Round Table Discussion Questions

Newport-Mesa USD: Models of Service

1) **For which type of students in your district do you recommend the use of sensory integration clinic?**
    - Many districts do not have sensory integration clinics and do not recommend clinic-based services for students. One recommendation was to use the playground and sensorimotor activities in lieu of a SI clinic. Some schools have sensory rooms used for breaks or movement, but are run by teachers, not OTs.
    - The districts that do have SI clinics will use them to see students with severe ADHD, motor planning difficulties, autism, and modulation difficulties which impact their functioning at school.
    - Preschool aged students were recommended most for SI clinic.
    - Some districts will bus students to receive clinic-based students, other clinics are on site at the preschool or elementary school.

If you do not have a clinic, do you vendor out?

- Most districts do not use outside vendors, unless it was recommended through litigation or an advocate.

2) **If your district does OT or PT groups as an embedded part of a program, what does that look like and how has it impacted referrals?**

- Some districts have whole class groups that focus on fine motor, gross motor, and sensory.
- Most districts have groups that are center or rotation based that focus on fine motor, handwriting, gross motor, and sensory activities.
- Some districts have embedded skills into the curriculum, such as use of the Flair program for self-help skills, working on self-help skills such as fasteners during centers, Handwriting Without Tears, independent task boxes with autism students.
- Groups embedded as part of the program usually occur in the SDC classrooms.
- Overall, the groups have helped to decrease referrals for OT. It has provided education to teachers and classroom staff and the teachers like it.
- In one district, the groups have helped with collaboration between the OT and teacher, but have caused an increase in services because the teacher sees more deficits.

3) **How do you determine whether group or individual services are needed to meet a student's unique needs? Is it based on goals they're working on, behaviors, etc?**

- Individual services are recommended to help with novel skills, if the student is not making progress, when the student needs individual attention, if they have severe needs.
- Group services are recommended for students who can attend in a small group, need generalization of skills, have good behavioral organization.
- When determining services, most districts look at a student's behavior, skill level, goals, team input, severity of sensory issues, and attention to task.
- A few districts only offer individual services.
- PT services are typically individual.

Round Table Discussion Questions

Placentia Yorba Linda : OT and PT in General Education

1. What is OT/PTs involvement in General Education/RtI?
    a. Teacher in-services (have fieldwork students help put together presentations)
    b. General strategies/handbook provided (via google docs for all teachers to access)
    c. SST coordinators invite or contact OT for suggestions
    d. Provide accommodations through a 504 plan
    e. Involved at Pre-K/Kinder level running FM groups through RtI process
    f. Use of consult forms
    g. Teachers try to get input for strategies in passing in the hallway
    h. Screenings/Observations - some without parent consent; others have assessment plans signed "just to look"
    i. RtI supply closet with check-out system; OTs give recommendations of what should be included
    j. Some indirectly involved
    k. Many not involved at all

2. How does your involvement affect # of referrals?
    a. Participation in RtI usually reduces referrals/initial assessments (when teachers implement with fidelity)
    b. Sometimes presentations to entire staff trigger more referrals
    c. Involvement in SSTs reduce referrals/initial assessments

3. Benefits
    a. Sharing strategies
    b. Teachers retain strategies; start to implement things with other students without asking for help
    c. Less assessments
    d. Schools/principals/PTAs providing budget/materials; not SPED money

    Challenges
    e. Teachers don't follow through/implement with fidelity
    f. Contractors vs. district employees; not being paid for time
    g. High caseloads; having the time to "observe"
    h. Unsure of how involved we can be from a legal standpoint
    i. Who should fund needed equipment?
    j. When not involved, OTs get signed on Ax Plans without knowing there are any concerns
    k. Parents/Teachers want more; resist the process
    l. Educating the staff as they think the majority of behaviors are a sensory issue

Round Table Discussion Questions

OCDE: Documentation

Documentation Questions for Round Table Discussions-Notes from tables

1. What format of documentation do you use (SOAP note, narrative, checklist, attendance log, etc.)?

   Checklist/computerized drop down menu
   Narrative/SOAP notes

2. What are some tips for best practice documentation that your district uses?

Goal-related/reference to goal(s)

Document each session and on same day if possible

Report skills addressed

Include setting of treatment session

How did the student perform?

Data collection/# trials/measurable information

3. What are your steps in discharging a student?

Reference work samples

Observe in all areas of school routine

Assessment

Communicate with parents

Use positive language

Get support from team

Refer to D/C recs from CA guidelines

Describe history of treatment

Make vocational objectives

State progress on goals

Round Table Discussion Questions

Tustin Unified School District: Assessment

1. What are the pros and cons of the standardized assessment tools that you use?
   PROS:
   - Certain tests have accurate information
   - Some tests can only do the parts you actually need
   - Some tests give good functional information
   - Progress/No progress on the same test 3 years later can help with therapy recommendations
   - Good for the lawyers

   CONS:
   - Not enough items in each category on some tests
   - Not curriculum based or address school function, so not always relevant
   - Parents often "zone in" on age equivalence or become upset when the child has a deficit but is functioning
   - Students can have a difficult time with norm referenced tests and standardized assessments
   - Preschool children sometimes will not participate in the tests
   - May not truly represent the child
   - Most standardized tests are not good for children with low skills
   - Difficulty with behavior and executive function can affect outcome on tests

2. Do you prefer using standardized assessments when you assess or observational types (ecological assessments)? Or both?
   - Some districts encourage the use of standardized tests
   - Many therapists feel it is best practice to attempt an assessment
   - A combination of both is needed
   - Standardized tests offer validity to our reports
   - Depending on the child's level (mild/mod to mod/severe) changes the way some do assessments
   - Always want to make sure you are legally defensible in your reports

3. What areas do you see for growth with assessment tools?
   - SPMs/sensory tests for Teenagers
   - Computer access section of a functional school-based test
   - Tests that address bilateral skills and crossing midline before age 4
   - Some of these tests should provide a supplement of how these results truly affect performance
   - The language in the standardized tests need to be changed
   - More tests for older kids
   - OT Function based checklist/assessment for the autism population
   - Tests actually need to be created by school based OTs and PTs
   - Making an assessment easy for teachers to give input
   - More classroom based tests
   - Overall more tests for middle school through adult transition

Round Table Discussion Questions

Irvine Unified Scool District: Goals and Goal Banks

1. **What do you feel is best practice in drafting IEP goals that would be supported by the OT and/or PT as well as other team members? Which team members should be involved in the process? Do you feel that this is happening in your District or is it a work in progress?**

- Most districts feel that collaboration with the teacher to draft goals is best practice; however, this appears to be dependent on factors such as teacher willingness to collaborate and take responsibility for goals, type of teacher (special education or a general education teacher), type of goals (e.g. PT gross motor goals or OT sensory goals) and time.
- Overall it appears that collaborating with teachers and other IEP team members to draft goals is either partially in place or a work in progress in many districts.

- Comments on the roundtable questionnaires include:

  - Weekly staffing meetings or pro-staffings to develop IEP goals as a team – to address all areas of need (some districts indicate that this occurs more frequently with high profile cases)
  - Collaboration – teacher usually developing goal with input from OT
  - Depends on level of service/goals
  - It seems like a work in progress at a lot of Districts
  - Teacher dependent (depends on the teacher)
  - O.T.s write goals and may collaborate with the teacher
  - Try to collaborate and attach to teacher goals
  - It is more difficult to attach to goals with a GenEd teacher
  - Collaborate with teacher to write goals; OT is not on "person responsible"; in service box "notes" OT supported goal is added
  - Getting parent input
  - Most OTs are supporting teacher goals.
  - Collaboration process varies on the actual team member. For example, general ed teachers tend to be less involved.
  - Some OTs find that the teacher doesn't want to be responsible
  - Team meeting before IEP to go over reports, goal ideas and service recommendations together as a team or assist teacher in writing goals, writing baselines, present levels, etc. (OTs attach to main teacher (academic) goals.)
  - Some OTs write OT goals and the teacher writes academic goals.
  - PTs write the goals – teacher will propose goal ideas but PT writes the goal and is responsible for the goal. (Trying to progress toward more collaboration with teacher in writing goals)
  - Collaboration is Ideal but not the norm

2. **Does your team utilize a goal bank and do you reference a Common Core State Standard?**

- Mixed responses suggest that some districts utilize a goal bank while others do not.
- Most Districts appear to feel that referencing a Common Core State Standard is best practice. When goals are written by the teacher and supported by the OT the teacher usually references a CCSS.
- Overall it appears that referencing CCSS in goals supported by OT/PT is a work in progress.

- Comments on the roundtable questionnaires include:

Goal Bank:

- CA Preschool Learning Foundations (Santa Ana)
- Goal bank across the district
- Don't really use a goal bank because we end up tweaking the goal so much that we might as well write a new one
- No one uses PT SEIS Goal Bank
- Personal goal bank
- Some use a goal bank, some don't
- Some use handouts for suggested goals
- Most goals are created individually
- SEIS Goal Bank

Common Core State Standards (CCSS):

- We try to reference a CCSS
- Some OTs keep a copy of CCSS to reference
- CCSS is referenced in the goal
- Common core mostly when tagging onto teacher's goal
- Everyone tries their best to relate back to CCSS.
- Only occasionally reference CCSS
- CCSS is only referenced if teacher wrote the goal and the OT attaches to the goal
- Some reference CCSS, some don't
- Write a CCSS # with "modified" next to it to note that you are working towards the goal

3. **Who presents the proposed goals during the IEP and why? Who is responsible for reporting progress on shared goals?**

- Most districts responded that the OT or PT or person responsible for the goal presents the goal during the IEP
- Some districts responded that they felt it was best if the teacher presents the goals and the specialist chimes in to be attached to the goal while it appeared that other districts felt that the OT/PT should present goals

- Comments on the roundtable questionnaires include:

  - Teacher/Ed Specialist and OT
  - Teacher or OT depending on district
  - Each team member will present the proposed goals that they wrote.
  - Depends on meeting
  - Majority of time OT presents goal and is responsible for the goal
  - Individuals will present their own progress and goals.
  - Parties responsible all report on a shared goal
  - OT
  - Depends on the teacher
  - OT usually presents the goals because it seems that's what everyone is used to.
  - OT presents fine motor/writing goals
  - Teacher's and OTs; we try to emphasize that a goal is a team approach
  - Each discipline presents their goals
  - Teacher presents the goals; OT or PT states if they will support that goal
  - It is preferred that the teacher presents the goals, but that doesn't always happen.
  - Teacher presents goals that the OT is attached to (e.g. a language arts goal); but if the goal is specific to OT (e.g. sensory processing) the OT presents the goal
  - The layout of the IEP also affects who presents goals.
  - Mainly teacher presents goals & specific providers will chime in if needed or if it's a more specialized question
  - Some teams have each provider present their own specialty goals
  - Usually service providers assist with writing/updating progress, but teacher will send home or go over with parents
  - PT reads "PT" goals and reports on the goals

- OT and teachers will comment when PT is reporting
- The specific discipline would like to speak about our area of specialty

Round Table Discussion Questions

WOCCSE: Educational and Non-Educational OT and PT

1. How do you discuss with parents and staff the differences between educational and non-educational OT/PT services? What points do you emphasize? Do you have handouts to support the differences?

a. A support service to their educational/academics setting
b. Emphasize that in the school setting, OTs and PTs help the student access their education
c. Educational goals/needs drive services
d. Not necessarily addressing their diagnosis
e. Being a part of the educational team instead of an individual service
f. Support service in schools rather than a stand alone
g. Focus on least restrictive- group setting
h. Dictated based on what specific setting/educational environment the student is in
i. Discuss these points clearly during IEPs
j. Don't use handouts. Verbalize the differences during IEP
k. Being very honest and blunt early with parents
l. Giving them information early in the process
m. Providing examples of what types of activities impact their education versus the community/home setting
n. Giving other options available to them such as Regional Center
o. No official handout, but cavet/insert/disclaimer from OT/PT guidelines in the report
p. Brochure on AOTA that discussed school based OT, explaining to them that we work on what is inhibiting their performance in the classroom, we care for the kids from the minute they step on campus to the minute they leave.
q. Teacher support: explain how they integrate OT and PT services into the student's daily routine
r. Discuss how support staff are in the class all day and can carry out service provider suggestions.
s. What does the curriculum dictate?
t. Is it a skill deficit or not enough practice?

2. There is a lot of controversy over how to delineate services. For example, medical, clinical, non-educational models and settings. How does your district handle this? Do you think this causes a division between practitioners? Independent evaluators?

a. Feel that it can cause division between practitioners secondary to different recommendations that might be given and causes confusion for the parents on which recommendation they should trust or go by
b. Issue when compared to independent evaluators because they come from a different model of service and scope of service.
c. There is the potential for great collaboration between the different service models and practitioners, but depends on who the practitioners are.
    i. E.g. CCS collaboration can be helpful as they can work on various other skills (e.g. community, home, etc…) not related to the school environment
        1. But no longer as readily available

d. Push in, pull out, and whole class delivery
e. Professional responsibility to gain skills, CEUs, etc… to be adequately trainer
f. Many therapists feel that we need to address the fact that parents aren't educated about services so they come to the school district and want us to take care of everything, even if it falls under a medical model.
g. Service providers vs. parents vs. best interest of the the child
h. During IEPs, use term "gross motor goal" and not "PT goal"
i. Help clarify gross motor need to access the special education program

3. Does your district have motor rooms/clinics? Where do you provide most of your services?

a. Some districts have motor rooms on site and others have students bussed to the motor rooms
b. Motor rooms (moderate-severe elementary, preschool, autism specific, etc…)
i. Build foundational skills inside the motor rooms and then generalize into the classroom (e.g. push-in)
ii. Have suspended equipment
c. Clinic rooms
i. At the pre-school, main OT office, assessment center
ii. Moving away from the clinic room model
1. Only seen in Autism classrooms?
d. Sensory clinics
e. Playground
f. Difficult to obtain the space, but necessary to advocate for

4. Additional Sharing

a. A lot of grey areas
b. Changes with CCS
i. Parent has to be present during CCS school visits?
ii. Continue to collaborate with CCS
iii. Invite to IEPs
c. NPA providers have to put services (even consultation) in the service grids (not the supplementary aids)