMATION:

- Background History:
- Previous services/history:
- Record Review:
- Student's current program and supports consist of:
- Reason for Referral:

The goals of this occupational therapy assessments are:

1. To determine 's current level of fine motor skills, and its impact on participation in academic activities
2. To help the multidisciplinary team establish eligibility for special education services and occupational therapy services and, once eligibility is determined, to provide information to assist the team in formulating an appropriate educational plan
3. Present a series of recommendations for 's classroom staff in order to promote more skill practice opportunities across settings and foster growth towards development, and/or achievement of IEP goals.

School-based occupational therapy, as a related service, may be provided in the educational setting to help students meet their educational goals when functional visual motor, visual perceptual, fine motor or sensory processing problems significantly affect academic progress and are not addressed by other services. Modifications, skill building, or strategies are provided to help the student be successful with the functional skills in the student role. The school-based therapist will assess the present level of performance and determine how it directly impacts the student's ability to perform specific school tasks.

School-based occupational therapists plan and implement programs that will help students meet their educational goals and objectives and benefit from special education services. Therapists are concerned with facilitating the student's overall performance in the classroom, considering the student's developmental level and physical disability. Services are provided to enhance independent functioning in the school environment. Although medical concerns are significant, rehabilitation is not the focus of school-based occupational therapy

SECTION III. ASSESSMENT TOOLS USED/RESULTS:

- Review of Records
- Classroom Teacher Interview
- Special Education Teacher Interview
- Parental Interview
- Other Related-Service Provider Interview
- Student Interview
- Clinical Observations and Clinical Assessment
- Analysis of Work Samples
- Standardized/Non-Standardized Testing

III.a. Interviews:

- Classroom Teacher Interview:
- Special Education Teacher Interview:

- Parental Interview;
- Other Related-Service Provider Interview;
- Student Interview;

III.b. Behavioral Observations:

Interactive/Social Skills:

Tracking/Focusing/Eye Contact:

Attention/Alertness/Reaction to Stimulation:

III.c. Clinical Assessment:

Neuromotor/Musculoskeletal (having to do with the brain, nerves, muscles and bones):

Muscle Tone (the resistance felt to movement or the tension in the muscles at rest) Range of Motion (ROM): Amount of movement available at a joint and is necessary for movement):

Active Range of Motion (AROM): (the amount of movement reached at a joint without help)

Passive Range of Motion (the amount of movement reached at a joint with help of the evaluator)

Muscle Strength (the ability of a muscle to produce force, which may result in the production or prevention of movement)

Motor Planning (motor planning consists of the ability of students to imagine a mental strategy to carry out a movement or an action; for instance, how to get on top of a table, how to move from point A to point B and overcome some obstacle, how to execute a dance step, or learning how to skip):

Postural Control (ability of the student to assume and maintain postures against gravity like pivoting on his stomach, lifting legs and head on his back and seating upright on the chair):

Dominance/Hand Skills:

Bilateral Coordination (The use of both sides of the body together to perform a task efficiently and is necessary for writing, cutting, typing, and most other academic activities. The ability of a student to use both hands simultaneously, alternating movements and crossing midline when performing table top tasks and self-care tasks).

Bilateral Coordination (The use of both sides of the body together to perform a task efficiently and is necessary for writing, cutting, typing, and most other academic activities. The ability of a student to use both hands simultaneously, alternating movements and crossing midline when performing table top tasks and self-care tasks).

Balance and Gait (balance is the ability to maintain ones posture or base of support against gravity or external forces. Balance can further be broken down into three aspects: steadiness, symmetry, and dynamic stability)

Steadiness

Dynamic stability (the ability to move within a given posture without loss of balance):

Gait (walking) and Mobility:

Equipment:

III.d. Standardized Testing Results:

Fine Motor Skills (refined arm, hand and fingers movements needed for grasping, in-hand manipulation and visual motor integration).

"The student's fine motor skills were evaluated using....."

Scores and Itemized Fine Motor Skills

- Itemized fine motor performance

Sensory Processing (the ability to organize and interpret information from the environment to produce an appropriate response and interact within the environment)

SECTION IV, SUMMARY, FUNCTIONAL LEVEL IN THE SCHOOL SETTING, IMPACT ON LEARNING AND PARTICIPATION, RECOMMENDATIONS:

Validity Statement: The results achieved from this assessment are felt to be a true representation of STUDENT'S NAME skills in the areas assessed.

Summary:

Strengths:

Areas Needing Support:

Impact on Learning and Participation:

Recommendations for the educational staff:

Recommendations for the caregiver:

The results of this assessment will be used by the MDT to determine if school-based occupational therapy services are needed to help *STUDENT'S NAME* achieve educational goals.

OT signature, Title and Date

APPENDIX 19 – PHYSICAL THERAPY ASSESSMENT REPORT TEMPLATE



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Office of Special Education

CONFIDENTIAL PHYSICAL THERAPY ASSESSMENT REPORT

SECTION I. STUDENT IDENTIFYING INFORMATION:

Student: Student ID Number:
Date of Birth: Age:
School: Grade:
Student Teacher Name (Sp. Ed. And Reg. Ed.):
Caregivers/Legal Guardian's Name:
Disability: Test Location:
Date of Assessment: Date of Report:
Physical Therapist:

SECTION II, BACKGROUND INFORMATION:

GENERAL INFORMATION:

MEDICAL AND EDUCATIONAL HISTORY (birth history, developmental history, surgical procedures, previous and current therapeutic/medical interventions):

REASON FOR REFERRAL AND PRESENTING ACADEMIC CONCERN:

The goals of this physical therapy assessment are:

4. To determine 's current level of gross motor performance, its impact on participation in academic activities, and mobility and safety within the school setting.
5. To help the multidisciplinary team establish eligibility for special education services and physical therapy services and, once eligibility is determined, to provide information to assist the team in formulating an appropriate educational plan
6. Present a series of recommendations for 's classroom staff in order to promote more skill practice opportunities across settings and foster growth towards development, and/or achievement of IEP goals.

School based physical therapy, as a related service, identifies impairments and functional limitations, which interferes with students' ability to participate reasonably in their educational program. Physical therapy focuses on improving the students' performance with specific school tasks in school classrooms, lunchroom, hallways, playgrounds, physical education, and other areas that may be part of their educational program. The school-based physical therapist may also work with the school personnel on adapting or modifying equipment or other materials. The physical therapist considers the overall developmental level and physical disability when establishing meaningful and attainable school based goals. Although medical concerns are significant, rehabilitation is not the focus of school-based physical therapy

SECTION III. ASSESSMENT TOOLS USED/RESULTS:

III.a. Record Review:

III.b. Interviews:

- Classroom Teacher Interview:
- Special Education Teacher Interview:
- Parental Interview:
- Other Related-Service Provider Interview:
- Student Interview:

III.c. Behavioral Observations/Interactive Social Skills:

III.d. Clinical Assessment/Neuromotor/Musculoskeletal (having to do with the brain, nerves, muscles and bones):

Muscle Tone (the stiffness felt to movement or the tension in the muscles at rest):

Range of Motion (ROM) - amount of movement available at a joint and is necessary for movement):

Muscle Strength (the ability of a muscle to produce force, which may result in the production or prevention of movement):

Endurance (ability to maintain sustained involvement in activities when participating in physical education or other school-based physical activities):

Motor Planning (*motor planning consists of the ability of students to imagine a mental strategy to carry out a movement or an action; for instance, how to get on top of a table, how to move from point A to point B and overcome some obstacle, how to execute a dance step, or learning how to skip*):

Postural Control (*the ability of the student to assume and maintain postures against gravity like pivoting on the stomach, lifting legs and head on his back and seating upright on the chair*):

Coordination (*the ability to execute smooth, accurate, and controlled movements. It involves appropriate speed, spatial awareness, balance, and the ability to combine several movements into a sequence*):

III.e. Equipment:

III.f. Functional Level in the School Setting:

- **Ambulation/Mobility:**
- **Transfers/Transitions:**
- **Cafeteria Skills:**
- **Participation In Physical Education:**
- **Arrival and Dismissal:**
- **Fire Drills/Evacuation:**
- **Bus accessibility:**
- **Participation In Playground Activities:**
- **Participation in field trips:**

III.g. Standardized/Non-Standardized Testing Results:

Gross Motor Skills (*skills (gross motor skills are the bigger movements — such as walking, running, jumping and throwing and catching a ball — that use the large muscles in the arms, legs, torso, and feet)*)

Scores and Itemized Gross Motor Performance:

III.h. Progress towards Physical Therapy IEP Goals (in case the student is receiving PT services):

SECTION IV, SUMMARY AND RECOMMENDATIONS

The results achieved from this assessment are felt to be a true representation of _____' skills in the areas assessed.

Summary:

Strengths:

Growth Areas:

Impact on Learning and Participation:

Recommendations for the educational staff:

Recommendations for the caregiver:

The results of this assessment will be used by the MDT to determine if school-based physical therapy services are needed to help achieve educational goals. Please do not hesitate to contact me in case you have any question.

It has been a pleasure working/assessing _____. Please do not hesitate to contact me at _____ in case you have any question about this report

Physical Therapist' signature, Title and Date

APPENDIX 20 – SECTION 504-SERVICE TRACKER



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Office of Special Education

CONFIDENTIAL
SECTION 504 – SERVICE TRACKER

Student Name:
Student Date of Birth:
School:

Student ID:
Grade:

Service Information

Adapted Physical Education

Please check what type of service: Consult Direct Service Evaluation
Number of Hours (as designated on 504 plan): per week or month (check one)

Occupational Therapy

Please check what type of service: Consult Direct Service Evaluation
Number of Hours (as designated on 504 plan): per week or month (check one)

Physical Therapy

Please check what type of service: Consult Direct Service Evaluation
Number of Hours (as designated on 504 plan): per week or month (check one)

Service Provider Information

Name: E-mail: Phone Number:

Date:	Amount of Time:	Person Contacted:
Goal/Purpose:		
Notes:		

Date:	Amount of Time:	Person Contacted:
Goal/Purpose:		
Notes:		

Date:	Amount of Time:	Person Contacted:
Goal/Purpose:		
Notes:		

Date:	Amount of Time:	Person Contacted:
Goal/Purpose:		
Notes:		

I have agreed that by signing and dating this service tracker implies that all documented services are complete and accurate.

Provider Signature and Date

Provider: please fax to 202-654 6088 upon completion.

APPENDIX 21 – LEFT BLANK INTENTIONALLY

APPENDIX 22 – CLOSING OUT AN ASSESSMENT IN SEDS

Closing Out An Assessment In SEDS

Upon completing an assessment, the report must be faxed and closed out in SEDS. The following steps should be completed to enter and submit assessment results.

Entering Assessments Results:

- To enter results for a completed assessment, click the “Results” button in the appropriate assessment type column.
- You will be taken to a separate details page for the assessment type you selected.
- Enter the date assessment completed.
- If applicable, you may indicate which tools you used as part of the assessment by selecting from the drop down menu and clicking the “Add Assessment Tool” button.
- In the areas addressed by this assessment section, select the appropriate areas being considered for the student (ex. Health/ Physical, Motor Skills/ Physical Development).
- For each area selected, complete a statement of strengths and concerns identified by the results of the completed assessments.

TIP: The list of areas that appears is based upon what was selected on the Analyzing Existing Data page as an area where more information was needed.

Submitting Assessment Reports

- There are two options for submitting assessment reports: fax or copy and paste. **Please select the fax option.**
- For the fax option, you will be able to create an EasyFax cover sheet by clicking the “Create APE/OT/PT Assessment Report Cover Sheet” button (choose as it applies to you).
- The cover sheet will appear in a separate document table. Fax your assessment report into the system with this cover sheet.
- When the system receives the fax, a data will appear in the Fax Received column along with a link to the faxed document in the EasyFax column.
- To submit assessment results, click the “Submit Assessment Results” button.
- After you submit the results, you will no longer be able to edit the information on the page.

Emailing the Case Manager

- Click the “Email Case Manager” button to access the Send Email composition page.
- The To and From address fields are pre-populated based on the user information available in the system.
- The subject link will be “Assessment Completed”.
- In the body of the email, the text will indicate the type of assessment (APE, AT, OT or PT) that has been completed, along with the Date of Request, the Date Due and the Date Completed.
- Add additional comments in the text field if applicable.
- Click the “Save & Continue” button to send the email and return to the previous page.

It is expected that all providers upload **via fax (only)**, their completed assessments into SEDS 45 days from the date of consent. Timeliness will be determined from the initial fax date, which should correspond with the date entered. All reports that are late or are incomplete will be considered

Untimely. Please be sure to document and contact your Program Manager if there are any barriers to completing assessments in a timely fashion.

Please refer to your SEDS manual for additional information located at the following website:

<https://osse.easylep.com/dcdcps> <<https://osse.easylep.com/dcdcps>

APPENDIX 23 – ADAPTED PHYSICAL EDUCATION - INITIAL PARENT LETTER



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Office of Special Education

Dear Parent of _____

ID #: _____

Welcome to School Year 2013-2014! I am excited about the opportunity to work with your child on addressing his/her adapted physical education (APE) goals.

As the parent, you also serve as a crucial partner in the success of the child. At times, I will send home strategies or suggestions on activities you can implement to help with the reinforcement of the skills he/she is working on in adapted physical education (APE). If you should have any questions about any of the activities sent home, please don't hesitate to contact me.

I am assigned to _____ school on _____, _____, and _____. You can reach me by phone at the school on my assigned days or via email at _____.

In closing I want to invite you to observe your child in his/her adapted physical education class at any time during the year.

Once again, welcome to a new School Year. Let's work together to make this a productive school year for your child.

Sincerely,

Adapted Physical Education Teacher, Date

To Remember: Please fax a copy into EasyIEP using a miscellaneous cover sheet, and then change the label to "APE Parent Initial Letter".

APPENDIX 24 -- OCCUPATIONAL THERAPY - INITIAL PARENT LETTER



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Office of Special Education

Dear Parent of _____

ID #: _____

Welcome to School Year 2013-2014! I am excited about the opportunity to work with your child on addressing his/her occupational therapy (OT) goals.

As the parent, you also serve as a crucial partner in the success of the child. At times, I will send home strategies or suggestions on activities you can implement to help with the reinforcement of the skills he/she is working on in occupational therapy (OT). If you should have any questions about any of the activities sent home, please don't hesitate to contact me.

I am assigned to _____ school on _____, _____, and _____. You can reach me by phone at the school on my assigned days or via email at _____.

In closing I want to invite you to observe your child in his/her occupational therapy (OT) session at any time during the year.

Once again, welcome to a new School Year. Let's work together to make this a productive school year for your child.

Sincerely,

Occupational therapist (OT), Date

To Remember: Please fax a copy into EasyIEP using a miscellaneous cover sheet, and then change the label to "OT Parent Initial Letter".

APPENDIX 25 – PHYSICAL THERAPY - INITIAL PARENT LETTER



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Office of Special Education

Dear Parent of _____

ID #: _____

Welcome to School Year 2013-2014! I am excited about the opportunity to work with your child on addressing his/her physical therapy (PT) goals.

As the parent, you also serve as a crucial partner in the success of the child. At times, I will send home strategies or suggestions on activities you can implement to help with the reinforcement of the skills he/she is working on in physical therapy (PT). If you should have any questions about any of the activities sent home, please don't hesitate to contact me.

I am assigned to _____ school on _____, _____, and _____. You can reach me by phone at the school on my assigned days or via email at _____.

In closing I want to invite you to observe your child in his/her physical therapy (PT) session at any time during the year.

Once again, welcome to a new School Year. Let's work together to make this a productive school year for your child.

Sincerely,

Physical therapist (PT), Date

To Remember: Please fax a copy into EasyIEP using a miscellaneous cover sheet, and change the label to "PT Parent Initial Letter".

APPENDIX 26— UNTIMELY ASSESSMENTS AND DUE DILIGENCE

November 2009

Untimely Assessments and Due Diligence Guidelines

Version 1.0

Developed by: Erica Fener, Program Director, Related Services
Jennifer Parker, Program Manager, Policy Development

Purpose

The purpose of these Guidelines is to provide guidance when assessments are not conducted in a timely manner due to the student's absence, truancy, or refusal to participate or attend, lack of or withdrawal of parental consent for evaluation/reevaluation, or incomplete assessment.

Guidelines for Untimely Assessments and Due Diligence

Untimely Assessment Scenarios

Parent/Guardian Consent is Granted but the Student is Frequently Absent, Truant, and/or Refuses to Participate or Attend

When 2-3 attempts to assess are unsuccessful because the student is absent, truant and/or refuses to participate or attend:

- The Related Service Provider (APE/OT/PT) assigned to complete the assessment must:
 - Contact the teacher, attendance monitor, and parent/guardian to determine the reason for the student's absence for each failed attempt;
 - Document contacts, attempted contacts, and outcomes in the SEDS communication log;
 - Call the parent/guardian to reschedule the assessment and document in the SEDS communication log; and
 - Inform the Special Education Coordinator (SEC) via email that the student was absent or refused to participate and that the information has been documented.
- The SEC must:
 - Contact the parent/guardian at least three times using multiple modalities (e.g., written, phone, email, visit). One contact must be written correspondence sent by certified mail with a return receipt;
 - Notify the related service provider via email when the attempts to contact the parent are made; and
 - Document contacts with parent/guardian, attempted contacts, and outcomes in the SEDS communication log.
- The IEP Team must convene within 15 school days of the second failed attempt to assess. The Team will:
 - Review the student's attendance history since consent was obtained;
 - Consider the reason(s) for the student's absence, truancy, and/or refusal to participate or attend; and
 - Determine if an alternate assessment or schedule for the assessment may be warranted.

The parent/guardian and DCPS can agree in writing that the attendance of certain IEP Team members is not necessary for this meeting depending on the member's area of curriculum or related services; allowing a partial team to meet to address this particular situation. **However, the related service provider assigned to that assessment MUST be in attendance.** If the parent/guardian cannot physically attend the IEP meeting an alternative means of participation may be used (e.g., Individual or conference telephone calls).

The SEC will send a letter by certified mail with a return receipt to the parent/guardian within five business days of the IEP meeting if the parent/guardian does not want to attend the IEP meeting or fails to respond to the *IEP Meeting Invitation/Notice*.

No Parent/Guardian Consent for Initial Evaluation

If the parent/guardian refuses to consent to an initial evaluation or fails to respond to the *Parent/Guardian Consent to Initial Evaluation/Reevaluation* within 15 school days the SEC must:

- Contact the parent/guardian at least three times using multiple modalities (e.g., written, phone, email, visit). One contact must be written correspondence sent by certified mail with a return receipt;
- Document contacts, attempted contacts, and outcomes in the SEDS communication log;
- Send a Prior Written Notice (PWN) by certified mail with a return receipt to the parent/guardian indicating that the special education process has stopped. At this point, DCPS is no longer obligated to pursue consent or conduct assessments; and
- Contact the cluster supervisor via email if he/she feels it is necessary to pursue the consent to evaluate. DCPS may elect to proceed to mediation and/or a due process hearing in order to override the lack of consent for assessment.

No Parent/Guardian Consent for Reevaluation

If the parent/guardian refuses to consent to a reevaluation or fails to respond to the *Parent/Guardian Consent to Initial Evaluation/Reevaluation* within 15 school days the SEC must:

- Contact the parent/guardian at least three times using multiple modalities (e.g., written, phone, email, visit). One contact must be written correspondence sent by certified mail with a return receipt;
- Document contacts, attempted contacts, and outcomes in the SEDS communication log;
- Send a PWN by certified mail with a return receipt to the parent/guardian indicating that the special education process has stopped. At this point, DCPS is no longer obligated to pursue consent or conduct assessments; and
- Contact the cluster supervisor via email if he/she feels it is necessary to pursue the consent to reevaluate. DCPS may elect to proceed to mediation and/or a due process hearing in order to override the lack of consent for assessment.

Parent/Guardian Consent Provided but Assessment Not Completed in Timely Manner (Exception: student absent, truant, and/or refuses to participate or attend)

If the parent/guardian has provided consent to evaluate/reevaluate but the assessment may not be completed within the required timeline the SEC must:

- Contact the program manager of the specific discipline via email immediately (e.g., if the SEC suspects the APE/AT/OT/PT assessment will not be completed within the required timeline); and
- Mail written correspondence to the parent/guardian identifying the incomplete assessment(s) and requesting agreement on a new timeline for completion. This correspondence should be sent by certified mail with a return receipt on the same day as the program manager is contacted.

Parent/Guardian Withdraws Consent to Evaluate/Reevaluate

If the parent/guardian verbally withdraws consent to evaluate/reevaluate the case manager must:

- Document the conversation in the SEDS communication log; and
- Send a PWN by certified mail with a return receipt to the parent/guardian documenting that the consent to evaluate/reevaluate has been withdrawn.

APPENDIX 27 – MISSED RELATED SERVICE SESSIONS AND DUE DILIGENCE
GUIDELINES

May 2012

Missed Related Service Sessions and Due Diligence Guidelines

Version 2.0

Purpose

The purpose of these Guidelines is to provide guidance related to when a missed related service session(s) must be made up, how to document missed, make-up, and attempts to make up service sessions, and timelines by which the sessions are to be made up.

Missed Related Service Sessions and Due Diligence Guidelines

Missed Related Service Session and Due Diligence

Provider Unavailable: Provider not available for scheduled service session(s) (e.g., sick leave, annual leave, attending an IEP meeting).

When a service session(s) is missed due to the provider being unavailable to deliver the service, DCPS has the following two options:

1. The APE/Related Service Provider (RSP) must schedule a make-up service session for the missed service session(s) during the quarter in which the missed session occurs. If the missed session(s) occurs during the last week of the quarter it must be made up within the first week of the following quarter. This is to ensure that all relevant information will be provided in the quarterly progress report. In most cases, this is the option that should be utilized. If the APE/RSP cannot make up the session(s), he/she must notify the program manager via email within 24 hours;
2. When the APE/ Related Service Provider (RSP) absolutely cannot make up the session(s), and notifies the program manager, the program manager must then assign a substitute provider to make up the missed service session(s) during the quarter in which it occurs or develop an alternative option with the APE/ Related Service Provider (RSP) and SEC. If the missed session(s) occurs during the last week of the quarter it must be made up within the first week of the following quarter. If the APE/ Related Service Provider (RSP) cannot make up the session(s), he/she MUST notify the program manager via email within 24 hours.

Student Unavailable: Student in school but not able to attend session.

Student Attendance at School-Related Activities (e.g., field trip, assemblies)

If a service session(s) is missed because of student attendance at a school-related activity the APE/ Related Service Provider (RSP) must:

- Document the missed service session (see *Procedures for Documentation*);
- Consider the impact of the missed session on the child's progress and performance and determine next steps to ensure the provision of FAPE. One goal is to ensure the students have the opportunity to participate in activities with their non-disable peers; and
- If the missed session due to the student's unavailability caused a negative impact on the student's performance, the missed session must be made up.

The goal of DCPS is to ensure that related services are delivered despite the reason for the missed sessions. Therefore, the IEP team should consider alternative service delivery options or a change in services when student absence or refusal is significantly impacting service implementation and student's progress. Examples of alternative service delivery options include: service delivery in the classroom, a consultation delivery model, or transition out of the current service type and replacement with different services (e.g. exit from speech/language services and increase research – based reading Intervention).

Does not include Inclusionary delivery of services (e.g., APE/ Related Service Provider (RSP) attends assembly with student as part of his/her service session).

Student Refuses to Participate or Attend (e.g., verbal refusal, student is unable to be located)

1. When a student receives 3 or more service sessions per week of the same service as indicated in the student's IEP and 6 service sessions are missed because the student refuses to participate or attend the APE/ Related Service Provider (RSP) must:

- Document each missed service session (see *Procedures for Documentation*); and
- Notify the SEC or case manager via email within 24 hours of the last missed service session. This notification prompts an IEP meeting. The SEC or case manager must convene the IEP meeting within 15 school days of the 6th missed service session to consider the impact of the missed session on the student's progress and performance, and determine how to ensure the continued provision of a free appropriate public education (FAPE). Student attendance records should be reviewed at the meeting when making the determination.

While missed service sessions due to student absence or refusal to participate or attend are not required to be made up, the goal of DCPS is to ensure that related services are delivered despite the reason for the missed sessions. Therefore, the IEP team should consider alternative service delivery options or a change in services when student absence or refusal is significantly impacting service implementation as outlined above. Examples of alternative service delivery options include: service delivery in the classroom, a consultation delivery model, or transition out of the current service type and replacement with different services (e.g. exit from speech/language services and increase research – based reading intervention).

The parent/guardian and DCPS can agree in writing that the attendance of certain IEP Team members is not necessary for this meeting depending on the member's area of curriculum or related services; allowing a partial team to meet to address this particular situation. **However, the APE/ Related Service Provider (RSP) for the service session in question must be in attendance.** If the parent/guardian cannot physically attend the IEP meeting an alternative means of participation may be used (e.g., individual or conference telephone calls). The parent's/guardian's signature must be obtained on the IEP and/or the Prior Written Notice (PWN) before the delivery of services. The SEC or case manager is responsible for obtaining the parent's/guardian's signature on the amended IEP within 5 days of a telephone conference.

2. When a student receives 1 - 2 service sessions per week of the same service as indicated in the student's IEP and 3 service sessions are missed because the student refuses to participate or attend the APE/ Related Service Provider (RSP) must:

- Document each missed service session (see *Procedures for Documentation*); and

- Notify the SEC or case manager via email within 24 hours of the last missed service session. This notification prompts an IEP meeting. The SEC or case manager must convene the IEP meeting within 15 school days of the 3rd missed service session to consider the impact of the missed session on the student's progress and performance, and determine how to ensure the continued provision of FAPE. Student attendance records should be reviewed at the meeting when making the determination.

While missed service sessions due to student absence or refusal to participate or attend are not required to be made up, the goal of DCPS is to ensure that related services are delivered despite the reason for the missed sessions. Therefore, the IEP team should consider alternative service delivery options or a change in services when student absence or refusal is significantly impacting service implementation as outlined above. Examples of alternative service delivery options include: service delivery in the classroom, a consultation delivery model, or transition out of the current service type and replacement with different services (e.g. exit from speech/language services and increase research – based reading intervention).

The parent/guardian and DCPS can agree in writing that the attendance of certain IEP Team members is not necessary for this meeting depending on the member's area of curriculum or related services; allowing a partial team to meet to address this particular situation. **However, the APE/Related Service Provider (RSP) for the service session in question must be in attendance.** If the parent/guardian cannot physically attend the IEP meeting an alternative means of participation may be used (e.g., individual or conference telephone calls). The parent's/guardian's signature must be obtained on the IEP and/or the PWN before the delivery of services. The SEC or case manager is responsible for obtaining the parent's/guardian's signature on the amended IEP within 5 days of a telephone conference.

Student Absent: Student absent from school, (e.g. documented excused or unexcused)

1. When a student receives 3 or more service sessions per week of the same service as indicated in the student's IEP and 6 service sessions are missed because of an **excused or unexcused absence** the APE/ Related Service Provider (RSP) must:

- Document each missed service session (see *Procedures for Documentation*); and
- Notify the SEC or case manager via email within 24 hours of the last missed service session. This notification prompts an IEP meeting. The SEC or case manager must convene the IEP meeting within 15 school days of the 6th missed service session to consider the impact of the missed session on the student's progress and performance, and determine how to ensure the continued provision of FAPE. Student attendance records should be reviewed at the meeting when making the determination.

The parent/guardian and DCPS can agree in writing that the attendance of certain IEP Team members is not necessary for this meeting depending on the member's area of curriculum or related services; allowing a partial team to meet to address this particular situation. **However, the APE/Related Service Provider (RSP) for the service session in question must be in attendance.** If the parent/guardian cannot physically attend the IEP meeting an alternative means of participation may be used (e.g., individual or conference telephone calls). The parent's/guardian's signature must be obtained on the IEP and/or the PWN before the delivery of services. The SEC or case manager is responsible for obtaining the parent's/guardian's signature on the amended IEP within 5 days of a telephone conference.

2. When a student receives 1 - 2 service sessions per week of the same service as indicated in the student's IEP and 3 service sessions are missed because of an excused or unexcused absence the APE/ Related Service Provider (RSP) must:

- Document each missed service session (see *Procedures for Documentation*); and
- Notify the SEC or case manager via email within 24 hours of the last missed service session. This notification prompts an IEP meeting. The SEC or case manager must convene the IEP meeting within 15 school days of the 3rd missed service session to consider the impact of the missed session on the student's progress and performance, and determine how to ensure the continued provision of FAPE. Student attendance records should be reviewed at the meeting when making the determination.

The parent/guardian and DCPS can agree in writing that the attendance of certain IEP Team members is not necessary for this meeting depending on the member's area of curriculum or related services; allowing a partial team to meet to address this particular situation. **However, the APE/ Related Service Provider (RSP) for the service session in question must be in attendance.** If the parent/guardian cannot physically attend the IEP meeting an alternative means of participation may be used (e.g., individual or conference telephone calls). The parent's/guardian's signature must be obtained on the IEP and/or the PWN before the delivery of services. The SEC or case manager is responsible for obtaining the parent's/guardian's signature on the amended IEP within 5 days of a telephone conference.

School Closure: School closed for holiday or emergency.

When school is not in session due to a scheduled holiday, delayed opening, or complete closure due to poor weather the missed service session(s) is not required to be made up.

Summary:

The APE/ Related Service Provider (RSP) is not required to make up missed service sessions under the following circumstances:

- Student absence (excused or unexcused);
- Student refusal to participate or attend;
- School closed for holiday or emergency.

However, DCPS has an obligation to ensure appropriate services are delivered. Therefore, the IEP team may consider alternative service delivery options or a change in services based on the student's availability for the particular service type and delivery modality. Examples of this include: service delivery in the classroom, a consultation delivery model, transition out of the current service type and replacement with different services (e.g. exit from speech/language services and increase research – based reading intervention).

Procedures for Documentation

Missed Service Sessions

The APE/ Related Service Provider (RSP) must log all missed service sessions in the *SEDS Service Logging Wizard* indicating:

- Date of missed service session;
- Service type (e.g., student absent, student unavailable, provider unavailable, school closure);
- Duration of service scheduled (Service duration must be documented even if a student is absent; if the student receives only partial service, document the altered duration.);
- Group size;
- "Progress Report" (e.g., just introduced, mastered, no progress, not introduced, progressing, regressing); and
- "Comments" box
 - Document why the service session was missed (e.g., student unavailable, student absent, provider unavailable, school closure); and
 - List action taken to ensure service delivery (e.g., contacted the parent/guardian, talked with the teacher, contacted the student).

Make-Up Service Sessions

The APE/ Related Service Provider (RSP) must log all make-up service sessions in the *SEDS Service Logging Wizard* indicating:

- Date and time of service provided;
- Service type (e.g., student absent, student unavailable, provider unavailable, school closure);
- Duration of the service provided;
- Group size;
- "Progress Report" (e.g., just introduced, mastered, no progress, not introduced, progressing, regressing); and
- "Comments" box
 - "MAKE UP SERVICE SESSION for Missed Session on MM/DD/YYYY." In addition, record progress note standards for service sessions delivered; and
 - List action taken to ensure service delivery (e.g., notified the parent/guardian of the make-up service session dates(s)).

Make-Up Service Session Attempts

The APE/ Related Service Provider (RSP) is required to attempt to make up a service session three times. Any failed attempt prior to the third scheduled make-up session should be logged in the SEDS communication log. The log should include:

- Attempted date and time of service session; and

- Which attempt it was (e.g., first or second).

Upon the third failed attempt the scheduled missed make-up service session should be logged in the *SEDS Service Logging Wizard* indicating:

- Attempted date and time of service session;
- Service type (e.g., student absent, student unavailable, provider unavailable, school closure);
- Which attempt it was (e.g., third);
- Duration of service attempted (number of minutes or zero minutes);
- Group size;
- "Progress Report" (e.g., just introduced, mastered, no progress, not introduced, progressing, regressing); and
- "Comments" box
 - Add notation "MAKE UP SERVICE SESSION for Missed Session on MM/DD/YYYY."
 - List action taken to ensure service delivery (e.g., contacted parent/guardian, talked with the teacher, contacted the student).

After three attempts have been made and documented in an effort to make up the missed service session(s), and the District has exercised due diligence, attempts to implement a make-up session for the missed session(s) are discontinued.

PLEASE NOTE: When all three attempts to make up a missed service session do not occur only the third make-up attempt should be logged in the *SEDS Service Logging Wizard*. The date of the missed session indicated in the "comments" box (e.g., MM/DD/YYYY) must reflect the date of the regularly scheduled missed service session for which the make-up service was covering. The previous failed attempts must be documented in the contact log (e.g., spoke with the teacher when the student was absent to schedule the make-up session, called parent/guardian) as outlined above.

APPENDIX 28 – PLAN TO MAKE UP MISSED SERVICES



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Office of Special Education

PLAN TO MAKE-UP MISSED SERVICES

Student: _____ Student ID Number: _____
 Date of Birth: _____ School: _____
 Service: _____ Provider Name _____
 Date: _____

Instructions:

(1) Follow DCPS guidelines regarding Missed Related Service Sessions and Due Diligence Guidelines (2) Notify the student's parent and teacher of make-up plan, and document in Communications Log In SEDS (3) Work with teachers to determine best times for providing make-up services (4) Submit a copy of this form to the Physical Supports Program Manager by the end of the month (fax to 202-654 6088)

Reason for Missed Service	Options for Making-Up Services
Select: T1 – Provider unavailable due to student/district/building meetings T2 – Provider – illness, personal, professional development T3 – No provider to cover school S1 – Student unavailable for scheduled service (field trip, assembly, school closing) S2 – Student refusal	Select: 1. Add time before or after the student's scheduled session 2. Add a session another day 3. Incorporate the student into other students' sessions 4. Integrate service into classroom activities 5. Schedule before/after school if permissible by the district

Dates of missed sessions	Amount of time missed (in minutes)	Reason	Option selected for make-up services	Dates services will be made up	Estimated completion date	Make up plan confirmed with teacher	Date make-up was completed and documented

APPENDIX 29 – STUDENT SERVICE ALIGNMENT PLAN – OCCUPATIONAL THERAPY

Use of Frames of Reference and Theoretical Models

When team members focus on one diagnosis or frame of reference to determine when occupational therapy is needed, they may overlook the student's strengths and what the student needs to be able to do in school. Under IDEA, school-based practice requires an individualized approach to assessment, goal setting, and intervention. Occupational therapists must be able to work from many models and frames of reference in order to help different types of students reach their IEP goals.

Frames of reference guiding school-based the occupational therapist should always consider:

- the student in his or her roles at school
- the student doing the "occupations" of school (personal care, completing work, learning, playing, etc.)
- the ways the school environment helps or prevents the student's performance

Several occupational therapy frames of reference support descriptions of a student's performance at school. All school-based OTs start with the basic question "What activities – identified in the referral – does the child need to do in order to be successful at school?" Therapists then match information about the student with research, clinical judgment, and professional experience to choose frames of reference which guide intervention. This matching process is based on the needs and goals of each individual student. OTs do not work from the same frame of reference for every child, and IEP teams should not expect a specific type of intervention when occupational therapy is included in the IEP. Frames of reference commonly used by occupational therapists in schools include: motor control, developmental, behavioral, neurodevelopmental, biomechanical, cognitive, sensory processing, coping, and others (AOTA, 2007). At this time there are no studies suggesting that one frame of reference is better than another in meeting educational goals.

Grades K-2 – OT Severity Matrix

	Severity of Disorder	Primary Therapy Service Focus	Evaluation Results	Service Delivery
Mild Consultation for maximum of 30 Minutes per month	Impairment <u>minimally</u> affects the individual's ability to perform school related tasks.	The student requires accommodations to complete school related tasks requiring self-regulation or sensory processing visual motor, fine motor, and/or visual perceptual skills and requires supervision and/or additional prompts to manipulate objects, tools, and adaptive devices.	Performance on standardized testing falls from 1 to 1.5 standard deviations below the mean standard score. School-based occupational therapy services should never be decided based solely on a student's score on a test, although, this is a critical, quantitative consideration to ensure District-wide consistency.	1 - 2 x 15 minutes/month Consult
Moderate 120 minutes/month	Impairment <u>interferes</u> with the individual's ability to perform school related tasks.	The student requires therapy to complete school related tasks requiring visual motor, fine motor, and/or visual perceptual skills. The student requires physical assistance or strategies to manipulate objects, tools, and adaptive devices.	Performance on standardized testing falls from 1.5 to 2.5 standard deviations below the mean standard score. School-based occupational therapy services should never be decided based solely on a student's score on a test, although, this is a critical, quantitative consideration to ensure District-wide consistency.	120 minutes/month In-Class Or 60 minutes x 10 days In-class 60 minutes/10 days Pull-out
Severe 180-240 minutes/week	Impairment <u>limits</u> the individual's ability to perform school related tasks.	The student requires intensive therapy to complete school related tasks requiring visual motor, fine motor, and/or visual perceptual skills. The student requires physical assistance or strategies to manipulate objects, tools, and adaptive devices.	Performance on standardized testing is greater than 2.5 standard deviations below the mean standard score. School-based occupational therapy services should never be decided based solely on a student's score on a test, although, this is a critical, quantitative consideration to ensure District-wide consistency.	180-240 minutes/week Pull-out Or 45-60 minutes/10 days In-class 45-60 minutes/10 days Pull-out Training of school staff should be a priority for proper carryover of OT recommendations and accommodations.

Grades 3-12 -- OT Severity Matrix

	Severity of Disorder	Primary Therapy Service Focus	Evaluation Results	Service Delivery
Discharge/No Recommendation for Therapy	Impairment <u>may</u> affect the individual's ability to perform some tasks; however, with accommodations and modifications of the environment/task the student is able to complete school related activities.	During classroom observation and teacher report, the student is capable of completing classroom tasks with modifications or adaptations from therapist and/or teacher. This includes identifying math signs/symbols, copying from the board, manipulates objects, and are able to place responses in appropriate area.	A less than 7-point increase in the VMI's raw score after 3 years demonstrates that the student is at their baseline. School-based occupational therapy services should never be decided based solely on a student's score on a test, although, this is a critical, quantitative consideration to ensure District-wide consistency.	Services are discharged
Mild Consultation for maximum of 15 minutes per month	Impairment <u>minimally</u> affects the individual's ability to perform school related tasks.	The student requires accommodations to complete school related tasks requiring self-regulation or sensory processing visual motor, fine motor, and/or visual perceptual skills and requires supervision and/or additional prompts to manipulate objects, tools, and adaptive devices.	Performance on standardized testing falls from 1 to 1.5 standard deviations below the mean standard score. School-based occupational therapy services should never be decided based solely on a student's score on a test, although, this is a critical, quantitative consideration to ensure District-wide consistency.	1 x 15 minutes/month Consult
Moderate 120 minutes/month	Impairment <u>interferes</u> with the individual's ability to perform school related tasks.	The student requires intensive therapy to complete school related tasks requiring visual motor, fine motor, and/or visual perceptual skills. The student requires physical assistance or strategies to manipulate objects, tools, and adaptive devices.	Performance on standardized testing is greater than 1.5 standard deviations below the mean standard score and the student is having significant difficulty accessing the curriculum. School-based occupational therapy services should never be decided based solely on a student's score on a test, although, this is a critical, quantitative consideration to ensure District-wide consistency.	120 minutes/month In-Class Or 60 minutes/10 days In-class 60 minutes/10 days Pull-out
Severe 180-240 minutes/month	Impairment <u>limits</u> the individual's ability to perform school related tasks. School staff need to be trained in carryover of therapeutic interventions.	The student requires intensive therapy and carryover from school personnel to complete school related tasks requiring visual motor, fine motor, and/or visual perceptual skills. The student requires physical assistance or strategies to manipulate objects, tools, and adaptive devices.	Performance on standardized testing is greater than 2.5 standard deviations below the mean standard score. School-based occupational therapy services should never be decided based solely on a student's score on a test, although, this is a critical, quantitative consideration to ensure District-wide consistency.	180-240 minutes/month Consult OR 90-120 minutes/10 days In-class 90-120 minutes/10 days Pull-out At this age level, training of school staff should be a priority for proper carryover of OT recommendations and accommodations.

APPENDIX 30 – LEFT BLANK INTENTIONALLY

APPENDIX 31 – STUDENT SERVICE ALIGNMENT PLAN – PHYSICAL THERAPY (SEVERITY MATRIX)

Use of Frames of Reference and Theoretical Models

When team members focus on one diagnosis or frame of reference to determine when physical therapy is needed, they may overlook the student's strengths and what the student needs to be able to do in school. Under IDEA, school-based practice requires an individualized approach to assessment, goal setting, and intervention. Physical therapists must be able to work from many models and frames of reference in order to help different types of students reach their IEP goals.

Frames of reference guiding school-based Physical Therapy should always consider:

- the student in his or her roles at school
- the student's ability to safely access the educational curriculum in the school environment, and ability to keep up with peers.
- the ways the school environment helps or prevents the student's performance

Several physical therapy frames of reference support descriptions of a student's performance at school. All school-based PTs start with the basic question "What activities – identified in the referral – does the child need to do in order to be successful at school?" Therapists then match information about the student with research, clinical judgment, and professional experience to choose frames of reference which guide intervention. This matching process is based on the needs and goals of each individual student. PTs do not work from the same frame of reference for every child, and IEP teams should not expect a specific type of intervention when physical therapy is included in the IEP. School-based physical therapy, as a related service, identifies impairments and functional limitations, which interfere with students' ability to participate fully in the educational program. It focuses on removing barriers from the students' ability to learn, helping students develop skills, which increase their independence in the school environment, and improving the students' performance in school classrooms, hallways, playground, physical education and other areas that may be part of their educational program. He/She may work with school personnel on adapting or modifying the students' seating and other equipment/materials. The school-based physical therapist works in a supportive role, working closely with teachers, to promote the highest level of function possible for students pursuing educational goals. The school-based therapist will assess the current level of gross motor performance and determine how it directly impacts the student's ability to perform specific school tasks. Services are provided to enhance independent functioning and may include positioning, strengthening, mobility and modifications and adaptations to the environment.

Grades K-2 – PT Severity Matrix				
	Severity of Disorder	Primary Therapy Service Focus	Evaluation Results	Service Delivery
Mild Consultation for maximum of 30 Minutes per month	Impairment <u>minimally</u> affects the individual's ability to perform school related tasks and access the curriculum.	The student requires accommodations to complete school related tasks and accessing the school environment requiring supervision for safety, mobility and keeping up with peers, requiring supervision and/or additional prompts to maneuver and/or perform gross motor skills.	Performance on standardized testing falls from 1 to 1.5 standard deviations below the mean standard score. School-based physical therapy services should never be decided based solely on a student's score on a test.	1 - 2 x 15 minutes/month
Moderate 120-180 minutes/month	Impairment <u>interferes</u> with the individual's ability to perform school related tasks and access the curriculum.	The student requires therapy to complete school related tasks requiring close supervision and physical assistance to perform gross motor skills and accessing the school environment. The student requires physical assistance or strategies for safety, mobility and modifications in physical education classes.	Performance on standardized testing falls from 1.5 to 2.5 standard deviations below the mean standard score. School-based physical therapy services should never be decided based solely on a student's score on a test.	120-180 minutes/month Consult <u>Or</u> 1 x 30-45 minutes/10 days In-class 1 x 30-45 minutes/10 days Pull out
Severe 180-240 minutes/month Severe (cont'd)	Impairment <u>limits</u> the individual's ability to perform school related tasks and access the curriculum.	The student requires intensive therapy to complete school related tasks requiring physical assistance to perform gross motor skills and accessing the school environment. The student requires maximum assistance to perform most gross motor activities	Performance on standardized testing is greater than 2.5 standard deviations below the mean standard score. School-based physical therapy services should never be decided based solely on a student's score on a test.	180-240 minutes/month Consult <u>Or</u> 1 x 30-45 minutes/10 days In-class 1 x 30-45 minutes/10 days Pull out Training of school staff should be a priority for proper carry over of physical therapy recommendations and accommodations.

Grades 3-12 – PT Severity Matrix				
	Severity of Disorder	Primary Therapy Service Focus	Evaluation Results	Service Delivery
Discharge/No Recommendation for Therapy	Impairment <u>may</u> affect the individual's ability to perform some tasks; however, with accommodations and modifications of the environment/task the student is able to complete school related activities.	During classroom observation and teacher report, the student is able to complete classroom tasks and mobility throughout the educational environment with modifications or adaptations from the therapist and/or teacher.	Student has achieved and/or plateaued with goals and objectives, demonstrating that the student is at their baseline. School-based physical therapy services should never be decided based solely on a student's score on a test.	Services are discharged
Mild Consultation for maximum of 15 minutes per month	Impairment <u>minimally</u> affects the individual's ability to perform school related tasks.	The student requires accommodations to complete school related tasks requiring supervision and assistance with mobility, positioning, transferring, gross motor skills; additional prompts are necessary to successfully access the educational environment.	Performance on standardized testing falls from 1 to 1.5 standard deviations below the mean standard score. School-based physical therapy services should never be decided based solely on a student's score on a test.	1 x 15 minutes/month Consult
Moderate 120 – 180 minutes/month Moderate (cont'd)	Impairment <u>interferes</u> with the individual's ability to perform school related tasks.	The student requires intensive therapy to complete school related tasks requiring mobility, transfers, gross motor skills, positioning. The student requires physical assistance or strategies to successfully access the educational environment.	Performance on standardized testing is greater than 1.5 standard deviations below the mean standard score and the student is having significant difficulty accessing the curriculum. School-based physical therapy services should never be decided based solely on a student's score on a test.	120-180 minutes/month In-class <u>Or</u> 30-45 minutes/10 days In-class 30-45 minutes/10 days Pull-out
Severe 180-240 minutes/month	Impairment <u>limits</u> the individual's ability to perform school related tasks. School staff need to be trained in carryover of therapeutic interventions.	The student requires intensive therapy and carryover from school personnel to complete school related tasks requiring mobility, transfers, developmental and gross motor skills. The student requires physical assistance or strategies to successfully access the school environment.	Performance on standardized testing is greater than 2.5 standard deviations below the mean standard score. School-based physical therapy services should never be decided based solely on a student's score on a test.	180-240 minutes/month Consult 1 x 30-45 minutes/10 days In-class 1 x 30-45 minutes/10 days Pull-out At this age level, training of school staff associated with this child should be a priority vs. direct therapy

APPENDIX 32 – LEFT BLANK INTENTIONALLY

APPENDIX 33 – BIMONTHLY PROGRESS REPORT (BPR) - APE



**DISTRICT OF COLUMBIA
PUBLIC SCHOOLS**

Office of Special Education

BIMONTHLY PROGRESS REPORT (BPR) – ADAPTED PHYSICAL EDUCATION (APE) (N/4)

Student: _____ DOB: _____ ID Number: _____
 School Grade: _____ School: _____
 Service: Adapted Physical Education
 BPR #: { /4 }

Dear Parent/ Guardian,
 Please take the time to review the progress your child has experienced under Adapted Physical Education services. DCPS goals include keeping parents and guardians informed as to their child's progress towards their IEP goals and engage them on helping their children succeed in their schools and community. Should you have any questions or concerns, please contact me at your child's school or via email at provider's DCPS email: _____ @dc.gov Thank You.

Treatment Interventions	Progressing	Not progressing	Not introduced	Just introduced	Regression	Mastered
Other _____						
Other _____						
Other _____						

Home Activity to support your child's progress: _____

Comments: _____

Physical Education Teacher Signature and Title

_____ Date

APPENDIX 34 - BIMONTHLY PROGRESS REPORT (BPR) - OT



**DISTRICT OF COLUMBIA
PUBLIC SCHOOLS**

Office of Special Education

BIMONTHLY PROGRESS REPORT (BPR) – OCCUPATIONAL THERAPY (OT) (N/4)

Student: _____ DOB: _____ ID Number: _____
 School Grade: _____ School: _____
 Service: OT
 BPR #: (0/4)

Dear Parent/ Guardian,
 Please take the time to review the progress your child has demonstrated under OT services. DCPS goals include keeping parents and guardians informed as to their child's progress towards their IEP goals and engage them on helping their children succeed in their schools and community. Should you have any questions or concerns, please contact me at your child's school or via email at provider's DCPS email: _____@dc.gov Thank You.

TREATMENT INTERVENTIONS	PROGRESSING	NOT PROGRESSING	NOT INTRODUCED	JUST INTRODUCED	REGRESSION	MASTERED
Grasp development						
Bilateral coordination						
Clothing fasteners						
Postural activities						
Visual motor tasks						
Visual Perception						
Sensory processing						
Handwriting						
Vocational tasks						
Cutting						
Self Care						
Other _____						
Other _____						

Home Activity to support your child's progress:

Comments:

Occupational Therapist Signature and Title _____ Date _____

APPENDIX 35 - BIMONTHLY PROGRESS REPORT (BPR) - OT



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Office of Special Education

BIMONTHLY PROGRESS REPORT (BPR) – PHYSICAL THERAPY (PT) (N/4)

Student:
School Grade:
Service: Physical Therapy
BPR #: (0/4)

DOB: School: ID Number:

Dear Parent/ Guardian,

Please take the time to review the progress your child has experienced under Physical Therapy services. DCPS goals include keeping parents and guardians informed as to their child's progress towards their IEP goals and engage them on helping their children succeed in their schools and community. Should you have any questions or concerns, please contact me at your child's school or via email at provider's DCPS email:

@dc.gov Thank You.

TREATMENT INTERVENTIONS	PROGRESSING	NOT PROGRESSING	NOT INTRODUCED	JUST INTRODUCED	REGRESSION	MASTERED
Balance Activities						
Coordination Skills						
Strength Activities						
ROM Activities						
Postural Exercises						
Walking Activities						
Stair Climbing						
Ball Skills						
Playground Skills						
Gross Motor Skills						
Cafeteria Skills						
Other						
Other						
Other						

Home Activity to support your child's progress:

Comments:

Physical Therapist Signature and Title

Date

APPENDIX 36 – PHRASES TO SUPPORT NOT OFFERING APE, OT AND/OR PT SERVICES

PHRASES TO SUPPORT NOT OFFERING APE, SCHOOL-BASED OT/PT THERAPY SERVICES

GROSS AND FINE MOTOR

_____ shows on-going, progressive acquisition of motor skills. There is no evidence of abnormal or pathological movements. Continued motor skill development can be supported by the educational program.

At this time, _____ does not appear to need the additional support from the related service of OTIPT to benefit from his/her educational program.

_____ demonstrates the necessary motor skills to access his/her classroom and participate fully in _____ academic program.

_____ has the necessary strength, range of motion, and motor skills to participate fully and safely in _____ academic program.

_____ exhibits an appropriate foundation for motor/sensory skills necessary for school activities; therefore, physical/occupational therapy services are not indicated at this time.

_____ Gross/fine motor skills are addressed in the educational program through PE/developmental gross motor program/classroom objectives; therefore, physical/occupational therapy services are not indicated at this time.

_____ has mastered compensatory motor skills needed for school activities.

With the opportunities provided within _____ school day and in physical education class, his/her gross/fine motor skills should continue to be developed.

The instructional program designed for _____ is rich in movement opportunities, and is sufficient to challenge continued motor skill development needed for school activities.

While _____ skill level is mildly delayed, he/she has the necessary components of movement that permit him/her to gain skills as he/she grows/practices. _____ abilities are sufficient to function adequately in his/her educational setting.

At this time, _____ does not require OT/PT services to enable him/her to participate in his/her educational program.

_____ is demonstrating age-appropriate fine/gross motor skills despite the presence of low muscular responses.

It should be noted that although _____ test performance indicates deficits in _____, he/she is spontaneously using cognitive strategies to complete _____ tasks.

Gross/fine motor skill levels do not interfere with _____ ability to function adequately within the school environment.

Modifications to the school environment have been made and are effective for appropriate participation in _____ instructional program.

Modification/adaptations and assistive technology are available, in working order, and effective. The staff has been instructed in its use and care.

Therapy is no longer affecting change in the _____ level of functioning or rate of skill acquisition.

Strategies used in _____ educational program are adequate to support continued gains in school related gross/fine motor skills.

The educational staff is aware of and understands the implications of _____ medical and/ or physical condition and is managing the environment appropriately.

_____ has adequate motor development to control and coordinate movements needed to benefit from his/her educational program.

Needed strategies can be implemented effectively by _____ educational team.

Modifications to the school or work environment have been made and are effective in supporting _____ participation in the instructional program.

Deficits do not interfere with _____ ability to function adequately within the school environment.

_____ has learned appropriate strategies to compensate for deficits.

The activities with the classroom will provide the ongoing practice _____ needs to facilitate continued skill development.

PHRASES TO SUPPORT NOT OFFERING APE, SCHOOL-BASED OT/PT THERAPY SERVICES...Cont'd

_____ should continue to be exposed to a variety of motor experiences as well specific practice in _____

Opportunities for continued skill acquisition are incorporated into _____ program activities on a regular basis.

GROSS MOTOR:

_____ shows competent, functional mobility and safety in moving about the school environment for all school activities.

_____ is safe and functional for school activities. He/she is managing his/her physical challenges by appropriately using adaptive equipment and requesting assistance as needed.

Opportunities for gross motor activities such as preschool and/or frequent playground visits will be sufficient for _____ to continue to develop his/her gross motor abilities. (Should _____ fail to make expected progress, a physical therapy consultation could be requested to support plans for challenging motor activities.)

While _____ scored below age expectation on standardized testing, he/she did not exhibit abnormal movement or movement patterns that would prevent him/her from benefiting from his/her educational program. _____ needs a variety of experiences and activities which are readily found at home, in community programs, and on playgrounds. Further suggestions were given to the parent.

FINE MOTOR:

_____ difficulties do not appear to be related to fine motor deficits (or other skill areas that therapists address).

Postural control and in-hand manipulative skills are adequate for functional school performance.

_____ has adequate motor development to control and coordinate movements and use appropriate classroom tools.

_____ has adequate motor development to control and coordinate movements and use appropriate classroom tools.

_____ Needed strategies can be implemented effectively by the educational team and continued OT intervention is not required.

APPENDIX 37 – ELECTRONIC SIGNATURE VERIFICATION STATEMENT



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Office of Special Education

**DCPS MEDICAID SERVICES AND BILLING
ELECTRONIC SIGNATURE VERIFICATION STATEMENT**

1. This Electronic Signature Verification Statement is intended to verify a physical copy of my signature as part of the documentation required for the provision of school-based healthcare services on behalf of the District of Columbia Public Schools. I understand and accept that my electronic signature will be created with a unique combination of my network login username and secure password. The unique combination is necessary to ensure that only I have completed all documentation submitted into SEDS under this unique combination.
2. I hereby attest that I will keep my password in a secure location and that I will not disclose my password to others. I also certify that all documentation entered under my login name and password is true and correct.

I have read and comprehended the above paragraphs, and I agree to comply with these statements.

Signature of User

Date

Name of User (Print)

Password

APPENDIX 38 – LETTER TO PHYSICIAN (SAMPLE)



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Office of Special Education

LETTER TO PHYSICIAN

To:
From:
Date:
Ref: Student's Name, DOB, Subject/ID/Reason of Letter

Dear Dr. _____

_____ has been receiving _____ services _____ minutes monthly as specified in his/her IEP, to address the following goals:

The student is able to:

The student is having difficulty with:

It is my opinion that STUDENT'S NAME may benefit from _____ (list what you are recommending - medical equipment, consultation with a specialists, etc) to _____.

Your prompt attention to this matter is greatly appreciated. If you have any questions/concerns regarding this or another matter, please do not hesitate to contact me at _____ or email me at best.provider@dc.gov

Sincerely,

Print Name, Signature, Title and Date

To Remember: Please fax a copy into EasyIEP using a miscellaneous cover sheet, and then change the label to either "OT, PT Letter to Physician"

APPENDIX 39 – EDUCATIONALLY RELEVANT VS. MEDICALLY RELEVANT THERAPY

Occupational and Physical Therapy
Educationally Relevant vs. Medically Relevant Therapy

<i>School-Based (Educationally Relevant) Services</i>	<i>Medical/Clinical Services</i>
The team collaborates to determine emphasis of service, goals, frequency, and duration based on educationally relevant therapy needs. Team includes parents/caregivers, educational staff, and therapist.	Therapists, parents/caregivers, and possibly physicians collaborate to determine emphasis of treatment, goals, frequency, and duration based on medical needs. Team includes parents/caregivers, therapists, physicians
Goals are educational in nature.	Goals are rehabilitative in nature.
Works directly with student in the classroom or other school setting, one-on-one or in a small group.	Works with student and parents/caregivers in clinical or home setting. Therapy usually conducted one-on-one.
Regular contact with teachers and other IEP team members to coordinate the educational plan. Parent contact is usually at IEP meetings; other times to meet generally require prior arrangement. Meetings must be scheduled to update or change goals.	Regular contact with parents/caregivers to obtain history; their concerns, needs, and expected outcomes/goals; update and/or change goals.
Opportunity to provide instruction to teachers and student in the classroom. Parent contact by pre-arrangement.	Opportunity to teach parents home program activities for carryover.
See functional impact, more realistic view of problems/difficulties in school setting. Provision of realistic accommodations for student as able to observe in the classroom.	See activities student is able to perform in a clinical setting. May not be able to observe in school environment.
Service delivery model is determined by the IEP committee and may include direct intervention, consultation, and adaptation of materials. Service scheduling may be dynamic based on needs.	Service delivery model is generally determined by a clinical team. Consists primarily of direct intervention with some consultation with patient and/or family. Service schedule is usually static (i.e., the same time each week).
IEP committee may determine that therapy services are not needed to support a student's educational program at a given time.	Discharge occurs when the patient meets all goals/objectives or when insurance/funds are no longer available.