

Guidelines for Occupational Therapy in the Schools

Illinois state law requires a physician's prescription in order for a child to receive occupational therapy. An occupational therapy evaluation may be performed without a prescription, but if services are deemed necessary, a physician's prescription is required before services can begin.

Process for occupational therapy screening

While an occupational therapy screening requires parental consent, a classroom observation can be completed at the teacher's request by contacting the occupational therapist or occupational therapy assistant that works in your school.

A student may need an occupational therapy evaluation if they have a deficit in one of the following areas:

- fine motor/dexterity
- sensory integration/sensory processing
- visual perceptual/visual motor
- functional/self-help skills

A student would qualify for direct occupational therapy services if:

- There is a significant limitation in at least one performance component as listed above.
- The problem adversely affects the student's ability to benefit from his/her educational program.
- The potential for student improvement over time through intervention appears likely (change is unrelated to maturity).
- The unique expertise of a therapist is required to meet the student's identified needs or to assist the team in providing the educational program.

(taken from Recommended Practices for Occupational and Physical Therapy Services in Illinois Schools, 2003 Illinois State Board of Education)

A student would receive consultative occupational therapy services if:

- The potential for further significant change as a result of therapy intervention appears unlikely
- The student's motor deficits are commensurate with their cognitive ability
- The student needs adaptive equipment, environmental modifications, sensory diet, or task modifications

“Consultative intervention occurs when the therapist collaborates with the teacher, other staff, parents, and, when appropriate, the student, regarding student-specific issues as identified in the student's IEP goals and objectives/benchmarks. Consultation is primarily problem solving with the educational team to determine appropriate

expectations, environmental modifications, assistive technology and possible learning strategies for the student.” (Recommended Practices for Occupational and Physical Therapy Services in Illinois Schools, 2003 Illinois State Board of Education)

A student would receive no occupational therapy services if:

- The student has no deficits in the performance components listed above
- Deficits do not impact the student’s educational performance
- The student’s visual perceptual and fine motor skills are commensurate with his or her cognitive ability

Occupational therapists role in RTI

If there are motor or sensory concerns, an observation by an occupational therapist can be requested. Based on the child’s unique circumstances, one of the following interventions could occur:

- Simple suggestions to the teacher including task modifications or low tech assistive technology- i.e. pencil grip, slant board, raised line paper
- home or classroom program consisting of specific activities to improve fine motor deficits that the classroom staff or parent can complete daily
- In some cases, OT staff can provide a developmentally appropriate group for the entire class. This would be appropriate for pre-school to kindergarten age only. Beyond this age, therapeutic intervention is not likely to produce significant change.
- If the child is determined to have significant sensory or motor deficits, and has a deficit in one or more area, it should be considered to have a domain meeting to determine if a full case study may be warranted.

“Occupational therapy is a related service under Part B of the Individuals with Disabilities Education Act (IDEA), and is provided to help a student with a disability to benefit from special education. The child must be eligible for special education before being considered for OT services in the schools under IDEA.” (American Occupational Therapy Association, Inc)

School based therapy vs. clinic or medical based therapy

“The medical model is a treatment approach that stresses decreasing the child’s deficits. The educational model stresses using related services to support children in attaining their educational goals. School-based therapy services are not meant to provide all the therapy a child will ever need in his or her lifetime to overcome a disability. School-based therapy services support the child in attaining maximum educational potential.” (PT Assistant in the Schools, 1998)

Differences between the occupational therapist (OT) and the certified occupational therapy assistants (COTA)

An OT has a bachelors, masters or doctorate in occupational therapy from an accredited program and has passed the National Registration Exam. A COTA has either a two-year associate degree or certificate from an accredited program and has passed the National Certification Exam. All Occupational Therapy programs include a period of supervised clinical experience. Both OTs and COTAs must obtain a license in the state they are practicing, which has to renewed every two years following specific continuing education requirements.

An OT evaluates, establishes goals and a treatment plan for a student. A COTA follows the treatment plan with the student and contributes to the process of continuing, modifying, or discontinuing occupational therapy services.