_____ Public Schools
Programs for Exceptional Children

Occupational Therapy Team Description
2007-2008

STUDENTS:
The Occupational Therapy team in _____ Public Schools serves 625-675 students throughout the school year, on both the traditional and year-round calendars. The caseload size has a somewhat predictable, seasonal ebb and flow, starting with lower numbers in August-November, peeking December through March, and dropping off slightly in April and May. Serving all _____ schools, numerous preschool outreach sites, 4 Head Start sites, and _____ Hospital School, the team traveled to over 70 locations, which averages 3.2 sites per therapist. This year we experienced a net gain of 12 students (about .3 FTE.)

We served approximately 32 STUDENTS/available FTE this year. (Recommended caseload range is 16-43 students, per the American Occupational Therapy Association *GUIDELINES FOR OT SERVICES IN SCHOOL SYSTEMS.*) Based on current service delivery demands, it requires .92 hours per week to serve any given student. 22% of the caseload is comprised of preschool students (22% of service time), 68% elementary students (73% of service time), and 10% secondary students (5% of service time). Most practitioners serve students at all levels, as initial assignments are designed to mirror the overall caseload proportions.

_____ occupational therapists conducted a record 381 evaluations in the 2006-07 school year. This averages 21 evaluations per OTR/L (COTA/Ls do not conduct evaluations), and, at an average of 6 man-hours per evaluation, represents about 9% of a therapist's time. As such, we recommend OTR/Ls plan for 3.0-3.5 hours/week for evaluation. Estimated cost to the system for each occupational therapy evaluation is $160 (6 hours **x** avg. salary of $25/hour + ~$10 in assessment protocols per evaluation.)

PROGRAMS:
During 2006-07 school year, the OT Team offered a variety of programs to students, teachers, families, and other practitioners:

◆In August and early September, *School Tools* was presented in each kindergarten class in the system. *School Tools* is a training and screening program designed to demonstrate and model grasp and manipulation of common classroom tools like crayons, scissors, and pencils.

◆The team participated in the _____ **Parent Academy** through a workshop on movement and learning

◆In April 2007 OT Team hosted our first **OT Parent Night** celebration at Staff Development Center, inviting parents of students receiving OT to come learn more about OT, connect with other families, see student projects, and enjoy refreshments.

◆OT staff joined with PE teachers to train teachers in *Brain Gym* and *Energizer* techniques to meet new state mandates for incorporating movement in the instructional day

◆The _____ OT Team will present the OT workshop at the **2007 DPI EC Summer Institute** on July 23 in Greensboro, based on our work with evaluations in context

Students identified in both the Exceptional Children's Program and under Section 504 of the American with Disabilities Act are served by _____ occupational therapy practitioners. At the end of the 2002-03 school year the 504 OT caseload (not billable service; paid for by local funds) represented 17% of our service delivery to 572 _____ students. At the end of the 2006-07 school year the 504 caseload represented less than 1% of our caseload delivery to 639 students. This represents a significant reduction both in number and percentage of 504—compared to EC—students served over the course of the past four years. This has resulted in a marked increase (16%) in potentially billable OT staff time.

The Occupational Therapy team staffs three system-wide specialty units – the Preschool Diagnostic Team 2 days per week, (Hedy Lent-Bews, MS, OTR/L), Feeding Evaluation Team 1 day per week, (Lenore Champion, MS OTR/L), and the Assistive Technology Team 1 day per week (Lauren Fowler Holahan, MS, OTR/L.)

STAFF:
The Occupational Therapy team in _____ Public Schools is comprised of 22 practitioners—18 occupational therapists and 4 occupational therapy assistants—which represent 20 full-time equivalent (FTE) positions and over 290 combined years of clinical experience. We operated 1 FTE short for most of the year, secondary to difficulty filling a vacancy.

Despite considerable resources and practices aimed at improving staff retention, we continued to experience some staff attrition. It has become increasingly difficult for public institutions to retain and recruit quality occupational therapists secondary to higher salaries and more comprehensive benefits packages available in the private sector. We ended the year with 1 resignation secondary to relocation, a reduction of 1 FTE secondary to several staff shifting to part-time work through the course of the year, and an addition of .3 FTE in caseload demand, resulting in a 2.3 FTE deficit from one year ago. In addition, we will have 1 FTE on maternity leave from August, 2007 through February, 2008. It is essential for us to hire at least 2 FTE to start the 2007-08 school year if IEPs are to be addressed sufficiently.

In an effort to increase opportunities for best practice, which, in _____ Public Schools, means working inclusively with students and collaboratively with other disciplines, the Occupational Therapy group continued a team approach to service delivery during the 2006-07 school year. Regional teams of 4-5 practitioners worked together to evaluate and serve students in 5 geographic regions. Faced with the challenges of effective consultation in self-contained classrooms and more complex scheduling/planning needs mandated by inclusion, working in teams allows for more efficient and focused evaluations, planned group service delivery, and fewer missed intervention sessions.

_____ occupational therapists continue to benefit from peer review of evaluations and goal plans, literature reviews, the maximum allowable site-based continuing education for licensure, team meetings, and mentorship among team members.

The _____ OT Team has been coordinated by a lead therapist since county and city schools merged in 1992. In addition to the duties of a staff OT, the Lead Occupational Therapy Specialist:
-Coordinates hiring and orientation of new occupational therapy team members
-Coordinates contracted services
-Performs mid-year and annual staff evaluations, including site visits
-Coordinates disciplinary process of occupational therapy team members
-Assigns caseloads for the occupational therapy team members
-Provides clinical support, mentorship, and advocacy for occupational therapy team members
-Maintains and reports on caseload/student data
-Orders treatment supplies and test protocols
-Coordinates peer review of OT evaluations
-Coordinates occupational therapy intern program
-Coordinates OT staff meetings and continuing education
-Provides link between EC administration and occupational therapy team/program
-Processes monthly and yearly program statistics
-Supervises and assists in occupational therapy team member projects
-Coordinates Extended School Year OT staffing
-Maintains current occupational therapy team employee manual
-Maintains inventory of supplies

All team members are involved in clinical education of interns.

Several staff members are key contributors to the North Carolina Occupational Therapy Association and the American Occupational Therapy Association.

Graduates of accredited occupational therapy and occupational therapy assistant programs are required to pass a national registry examination and submit proof of pass scores to the NC Board of Occupational Therapy to obtain an initial license to practice in North Carolina. Occupational therapy practitioners are required to be licensed in the state of North Carolina by the NC Board of Occupational Therapy and must verify 15 contact hours of continuing education for license renewal. Occupational therapy assistants (COTAs) must be supervised by an occupational therapist, with the frequency of supervision determined by years of experience and demonstrated competency in a variety of practice areas. Training specific to school-based practice and to Federal and State laws governing services for children with disabilities is provided by the local system.