Occupational Therapy
And
Physical Therapy
In Louisiana Schools

Reference Handbook
For Special Education Administrators
And Therapists
Updated 2025

Occupational and Physical Therapy in Louisiana Schools

Reference document for school administrators and therapists

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Introduction

The purpose of the Occupational Therapy and Physical Therapy in Louisiana Schools Reference Handbook is to provide a comprehensive resource for occupational therapy (OT) practitioners, physical therapy (PT) practitioners, administrators, supervisors, and parents/caregivers. It offers information and guidelines regarding the provision of occupational therapy and physical therapy services in educational settings for students aged 3 to 21 years. Additionally, this document serves as a resource, outlining the roles of occupational therapists, occupational therapy assistants, physical therapists, and physical therapy assistants, as related service providers per federal and state special educational laws, state licensure mandates, and directives from the American Occupational Therapy Association (AOTA) and American Physical Therapy Association (APTA). By consolidating these regulations into a user-friendly format, this Reference Handbook aims to evolve in tandem with changing laws and regulations, providing essential information and best practices for service providers, administrators, and stakeholders involved in delivering occupational and physical therapy services within public schools.
Please note that this document serves informational purposes and does not constitute legal advice. It does not guarantee compliance with laws or applicable standards of practice. While efforts have been made to ensure accuracy and currency at the time of publication, laws and best practices are subject to ongoing evolution and change. Users of this document are encouraged to seek guidance from the U.S. Department of Education, the Louisiana State Board of Elementary and Secondary Education (BESE), AOTA, APTA, and/or the local education agency's attorney for advice on specific issues or concerns.

Occupational Therapy and Physical Therapy in Educational Environments

Occupational therapy practitioners (OTPs) and physical therapy practitioners are related service providers (United States Department of Education, 2017a) who support students in gaining access to, participating in, and benefiting from their educational programs. Therapists work collaboratively with school personnel and parents or guardians of students to evaluate and plan students' educational programs and provide interventions to meet students' individual educational needs.

School-based occupational therapy (OT) and physical therapy (PT) are a continuum of student-centered services delivered by a licensed occupational therapist or licensed physical therapist, or a Certified Occupational Therapy Assistant (COTA) or Physical Therapist Assistant (PTA), under the supervision of a supervising occupational therapist or supervising physical therapist. These services are designed to help students engage in meaningful or necessary activities that enable them to benefit from and access their educational programs.

In 2015, the **Every Student Succeeds Act (ESSA**) identified related services, including OT and PT, as part of the Specialized Instructional Support Personnel (SISP) team. This allows occupational and physical therapy practitioners to support all students, regardless of disability.

Therapy practitioners can also participate in a Multi-Tiered System of Supports (MTSS) framework. According to Cahill (2019), they "work with educational teams to provide a continuum of services to students in general education to support promotion, prevention, early identification, and intervention associated with occupational performance needs" (Chapter 26, p. 213, *Best Practices for Occupational Therapy in Schools, 2nd edition*). Additionally, therapists may offer input to all tiers of the Response to Intervention (RTI) frameworks.

OT and PT services must be provided in the **least restrictive environment (LRE).** This means that students should, whenever possible, remain in general education settings with their peers who do not require special education services. Therapy practitioners must consider all possible methods to facilitate school participation and choose service options that allow students to remain in the least restrictive environment.

Under the **Individuals with Disabilities Education Act (IDEA**), school-based occupational therapy and physical therapy are recognized as related services under Part B of the Act. According to IDEA [34 C.F.R. §300.34(a)], related services are intended to help children with disabilities benefit from specially designed instruction in the least restrictive environment.

OT and PT services are integrated into the school's educational program to enhance students' functioning and assist them in progressing toward and achieving their individual educational goals. Therapists in schools need to determine the educational significance of the therapy provided to students.

Therapy practitioners work as members of a collaborative team, assisting in the development of appropriate programs for students and supporting the entire educational system. They help identify and solve problems that hinder access to educational environments and assist in developing modifications and accommodations that support students in both regular and special education programs. The role of occupational and physical therapists in the team decision-making process involves collecting and analyzing evaluation data and communicating how it impacts the student's ability to access and participate in educational environments and programs. School-based OTs and PTs assist in the development of **Individualized Education Plan (IEP)** goal development and monitoring. Goals are created through team collaboration and are educationally relevant. Therapy practitioners work directly or indirectly with the student, teacher, parent or guardian, and relevant staff members to support the student's progress toward identified IEP goals.

The school system provides programming, services, support, and interventions specified in a student's IEP or Section 504 plan, as deemed necessary by the team, to achieve a student's identified educational goals and to facilitate participation in and progress through the educational curriculum. Section 504 regulations provide **Free Appropriate Public Education (FAPE)** for a qualified student with a disability, and this may include providing OT and PT services to eligible students under their Section 504 plans.

School-based OT and PT are not intended to address all of a child's therapy needs; instead, they aim to meet the student's needs to promote success in their educational environment. The distinction between school-based therapies and those provided in clinical settings is crucial, as the primary focus in schools is on the student's ability to access their educational program. Occupational therapy or physical therapy may not always meet the educational relevance and necessity-to-benefit criteria (as required of related services under the IDEA). If so, this does not mean the service is unimportant; rather, it may not be the responsibility of the public school. For students receiving services both in and out of school, communication and care collaboration between therapy practitioners is essential for ensuring student success. Communication between school-based and community-based practitioners requires written consent from parents or guardians.

Legislation

Federal Legislation

The Individuals with Disabilities Education Act (IDEA) originated from the Education for Handicapped Children Act, renamed in 1990 to IDEA. This act expanded special education services to children up to 21 years of age and introduced new eligibility categories for autism and traumatic brain injury. It also added assistive technology as a related service and made transition plans mandatory for a student by their 16th birthday.

The No Child Left Behind Act of 2001 increased accountability while raising the educational achievement of all students, including students with disabilities.

The **2004 reauthorization of IDEA** supported alignment with No Child Left Behind by promoting quality instruction with the use of research-based interventions.

The **Assistive Technology Act of 2004** was designed to work toward full integration and inclusion of people with disabilities in their communities, and it makes access to AT for people with disabilities a legal requirement. It requires states to provide AT products and services that are designed to meet the needs of people with disabilities.

The **Americans with Disabilities Act (ADA) of 199**0 https://www.ada.gov/topics/intro-to-ada/ is a federal law that prohibits discrimination against individuals with disabilities, ensuring they have equal opportunities. ADA sets minimum standards that require facilities to be accessible to people with disabilities. Classroom and school settings are outlined in these standards to facilitate the functional use of space and accommodate all learners.

The **ADA Amendments Act (ADAAA) of 2008** broadened the definition of disability.

The **Free Care Rule 2014** changes in the previous Centers for Medicare and Medicaid Services allow for reimbursement policy. This will enable schools to seek reimbursement for all covered services, regardless of whether they were also provided free of charge to other students. The change removed a barrier for schools to receive federal Medicaid funding for student health services. It provided states with more flexibility in their school-based Medicaid programs, including the option to recover costs for services provided under a 504 plan.

Every Student Succeeds Act (ESSA) 2015 - OTPs and PTs are recognized as specialized instructional support personnel to support programming for all students through Multi-Tiered Systems of Support.

Louisiana Legislation

a. Louisiana Revised Statutes § 37:37:3021 - Occupational Therapy Licensure Compact; adoption
b. https://www.legis.la.gov/legis/Law.aspx?d=93881

BESE Policies:

Policies/Bulletins

Definitions of Terms as Used Within Educational Environments

Least Restrictive Environment (LRE) - Students receive their education with non-disabled peers to the maximum extent possible.

Multidisciplinary Evaluation (MDE) - An evaluation completed by 2 or more qualified examiners defining student strengths and weaknesses according to Louisiana Bulletin 1508.

Evaluation Report (ER) (refer to Louisiana Bulletin 1508) - A summary of the MDE, which includes reason(s) for referral, additional concerns by parents and/or evaluators, a description of the evaluation procedures, including interventions. This consists of an assessment of findings, strengths, and weaknesses, as well as a determination of eligibility.

Individualized Education Program (IEP) - A legal document for students receiving special education services, including goals, accommodations, services, and placement. According to Louisiana Bulletin 1530:

"The IEP Team shall consider each related service that is recommended on the evaluation reports and document the decisions on the IEP form. For example, the team shall:

- List all services recommended by the team, including service provision schedules, dates, and locations.
- Explain the team's decisions not to include a recommended related service.
- Explain delays in providing any related service listed on the IEP.
- This delay, or hardship, in no way relieves a LEA from providing the service and from documenting every effort to provide it in a timely manner.
- The participation of related service personnel is essential during the IEP Team meeting. Involvement should be through either direct participation or written recommendations."

Goals - Goals address students' academic, social, and/or emotional, motor, communication, behavior, or self-help needs that are educationally relevant and should be achieved within one educational year.

Objectives - Objectives are benchmarks or short-term goals that are part of larger annual goals.

Related Services according to IDEA - "Related services means transportation and such developmental, corrective, and other supportive services as are required to assist a student with an exceptionality to benefit from special educational services. Related services include speech/language pathology and audiological services, school psychological services, physical and occupational therapy, recreation including therapeutic recreation, early identification and assessment of disabilities in students, counseling services including rehabilitation counseling, assistive technology devices and services, orientation and mobility services, and medical services for diagnostic or evaluation purposes. The term also includes school health services, social work services in schools, and parental counseling and training."

Services on Behalf of Students - Supports are provided to school personnel who will assist in implementing any part of the student's IEP. School personnel may include special education teachers,

general education teachers, aides, related service providers, bus drivers, and other support staff. Any assistance, materials, training, equipment, or information needed to provide free and appropriate public education and implement specially designed instruction would be listed in this section. This section of the IEP includes consultation and collaboration with specified personnel (e.g., occupational therapy practitioner and/or physical therapy practitioner) to support a student's IEP. It also provides training and materials to enable personnel to support the student's involvement in appropriate activities, participation with non-disabled children, and progress toward annual goals. Location, frequency, and duration of each support for school personnel must be specified in the IEP.

Specially Designed Instruction (SDI) - This section of the IEP should be well developed, containing the various supports and supplementary aids and services that the student needs. Specially designed instruction is the essence of special education and is based on the identified educational needs that result from the student's disability. The purpose of SDI is to ensure the student can attain goals, be involved, and progress in appropriate activities in the LRE. The SDI section of the IEP may identify materials, techniques, modifications, assessments, and activities, as well as the anticipated location and frequency. Examples of SDI may include strategies to promote access and participation in classroom routines, self-care management, learning skills, social engagement and play skills, life skills, transition, and assistive technology, which may be provided as support and intervention by an occupational therapy or physical therapy practitioner. SDI may also include specific adapted equipment, materials, accommodations, strategies, procedures, and other adaptations to support the student's IEP, which may engage the support and intervention of an occupational therapy practitioner and/or physical therapy practitioner.

Specialized Instructional Support Personnel (SISP) - SISP are non-classroom educators, including school counselors, school nurses, psychologists, school psychologists, social workers, and school social workers; occupational and physical therapists; art, dance/movement, and music therapists; and speech-language pathologists and audiologists.

Transition Services - services supporting and guiding students with disabilities as they prepare to move from the home through school to the workforce.
The three major transitions include:

- Transition from Part C (Early Intervention) to Part B at age three years;
- Transition from preschool to school-age services; and
- Transition from school to post-school activities.

Extended School Year (ESY) - ESY services are special education and related services provided for a student with a disability beyond the normal school year in accordance with the student's IEP.

Multi-Tiered System of Supports (MTSS) - The MTSS is an early intervening model of support that enables the early identification and intervention of students who may need support, prior to student failure, in academic as well as social and emotional areas (non-academic), including behavioral areas. MTSS is an assessment and intervention process that systematically monitors student progress and makes data-driven decisions. The MTSS identifies and supports students at risk, encompassing universal screening, professional development for staff, frequent student monitoring, and the use of evidence-based support.

Family Educational Rights and Privacy Act (FERPA) - This act protects the privacy of student education records. It grants parents and eligible students certain rights to access, review, and amend their records.

Progress Monitoring - The process of collecting and analyzing data related to student performance and making adjustments based on the analysis to improve outcomes.

Qualifications and Competencies for Occupational Therapy Practitioners and Physical Therapy Practitioners in Educational Settings

To practice as an occupational therapist or occupational therapy assistant in Louisiana, individuals must obtain an entry-level degree from an accredited institution and maintain current licensure or certification. The licensure board requires these professionals to renew their licenses annually. For further details or to confirm the licensure status of any occupational therapist, administrators can contact the Louisiana State Board of Medical Examiners.

Similarly, physical therapists and physical therapist assistants must also obtain an entry-level degree and adhere to the requirements set by their licensure board, with licenses needing to be renewed every two years. Administrators can acquire additional information or verify the licensure of any physical therapist by contacting the Louisiana Physical Therapy Board.

As stipulated in Louisiana Bulletin 746, individuals holding licensure from a relevant Louisiana State licensing board will be considered certified beginning June 1, 2024.

Physical Therapy Practice

- PT Professional and Occupational Standards
- Louisiana PT Practice Act
- Louisiana Physical Therapy Practitioner licensure requirements
- Physical Therapist Assistant supervision guidelines
- PT scope of practice

Occupational Therapy Practice

- OT Professional and Occupational Standards
- Louisiana OT Practice Act
- Louisiana Occupational Therapy Practitioner licensure requirements
- Occupational Therapy Assistant supervision guidelines
- AOTA scope of practice

Possible Supplemental Qualifications/Licensure for Occupational Therapy Practitioners and Physical Therapy Practitioners Working in Educational Settings

1. Occupational therapist specialty certification in pediatrics; certification through the American Occupational Therapy Association (AOTA) Pediatrics | AOTA
2. Board-certified clinical specialist in pediatric therapy; certified through the American Board of Physical Therapy Specialties (APTA) Specialist Certification | APTA

3. Authorization to provide services as a physical therapist assistant under indirect supervision: certification allows physical therapist assistants and supervising physical therapists to follow indirect supervisory guidelines relating to services provided in a preschool, primary school, secondary school, or other similar educational setting; an onsite visit and examination of student at least every 6 visits or every 30 days, whichever occurs first. Practice Act & Rules

Physician Referral Requirements

Physical Therapy

ACT 396 Direct Access to PT - On June 6, 2016, Senate Bill No. 291, amending the Louisiana Physical Therapy Practice Act, found at La. R.S. 37:2418 et seq. became law, allowing patients direct access to physical therapy. This law took effect on June 6, 2016. A summary of the changes in the law is as follows:

a. A physical therapist possessing a doctorate or five years of licensed clinical practice experience may implement physical therapy treatment without a prescription or referral;
b. A physical therapist treating a patient without a prescription or referral must refer the patient to an appropriate healthcare provider if, after thirty days of physical therapy treatment, the patient has not made measurable or functional improvement;
c. The new direct access provisions do not alter the law as it pertains to Workers' Compensation, as specified in La. R.S. 23:1142, monetary limits of health care provider approval; La. R.S. 23:1122, Workers Compensation Medical Examinations; and La. R.S. 23:1203.1, Workers' Compensation Benefits;
d. No physical therapist shall render a medical diagnosis of disease.

Occupational Therapy

Occupational therapists and administrators should refer to the OT Professional and Occupational Standards and the Louisiana OT Practice Act for current laws and regulations regarding medical referral requirements in Louisiana. As of January 1, 2025, a physician referral may be obtained from a licensed physician, physician assistant, dentist, podiatrist, optometrist, or advanced practice nurse practitioner. Refer to the Louisiana Medicaid State Plan on requirements for Occupational Therapy Practitioners to bill for Medicaid services. Medicaid State Plan | Louisiana Department of Health
Regarding physician referral, per the revised (May 2025) Louisiana Register Vol 50, No12, December 2024, Section 4909:
Referral:
"**F. Occupational therapy practitioners employed by a school system or contracted by a school system, who provide screening and rehabilitation services for the educationally related needs of the students, are exempt from this referral requirement.**
AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and 37:1270(B)(6). HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:767 (November 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 41:2141 (October 2015), amended by the Department of Health, Board of Medical Examiners LR 51:000 (May 2025)." Louisiana State Board of Medical Examiners.

For students with medical involvement or significant changes in their status, the occupational therapist shall communicate the evaluation results, progress, or lack of progress to the referring medical provider.

Obtaining Physician Referrals

The LEA must begin providing services as stated on the IEP within 10 calendar days (initial IEP). A medical communication/referral may be required in the event of a change in status, such as injury, surgery, hospitalization, or other medical procedures that would impact a student's return to campus, access to their educational environment, participation with peers, mobility needs, or transportation. The referring/treating medical professional's recommendations should clarify restrictions, contraindications, and/or precautions for participation in school-based therapy. In the event of significant changes to a student's medical status, the team should collaborate to develop a plan based on the recommendations of the referring or treating medical professionals. This plan should be implemented through either an Individualized Education Program (IEP) or a 504 plan, as appropriate.

Service Delivery

Role of Occupational Therapists in the Educational Environment

School-based occupational therapy practitioners utilize meaningful activities (occupations) to help children and youth participate in activities they need and/or want to do, promoting physical and mental health and well-being. Occupational therapy addresses the physical, cognitive, psychosocial, and sensory components of task performance. In schools, occupational therapy practitioners focus on academics, play and leisure, social participation, self-care skills (ADLs or Activities of Daily Living), and transition/ work skills. Occupational therapy expertise includes analyzing activities and environments to identify and modify barriers to participation.

Occupational therapy practitioners provide a continuum of service and support to students and personnel under IDEA, ESSA, and Section 504 of the Rehabilitation Act of 1973, including:

- **Services for struggling learners in general education**: Practitioners can contribute to an early intervention, multi-tiered approach (i.e., Response to Intervention). Occupational therapists can assist with periodic screenings and probes (including both data collection and analysis), provide teacher training, model activities for whole classrooms or small groups, and assist with team problem-solving.
- **Services for individual students in special education**: Evaluation services assist the Individualized Education Program (IEP) team with identifying the presence of a disability and whether there is an educational need for occupational therapy services. Occupational therapy intervention is provided directly "to the child, or on behalf of the child, and [as]...program modifications or support for school personnel." (IDEA, 20 USC, Section 1414 (d)(1)(A) IV).
- **Services may include the following**: Adapting the environment, modifying curriculum, supporting accommodations and assistive technology, ensuring access and participation in school activities and educational programs, and assisting in preparation for transition after graduation.
- **Services take place in natural school settings during the school day's routines**. They are most beneficial when they occur at the location and time that the student is experiencing challenges. Services are designed to support progress on the student's IEP.
- **Provision of services under section 504 plan**: Services are designed to ensure students have equal access to all aspects of the school day and support student participation and success in general education.

- Examples of training and resources for school personnel and families include the following:
    - Training in typical and atypical child development.
    - Understanding the impact of physical and mental health on learning and participation in school.
    - Instruction in lifts and transfer methods to ensure the safety of both students and staff.
    - Implementation of Universal Design for Learning (UDL).
    - Support for the use of assistive technology.
    - Positive Behavior Interventions and Supports (PBIS), including strategies for bullying prevention.
- **Team collaboration:** Practitioners bring their unique skills to aid students in accessing the educational environment as members of IEP teams, technical assistance teams, problem-solving teams, and curriculum committees, while supporting student participation in school routines and promoting independence.

Role of Physical Therapists in the Educational Environment

School-based physical therapy practitioners support students in accessing their educational environment by promoting mobility, functional independence, and participation in school routines. They address barriers related to gross motor development, physical functioning, balance, posture, strength, and endurance that impact a student's ability to benefit from and participate in educational programming. Physical therapists provide services under IDEA, Section 504, and ESSA with a focus on supporting access to academics, classroom mobility, transitions, playground participation, transportation, and self-care tasks.

PTs offer a continuum of services and supports, ranging from school-wide initiatives to individualized interventions:

- **Services for struggling learners in general education**: Physical therapists may participate in early intervention or multi-tiered systems of support (e.g., Response to Intervention). They contribute through screenings, data collection and analysis, staff consultation, teacher training, and environmental modifications that support posture and movement for learning.

- **Services for individual students in special education**: PTs conduct evaluations to assist IEP teams in determining whether a student has a disability and whether there is an educational need for physical therapy. Interventions may be delivered directly to the student, on behalf of the student, or as supports for school personnel. Services often include facilitating safe access to learning environments, recommending and training in the use of assistive devices or equipment, and supporting positioning, transfers, and mobility.

- **Services under a Section 504 Plan**: PTs support students who need accommodations to ensure equal access and participation in general education settings

- **Physical therapy services occur within the natural school environment,** including classrooms, hallways, playgrounds, cafeterias, and buses, and at the time and place students experience physical challenges. Interventions are goal-directed and aligned with the student's IEP, promoting meaningful participation in educational activities and fostering independence.

- PTs also provide **training and consultation** to staff and families on topics such as:

- Typical and atypical motor development
- Safe lifting, transfer, and mobility techniques
- Adaptive equipment use and maintenance
- Strategies for improving student access to the physical environment
- Injury prevention and movement integration in the classroom

- **Team Collaboration:** As active members of IEP teams, technical assistance teams, transportation teams, and problem-solving groups, physical therapy practitioners bring specialized expertise in movement and access, helping students safely and effectively participate in the full scope of school activities.

Role of the Occupational Therapy Assistant and the Physical Therapist Assistant

Occupational Therapy Assistants (OTAs) and Physical Therapist Assistants (PTAs) may function as a part of the educational team to provide educationally based occupational therapy services and physical therapist services, as specified in the student's IEP or Section 504 Service Agreement, under the supervision of an occupational therapist or physical therapist in accordance with the Louisiana Occupational Therapy Practice Act and the Louisiana Physical Therapy Practice Act.

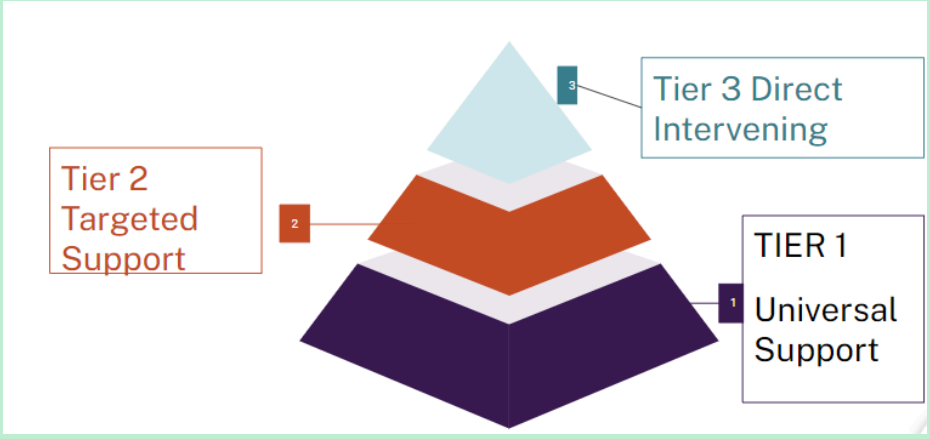
Occupational and physical therapy functions that may not be delegated to assistants specific to the educational setting include interpreting referrals, conducting initial and discharge evaluations, reevaluations, consultations, or screenings, determining or modifying treatment plans or therapeutic techniques, and performing procedures beyond the skill and knowledge of the occupational or physical therapist assistant.

Participation in ESSA Initiatives and Multi-tiered Systems of Support

ESSA (Every Student Succeeds Act): ESSA is a general education legislation (2015) representing the sixth reauthorization of the Elementary and Secondary Education Act (ESEA), replacing the No Child Left Behind Act. The focus is on each state developing and implementing plans for creating school environments that help all students succeed in school. The emphasis is on providing MTSS, focusing on universal (Tier 1) and targeted (Tier 2) strategies that foster participation and health (mental and physical) throughout the day.

"SISPs are non-classroom educators, including school counselors, school nurses, occupational therapy practitioners, physical therapists, school psychologists, speech language pathologists, and other professionals who contribute to student health. SISP's work with students, teachers, administrators, and parents to address barriers to educational success, ensure positive conditions for learning, support physical and mental health, and help all students achieve academically." [34]

Multi-Tiered System of Support (MTSS)

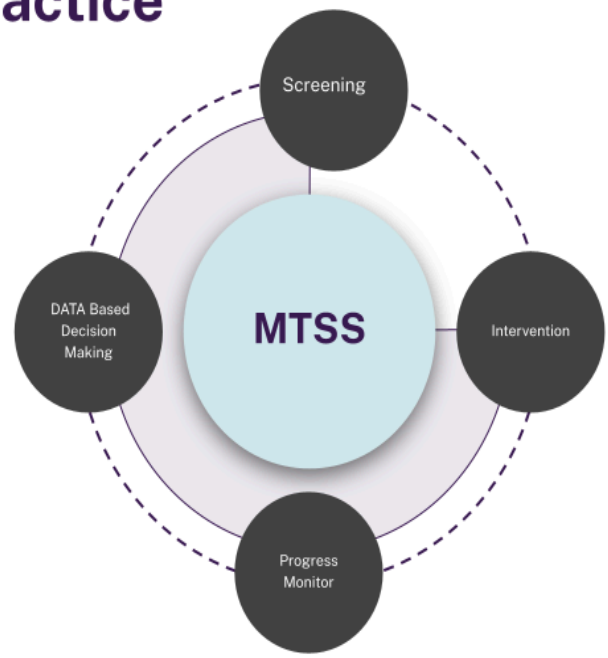


AOTA practice advisory on OTP role in RTI

According to MTSS, there are three tiers (Laverdure, 2023):

Tier 1	This includes core instruction for all students. High-quality, evidence-based, differentiated core instruction and interventions promote participation and the physical and mental well-being of all students in a school or a district. OTPs can support capacity building through professional development and coaching, universal screening design and selection, schoolwide programs, curriculum development, and environmental adaptation.
Tier 2	Preventive, supplemental supports are often delivered in small groups through a predetermined format. OTPs may coach other interventionists and facilitate classroom- or group-level support to target instructional, curricular, or environmental needs.
Tier 3	Intensive support for a smaller subset of students with more significant needs who are not making adequate progress with universal and supplemental instruction and interventions.

MTSS in Practice



Implementation of researched based intervention with fidelity

General Education Staff	Occupational Therapy Practitioner	Physical Therapy Practitioner
Tier 3 (1-5%): General Education staff provides intensive strategies to students not responding to Tier 1 and Tier 2 assistance **Tier 2** (10-15%): General Education staff provides targeted intervention to students who are at-risk in academic or behavioral areas and uses progress monitoring to determine the effectiveness of interventions **Tier 1** (80-90%): General Education staff provides universal screening. Core instruction and science-based curriculum to all students	**Tier 3:** OTP reviews data collected from the team in determining if this is a student suspected of having a disability, and if a referral has been made; the OT will evaluate in accordance with state requirements **Tier 2:** OTP instructs the team on how to review the collected data and provides suggestions for staff. OTP may provide episodic problem-solving to assist the general education staff **Tier 1:** OTP provides education and training to teachers and assists with instruction on universal screenings	**Tier 3** Reviews data collected from the team in determining if this is a student suspected of having a disability, and if a referral has been made; the PT will evaluate in accordance with state requirements **Tier 2:** The PT instructs the team on how to review the collected data and provides suggestions for the staff. PT may provide episodic problem-solving to assist the general education staff **Tier 1:** PT provides education and training to teachers and assists with instruction on universal screenings

Participation in Screening as Part of Child Find

Screening Best Practices:

- Family members should complete a developmental screener at key entry points and transitions. Educators and practitioners should use the information from the screener to determine if the family members have any developmental concerns or questions.
- Practitioners should input the information collected from the developmental screener as part of the comprehensive and ongoing observation data used for developmental monitoring
- Practitioners are encouraged to conduct their developmental screenings and compare the results with the information provided by families. Observations should be communicated consistently.
- Analyze the data to identify specific areas where observations differ from the information provided by family members.
- Identify concerns that family members did not address that the teacher or practitioner would like to discuss.
- Identify specific areas where intentional strategies and support are needed to monitor progress in meeting appropriate developmental milestones and objectives.
- Identify any additional concerns and determine if further screenings or evaluations are necessary.
- Screenings should be implemented on an ongoing basis, based on the following considerations: age intervals, ongoing conversations with families, and observation-based data within the classroom setting, as outlined in Bulletin 1508 guidelines.
- Through the RTI process, the school building-level committee shall coordinate and document the results of all screening activities, including hearing, vision, sensory processing, health, speech and language, motor, assistive technology, social-emotional/behavioral, and educational performance. Screening a student by a therapist to determine appropriate instructional strategies for curriculum implementation does not replace a comprehensive evaluation to assess a student's needs.

Participation in Multi-Disciplinary Evaluation Process

Louisiana **pupil appraisal services** comprise an integral part of the total instructional program of the LEA. The purpose of pupil appraisal services is to assist students who have academic, behavioral, and/or communication challenges, adjustment difficulties, or other special needs that are adversely impacting the student's educational performance by providing services to students, parents, teachers, and other school personnel.

The **Response to Intervention (RTi)** process is a three-tiered approach to providing services and interventions to struggling learners and/or students with challenging behaviors at increasing levels of intensity. RTI is designed for use when making decisions in both general and special education, creating a well-integrated system of instruction and intervention guided by student outcome data.

The **School Building Level Committee** is a general education, data-driven, decision-making committee who have responsibility for reviewing and analyzing all screening data, including RTi results, to determine the most beneficial option for the student. The Committee has several options, including continuing additional interventions through the RTi process, referring for support services, or referring for an evaluation if an exceptionality is suspected.

Pupil Appraisal personnel (including therapists) are not limited to providing services solely to students referred for an individual evaluation. Many students experiencing academic, behavioral, and/or communication difficulties may be helped through recommendations made by pupil appraisal personnel for use in the general education classroom, enabling students to benefit from instruction in the general curriculum and eliminating the need for referral.

Referral for Occupational or Physical Therapy Evaluation

The primary focus of occupational therapy in schools is to facilitate students' learning, development, and functioning, enabling them to actively engage in and benefit from their education.[35] Education includes participating in routines, following instructions, accessing their environment, using tools, and more.

Students are referred for occupational therapy evaluation after screening and interventions are not successful, and the student demonstrates a functional performance impairment limiting access and participation in the curriculum and educational environment. Functional performance impairment can include limitations in motor function, classroom skills, participation in school, classroom ,playground and physical education activities, self-help skills, mobility, assistive technology needs, sensory self-regulation, and prevocational and transition needs.

Students are referred for physical therapy services when a student's motor skills limit their functional participation and access to the curriculum and/or the educational environment. Functional participation encompasses, but is not limited to, campus mobility, playground access, participation in physical education, self-help skills, assistive technology needs, and prevocational and transition services.

Occupational and Physical Therapy Evaluation

IDEA standards and procedures

To initiate an evaluation or re-evaluation for a suspected disability, written parental permission is required. A comprehensive team assessment should be conducted, encompassing all areas related to the suspected disability. Effective decision-making within the team requires collaboration and consideration of diverse perspectives. It is vital to utilize a range of assessment tools and strategies to gather relevant information regarding the child's functional, developmental, and academic abilities, which includes insights provided by parents. Importantly, no single measure or assessment should be used as the sole criterion for determining a child's eligibility or for developing an appropriate educational program. Assessments must employ technically sound instruments that evaluate not only cognitive and behavioral factors but also physical or developmental aspects, ensuring a holistic approach to the evaluation process.[34]

Evaluation Methods

An occupational therapy or physical therapy evaluation typically encompasses a variety of assessment methods to gain a comprehensive understanding of a student's needs. This evaluation may include standardized tests, formal non-standardized assessments, and informal observations in settings such as the classroom, lunchroom, and playground. Additionally, pertinent records such as medical, educational, psychological, and speech/language documents are reviewed to provide context. Interviews may also be conducted with the student, their parents, and teachers to gather further insights. For students aged six and older, these evaluations are ideally conducted within their educational environment.

The resulting summary report should consider several key factors, including the student's access to the curriculum and educational environment, their engagement with peers and staff, and their overall participation in the educational program. Moreover, it is essential to evaluate how changes in the environment, the student's health, or specific tasks may impact their ability to access, engage, or participate in their learning experience.

Participation in Individualized Education Program Development

The IEP sets forth in writing a commitment of resources, identifying which special education and related services will be provided to meet each child's needs. The IEP should be the result of a dynamic process of data collection, review, and decision-making that yields a legal document clearly describing the educational program, including all services for each student. IEP development should be driven by the student's individual data and unique educational needs, keeping the goal of providing the least restrictive environment in mind. The IEP team members **must** include: the student's parent(s) and/or guardian(s), the student themselves when deemed appropriate, at least one of the student's special educators, and at least one of the student's general educators. Additionally, a representative from the local education agency (LEA) is also involved, along with an individual who can interpret the impact of evaluation results on instruction. Furthermore, the inclusion of additional individuals with knowledge or expertise regarding the student can occur at the discretion of the parent or the LEA.

Two Procedural Requirements

Adherence to the following two procedural requirements is necessary when determining a student's need for school-based occupational or physical therapy services.

- Determination of eligibility for special education services, as well as documented evidence that occupational and /or physical therapy is required to assist the student to benefit from their special education program. The student must meet the Criteria for Eligibility as stated in Bulletin 1508-Pupil Appraisal Handbook.
- The IEP team establishes the student's IEP goals before determining whether occupational and/ or physical therapy is needed to address any of the goals.

Decisions about the individualized educational program for a child with disabilities are made jointly by parents, school personnel, and the student, when appropriate, at the IEP meeting. Occupational and physical therapists play a vital role, with the education team, in developing a student's IEP. The role of OT and PT includes identifying the student's present level of performance, strengths and needs, assistive technology use, and progress in the general curriculum; identifying educational need areas; assisting with development of measurable collaborative annual goals and short term objectives when appropriate; determining appropriate modifications and accommodations; and determining appropriate placement and support services.

Establishing Collaborative Goals

The IEP team establishes the student's IEP goals before determining whether physical or occupational therapy is needed to address any of these goals. The IEP committee must first design the program for the student in terms of measurable, collaborative, educational annual goals and short-term objectives based on educational priorities and student data. "Collaborative goals can be defined as IEP goals written by IEP

team members working together to engage in mutual problem solving and decision making to identify and prioritize student needs". The annual goals address the curricular areas. "The IEP goals belong to the student, and not a specific discipline or provider." Separate therapeutic goals are not necessary; rather, they should be integrated into educational goals through collaboration with other IEP team members. Occupational and physical therapy in the educational setting should not be an isolated service, but a related service that assists a student in benefiting from their educational program. Occupational and physical therapists work collaboratively with the IEP team members to collect data and report progress toward the student's goals.

AOTA, ASHA, APTA Joint Statement on Collaborative Goals

Determining the Need for Therapeutic Support

Referrals for Occupational Therapy or Physical Therapy in schools are made for students who need support to access and participate in their educational environment. These referrals often occur as part of the student's Individualized Education Program (IEP) or under a Section 504 Plan. They are typically initiated by the educational team when concerns arise regarding a student's functional performance or participation. To determine the need for school-based PT or OT, several questions are considered in order to meet the students' needs under the Individuals with Disabilities Education Act (IDEA).[7,41]

1. Are the student's disabilities or performance limitations adversely affecting their participation in the educational program?

Factors that may be considered when determining the need for services within the educational setting:

- Access and progress in general education (environment and curriculum)
- Assistive technology needs
- Developmental progress
- Functional mobility concerns
- Self-help concerns - feeding, toileting, dressing
- Fine motor deficits
- Sensory Motor concerns
- Visual Perceptual concerns
- Gross motor deficits
- Medical status - skin condition, respiratory status, orthopedic impairments
- Transportation concerns- transportation to and from school and between schools

2. Does the student have therapy needs that are educational, rather than solely medical?

A medical diagnosis alone does not determine a student's eligibility for school-based therapy services. If a medical condition does not adversely affect a student's ability to access or participate in their educational program, it may be more appropriate for them to receive services in a clinical setting. However, if the condition does impact the student's functional performance in the school environment, the expertise of a therapist may be essential to support the student's access to and success in their education.

3. How complex is the intervention, and does the student have the potential to achieve educational goals with occupational or physical therapy services?

School-based therapists contribute their clinical expertise to team discussions to determine whether skilled OT or PT intervention is necessary for a student to access the educational program and make progress toward their educational goals. In making this determination, the team must consider the following factors:

- Factors unique to the student's medical diagnosis or exceptionality and how these impact the student's functioning within their educational environment.
- Limitations in the physical environment that are specific to the student's learning setting.
- Medical comorbidities, including secondary diagnoses that affect the student's ability to participate in their educational program within the least restrictive environment.
- Student-specific factors to include the student's motivation, priorities, and preferences.
- The amount of training needed for the staff.
- The potential benefits of OT or PT services in reducing or eliminating the need for special services.

4. Does the student need the specific expertise of an occupational or physical therapist to improve their educational performance?

The School Building Level Committee (SBLC), the IEP team, or the referring team must decide whether an occupational or physical therapy practitioner should be involved in helping the student meet their educational goals. They should also consider whether the student's needs can be addressed through existing direct services or more effectively by another related service provider. It is essential to avoid duplicating services that do not provide any benefit to the student.

5. How well has the student responded to previous or other types of intervention?

If the SBLC, IEP team, or referring team suspects that a student's difficulties in accessing or participating in their educational program may be related to motor, sensory, or functional issues within the scope of occupational or physical therapy, a referral should be considered. When concerns cannot be addressed through general education supports or other related services, the team should follow established SBLC referral procedures to request further evaluation, screening, or potential therapeutic services from OT or PT. Referral and evaluation procedures follow the Louisiana 1508 Pupil Appraisal Handbook. Table of Contents Title 28 EDUCATION Part CI. Bulletin 1508 — Pupil Appraisal Handbook.

Determining the Level of Service or Dosing of School-based Occupational and Physical Therapy Services on the Individual Education Plan

The school-based therapist provides the therapeutic and clinical expertise to support students in achieving their IEP goals. Provision of occupational/physical therapy services regardless of their setting must follow the guidelines outlined in each discipline's specific practice act, as well as through guidance by the State of Louisiana's governing boards.

Therapeutic dosing decisions should be made based on the student's needs, rather than on administrative factors such as staffing, caseloads, or funding. Several dosing tools are available for school-based therapists to utilize to assist with data-driven decision-making to achieve functional outcomes for their students. Two of these dosing tools are the Considerations for Educationally Relevant Therapy (CERT) and the Determination of Relevant Therapy Tool(DRRT). Both the CERT and the DRRT are tools that **assist** therapists in making decisions regarding the level of appropriate services for individual students.

Determining the frequency, type, and setting of therapeutic intervention, as well as the timing of therapy services during the school day that the student needs to achieve their IEP goals, must be considered

when recommending therapeutic intervention. Therapeutic intervention should be integrated within the student's learning environment to facilitate consistency in skill performance throughout the student's school day, or when the student typically performs that skill. Important considerations when determining the appropriate level of therapy services for a student include the following:

- Student's diagnosis, including general prognosis, recent changes in medical status, and expected exacerbations.
- Student's age: the younger the student's chronological age, the greater the impact of therapeutic intervention on skill acquisition.
- Student's readiness for activity/participation
- Previous therapeutic intervention data
- Student/family goals
- Student's current performance
- Student's learning environment
- The level of support from the therapist required by the staff
- Students' need for assistive technology

The amount of therapeutic intervention recommended to achieve the student's IEP goals may be provided on a weekly, monthly, or bi-annual basis, with the number of minutes included within that episode of care or IEP period. The service delivery method may be either a direct service to the student or an indirect service on behalf of the student, depending on the student's needs within their educational setting to acquire skills.

Additional information on determining the level of service can be accessed below:
Educationally Relevant Physical Therapy – Part II: Determining a Student's Need for School-Based PT under IDEA-

Participation in Section 504 Individual Accommodation Plan

Section 504 of the Rehabilitation Act of 1973 is a federal law that protects the rights of individuals with disabilities in programs and activities receiving federal financial assistance from the U.S. Department of Education.

Section 504 applies when a major life activity is impacted. Major life activities include but are not limited to self-care, manual tasks, walking, seeing, speaking, sitting, thinking, learning, breathing, interacting with others, working, reading, standing, lifting, bending, and concentrating. It also supports people with substantial limitations.

The 504 Team Composition comprises relevant individuals from the school who possess a deep understanding of the student and their specific impairments or limitations along with the student's teacher, school counselor, school administrator, 504 chair, pupil appraisal staff, therapists such as physical, occupational, and speech therapists if applicable, as well as the parent and, when appropriate, the student themselves. Together, they conduct a comprehensive data review that encompasses grades, input from parents and teachers, health and medical records, intervention history, state assessments, and behavior reports. This collaborative approach ensures that all aspects of the student's needs are considered to create the most effective support plan.

The Office of Civil Rights (OCR) is the enforcement agency. Their responsibility is to eliminate discrimination based on disability against students with disabilities.

Differences Between 504 and IDEA

	504	IDEA
Funding	No	Yes
Purpose	Civil rights law prohibits discrimination based on disability (level playing field)	Specific regulations and funding laws to assist states in educating children with disabilities
Eligibility	Students who have a physical or mental impairment that substantially limits one or more major life activities	Students who fall into one of the 14 disability categories and require special education to benefit from their education
Ages covered	Students in grades Pre-K through 12 in Louisiana schools and any entity that accepts federal funds	Ages 3-21 in Louisiana
Individual plans	Individual Accommodation Plan (IAP)	Individualized Education Program (IEP)
Enforcement	Office of Civil Rights (OCR)	Office of Special Education and Rehabilitation Services (OCERS)
Evaluation	Specific procedural requirements for the identification, evaluation, placement, and procedural safeguards of preschool, elementary, and secondary students	Specific procedural requirements for the identification, assessment, placement, and procedural safeguards of preschool, elementary, and secondary students
Notice	Parents must be provided notice of actions regarding the identification, evaluation, and placement of their children, but this does not have to be written.	Parents must be provided written notice of actions regarding the identification, evaluation, and placement of their children.
Consent	Consent is required prior to the initial evaluation.	Parents must provide written consent prior to the initial evaluation and the initial placement of their child.

Additional information on Section 504 and the Individual Accommodation Plan can be accessed below:
Section 504 Overview and the Individual Accommodation Plan

Providing Skilled Intervention

Skilled intervention in physical therapy refers to the purposeful and clinically reasoned application of evidence-based techniques by a licensed physical therapist to address functional limitations, impairments, or disabilities. These interventions are tailored to the individual needs of the student and require the therapist's professional judgment to determine the most appropriate strategies to improve mobility, strength, balance, and overall functional performance. Unlike routine or repetitive activities, skilled interventions involve complex decision-making and ongoing assessment to modify treatment based on patient response and progress. Examples relevant to the school setting include therapeutic exercise, neuromuscular re-education, and gait training, each selected and adapted based on clinical findings.[3] The Centers for Medicare & Medicaid Services (CMS) emphasizes that for therapy to be considered skilled, it must be reasonable, necessary, and require the expertise of a therapist to ensure safety and effectiveness.[39]

Skilled intervention in occupational therapy involves the deliberate application of clinical reasoning and evidence-based techniques by a licensed occupational therapist to improve a client's ability to perform meaningful daily activities. These interventions require the therapist's expertise to assess, design, implement, and modify treatment plans that address deficits in areas such as sensory processing, fine motor skills, self-care, cognitive functioning, and adaptive behavior. Unlike non-skilled services or routine care, skilled occupational therapy is goal-directed, individualized, and medically necessary to improve function, prevent deterioration, or facilitate independence. For example, using assistive technology to support participation in school or fabricating a custom splint to improve hand positioning represent skilled interventions.[40]

The purpose of school-based skilled intervention is to facilitate the performance of targeted skills throughout the student's educational day and across various environments. Students may greatly benefit from the daily practice with parents, teachers, and aides implementing recommended strategies or techniques. The importance of providing consultative services for training staff, as well as collaborating with staff, parents, equipment vendors, and medical personnel, should not be undervalued, as these activities provide the bridge to consistent performance of targeted skills within the student's educational day. Staff and family training are integral parts of the therapeutic intervention of educationally based physical and occupational therapy. When considering what activities the staff can carry-over with the student, the therapist should determine 1) whether the student's health and safety will be protected if the program is carried out by other personnel, 2) whether the person trained can correctly demonstrate the activities without assistance, and 3) whether the person trained can independently recognize problems that would warrant making immediate contact with the therapist.

The provision of school-based or educationally based physical and occupational therapy within Louisiana Schools should focus on activities that increase a student's active participation in their academic day, rather than on the student's impairment. Recommendations for the student's participation in academic activities should be made with the least restrictive environment in mind through collaboration with the

student's educational team and should be fully integrated into the student's program throughout the school week. The determination of the dosing of skilled therapeutic intervention should be made after reviewing the student's current IEP goals and determining where the expertise of the school-based occupational and/or physical therapist is needed to achieve those goals. The provision of collaborative services may include hands-on student contact and/or services such as consultation with educational staff, family, and medical personnel, fabrication of adaptive equipment, and determination of environmental accessibility. The provision of services should be based on the student's needs within their educational setting. One or more service methods may be provided during the school year, and changes can be made at any time through the IEP.

Did you know?
The key to school therapy's effectiveness is due its integration throughout the child's 35 hour school week.

The following tables provide examples of therapeutic skilled interventions related to curriculum concerns and participation in educational programs. They also include examples of educationally relevant functional activities, along with corresponding goals and outcomes. The *School Function Assessment* (SFA) is commonly used by school-based occupational and physical therapists to evaluate a student's performance in functional tasks that support participation in the educational environment. This assessment tool was used as a reference to provide examples of educationally relevant activities.[1] Skilled intervention terminology from the APTA Guide to Physical Therapist Practice, 4th Edition, was utilized in the physical therapy tables.

Physical Therapy Interventions in the School Setting[1,3]

Concerns related to curriculum and participation in the educational program	Examples of educationally relevant functional activities, goals, and outcomes	Examples of related skilled interventions
Participation in academic activities	-Sits with adequate posture to complete seat work -Sits with stability on the floor for the duration of the lesson -Transfers on and off all chairs or wheelchairs -Moves from floor to chair or wheelchair -Transfers from floor to standing -Carries objects while walking -Navigates classroom safely -Opens and closes classroom door -Retrieves small items from floor -Retrieves items from desk -Responds to balance demands in classroom in both sitting and standing -Moves through narrow spaces while carrying an object	-Accommodations and modifications as needed to optimize access (Adaptive chairs and desks, foot stools) -Balance static/dynamic -Body mechanics training -Developmental activities -Ergonomics -Floor /mat mobility -Functional training in use of assistive device -Gait training -Motor function/movement training -Neuromuscular reeducation -Postural stabilization training -Range of motion exercises -Standing/sitting endurance -Strength training -Transfer training -Travel training -Staff training
Functional mobility in the classroom and throughout the school campus	-Moves on flat surfaces via walking or wheelchair -Walks up and down ramps -Walks over varied surfaces such as grass, playground surface, gravel, and curbs -Navigates up and down steps/stairs -Walks up and down bus steps(w/c on/off bus lift) -Climbs in and out of the bus seat -Keeps pace with peers while transitioning throughout campus -Exits building for evacuation within allotted time frame -Moves in line with classmates	-Accommodations and modifications as needed to optimize access (Step stool for bus steps, walkers, gait trainers, wheelchairs/strollers for emergency evacuations) -Balance static/dynamic -Endurance training -Functional training in use of assistive device and orthotics -Gait training -Orthotics training/monitoring - Wheelchair and orthotic assessments -Travel training

Physical Therapy Interventions in the School Setting[1,3]

Concerns related to curriculum and participation in the educational program	Examples of educationally relevant functional activities, goals, and outcomes	Examples of related skilled interventions
Recreational/Leisure, playground, PE, APE participation	-Accesses playground climbing structures via steps, slides, and ladders - Ascends slide, seats self at top of the slide safely -Transfers on and off the swing -Swings self, including pumps, gains momentum -Rides tricycle including transfers on and off, pushes with feet, pedals and steers -Ball skills to include throw, catch, kick, bounce, dribble -Locomotor skills to include run, hop, gallop, skip -Runs without falling, makes changes in speed -Plays on low, stable play equipment -Plays games involving kicking (kickball) -Plays games involving hitting a target (basketball, baseball) -Plays on high, stable play equipment (monkey bars, jungle gym) -Imitates simple to complex motor movements (warm-up routines, dance)	-Accommodations and modifications as needed to optimize access (wheelchair platform swings, adaptive swings, wheelchair accessible play equipment, ramps, concrete sidewalk to play area) -Agility training -Balance static/dynamic -Coordination exercises -Developmental activities -Endurance training -Locomotion training -Movement pattern training -Neuromotor developmental activities -Neuromuscular reeducation -Perceptual training -Postural stabilization -Range of motion exercises -Strengthening -Staff training -Travel training -Transfer training
Self-care activities during the school day	-Sits with stability on the toilet -Transfers on and off the toilet -Navigates around the restroom and sink for hygiene activities -Navigates while carrying backpack, book,tray -Carries tray containing more than one item without spilling or dropping (wheelchair tray) -Accesses the cafeteria hand-wash area -Transfers on/off the cafeteria seat -Moves and maintains balance while dressing and grooming -Manage personal orthotic devices, equipment	-Accommodations and modifications as needed to optimize access (adaptive toilet seats and supports, electric lifts, faucet adapters, step stools for access) -Balance training sitting and standing -Coordination -Motor function/movement training -Neuromotor developmental activities -Staff Training -Standing/sitting endurance training -Transfer training

Occupational Therapy Interventions in the School Setting[1]

Concerns related to curriculum and participation in the educational program	Examples of educationally relevant functional activities, goals, and outcomes	Examples of related skilled interventions
Participation in Academic/School Activities	-Use classroom tools effectively (writing implements, keyboard, mouse, etc.). -Demonstrate stability during classroom assignments. -Demonstrate attention to tasks and instructions. -Demonstrate sensory processing abilities to participate in educational activities. -Demonstrate functional visual perceptual abilities as related to educational materials. Follow organizational guidelines to maintain an effective workspace. -Follow classroom routines. -Demonstrate functional written communication and/or recording of educational materials. -Participation in transitions	-Assistive technology modification and/or Adaptive equipment as indicated -Bilateral coordination -Grasp and prehension assistance. -Postural support -Neuromuscular training -Training/activities. -Sensory processing supports and strategies (visual schedules, visuals, alternative seating, scheduled breaks, graphic organizers, sensory diet, class appropriate fidgets, first/then, etc.) -Staff training. -Strength -Visual motor integration supports
Participation in self-care activities during the educational day	-Management of clothing during toileting activities. -Utilize an effective schedule for toileting needs. -Participate in self-feeding. -Utilize appropriate utensils for functional activities. -Participate in daily functional activities within the educational setting. -Participate in the social and emotional aspects of the educational environment. Engage with peers and staff effectively.	-Adaptive equipment as indicated. --Visual perceptual and Fine motor skills training -Executive functioning (following verbal directives, time management, planning, working memory) -Sensory processing supports and strategies -Staff training -Strength and endurance activity training -Use of visual supports -Utilize individual communication system

Addressing Wheelchair Positioning Concerns to Improve Student Participation

School therapists play a critical role in monitoring student positioning in wheelchairs and have the opportunity to collaborate with families, doctors, Certified Rehabilitation Technology Suppliers (CRTS), and private therapists to address any positioning concerns. Proper alignment of the head, trunk, pelvis, and lower extremities is essential for students who primarily use wheelchairs, as it helps prevent scoliosis and deformities, as well as organ compromise, which can ultimately lead to severe health complications or even death. In the context of assistive technology applications, such as eye gaze and other alternative communication methods, consistent positioning in the wheelchair is crucial. Without it, students may struggle to access their devices adequately, hindering their ability to engage in their academic programs. A study titled **"School-Based Therapists' Perspectives of Wheelchair Use in U.S. Schools**," conducted in 2024, highlighted that while most respondents had experience working with students who rely on wheelchairs, few were actively engaged in tasks related to wheelchair service provision. This suggests a need for future research to explore potential attitudinal issues that may influence students' use of wheelchairs at school and identify the best ways to support their independence in navigating these devices.[36]

Please see section entitled **Therapist Considerations with Participating in Wheelchair Evaluations in the School Setting** in the following **Assistive Technology** section for carification on school systems' obligation to purchase assistive technology.

Did you know?
School OTs and PTs can increase student participation by addressing wheelchair positioning issues.

Orthotics

Many students with physical disabilities have foot anatomy, tone, and flexibility issues that can be remedied with footwear and orthotics. School PTs can do foot assessments and determine whether orthotics would be beneficial. If private PT is not involved, school-specific concerns can be communicated with the family and orthotist to assist with orthotic selection. If private PT is involved, the school PT can collaborate with the private PT to address school participation limitations. School therapists should also monitor the orthotic device for proper fit and functionality. More information on orthotics can be found at: Foundations of Pediatric Orthotics and at Ankle Foot Orthoses and Footwear for Children with Cerebral Palsy: Selecting Optimal Design

Did you know?
School PTs can increase student participation by assisting with orthotic assessments and monitoring.

Transfers

Transfer training should maximize the student's independence with transfers while minimizing the risk of injury to staff. This process is optimized by careful assessment of the following:

- Number of staff available, as well as individual staff capabilities
- Student's ability to assist with the transfer
- Selection of the appropriate lift method
- Selection of the type and size of the changing table needed to fit in the space and to maximize student independence. ie, low height table to create a level transfer, power hi/low table, pre-k sized tables with pull-out steps
- Adaptive equipment needed, such as footstools to assist with a squat pivot transfer, as well as mechanical lifts and slings

Comprehensive staff and student training should be provided to ensure that all parties can safely and consistently complete the transfer.

The Pediatric APTA Fact Sheet entitled: Safe Student Lifting and Transfers in the School Setting: A Decision-Making Guide is an excellent resource to assist with clinical assessments for transfer training. This document references NIOSH, which recommends a 35-pound lifting limit when lifting or transferring people due to multiple unpredictable variables (i.e., cooperation, ability to participate and understand directions, and muscle tone).

Did you know?
NIOSH recommends a 35# weight limit when lifting or transferring a person due to multiple unpredictable variables

Teletherapy/Telemedicine:

- Telehealth is defined by the Louisiana State Board of Medical Examiners, (LSBME), "as the practice of healthcare delivery, diagnosis, consultation, treatment, and transfer of medical data using interactive telecommunication technology that enables a healthcare practitioner and a patient at two locations separated by distance to interact via two-way video and audio transmissions simultaneously."
- To ensure continuity of care during the public health emergency related to the COVID-19 pandemic, the state of Louisiana made allowances for telehealth services in physical therapy and occupational therapy, effective March 17, 2020.[38]
- Effective August 20, 2021, the Louisiana PT board adopted R.S. 40:1223.1 et seq., known as the "Louisiana Telehealth Access Act". [29]
- To date, the Louisiana PT Practice Act remains unchanged, allowing for the provision of telehealth services. [30]

- Effective August 1, 2023, House Bill 41 was signed into law as Act 336, allowing for reimbursement of OT telehealth services.[31]
- The Louisiana Physical Therapy Board provided the following guidance on the provision of telehealth services: https://www.laptboard.org/assets/docs/Homepage-News/Telehealth.pdf.
- Physical examination utilizing varying degrees of manual contact is an integral part of the evaluation process for physical therapists. Performing a school-based pediatric evaluation via telehealth presents some challenges for physical therapists (PTs). The APTA Academy of Pediatric PTs has recommended that PTs utilize an integrated approach during the evaluation process to assist with making determinations about services. The evaluation process should include gathering authentic information from a variety of sources to ensure a complete picture of a student's abilities and the potential impact on school participation. The Academy of Pediatric PTs has compiled a review of tests and measures across the ICF model appropriate for school-based telehealth assessment: https://pediatricapta.org/COVID-19/pdfs/Telehealth%20School%20Based%20Assessment.pdf

Assistive Technology

Assistive technology refers to products that can help individuals access and participate in various daily activities. Low-tech as well as high-tech products are available to meet the individual needs that are identified within the IEP team. When the IEP team has identified a need, the occupational and/or physical therapist may provide assistance and/or assessment to determine the appropriate assistive device. The therapist should assist with the training and implementation of the device or equipment within the educational setting.

The OT and/or PT should assess areas of need as related to the expertise of their field. This may include positioning, an appropriate environment for using the equipment, the skills required to utilize the assistive device effectively, and a relationship to enhancing the educational program.

Assistive technology may include any device or equipment that enhances an individual's ability to perform various aspects of daily living activities. This may include, but not be limited to, the following:

- Mobility device
- Orthotics/Prosthetics
- Technology
- Adaptive equipment
- Hearing assistance
- Sensory supports
- Positioning devices
- Digital management of supplies, and others

The OT/PT may be available to parents and outside agencies, following written permission from the parent, to provide input for educational needs as related to personally owned equipment.

Therapist Considerations with Participating in Wheelchair Evaluations in the School Setting

Summary of Office of Special Education (OSEP) Letters (1989-1993) regarding School Systems' Obligation to Purchase Assistive Technology

Note: IDEA letters are not available online and must be obtained directly from IDEA via the Department of Education.

The Department of Education's Office of Special Education Programs letter to Stohrer dated February 17, 1989, states the following: " The standard for determining whether a wheelchair must be provided as a related service, as set out in the regulation, is whether it is required to assist a handicapped child to benefit from special education. 34 CFR 300.13(a). In addition, related services include transportation, which is defined to include travel in and around school buildings and can involve the provision of specialized equipment. Under the regulatory standards cited above, **the school district is not required to provide a wheelchair for personal use outside the school but may be required to provide a wheelchair for transportation purposes while the child is receiving special education.** (See Letter to Stohrer in Appendix.)

The Department of Education's Office of Special Education Programs letter to Goodman dated August 10, 1990, states that a child's need for assistive technology must be determined on a case-by-case basis and could be special education, related services, or supplementary aids and services for children with handicaps who are educated in regular classes. The letter also reviews specifics of the Technology-Related Assistance for Individuals with Disabilities Act of 1988, Public Law 100-407, as it applies to determining the need for assistive technology for students. (See letter to Goodman in the Appendix)

The Department of Education's Office of Special Education Programs letter to Seiler, dated November 19, 1993, states the following: The effect of 300.308 is to limit the provision of assistive technology devices and services to those situations in which they are required in order for a child to receive FAPE. If the IEP team determines that the child requires a hearing aid to receive FAPE, and the child's IEP reflects this need, the public agency is responsible for providing the hearing aid at no cost to the child and their parents. (See Letter to Seiler in Appendix)

Letter to Bachus, 22 IDELR 629 (OSEP 1994). **A school district is not required to purchase a personal device like eyeglasses or a hearing aid that the student would require regardless of whether s/he is attending school, unless the IEP team determines that the student requires the personal device in order to receive a FAPE.** A student who requires a personal device in order to receive a FAPE, must be provided with the device at no cost to either the student or the parent, but the school district may seek funds from another agency with responsibilities to cover such costs. Any assessment by the school district to determine whether the student requires a personal device in order to receive a FAPE must be at no cost to the student or the parent.[28]

In summary, Items such as wheelchairs, hearing aids, and eyeglasses may be considered to be assistive technology. As such, these and other personally prescribed devices must be provided if they are a related service required to receive a Free and Appropriate Public Education (FAPE). **However, this would typically apply on a limited basis and under unique circumstances since these items generally meet a medical need required outside the educational environment.** More commonly provided personal use devices might include communication devices or text readers if they are used exclusively by and/or programmed for an individual student as specified on the IEP.[29]

See below links for the most recent U.S. Department of Education guidance and resources on assistive technology (AT) for students with disabilities. The following link announces the two-part guidance (Myths & Facts + DCL) aimed at clarifying IDEA's requirements for AT devices and services for children with disabilities:

https://sites.ed.gov/idea/files/DCL-on-Myths-and-Facts-Surrounding-Assistive-Technology-Devices-01-22-2024.pdf

Myths and Facts Surrounding Assistive Technology Devices and Services

Progress Monitoring

Progress monitoring is a scientifically based practice used by educational professionals (including occupational therapy practitioners and physical therapy practitioners) to assess students' performance and evaluate the effectiveness of instruction and intervention. Monitoring student progress through data collection and analysis is an effective way to determine whether occupational therapy services and/or physical therapy services are meeting the student's needs and whether the therapist should modify intervention and/or strategies. Progress monitoring involves both collecting and analyzing data to determine a student's progress toward specific goals and making intervention decisions based on a review and analysis of student data.[37]

Defensible Documentation

APTA emphasizes that therapists should maintain “defensible documentation” and provides these tips, which all occupational therapy practitioners and physical therapy practitioners can utilize:

- Update goals regularly, at least annually
- Highlight progress toward goals
- Clearly indicate progress and demonstrate comparison to previous levels of function
- Focus on function within the educational environment
- Re-evaluate when clinically indicated

Defensible documentation will provide the necessary details that may be required in the event of due process, mediation, or conflict resolution.

AOTA guidelines for documentation services provide occupational therapists with guidelines for documentation and record-keeping:

- Communicate the student’s history, access, participation in, and engagement with the educational program
- Articulate the rationale for therapy
- Provide a record of student services
- Justification for the continued need for clinical expertise of the therapist, including medical necessity

Adding, Revising, or Discontinuing Occupational Therapy Services and Physical Therapy Services

Educationally based occupational therapy services or physical therapy services may be added, revised, or discontinued through several methods, depending on the timeframe when service changes are necessary. Any member of the IEP Committee may propose these changes. Therapy modifications may be made if the student demonstrates progression, maintenance, or regression of skills related to educational performance. The addition, revision, or discontinuation of services is based on assessment of the student’s performance in the educational setting, changes in the student’s physical condition, and/or changes in the student’s environment. To add, revise, or discontinue occupational or physical therapy services, the occupational therapy practitioner or physical therapy practitioner must be present or in consultation. If the practitioner is unable to attend and the team cannot agree on modifying services, the IEP meeting should be reconvened when the practitioner can be present.

Discontinuation of occupational or physical therapy services is a decision made by the IEP committee. The rationales for discontinuation of occupational therapy services or physical therapy services in the educational setting include:

- Documentation by the therapist indicates that the student's skills are adequate for functioning in the educational setting and no longer demonstrate a need for occupational therapy or physical therapy services to benefit from their special education services.
- Documentation by the therapist indicates that the potential for change in the student's educational functioning through occupational therapy or physical therapy intervention is no longer evident.

Time frames include:

1. **During a multidisciplinary evaluation**, the occupational therapy practitioner or physical therapy practitioner may identify student needs that support a recommendation for occupational therapy services or physical therapy services within the educational setting. With team consensus, occupational therapy services or physical therapy services are then included in the IEP.

2. **At the time of a reevaluation**, the results of the occupational therapy or physical therapy evaluation, reevaluation, or data review may support the addition, revision, or discontinuation of services that are on the existing IEP. With the IEP Committee's consensus, these changes are included in the new IEP.

3. **When an annual IEP is being developed**, the occupational therapy practitioner or physical therapy practitioner identifies the student's present levels of performance through evaluation, observation, and/or data review. It is not necessary to conduct formal therapy assessments prior to the annual IEP; however, therapists should provide the IEP committee with all current data related to the student's current level of performance in relation to their educational progress. The educational team collaborates to develop goals and/or objectives and to recommend occupational or physical therapy services, including frequency and duration, which may involve additions, revisions, or discontinuations of services from a previous IEP.

4. **Within the term of an IEP**, occupational therapy services or physical therapy services may be added. It is not recommended that services be revised or discontinued through the amendment process. The parent and the education agency can agree not to convene an IEP team meeting and may develop a written document to amend or modify the student's current IEP to add occupational therapy or physical therapy services. To implement the changes, the IEP team must follow the IEP amendment process.

Utilizing the Occupational Therapy Practice Framework in Educational Settings

The Occupational Therapy Practice Framework: Domain and Process (Fourth Edition), often referred to as the OTPF-4, serves as a foundational guide for the field of occupational therapy and is reviewed every 5 years. The profession of Occupational Therapy was established on the principle that engaging in meaningful activities, or occupations, is essential for well-being. Education, play, social participation, and activities of daily living (ADLs), such as using the bathroom, managing clothing, washing hands, and functioning within a cafeteria setting, are all integral to school-based occupations that students must engage in on a daily basis.

The OTPF–4 is divided into two sections, “domain” and “process”. Occupational Therapy’s “domain” of practice explains the purview of the profession, as well as the knowledge and expertise, and includes:

- **Occupations:** activities of daily living (ADLs), instrumental activities of daily living (IADLs), health management, rest and sleep, education, work, play, leisure, social participation
- **Contexts**: environmental factors, personal factors
- **Performance Patterns**: habits, routines, roles, rituals
- **Performance Skills**: motor skills, process skills, social interaction skills
- **Client Factors:** values, beliefs, and spirituality, body functions, and body structures

The “process” is made up of three parts: evaluation, intervention, and targeted outcomes. The “process” explains the steps practitioners take to deliver services that prioritize the student’s needs and focus on meaningful participation in occupations.

School-based therapists focus on intervention and service delivery designed to eliminate or compensate for obstacles that hinder students' learning and participation within their educational program. They help students develop skills that enhance their independence and participation in all school environments and academic tasks. Therapy interventions in the school setting are always educationally relevant, involving education and training of both staff and students, and encompass various approaches such as facilitating skill acquisition, adapting equipment, modifying environments for safe access, and promoting student mental health.

Utilizing the APTA Guide to Physical Therapist Practice, 4th Edition, in Education

The APTA Academy of Pediatric Physical Therapy recommends that the following elements should influence decision-making in school-based PT**:**

- ICF
- Evidence-based Practice (EBP)
- The Guide to Physical Therapist Practice
- IDEA, State Education Code, District Policies and Procedures, State Practice Acts
- Reference: Dosage Considerations: Recommending School-Based PT Intervention Under IDEA: Resource Manual

According to the APTA Fact Sheet entitled: Guide to Physical Therapist Practice 4.0: Pediatric Considerations, the Guide provides a foundational framework for evidence-based pediatric practice. The framework helps to manage the needs of children who have or may develop movement-related impairments, activity limitations, and participation restrictions. The Guide helps therapists consider what happens both within and beyond the clinic, including the child’s home, school, and community environments within the context of the biopsychosocial model.

The Guide gives in-depth information on intervention elements of the student’s management, including intervention strategy terminology, definitions, and Intervention categories. Intervention categories relevant to the school setting include education, procedural Interventions, adaptive and assistive technology, functional training, integumentary repair and protection techniques, motor function/movement training, and therapeutic exercises.

The Guide can be accessed at https://guide.apta.org/. APTA membership is required. This website also features an overview of the Guide's history, as well as educator and advocacy modules to support its use. Additional resources and information on the Guide can be found in the *Guide to Physical Therapist Practice 4.0: Pediatric Considerations.*

Multi-Level School Building Evacuations

Atypical Evacuation Drills

Atypical Evacuation Drills should be practiced, and a plan should be established for students with mobility impairments whose educational environment includes multi-level school buildings.

Evacuation Planning Procedure:

- Special education teachers and administrators should identify students with unique special needs that may require an atypical evacuation plan within the first month of the school year. Consider the student's physical, emotional, and behavioral needs.
- The PT/OT assists in designing the evacuation plan in collaboration with the student's educational team, school administration, school nurse, first responders, and the local fire department.
- The PT/OT advises the team in determining the safest method to evacuate the student. The student and family should be involved in the decision-making process.
- Record the type of device, if appropriate (evac chair, blanket), in the evacuation plan.
- If a device is required, discuss the number and placement of device(s) with the administration and the fire marshal. One device per student who is upstairs is recommended. It is also advisable to consider placing a device at each stairwell.
- The administration selects the responder team. At least three responders should be named, with one designated as the primary responder.
- The team should be comprised of school staff who are familiar with the student and knowledgeable about the student's needs, such as an administrator, teacher, paraprofessional, and applicable related service providers, including the nurse, behavior team, and therapists.
- The plan should designate assigned backup personnel in case of staff changes or absences. The school crisis team should be informed of the plan.
- The PT/OT trains the responder team on procedures for utilizing the evacuation device, including how to safely assist students in transferring in and out of the device.
- Administration is responsible for selecting dates for responder training and refresher courses. A recommendation for best practices suggests that refresher training should occur at least twice a year. To enhance preparedness, the evacuation team should schedule one drill each quarter, during which students will be evacuated using the appropriate methods and devices.
- The physical therapist and school administration should observe the evacuation drill.
- Administration, physical therapy, and evacuation responders involved in the drill should conduct a debriefing following each drill. The plan should be filed in the rapid responder system.

Note: Additional training(s) may be required over the school year due to personnel changes. Evacuation plans may need to be revised based on changes to the student schedule and/or classroom arrangements during the school year.

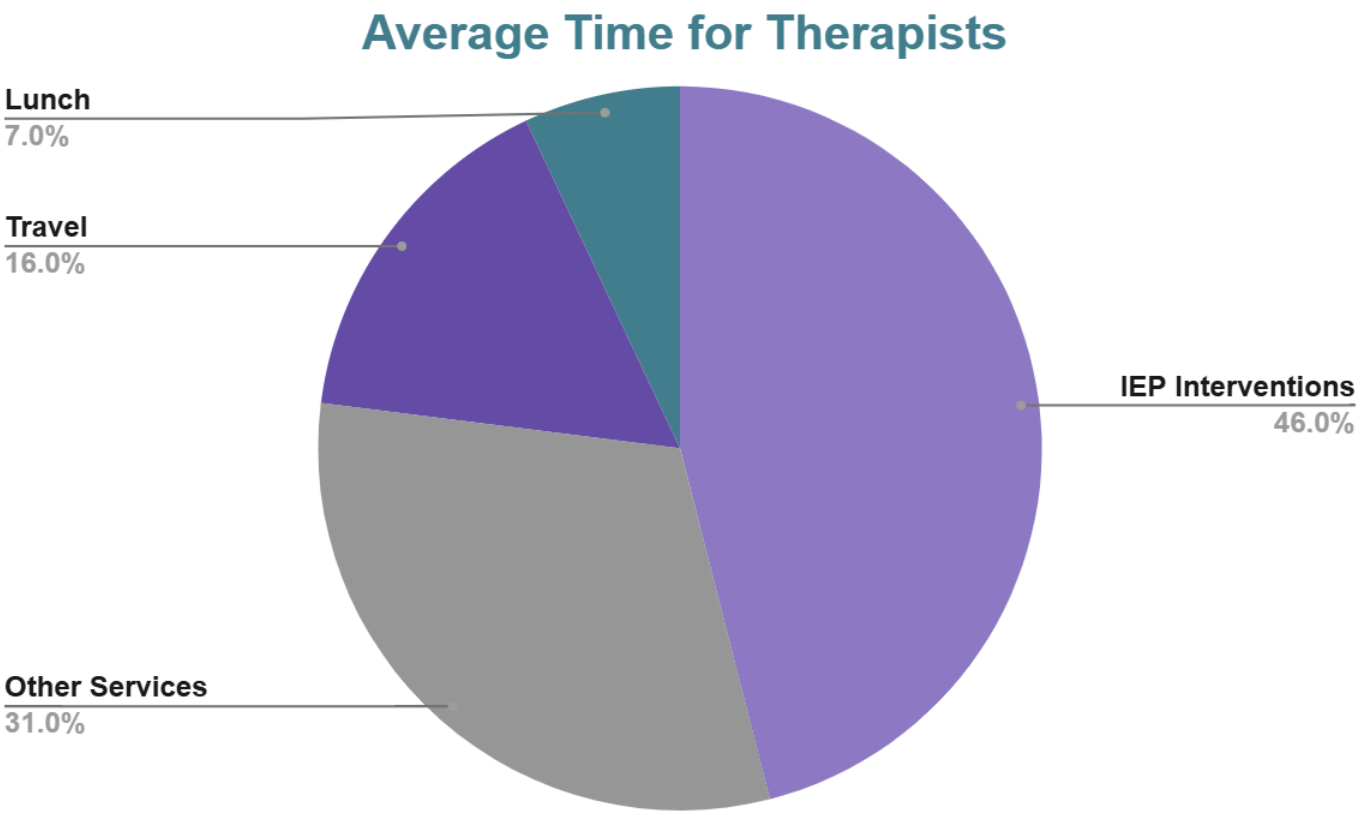
Administration of Educationally Based Occupational Therapy and Physical Therapy Services

Caseload Model

The number of children served by individual therapists will vary depending on the level of service provided, the distance traveled between schools, and other responsibilities. Caseloads must always include scheduling time for paperwork, meetings or staffings, lunch, evaluations and re-evaluations, consultations, and adapting equipment. The following are some factors determining the number of students a therapist can adequately serve.

- The occupational therapy and physical therapy evaluation and assessment process is time-consuming. It includes testing, observing in the current educational setting, scoring, report writing, staffing, and teacher and parent conferences.
- The intensity of therapy services required to achieve the goals outlined in IEPs plays a crucial role in determining service delivery. When students receive therapy more frequently, therapists must have smaller caseloads. This means that a larger number of students can be supported through less intensive service models.
- IEP participation
- The students' geographical location necessitates the travel time
- The amount of parental/teacher contact and training required for each student served
- The availability of aides, assistants, or additional personnel who are needed to assist
- The availability of treatment space, equipment, room structure, and location
- The additional responsibilities of the therapist for non-treatment activities, such as in-service training for teachers and other educational personnel, system-wide consultation, early intervening/pre-referral strategies, participation in ESSA Initiatives and Multi-tiered Systems of Support, administrative duties, research efforts, and participation in continuing education
- The therapist's experience and training

The following caseload example is referenced from the original Louisiana OT/PT Handbook and is based on full-time employment and represents the average for most school systems in Louisiana. Contract therapists working fewer hours per week cannot be expected to provide services based on the examples given. Contracted services are contingent upon the therapist's availability and the specific terms outlined in the individual contract. When planning a caseload for a therapist, school systems must factor in specific percentages of non-treatment time. The following diagram illustrates a typical weekly schedule for a therapist employed or contracted to work 35 hours per week, with primary responsibility for service provision rather than administration or evaluation. School systems should consider the averages outlined in the diagram to help determine staffing needs.



Workload Model

The American Occupational Therapy Association (AOTA), American Physical Therapy Association (APTA), and American Speech-Language-Hearing Association (ASHA) jointly recommend a shift from the traditional *caseload* model to a more comprehensive *workload* model for determining service provision in educational settings. (2014) Under the caseload model, service decisions are typically based on the number of students assigned to a therapist for direct services. This approach often fails to reflect the full scope of responsibilities performed by related service providers.

The workload model, by contrast, considers all activities required to support students' access to and participation in their educational programs. These responsibilities include not only direct services, but also indirect services such as documentation, consultation with educators and families, travel between schools, participation in IEP meetings, and involvement in school-wide initiatives like Positive Behavioral Interventions and Supports (PBIS) and Universal Design for Learning (UDL). This approach promotes alignment with the Individuals with Disabilities Education Act (IDEA) and supports evidence-based, student-centered practices.

Implementation of the workload model has been associated with improved outcomes in school districts. Reported benefits include better service quality, reduced staff turnover, enhanced collaboration, and more sustainable staffing practices. For example, workload studies in Maryland showed that only 24% of therapy time was spent on direct services, underscoring the importance of accounting for all professional duties when determining staffing needs and service delivery.

Therapists, administrators, and policy stakeholders are encouraged to adopt a workload approach to ensure equitable, effective, and legally compliant therapy services in schools.

Workload Approach: A Paradigm Shift for Positive Impact on Student Outcomes

Full Time Equivalent (FTE) Staffing Calculator for School-Based OT and PT Services

The Workload Calculator for Occupational Therapy, Physical Therapy, and Speech-Language Pathology, developed by the North Carolina Department of Public Instruction, Office of Exceptional Children (adapted from the ASHA workload calculator), is a tool designed to help education administrators and therapy teams estimate appropriate staffing levels for occupational and physical therapy services in school systems. The calculator considers both **direct and indirect services** as required under the workload model of practice, rather than relying solely on caseload numbers.

The foundation of FTE determination is the cumulative weekly direct service time specified in students' IEPs. However, therapists also invest considerable time in various indirect activities necessary to support high-quality, legally compliant services. These activities include documentation, progress monitoring, evaluation and assessment, planning interventions, attending IEP and team meetings, traveling between multiple school sites, supervising therapy assistants, and engaging in professional development. Additionally, many therapists contribute to general education initiatives such as Response to Intervention (RtI), Coordinated Early Intervening Services (CEIS), 504 plan support, and other school-wide programs, which further impact available service time.

To accurately capture this broader workload, a multiplier factor is applied to the total direct IEP service hours. This factor typically ranges from **1.7 to 2.7**, reflecting varying levels of provider responsibility and complexity. For instance, therapists serving a limited number of sites with low-intensity caseloads and minimal supervision duties may require a multiplier near 1.7. In contrast, providers who serve multiple sites, supervise therapy assistants, have caseloads with high severity of student need, and engage extensively in general education initiatives may require multipliers closer to 2.7.

Practically, for each hour of direct service, a therapist might need anywhere from 1.7 to 2.7 total hours to fulfill all job duties. For example, a therapist providing **14.8 hours of direct contact per week** with a multiplier of **2.7** accounts for approximately **40 hours of total work per week**, representing one full FTE. Furthermore, when therapists allocate time to general education duties, such as staff training or school-wide intervention teams, those hours must be deducted from their available time for IEP-related services, adjusting the FTE calculation accordingly. This model utilizes an arbitrary trigger number of 50 students before using the workload calculator. The authors of the workload calculator indicate that no research or data support this number. It is intended solely as a reference point to begin the process of applying the workload calculator to a therapist's caseload.

This comprehensive workload approach ensures that staffing decisions are responsive to actual therapist responsibilities, prevent burnout, comply with federal and state mandates, and ultimately promote optimal student outcomes. School administrators and therapy providers should regularly review caseload data, consider the full scope of their duties, and apply appropriate multipliers to ensure balanced and effective service delivery.

Guidance in Determining FTE and Workload for Occupational Therapy, Physical Therapy, and Speech-Language Pathology Staff

According to the original Louisiana OT/PT handbook, therapists spend an average of 46% of their time on interventions. When using the North Carolina Department of Public Instruction Workload Calculator, this

corresponds to a multiplier factor of 2.14. To calculate the total hours, multiply 17.5 hours of IEP time by 2.14, which equals 37.5 hours or one FTE. This factor falls within the average range of multiplier factors, which is between 1.7 and 2.7.

Related Services Advisory Committee

The Related Services Advisory Commission (RSAC) was established by the Louisiana Department of Education after Senate Concurrent Resolution (SCR) 31 in 2022 to study support for students with disabilities. It focuses on the ratio of service providers, identifying service delivery disparities, and evaluating the impacts of staffing. The Commission, which includes various stakeholders, aims to provide recommendations for enhancing service models and outcomes for students with special needs. The RSAC ratio for occupational therapy is one OT practitioner for every 2,000 students (total students in the district or schools), as per the final report dated March 2024. There is currently no ratio recommended for physical therapy. Response to SCR 31 of the 2022 Regular Legislative Session

Delegation of Tasks

School-based Physical and Occupational Therapists, as related service providers, assist school personnel, IEP team members, parents, and the student in achieving the student's ability to make progress and meet their IEP goals and objectives. Therapists can achieve an improved quality of care by assigning specific tasks to school personnel or parents to be carried out daily, thereby helping the student meet their goals and objectives. The occupational or physical therapist assigning the task is responsible for direct guidance, training, and supervision of the person(s) carrying out such recommendations. Therapists should use clinical judgment to assess the student's condition and carefully consider the expertise, skills, training, and knowledge of those carrying out the assigned tasks.

Medicaid Reimbursement

The Centers for Medicaid and Medicare Services (CMS) oversees the Medicaid program at the federal level and sets the basic rules. CMS recognizes that schools provide vital healthcare services to students. "Health care services delivered in schools are an opportunity to meet children where they are and deliver services to children in a setting where they spend the majority of their time in school. School-based services can include all services covered under Early Periodic Screening, Diagnostic, and Treatment (EPSDT), which provides a comprehensive array of services for eligible individuals under 21 enrolled in Medicaid. These services include, but are not limited to, preventive care, mental health and substance use disorder (SUD) services, physical and occupational therapy, and disease management." CMCS Informational Bulletin 5-2-23 .

The cost of medically necessary occupational and physical therapy services in the school system may be reimbursed through Louisiana Medicaid. Only appropriately licensed practitioners can provide Medicaid-reimbursable services in schools. It is the responsibility of each school district to ensure that the individuals performing health services on campus have active and appropriate licenses. For more information on the Louisiana School-Based Medicaid Program, the LDOE School-Based Medicaid Resource Page provides in-depth resources on specific services and requirements.

Random Moment Sample

Medicaid utilizes the Random Moment Time Study (RMTS) to determine the percentage of time that school-based providers, such as therapists, nurses, and behavioral health staff, spend delivering billable health services. In Louisiana, providers are grouped into three pools, each with its own study. Providers

must respond to randomly selected time "moments" to document their activity, and LEAs must achieve a response rate of at least 85%. The collected data is used to calculate a reimbursable percentage that determines Medicaid cost reimbursement for each LEA.

Documentation

Most clinicians understand "*if it was not documented, it did not happen*". Proper documentation not only plays a vital role in Medicaid reimbursement, but for most healthcare providers, it is also required by their practice. Medicaid requires several categories of documentation. The LDOE documentation quick checklist provides specifics on documentation requirements.

The Written Plan of Care serves as a crucial document that authorizes the provision of services. In addition, Service Documentation is necessary to evidence that these services have actually been delivered. For monitoring purposes, RMTS Documentation must also be maintained to support the answers given in the Random Moment Time Study. It is important to note that providers are required to hold licenses from their respective licensing boards to ensure compliance and accountability in their professional practice.

Regarding parental consent, two types are needed: consent to bill Medicaid and consent to share student information related to the claiming of services. Furthermore, school systems are responsible for documenting the initial consent to bill Medicaid for services. They must also provide an annual notice, which is specific to each student. It's essential to note that general bulletins or announcements in the student handbook do not fulfill this requirement for documentation.

Plan of Care

The plan of care is a written health treatment plan that is the authorizing document to bill Louisiana Medicaid in the school setting. In educational settings, the plan of care is driven by the student's IEP or Section 504 Plan (APTA APPT, 2017). Physical and occupational therapy practitioners, along with other members of the education team, use identified student strengths and needs to inform decision-making when writing IEPs and Section 504 Plans. The needs of students receiving special education services are addressed in discipline-free, collaborative IEP goals and through specially designed instruction. The needs of students receiving Section 504 plans are addressed through modifications, accommodations, and services. Physical therapy practitioners participate in team decisions regarding development of IEP goals and objectives, specially designed instruction, and the need for related services and support for school personnel (including frequency and duration). (GUIDELINES FOR THE PRACTICE OF OCCUPATIONAL THERAPY AND PHYSICAL THERAPY IN EDUCATIONAL SETTINGS)

A written plan of care:

- Authorizes services
- Demonstrates medical necessity
- Clinical reasoning for interventions and dosing
- Delegation
- Care coordination
- Exit criteria

Components of POC:

- Ordering provider/NPI

- Date of Authorization/Order
- Goals-specific, measurable, and time-based, including indicators when the service is no longer necessary
- Recommended interventions
- Documentation of delegated services
- Plan for coordination of care, which includes informing parents of progress and coordination with outside providers
- Name/Signature of provider completing the plan of care
- Name/Signature/NPI of authorizing or ordering provider if provider completing the plan requires authorization (attach order if applicable)

Example PT POC:
https://docs.google.com/document/d/18NlUXhBwc1ByWoBCMxpAQT7v7ZDL1pMw/edit?usp=sharing&ouid=107202563388855898052&rtpof=true&sd=true

Example OT POC:
https://docs.google.com/document/d/1pYSk20Zf7bc-07zrvP0y3LBvKYjsmrDP/edit?usp=sharing&ouid=107202563388855898052&rtpof=true&sd=true

Monitoring Process

School districts are monitored 1-2 years after submission of cost reports. Documentation to support RMTS answers, service provision, or verification of licensure may be requested.

Resources for Providers

Physical Therapy
APTA Documentation

Occupational Therapy
AOTA Coding and Billing
AOTA Guidelines on Documentation
New Medicaid guidance for school-based services, new opportunities | AOTA

Orientation for the School-Based OT & PT

When orienting the Local Education Agency (LEA) occupational and physical therapists, several key steps should be taken to ensure they are well-prepared for their roles. First, it's essential to provide on-the-job orientation with the guidance of an experienced school-based therapist, who can share practical insights and best practices. Next, allowing the new therapist to observe in both special and general education classrooms can enhance their understanding of the diverse needs of students. Additionally, orienting them to community resources related to children with disabilities will be invaluable in connecting families with necessary support services. Finally, offering continuing education opportunities will help therapists stay informed about the latest developments in their field, improve their skills, and ultimately benefit the students they serve.

The therapist should be provided with copies of the following documents:

- OT/PT in Louisiana Schools Reference Handbook
- Bulletin 1508: Pupil Appraisal Handbook

- Bulletin 1530: IEP Handbook
- Bulletin 1706: Regulations for the Implementation of the Exceptional Children's Act
- Job description
- LEA Personnel Handbook (if applicable)

Inform the therapist of the following LEA procedures:

- Daily attendance, itinerant sign-in at schools, and request for leave
- Travel reimbursement
- Fire drill and emergency procedures
- Accident reports
- Requisitioning materials and equipment
- Inventory storage
- Medicaid billing
- Documentation procedures for therapists (both daily notes and progress notes)
- Other records and relevant procedures.

Introduce the therapist to the following staff members:

- The school system's special education administrative and support staff
- Principals of schools served by a therapist
- Special education teachers and paraprofessionals
- Evaluation coordinator and pupil appraisal staff
- Related service personnel
- Maintenance personnel in schools served
- Bus drivers involved in the transport of students with disabilities as appropriate

Professional Evaluation

Performance evaluation of school Occupational Therapists and Physical Therapists as related service providers may be required by some school districts. A comprehensive performance evaluation may include supervisor ratings, self-assessment, student growth, peer and team member review, as well as artifacts and evidence from practice that contribute to staff evaluations. The appraisal should consider the therapist's unique contribution and role in the educational process. The diverse ages and needs of the student, as well as the number of students with medical conditions known to cause regression, should be considered. Therapists can utilize standardized assessments, established rubrics, or tools such as the Goal Attainment Scale (GAS) to document student progress towards established targets. Both AOTA and APTA have established guidelines to assist school districts in developing their performance appraisal systems.

Internal Monitoring

Occupational therapists and physical therapists should review their performance annually through peer review and/or self-evaluation. Peer review provides the opportunity for therapists to collaborate and problem-solve with each other regarding evaluation and therapeutic intervention methods, monitor compliance with federal, state, and local requirements, and facilitate consistency. Administrators utilizing contractual services should consult with an occupational therapist and/or a physical therapist with expertise in educationally relevant therapy to assist in reviewing the therapy services delivered within their school system.

Internal Evaluation

The administrator should prioritize ongoing communication with occupational and physical therapists while considering several critical issues. It is essential to ensure that an appropriate number of therapists are available to meet the needs of the school system, alongside sufficient materials and equipment for their therapy sessions. Adequate facilities must also be provided to support therapy activities, along with necessary resources such as office secretarial support, continuing education opportunities, and travel reimbursement for the therapists.

Additionally, effective record-keeping is crucial; procedures regarding evaluations, IEPs, and confidentiality must be strictly adhered to. Therapists should have appropriate access to student records and accurately document assessments and interventions. Access to necessary medical information and referrals is also vital, as is maintaining proper documentation for Medicaid billing.

Furthermore, therapists should employ an integrated approach to enhance the delivery of services. Encouraging therapists to provide in-service training for families, educators, and other personnel fosters a supportive environment. Lastly, it is crucial to ensure that therapists have adequate opportunities to communicate effectively with both medical and educational personnel, promoting collaboration and ultimately benefiting the students they serve.

Clinical Instruction of OT/OTA and PT/PTA Students in Educational Settings

Clinical instruction in school-based practice settings follows the same guidelines as in other practice areas. The relationship between an academic program and a clinical site is a voluntary partnership. The clinical education team consists of the Academic Coordinator/Director of Clinical Education (ACCE/DCE), the Center Coordinator for Clinical Education (CCCE), the Site Coordinator of Clinical Education (SCCE), the Clinical Instructor (CI), and the student. School-based practice settings that consider becoming clinical education sites should have a CCCE for administrative, coordination, management, and supervisory purposes. A physical therapist may fill the CCCE; however, this position may also be filled by a physical therapist assistant, occupational therapist, speech-language pathologist, or a similar professional. It is required by CAPTE that the CI supervising a physical therapy or physical therapist assistant student have at least one year of experience, and it is recommended that the supervising CI complete the voluntary Credentialed Clinical Instructor Program through the APTA Learning Center. Special education teachers and supervisors are taking on the role of SCCEs in the educational setting. Guidelines for the Practice of Occupational Therapy and Physical Therapy in Educational Settings How School Districts Benefit from School-Based Physical Therapy Clinical Education

Clinical education offers several benefits for schools, particularly in preparing a future workforce. By integrating practical training into the educational framework, schools can cultivate skilled professionals who are ready to step into their roles upon graduation. This proactive approach also leads to decreased recruitment and orientation costs, as schools would be training students who are already familiar with the environment and expectations. Additionally, clinical education provides valuable learning and leadership opportunities for existing staff, enabling them to mentor students while enhancing their own skills. Ultimately, these programs contribute to improved staff retention, as a well-prepared workforce is more likely to remain engaged and committed to their roles within the institution.

Recommended Provisions for the Safe and Effective Delivery of Occupational Therapy Services and Physical Therapy Services

Therapists providing physical and occupational therapy services for each LEA should recommend the necessary equipment before any orders are placed. It's essential that funding be allocated for specialized equipment and materials, which may include adaptive classroom seating, specialized work surfaces, standers, walkers, positioning materials such as wedges, bolsters, and mats, as well as therapeutic equipment like balls, vestibular boards, and scooter boards. Additionally, perceptual and fine motor materials, including developmentally and age-appropriate toys, games, and therapeutic handwriting programs, should be accessible. Self-help devices, such as adapted spoons, dishes, cups, and toileting equipment, are also necessary.

Therapists will require standardized and non-standardized test manuals along with individual test protocols for each child being assessed. Furthermore, materials for fabricating adaptive equipment, such as Velcro, foam, and tri-wall should be provided, alongside resource materials and access to internet resources. To effectively perform communication and recordkeeping duties, an office space equipped with filing cabinets, telephones, desks, and chairs is crucial. While most services are delivered within the child's educational environment, therapists will need additional access to a well-lit, quiet, and accessible space at school sites for individual testing.

Equipment Management

School OTs and PTs play an integral role in assessing the need for and in the ordering and provision of adaptive equipment for students with disabilities. The use of adaptive equipment can have a significant impact on the student's overall level of participation in their educational program. IDEA states that "a public agency must control and administer the funds used to provide special education and related services under 300.139-9, and hold title to and administer materials, equipment, and property purchased with these funds for the uses and purposes provided in the ACT" The Louisiana Department of Education, per the 2015 OTPT handbook, states the following: "Each LEA, with input from the occupational and physical therapists serving the district, should develop policies and procedures to ensure compliance and continuity regarding such areas as recordkeeping, medical referral and Medicaid tracking and billing."[33]

Prudent and conservative use of state and federal funds should include a comprehensive equipment tracking and management system. The APTA Fact sheet, entitled "Management of Equipment used by Physical Therapists in School-Based Practice," is an excellent resource. It covers in-depth the following topics: purchasing new equipment, utilizing previously acquired equipment, utilizing donated equipment, modifying or customizing equipment, fabricating equipment, managing equipment inventory, cleaning equipment, replacing or discarding equipment, and lending or borrowing equipment.

The APTA Fact Sheet states that "LEAs should have accurate, up-to-date records of all stored equipment that reflect the status of each at any given moment in time." Several equipment management options are recommended, including utilizing established database systems within the LEA, such as the library tracking system, using an electronic table or spreadsheet, and purchasing an inventory management system. Recommendations for inventory systems are linked at the end of the Fact Sheet.

Using an existing tracking system already in place in the district can be beneficial. The IT personnel responsible for managing the system can serve as valuable resources for therapists when establishing a

therapy equipment tracking system. Here are the general steps to utilize an existing library tracking system:

- **Access Setup:** Each therapist should be given access to the system through the district's IT department. Designate one therapist to have administrative access, allowing them to add and manage patrons within the system.
- **Patron Creation:** Enter the name of each school and location as follows, as a patron instead of the names of individuals. Each school can be categorized into the following locations: (school name) SWSD classroom, (school name) inclusion, cafeteria, playground, pre-k, speech, bus, etc.
- **Equipment Labeling:** Label each piece of equipment with a special education inventory sticker that includes a barcode and a corresponding tracking number.
- **Cataloging Equipment:** Each type of equipment should be entered into the system's catalog under "SPED Resources." Provide specific details in the description to distinguish between similar, yet slightly different, items.
- **Serial Numbers:** For items that have serial numbers, include these numbers in the individual item details under the tracking number in the equipment tracking system. This can be crucial in the event of a natural disaster when proof of item specifics is needed for insurance reimbursement.
- **Engraving:** Since curious fingers can easily peel off stickers, it is advisable to engrave the tracking number permanently on the equipment using a permanent marker. This will ensure that each item can still be tracked, even if the sticker is removed.
- **Checking Out Equipment:** Each piece of equipment should be checked out to its respective school and location. This can be done on the circulation page in the system by selecting the appropriate school and location for the patron, then entering the tracking number.

Additional Considerations:

- A key benefit of computerized tracking is the ability to check equipment availability through a desktop application. Therapists can quickly access the number of items in a category to verify their availability.
- Applications on mobile devices can use the camera to scan barcodes on inventory stickers for certain library tracking systems. This feature enables therapists to conveniently check out equipment while at school sites.
- The use of an inventory system helps rediscover equipment that has been inadvertently left at a school, rather than incurring the cost of ordering a replacement.
- Computerized tracking will maintain a record of the entry dates for equipment, which is helpful for tracking and verifying the age of the items. This is particularly important for products with expiration dates, such as car seats and Star seats.

References

1. Coster, Wendy, DeeneyTheresa, Haltiwanger, Jane, Haley, Stephen (1998) *School Function Assessment User's Manual*,The Psychological Corporation Therapy Skill Builders

2. Bidabe, Linda (1999) *MOVE Mobility Opportunities Via Education Curriculum* Kern County Superintendent of Schools, a California publication agency

3. American Physical Therapy Association. (2024, January). *The guide to physical therapist practice 4.0: Pediatric considerations* The Guide to Physical Therapist Practice 4.0

4. American Physical Therapy Association. (2021, May). FACT SHEET: *Providing physical therapy under the Individuals with Disabilities Education Act (IDEA - Part B): An overview of school-based physical therapy* Providing PT Under IDEA Part B an Overview of School-Based Therapy

5 .Multi-Tiered Interventions Fine Motor, Gross Motor and Self Regulation

6. American Physical Therapy Association. (2015). FACT SHEET: *Educationally relevant physical therapy: Scope of school-based practice* Educationally Relevant Physical Therapy Scope of School Based Practice

7. American Physical Therapy Association. (2024, January). FACT SHEET: *Dosage considerations: Recommending school-based physical therapy intervention under IDEA.* Dosage Considerations Recommending School-Based PT intervention under IDEA

8. Florida Department of Education, CERT form training tool. (2006). http://www.fdoe.org/ese/pdf/cert-script.pdf. Accessed November 23, 2014.

9. Cecere SW, Williams JK. Determination of Relevant Therapy Tool (DRTT). 2013. Unpublished manuscript.

10. Louisiana Department of Education. (2023). *Part CI: Pupil Appraisal Handbook*. Louisiana Administrative Code, Title 28, Part CI. Table of Contents Title 28 EDUCATION Part CI. Bulletin 1508 — Pupil Appraisal Handbook

11. McEwen IR. Deciding who should receive physical therapy under IDEA. In: McEwen IR, ed. Providing Physical Therapy Services Under Parts B & C of the Individuals With Disabilities Education Act (IDEA). Richmond, VA: American Physical Therapy Association; 2009:37-48.

12. Giangreco, M. F. Guidelines for making decisions about I.E.P. services. Montpelier, VT: Vermont Department of
Education. 2001.

13. Joint Statement on Interprofessional Collaborative Goals in School-Based Practice © 2022 by the American Occupational Therapy Association, American Physical Therapy Association, American Speech-Language-Hearing Association. Developed by a volunteer workgroup: Lauren Arner, MA, CCCSLP; Jessica Barreca, PT, DPT; Joanna Cosbey, PhD, OTR/L; Aruna Hari Prasad, M.A., CCCSLP; Amy Schlessman, PT, DPT, DHSc; Pam Stephenson OTD, OTR/L, BCP, FAOTA.

14. American Occupational Therapy Association. (in press). Guidelines for occupational therapy services in early intervention and schools. American Journal of Occupational Therapy, 71(Suppl. 2), 7112410010. https://doi. org/10.5014/ajot.2017.716S01

15. Breithart, D. (2020, November 12). *The difference between school-based OT and medical model OT*.The Difference Between School-Based OT and Medical Model OT - Devon Breithart.

16. Guidelines for Occupational Therapy and Physical Therapy in California Public Schools Second Edition 2012 Appendix 7.1, 7.2.

17. American Physical Therapy Association. (2018). *Safe student lifting and transfers in the school setting: A decision-making guide* Safe Student Lifting and Transfers in the School Setting: A Decision-Making Guide Pediatric APTA Fact Sheet

18. Multi-Tiered Interventions Fine Motor, Gross Motor and Self Regulation

19. Centers for Disease Control and Prevention, The National Institute for Occupational Safety and Health (NIOSH). Applications Manual for the Revised NIOSH Lifting Equation. 2017.

20. APTA Pediatric Fact Sheet: Adaptive Physical Education and School Based Therapy https://pediatricapta.org/includes/fact-sheets/pdfs/FactSheet_AdaptedPhysicalEducationandSchoolBasedPT_2016.pdf

21. Florida Department of Education. (2004, February). *Assistive technology for students with disabilities* (Technical Assistance Paper No. 11822, FY 2004-11). Bureau of Exceptional Education and Student Services. https://info.fldoe.org/docushare/dsweb/Get/Document-1902/04-18TAP1.pdf

22. Sec 300.144 Property, equipment, and supplies. Individuals with Disabilities Education Act. https://sites.ed.gov/idea/regs/b/b/300.144

23. Bulletin 119: Louisiana School Transportation Specifications and Procedures Table of Contents Title 28 EDUCATION Part CXIII. Bulletin 119—Louisiana School Transportation Specifications and Procedures

24..Bulletin 119 Supplement, Volume I: Louisiana School Bus Regulations, Specifications and Inspections BULLETIN 119 SUPPLEMENT, VOLUME I: LOUISIANA SCHOOL BUS REGULATIONS, SPECIFICATIONS, AND INSPECTIONS

25. Evac+Chair 300H | Lightweight Emergency Stair Chair

26.. Rehabilitation Engineering & Assistive Technology Society of North America. (2014, April 27). *RESNA position paper on the use of evacuation chairs.*RESNA Position Paper on the Use of Evacuation Chairs

27. Scott, L. E. (2018, March 1). *Emergency evacuation planning for students with disabilities.* Emergency Evacuation Planning for Students with Disabilities - Wrightslaw

28. Merced, D. (2017). *Memos, Dear Colleague Letters, and Policy Letters of Import to IDEA Hearing Officers*. Special Education Solutions, LLC. (See page 36) https://spedsolutions.com/wp-content/uploads/2017/12/OSEP-Outline-Website-1.pdf

29.Louisiana Revised Statutes §§ 40:1223.1–1223.5. (2015). *Louisiana Telehealth Access Act*. https://legis.la.gov/Legis/Law.aspx?p=y&d=964866

30. *Louisiana Physical Therapy Practice Act*. (2019, August 1).Louisiana Physical Therapy Board. (2021, August 20). *Rules of the Louisiana Physical Therapy Board*.
Practice Act & Rules

31. Louisiana House Bill 41, 2023 Reg. Sess., Act 336 (La. 2023) HB41

32. Andayani, Rifka Putri; Nurhaeni, Nani; Wanda, Dessie. (2020) Assessing effectiveness of regular repositioning in preventing pressure ulcers in children. NIH National Library of Medicine *National Center for Biotechnology Information* Assessing effectiveness of regular repositioning in preventing pressure ulcers in children - PMC

33. Louisiana Department of Education. (2015). *Occupational therapy and physical therapy in Louisiana schools: Reference handbook* (p. 35). Occupational Therapy And Physical Therapy In Louisiana Schools

34. National Alliance of Specialized Instructional Support Personnel (NASISP). (2019). http://nasisp.org/

35. Skuthan, A., & Stav, W. (2023). Profile of assessments in pediatric occupational therapy practice. *American Journal of Occupational Therapy, 77*(5), 7705205010. Profile of Assessments in Pediatric Occupational Therapy Practice

36. Kenyon, L. K., Straw, L., Wassermann, M., Yasick, E. L., & Kiger, A. L. (2024). School-based therapists' perspectives of wheelchair use in US schools: A survey study. *Pediatric Physical Therapy, 36*(1), 71–78. School-Based Therapists' Perspectives of Wheelchair Use in US Schools: A Survey Study

37. Pennsylvania Training and Technical Assistance Network. (2018). *Educational benefit: Monitoring student progress*. PaTTAN - Progress Monitoring for Students with IEPs: An Introduction

38. Louisiana Department of Health. (2020, March 17). *Health Standards Section Emergency Telehealth Guidelines for Therapy Services*.
https://ldh.la.gov/assets/docs/BayouHealth/HealthPlanAdvisories/2020/HPA20-6_revised_3.18.20.pdf

39. Centers for Medicare & Medicaid Services. (2022). *Medicare Benefit Policy Manual: Chapter 15 – Covered Medical and Other Health Services*.

40. American Occupational Therapy Association. (2020). *Occupational therapy practice framework: Domain and process* (4th ed.). *American Journal of Occupational Therapy, 74*(Supplement 2), 7412410010.

41. Clark, G., Rioux, J., & Chandler, B. (Eds.). (2019). *Best practices for occupational therapy in schools* (2nd ed.). AOTA Press.

Appendix

OSEP letters can be accessed in the following Appendix:

SRC-1991

UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF THE ASSISTANT SECRETARY
FOR SPECIAL EDUCATION AND REHABILITATIVE SERVICES

FEB 17 1989

Mr. John Stohrer
Complaint Investigator
Division of Instructional Services
Special Education Bureau
101 Pleasant Street
Concord, New Hampshire

Dear Mr. Stohrer:

Thank you for your inquiry requesting responses to the following questions:

1. Does P.L. 94-142 require a school to provide a wheelchair for in-school use by a non-ambulatory child?

2. If the answer to number one is in the negative, what is the school's responsibility if a parent refuses to send the child's wheelchair to school or says that a wheelchair at home is unnecessary because the child is moved physically by a parent when the need arises?

We have also received correspondence from the parent involved with this issue.

EHA-B requires that all children with handicaps have available to them a free appropriate public education (FAPE) which includes special education and related services to meet their unique needs. 20 U.S.C. 1412(2)(B). Under the EHA-B regulations, at 34 CFR §300.13(b)(13), "related services" is defined to mean "transportation and such developmental, corrective, and other supportive services as are required to assist a handicapped child to benefit from special education...." The term "transportation" as defined under 34 CFR §300.13(b)(13) 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 handicapped child.

The standard for determining whether a wheelchair must be provided as a related service, as set out in the regulation, is whether it is "required to assist a handicapped child to benefit from special education". 34 CFR §300.13(a). In addition, related services includes transportation, which is defined to include travel in and around school buildings and can involve the provision of specialized equipment. 34 CFR 300.13(b)(13)(ii)(iii).

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Under the regulatory standards cited above, the school district is not required to provide a wheelchair for personal use outside the school but may be required to provide a wheelchair for transportation purposes while the child is receiving special education. This requires an analysis of the facts in each individual case. A parent raising this issue may request a due process hearing or file a complaint with the State. However, the Office of Special Education Programs is not in a position to analyze the facts in each individual case.

I hope that the above information is of assistance. If this office can be of further service, please let me know.

Sincerely,

G. Thomas Bellamy, Ph.D.
Director
Office of Special Education Programs

UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

AUG 10 1990

Ms. Susan Goodman
Lawyer/Consultant
18182 Headwaters Drive
Olney, Maryland 20832

Dear Ms. Goodman:

This is in response to your recent letter to the Office of Special Education Programs (OSEP) concerning obligations of public agencies under Part B of the Education of the Handicapped Act (EHA-B) to provide assistive technology to children with handicaps.

Specifically, your letter asks:

1. Can a school district presumptively deny assistive technology to a handicapped student?

2. Should the need for assistive technology be considered on an individual case-by-case basis in the development of the child's Individual Education Program?

In brief, it is impermissible under EHA-B for public agencies (including school districts) "to presumptively deny assistive technology" to a child with handicaps before a determination is made as to whether such technology is an element of a free appropriate public education (FAPE) for that child. Thus, consideration of a child's need for assistive technology must occur on a case-by-case basis in connection with the development of a child's individualized education program (IEP).

We note that your inquiry does not define the term "assistive technology" and that the term is not used either in the EHA-B statute or regulations. The Technology-Related Assistance For Individuals With Disabilities Act of 1988, Pub. L. 100-407, contains broad definitions of both the terms "assistive technology device" and "assistive technology service." See Section 3 of Pub. L. 100-407, codified as 29 U.S.C. 2201, 2202. Our response will use "assistive technology" to encompass both "assistive technology services" and "assistive technology devices."

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Under EHA-B, State and local educational agencies have a responsibility to ensure that eligible children with handicaps receive FAPE, which includes the provision of special education and related services without charge, in conformity with an IEP. 20 U.S.C. 1401(18); 34 CFR §300.4, (a) and (d). The term "special education" is defined as "specially designed instruction, at no cost to the parent, to meet the unique needs of a handicapped child . . . ." 34 CFR §300.14(a). Further, "related services" is defined as including "transportation and such developmental, corrective, and other supportive services as are required to assist a handicapped child to benefit from special education." 34 CFR §300.13(a).

The EHA-B regulation includes as examples 13 services that qualify as "related services" under EHA-B. See 34 CFR §300.13(b)(1)-(13). We emphasize that this list "is not exhaustive and may include other developmental, corrective, or other supportive services ... if they are required to assist a handicapped child to benefit from special education." 34 CFR §300.13 and Comment. Thus, under EHA-B, "assistive technology" could qualify as "special education" or "related services."

A determination of what is an appropriate educational program for each child must be individualized and must be reflected in the content of each child's IEP. Each child's IEP must be developed at a meeting which includes parents and school officials. 34 CFR §§300.343-300.344. Thus, if the participants on the IEP team determine that a child with handicaps requires assistive technology in order to receive FAPE, and designate such assistive technology as either special education or a related service, the child's IEP must include a specific statement of such services, including the nature and amount of such services. 34 CFR §300.346(c); App. C to 34 CFR Part 300 (Ques. 51).

EHA-B's least restrictive environment (LRE) provisions require each agency to ensure "[t]hat special classes, separate schooling or other removal of handicapped children from the regular educational environment occurs only when the nature or severity of the handicap is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily." 34 CFR §300.550(b)(2); see also Analysis to Final Regulations published as Appendix A to 45 CFR Part 121a, 42 F.R. 42511-13 (August 23, 1977). Assistive technology can be a form of supplementary aid or service utilized to facilitate a child's education in a regular educational environment. Such supplementary aids and services, or modifications to the regular education program, must be included in a child's IEP. Id. Appendix C to 34 CFR Part 300 (ques. 48).

In sum, a child's need for assistive technology must be determined on a case-by-case basis and could be special education, related services or supplementary aids and services for children with handicaps who are educated in regular classes.

I hope the above information has been helpful. If we may provide further assistance, please let me know.

Sincerely,

Judy A. Schrag

Judy A. Schrag, Ed.D
Director
Office of Special Education Programs

UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

NOV 19 1993

Peter J. Seiler, Ed.D.
Superintendent
Illinois School for the Deaf
125 Webster Street
Jacksonville, Illinois 62650

Dear Dr. Seiler:

This is in response to your letter to Dr. Judy A. Schrag, former Director of the Office of Special Education Programs (OSEP), in which you seek a response to the following question:

> If a student needs a hearing aid (assistive device), is the school district responsible for purchasing the device under the new [Individuals with Disabilities Education Act] IDEA if the device is put on the student's [individualized education program] IEP?

Historically, it has been the policy of this Office that a public agency was not required to purchase a hearing aid for a student who was deaf or hearing impaired because a public agency is not responsible for providing a personal device that the student would require regardless of whether he/she was attending school. However, this policy does not apply to a situation where a public agency determines that a child with a disability requires a hearing aid in order to receive a free appropriate public education (FAPE), and the child's individualized education program (IEP) specifies that the child needs a hearing aid.

As your letter recognizes, Public Law 101-476, the Education of the Handicapped Act Amendments of 1990, amended IDEA by adding definitions of the terms "assistive technology device" and "assistive technology service." 20 U.S.C. §1401(a)(25)-(a)(26). In implementing these statutory amendments, the Department amended the regulations implementing Part B of IDEA by adding the following three regulatory provisions. New definitions of the terms "assistive technology device" and "assistive technology service," which essentially tracked the statutory language, were added at §§300.5-300.6. As applied to your specific inquiry, the term "assistive technology device," means "any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities." 34 CFR §300.5 (copy enclosed). A device such as a hearing aid could be a covered device under this definition.

In addition, under the new §300.308, each public agency must ensure that assistive technology devices and assistive technology services, or both, as those terms are defined in 34 CFR §§300.5 and 300.6, are made available to a child with a disability if required as part of a child's special education under §300.17, related services under §300.16, or supplementary aids and services under §300.550(b)(2). Under Part B, each child's IEP must contain, among other elements, a statement of the specific special education and related services to be provided to the child. 34 CFR §300.346(a)(3). In addition, any supplementary aids or services to be provided to the child in connection with the child's placement in the regular educational environment must be described in his or her IEP. Appendix C to 34 CFR Part 300, question 48. Therefore, a determination of whether a child with a disability requires an assistive technology device and/or service in order to receive FAPE must be made by the participants on that child's IEP team in accordance with applicable IEP requirements.

Previously, the Department has provided guidance on the scope of a public agency's responsibility to provide assistive technology devices or services to children with disabilities in accordance with the requirements of Part B. In response to public comments on the proposed §300.308, the Department provided the following pertinent discussion in the Analysis of Comments and Changes that accompanied the final regulations:

> ... the requirement in §300.308 limits the provision of assistive technology to educational relevancy—i.e., an assistive technology device or service is only required if it is determined, through the IEP process, to be (1) special education, as defined in §300.17, (2) a related service, as defined in §300.16, or (3) supplementary aids and services required to enable a child to be educated in the least restrictive environment. The Secretary believes that the effect of §300.308 is to limit the provision of assistive technology devices and services to those situations in which they are required in order for a child to receive FAPE.

57 Fed. Reg. 44794, 44841 (Sept. 29, 1992 (copy enclosed)).

Thus, participants at the meeting held to develop a child's IEP must determine whether, in light of a particular child's educational needs, the public agency must make an assistive technology device and/or service available in order for the child to receive FAPE. In the situation you describe, the IEP team has determined that the child requires a hearing aid in order to receive FAPE, and the child's IEP reflects the need for the hearing aid. Accordingly, the public agency would be responsible for providing the hearing aid at no cost to the child and his or her parents.

I hope that this information is helpful. If I can be of any further assistance please let me know.

Sincerely,

Thomas Hehir

Thomas Hehir
Director
Office of Special Education
Programs

Enclosure

cc: Ms. Gail Lieberman
Illinois State Board
of Education

UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

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Sincerely,

Thomas Hehir

Thomas Hehir
Director
Office of Special Education
Programs

Enclosure

cc: Ms. Gail Lieberman
Illinois State Board
of Education

OT/PT Handbook 2025 Work Group

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Tammy Scimeca	PT	Tangipahoa
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