



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Office of Teaching and Learning

August 2024

SY 2024-2025

Occupational Therapy & Physical Therapy Guidebook

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Table of Contents

Introduction.....	10
Capital Commitment	11
DCPS Capital Commitment 2023-2028	11
Office of Teaching and Learning	11
Related Services Team Vision	12
Related Services Team Mission.....	12
Purpose and Structure of Guidebook	12
Contact Information for the Occupational and Physical Therapy Department.....	13
DCPS Employee Policies	15
Time and Attendance	16
Tour of Duty	16
Entering Time in PeopleSoft	17
Time-Keeping FAQs.....	18
Professional Licensing Policies.....	19
Absence/ Leave Policies	20
Absence/ Leave Policies for ET-11	20
Absence/ Leave Policies for ET-15	20
End of School Year Close Out Procedures	21
Inclement Weather Policy.....	22
Observance of Religious Holidays	23
Communications	24
Email	24
Sample Email Signatures.....	24
Out of the Office Messages	24
Mailbox and Route mail Service	25
Provider Management Application (FRONTLINE)	25

DSI Related Services Provider SharePoint Site.....	25
CANVAS.....	26
Equipment/IT Support.....	27
Laptop Computer Support	27
Stolen Computer/ Laptop	27
Test Materials	28
Assessment/Testing Materials.....	28
Sign-Out	28
Materials on Loans.....	28
Dress Code Requirements	29
Additional Duties and Responsibilities	30
The Random Moment in Time Study (RMTS)	30
Leave Notification Process for Planned and Unplanned Leave	30
Performance Evaluations	30
NPI Requirement.....	31
<i>Ethical Responsibilities of the Occupational and Physical Therapist.....</i>	33
AOTA 2020 Occupational Therapy Code of Ethics	34
APTA Physical Therapy Code of Ethics, 2020.....	36
<i>Special Education Reference Information</i>	37
Special Education Disability Classifications	38
<i>MTSS and General Education Interventions</i>	39
Pre-Referral Interventions.....	40
Pre-Referral Process.....	40
Multi-Tiered Support System (MTSS) at DCPS and Related Services.....	41
Background and Overview	41
MTSS@DCPS Tiers of Support.....	42
MTSS@DCPS and Special Populations	43
Role of the RSP in the MTSS Process	45

Vision and Hearing 48

Special Education Referral Process 48

***OT/PT Services and the Special Education Process* 49**

Special Education Process 50

 Analysis of Existing Data (AED) 52

 Eligibility Timelines and Reasonable Efforts 54

 Addressing Disproportionality 56

Overview: Eligibility Process for OT and PT Services 57

Early Stages Eligibility and OT/PT Services 58

 Students transitioning from IFSPs to IEPs 59

 Determination of Settings for Interventions 60

 Gold Collaboration 61

Parentally Placed/Self-Funded Students 63

Assessment Procedures 64

 Comprehensive Occupational Therapy Evaluations 64

 Occupational Therapy Assessment Report Writing 67

Occupational Therapy Assessment Report Template 70

 Comprehensive Physical Therapy Evaluations 75

 Physical Therapy Report Writing 76

Physical Therapy Assessment Report Template 78

 Standards for Quality Assessments 82

 Rationale for Utilizing Qualitative Assessments 83

 Triennial Assessments/ Reevaluations 85

 Independent Evaluations (IEEs) 86

 Untimely Assessment Due Diligence 91

 Alternative Assessment Reports 91

 Closing Out Assessments 94

Close Out Procedures: FAQ.....	95
Bilingual Assessments and Interpreter Request Process.....	96
Special Education Eligibility Meeting and Determination.....	99
OT/PT Participation in an Eligibility Meeting Discussion	99
RELATED SERVICES ONLY IEPS	100
IEP Process.....	102
Present Levels of Academic Achievement and Functional Performance (PLAAFP).....	102
Writing PLAAFP and Goals for IEP (also referred to as PLOP).....	102
Writing IEP Goals	103
Extended School Year (ESY)	105
Middle School and High School Transition	108
Dismissal Guidelines for OT and PT Services	109
Intervention.....	111
Intervention Process	111
IEP Mandated Services- Minutes/ Month Services.....	111
Service Delivery Requirements	111
Occupational Therapy Intervention.....	112
Physical Therapy Intervention	113
Service Delivery Models.....	114
Services Inside the General Education Setting (Inclusion).....	115
Related Services Provider Weekly Building and Intervention Schedule	116
Start Date for Occupational and Physical Therapy Services	118
Intervention Communication.....	118
Documentation.....	119
Progress Notes/Medicaid	119
Consultative (Indirect) Services	122

Service Delivery Requirements	123
Documenting Missed and Make-Up Services	123
Missed Services Versus Compensatory Education	124
OT/ PT Services Through Home and Hospital Instruction Program (HHIP)	124
504 Plan OT/PT Services	130
<i>Evidence-Based Practice</i>	134
Evidence-based Practice Research	134
<i>Training and Support</i>.....	136
Related Service Provider Training Overview	137
Types of Trainings and Professional Development.....	138
Professional Development Days (PD)	138
Optional Trainings.....	138
<i>Appendices</i>	139
Glossary	140
Related Service Provider Weekly Intervention Schedule.....	144
Observation Form	145
Occupational Therapy/Physical Therapy Initial Parent Letter	146
Occupational Therapy Checklist.....	147
Occupational Therapy Screening Report Template	150
Occupational Therapy Assessment Report Template	151
Physical Therapy Assessment Report Template	156
Occupational Therapy and Physical Therapy Assessment Descriptions	160
Physical Therapy Initial Parent Letter	178
Physical Therapy Screening Report Template	179
Physical Therapy Assessment Report Template	181
Completion of Services Form.....	187
IEE Review Form	189
Independent Assessment Review Report Template	190
Untimely Assessment and Due Diligence Guidelines.....	193
I. Executive Summary	201

A. Introduction	201
B. Purpose	201
II. Missed Related Service Sessions Scenarios and Due Diligence Procedures	202
A. Provider Unavailable	202
B. Student Unavailable	202
C. Multiple Student Absences/Truancy and Suspension	204
E. Student Suspension from School	205
E. Administrative Circumstances	206
F. School Closure: School closed for holiday or emergency	206
III. Documentation for Missed and Make-Up Sessions	207
A. Missed Service Sessions.....	207
B. Make-Up Service Sessions	207
C. Make-Up Service Session Attempts.....	208
IV. Untimely Assessments Scenarios and Due Diligence Procedures	210
A. Student Unavailable	210
<i>Appendices</i>	<i>212</i>
<i>Appendix A: DC Public Schools Attendance Intervention Protocol</i>	<i>213</i>
<i>Appendix B: Glossary</i>	<i>215</i>
<i>Bilingual Assessment Referral Guidelines</i>	<i>216</i>
<i>Introduction.....</i>	<i>217</i>
<i>Table of Contents</i>	<i>218</i>
<i>Definitions.....</i>	<i>219</i>
<i>What is the ACCESS for ELLs test?</i>	<i>220</i>
<i>Assessment of bilingual students.....</i>	<i>221</i>
<i>Assigning bilingual assessments.....</i>	<i>223</i>
<i>Special considerations for students new to the country (newcomers).....</i>	<i>224</i>
<i>Requesting an interpreter for meetings.....</i>	<i>225</i>
<i>Requesting an interpreter for assessments.....</i>	<i>226</i>

***Frequently asked questions* 228**

- Who should receive a **bilingual educational assessment?** 229
- Should the bilingual provider present his/her report at the review meeting?** 230
- Will the bilingual provider deliver general language interpretation at the review meeting?** 231
- What school-based staff may interpret during assessments or at IEP meetings?** 232
- What if the student is enrolled in a private/religious school?** 233
- What if the student is between 3 years (3.0) and 5 years 10 months (5.10) of age?** 234
- Related Service Provider Points of Contact: Program Managers** 235
- Bilingual Consultation Contacts** 236

***Points of contact (cont'd)*..... 238**

- Finalizing Assessments in Power Schools**..... 240
- Frontline Documentation Requirements for DSI RSPs**..... 241
- DCPS Data System User Security Pledge - Frontline** 243
- References** 244

Introduction

Capital Commitment

DCPS Capital Commitment 2023-2028

DCPS has launched the new Five-year Strategic plan: [2023-2028 Capital Commitment](#).

In shaping DC Public Schools' five-year strategic plan for 2023-2028; A Capital Commitment, DCPS received feedback from over 400 students, parents, educators, and community members. Their ideas and feedback will guide our work as we strive to become a district of both excellence and equity. DCPS remains dedicated to a path forward that ensures every student has the support and resources they need to thrive.

VISION: Every student feels loved, challenged, and prepared to positively influence society and thrive in life.

MISSION: Ensure that every school guarantees students reach their full potential through rigorous and joyful learning experiences provided in a nurturing environment.

OUR VALUES:

- **STUDENTS FIRST:** We recognize students as whole children and put their needs first in everything we do.
- **OPERATIONAL EXCELLENCE:** We work with integrity and hold ourselves accountable for exemplary outcomes, service, and interactions.
- **COURAGE:** We have the audacity to learn from our successes and failures, to try new things, and to lead the nation as a proof point of PK-12 success.
- **EQUITY:** We work proactively to eliminate opportunity gaps by interrupting institutional bias and investing in effective strategies to ensure every student succeeds.
- **TEAMWORK:** We recognize that our greatest asset is our collective vision and ability to work collaboratively and authentically.
- **JOY:** We enjoy our collective work and will enthusiastically celebrate our success and each other.

Office of Teaching and Learning

The Office of Teaching and Learning provides educators with curricular resources, academic programs, and aligned professional development to ensure rigorous and joyful learning experiences for every student.

Division of Specialized Instruction (DSI) Mission and Vision

DSI Mission Statement - *DSI supports students with disabilities by providing schools and families with practical, evidence-based resources to make a high-quality education accessible to all learners.*

DSI Vision Statement - *DCPS students with disabilities become thriving, independent members of society who will contribute to their communities and fulfill their highest potential.*

DSI Values

- A **growth mindset** for DSI staff, school staff, and students with disabilities. This means:
 - o Everyone can improve.
 - o We learn from our failures.
- **Servant leadership** in support of students with disabilities and schools. This means:
 - o We serve students with disabilities, schools, and families and consider the needs of students first.
 - o We help school leaders and staff develop and grow in service of students with disabilities.

Integrity exemplified by transparency, honesty, equitable practices, and follow through.

Special Education in DCPS

DCPS is committed to ensuring that our schools provide a world-class education that prepares ALL our students, regardless of background or circumstance, for success in college, career, and life. We believe that students who receive special education services are integral to this commitment. As such, our strategic goals for special education are designed to dramatically improve academic outcomes for students with IEP's. We believe we can achieve this vision by providing high-quality, common core aligned instruction in inclusive settings, meaningfully involving families and keeping students focused on their goals.

Related Services Team Vision

In thoughtful collaboration with schools and families, assistive technology and related services support students' access and participation in their classroom and community. We provide prevention, assessment, intervention, accommodations, and modifications tailored to the student's individual strengths and needs. We utilize data to inform decisions regarding services to ensure students make progress on their educational goals.

Related Services Team Mission

The Related Services and Assistive Technology Team seeks to maximize students' access to a nurturing and rigorous education by equipping schools with dynamic resources, supports, and/or services.

Purpose and Structure of Guidebook

The purpose of this guidebook is to:

- Assist occupational therapy and physical therapy service providers as they support the educational goals of eligible students with disabilities in the District of Columbia Public Schools (DCPS).
- Ensure that all occupational therapists and physical therapists (OTs and PTs) in the District of Columbia Public Schools (DCPS) operate within the same premises, utilize the same procedures and guidelines, and are uniform in presentation.

This guidebook is an internal document written specifically for providers of occupational therapy and physical therapy services. The procedures and best practices in this guidebook are designed to provide optimal school-based interventions as part of a Free Appropriate Public Education (FAPE) in the Least

Restrictive Environment (LRE), following IDEA 2004 while simultaneously maximizing equal access to occupational therapists and physical therapists for all District of Columbia Public Schools students.

DCPS regulates the practice of occupational therapy and physical therapy services to students within the public school setting, while the Department of Health, Board of Occupational Therapy and Board of Physical Therapy regulates the overall practice of occupational therapists and physical therapists, respectively. In this guidebook, providers will find guidelines, procedures, suggestions, and ideas that should be used daily to guide them in assuring a high level of professional services for all students and invested stakeholders.

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

Contact Information for the Occupational and Physical Therapy Department

Division of Specialized Instruction

1200 First Street, NE
8th Floor
Washington, DC 20002

Occupational and Physical Therapy Department Office

Emery Elementary
1720 1st NE, DC, 20002
Room 112

DCPS.OTPTtherapyprogram@k12.dc.gov

Cassie Garcia, MS, OTR/L, BCP cassandra.garcia@k12.dc.gov 202.568.0679	Vaishi Tallury, MA, OTR/L vaishnavi.tallury@k12.dc.gov 202.549.8795	Dr. Princess Mitchell, PT, DPT Princess.Mitchell2@k12.dc.gov
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Related Services Department Points of Contact

	Role	E-mail
GaBriana Dennis	Senior Director, Related Services and Assistive Technology	GaBriana.Dennis@k12.dc.gov
Giancarlo D'Elia	Program Manager, Speech Language Pathology and Audiology	Giancarlo.DElia@k12.dc.gov
Darla Kimbrough	Program Manager, Speech Language Pathology and Audiology	Darla.Kimbrough@k12.dc.gov
Dr. Jessica Sitcovsky	Program Manager, Speech Language Pathology and Audiology	Jessica.Sitcovsky@k12.dc.gov
Kiyah Tyler	Program Manager, Speech Language Pathology and Audiology	Kiyah.Tyler@k12.dc.gov
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Vaishi Tallury	Program Manager, Occupational and Physical Therapy	Vaishnavi.Tallury@k12.dc.gov
Dr. Princess Mitchell	Program Manager, Occupational and Physical Therapy	Princess.Mitchell2@k12.dc.gov

DCPS Employee Policies

Time and Attendance

Tour of Duty

ET-11 (12-month CSO employees)

Related Service Providers are to report to their schools for an eight and one-half (8.5) workday inclusive of a duty-free lunch period. Staff members should arrive at their assigned schools no later than the time of arrival expected for all school staff. An extended tour of duty may be inclusive of central office assignments, summer school assessments, compensatory education services, extended school year services, non-public assessment completions, HOD/SA specifications and extra duty cases which extend beyond the regular school day hours. Unless otherwise stated by your school leadership, RSP tour of duty is:

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

ET-15* (10-month and 12-month WTU employees)

Related Service Providers are to report to schools for a seven and one-half (7.5) workday inclusive of a duty-free lunch period. Staff members should arrive at their assigned schools no later than the time of arrival expected for all school staff. An extended tour of duty may be inclusive of extra duty team assignments, which extend beyond the regular school day. Unless otherwise stated by your school leadership, RSP tour of duty is:

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

*As stated in the WTU contract

Signing In and Out

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

Time and Attendance Procedures – Revised (January 31, 2008)

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

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

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

School-based and Itinerant Division of Specialized Instruction (DSI) Staff:

5. You must sign-in and sign-out daily at your school building.
6. All requests for leave must be approved by your Program Manager and submitted via PeopleSoft
 - a. All requests for leave for over 4 days must be approved by your Program Manager
 - b. When an employee is out sick for longer than 3 days, their program manager may ask for a doctor’s note
7. All annual leave must be approved prior to the leave period
8. All administrative leave requests for seminars, conferences and official travel must be accompanied by appropriate documentation (registration, receipt, etc.)
9. Itinerant staff should not plan to request leave during the two weeks prior to the start of the new school year. Emergencies will require APPROVAL by the Deputy Chief of Specialized Instruction
10. All compensatory time or over-time must be approved by the Chief of Specialized Instruction prior to the work being performed and provide a copy to your supervisor.
11. Itinerant staff timesheets and leave requests must be submitted via PeopleSoft.
12. If you have any questions or require additional clarification, please contact your Program Manager

Entering Time in PeopleSoft

How do I enter my own time?

1. Log into the PeopleSoft online system.
 - Inside DC Network: <https://pshcm.dc.gov>
 - Outside of DC Network: <https://ess.dc.gov>
 - Login: Your DCPS email address without @k12.dc.gov (generally firstname.lastname)
 - Use the “Forgot Your Password?” link if you do not know your password.
2. Click on “Self Service” in the blue box on the left side of the page.
3. Click on “Report Time” under the Time Reporting heading.
4. Click on “Timesheet” under the Report Time heading.
5. Enter the appropriate number of hours for each day of the current week.
 - You may need to change the Date field if you are entering late.
 - After changing the date, click “Refresh” to enter the time for a previous time period.
6. Select a Time Reporting Code from the drop-down menu. The most frequently used codes are:
 - Regular Pay—REG
 - Annual Leave Taken—ALT
 - Sick Leave Taken—SLT
 - Holiday Pay—HOL
 - Administrative Closing Pay—ACP
 - Situational Telework- STTW (Only to be used as directed by DCHR)

* While these are the most frequently used codes, it is important that providers pay attention to any correspondence from Time and Labor regarding time codes. There are circumstances where an alternative code may be utilized (i.e., Spring Break, Winter Break, Situational Telework, etc.).

7. Click the “+” at the far right of the line if you will be entering more than one type of time.
 - Ex: 2 lines would be needed if you worked Monday-Thursday, but you were sick Friday.
 - Ex: 3 lines would be needed if the above were true except that Monday was a holiday.
8. Click “Submit.”
 - The time submitted can be changed (prior to the end of the pay period) if needed.
 - Saved time cannot be approved. Please do not use the “Save for Later” button.
 - Only enter time for the current week, except prior to winter and spring breaks.

Time-Keeping FAQs

When do I need to enter my time?

All ET-11 and ET-15 Occupational and Physical therapists are required to enter time into People Soft Weekly (Thursday). Each OT and PT must submit all supporting documents via email to their assigned Program Manager prior to taking leave.

How do I submit a leave request in PeopleSoft?

1. Log into the PeopleSoft online system.
2. Click on “Self Service” in the blue box on the left side of the page.
3. Click on the “Time Reporting” heading.
4. Click on “Absence Request” under the Report Time heading.
5. Populate all of the fields on the page (leave may only be taken in 1-hour increments).
6. Click “Submit.” Do not use the “Save for Later” button.

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

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

You will receive an email once your leave is approved. Follow up with your manager directly if you do not receive this confirmation at least 48 hours prior to the start of your leave.

What if I need help?

Click [here](#) to view online tutorials on how to enter time and absence requests. For more information, refer to the Human Resources page of the [DCPS website](#) or call the PeopleSoft Helpdesk (202.727.8700).

- [Payroll](#): 202-442-5300
- Timesheet questions: dcps.timeandlabor@k12.dc.gov
- [Employee Benefits](#): dcps.benefits@k12.dc.gov

Professional Licensing Policies

All occupational and physical therapists serving students in DCPS are required to obtain and maintain professional licensure through the District of Columbia Department of Health (DC DOH) at all times while employed with DCPS. Occupational and physical therapists within the District of Columbia have specific requirements related to the maintenance and renewal of licensure. OTs and PTs can obtain their discipline-specific licensure requirements here: [DOH Licensing Boards](#).

Absence/ Leave Policies

Absence/ Leave Policies for ET-11

Refer to [Council for School Officers \(CSO\)](#) contract agreement for detailed information regarding the types of leave and policies available for officers.

Absence/ Leave Policies for ET-15

Refer to the [Washington Teachers Union Bargaining Agreement](#) for detailed information regarding the types of leave and policies available for members.

Departmental Off-Boarding Procedures: Providers Going on Extended Leave, Resigning, or Retiring

Below you will find a list of deliverables that are due to close-out your caseload prior to your transition and to assist with the continuity of services for your students upon your departure. These actions are required in order to leave DCPS and the Related Services department in “good standing” and is part of your professional obligation (see Ethics section regarding abandonment). This is applicable to the following scenarios: 1) planned medical/family leave; 2.) maternity leave; 3.) retirement; and/or 4.) resignation during the school year. Please review the below information and discuss with your assigned PM prior to your leave/departure.

- Weekly documentation through the agreed upon date of leave must be submitted into PowerSchool Special Programs by COB (end of tour of duty).
- Submission of the Missed Session form to capture services missed between the beginning of school year through the date of your leave/departure.
- Completion of information in PowerSchool Special Program for upcoming Analyzing Existing Data (AED) meetings, IEP meetings (Present Levels of Academic Achievement and Functional Performance (PLAAFP), Goals, Service Duration/frequency), and upcoming progress monitoring documentation (i.e., progress reports) for students on your current caseload for up to four weeks post the date of your intended leave/departure.
- A letter must be sent home to the parents of the students that you service to notify them of your departure/upcoming leave.
- Return all assessment and intervention materials and laptop that were loaned during the time of your hire. Please make arrangements with your assigned PM regarding the delivery/drop-off of these materials (This only applies to providers who are resigning or retiring).
- Completion and uploading into PowerSchool Special Programs any open assessment reports for students (along with draft information of the PLAAF, goals, and recommendation for service amount)
- If 2/3 of the quarter will be completed at the time of leave, draft progress notes for each student and each goal. Submit to LEA RD and copy your program manager.
- Most current therapy schedule and caseload roster information.

- Submit formal letter of resignation to be submitted via the QuickBase link for [resignation](#) or [retirement](#). *This must be done at least two or more weeks prior to resignation/retirement date from DCPS.*

End of School Year Close Out Procedures

At the end of each school year, DCPS seeks to ensure all IEP meetings have been held timely and are properly closed out prior to summer break. The list below contains action items to be completed prior to the start of summer break.

Item	Person Responsible	Deadline
Complete IMPACT Caseload Confirmation. Confirmation link will be sent via email.	RSPs	May
Case Managers ensure all meetings for students on their caseloads with events expiring by October 2025 are held and finalized.	Case Managers and RSPs	May 31st
Ensure trial devices provided by the AT team based on assistive technology consultations are included on the Services and Supplemental Aides Section of the IEP.	Case Managers	May 31st
Submit all new referrals on or after June 1, for 3-through 5-year-olds to Early Stages via the Early Stages Web referral form: https://www.earlystagesdc.org/form/refer-a-child	LEA RD	Beginning Thursday, June 1; ongoing through Summer
Assessments with a parental consent date on or after June 1 for 6-through 22-year olds should be ordered within 48 hours of parent consent and assigned to "Program Coordinator."	LEA RD/Case Manager	Beginning Thursday, June 1; ongoing through Summer
Providers submit a Data Summary Report (which includes the items mentioned below) for each assessment with a parental consent date on or after June 1, via email, to their Program Managers.	RSPs	Mid-June
Submit all assistive technology technical support and training requests.	IEP Team	Ongoing
Complete 4 th Quarter Progress Reports.	RSPs	Follow school guidance
Ensure Contact Logs and service logs are accurate and complete for all students on caseload.	RSPs	Last day of school

Inclement Weather Policy

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

Inclement Weather Options

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

Notification Options:

When poor weather requires changing school schedules, DCPS works closely with radio, TV and other news outlets to notify the community. During these situations, it is important that related service providers check DCPS' operating status for the day. The DCPS operating status will be posted online at dcps.dc.gov, on [@dcpublicschools](https://www.instagram.com/dcpublicschools) social media accounts, and with local news outlets.

Observance of Religious Holidays

DCPS respects employees regardless of their religious affiliations. DCPS provides employees with religious accommodations, if those accommodations do not cause an undue hardship for the agency. Examples of reasonable religious accommodation include, but are not limited to:

- Leave for religious observances.
- Flexible scheduling for religious observances.
- Permission to dress in appropriate religious clothing or practice certain grooming techniques.
- Modifications to workplace policies or practices.

If a DCPS employed related service provider would like to receive religious accommodation, they should contact their discipline program manager. Consultation with the program manager will include determining the type of accommodation needed, developing a make-up plan if needed and sending correspondence to the school principal and local education agency representative designee.

For additional information on religious accommodations, please refer to the [DCPS August 2017 Employee Rights and Responsibilities Policy](#).

Communications

Email

Each service provider has a @k12.dc.gov email address. This is our primary means of communication. ***Messages should be checked daily and returned promptly (within 24 hours).*** Failure to receive notification of job-related information due to a lack of timely checking of one's email is not an acceptable excuse for non-compliance with work responsibilities. Providers are required to use their @k12.dc.gov email address – no other email address should be used.

Program Managers, Special Education Coordinators, Principals, teachers and parents often send email messages to related service providers. Please ensure the LEA RD has the correct email address to ensure proper communication.

Email communication is maintained by the District of Columbia's Office of the Chief of Technology Officer. The help desk number for email difficulties is (202) 442-5715.

If you have any difficulty or have questions in reference to using your @k12.dc.gov email, contact the Service Help Desk at:

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

Sample Email Signatures

Jane Smith, MOT, OTR/L
Occupational Therapist
Office of Teaching and Learning
Social Emotional Academic Development
Division of Specialized Instruction

District of Columbia Public Schools

E Jane.Smith@k12.dc.gov

T (202) 555-1111

F (202) 555-2222

Out of the Office Messages

When the service provider is out of the office, the "Out of Office" reply option should be utilized. Your message should include a greeting, dates you will be out of the office, scheduled return date and contact information of your Program Manager during your scheduled absence.

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

- Go to the DCPS web main page: <http://dcps.dc.gov/DCPS>
- Click on the "Employee Webmail Login" at the bottom of the page.

- Enter your username and password in the Outlook Web Access window, and click on “log on”
- Click on “Options” on the left side of the page. This will take it to the “Out of Office Assistant” section
- Select “I am currently out of the office”
- Customize the following message and add it into the box of the “Out of Office Assistant” section

Thank you for your email. I am out of the office from [DAY, DATE] to [DAY, DATE] and unable to respond at this time. If you need immediate assistance, please contact (Name school level staff as alternate contact.)

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

Thanks,

Your Name and Title

School Name

School Address

T: Your telephone number

F: Your fax number

Email: Your dc.gov email address

- Click on “Save and Close”

Mailbox and Route mail Service

Service providers are encouraged to check with school staff regarding correspondence.

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

Provider Management Application (FRONTLINE)

Frontline is the provider management application where RSPs will be able to document MTSS interventions and 504 services for students on assigned caseload. As an RSP, you will have access to student level data in Frontline. Please refer to the DCPS Data System User Security Pledge in the Appendix. Please see the DSI RSP Frontline documentation requirements. Frontline can be accessed at the following link:

<https://dc.acceliplan.com/Login.aspx>

DSI Related Services Provider SharePoint Site

The DSI Related Services Provider SharePoint Site is an online platform that houses a variety of resources specific to DSI Related Service Providers. This page contains templates, resources, and guidance documents to support RSPs in their daily work. This page is only accessible to DSI related service providers utilizing their DCPS email address.

Occupational Therapy and Physical Therapy SharePoint Page

Within the DSI Related Service Provider SharePoint site is the [Occupational Therapy and Physical Therapy SharePoint Page](#) which houses information, forms/templates, therapy resources, as well as monthly announcements. Providers will receive notification of the updated monthly newsletter, once it has been posted to the SharePoint page. The monthly newsletter may include reminders of upcoming tasks and important dates or events within DSI and DCPS. Additional correspondence may also be sent via the program email address (DCPS.OTPTtherapyprogram@k12.dc.gov).

CANVAS

Canvas is a DCPS platform that houses resources, as well as policies and procedures from teams across the network. RSPs can access Cornerstone Curriculum and Course Companions on Canvas.

Contractual Staff (Login Information)

<https://dcps.instructure.com/courses/2025/pages/instructional-practice-impact>

Username: DCPS Contractor

Password: canvas22

Equipment/IT Support

Laptop Computer Support

Laptop computers are assigned to all DCPS centrally funded service providers to score tests, write reports, and maintain progress notes in the Special Education Data System (POWER SCHOOLS SPECIAL PROGRAMS). Laptops are the responsibility of each service provider and should be appropriately maintained and secured.

All computer technology issues should be directly referred to the DCPS IT Support department using one of the following options:

- Phone: 202-442-5715
- <https://itremote.dc.gov>
- <http://dcforms.dc.gov/webform/it-servus-request-form>

The DCPS IT support department will provide a ticket number for your technology request. Please retain a copy of this ticket number for your records. In the event your laptop or computer becomes inoperable, this information will be required from your manager and/or OTL.

Technology Replacement Process

Providers should follow the steps listed below to request replacement of their technology/computer:

1. Providers are to contact OCTO to report the issue by submitting a ticket at [OCTOHelps Self Service System](#) or by calling **202-442-5715**.
2. OCTO will follow up directly with a service call. Once that service call has concluded, OCTO will provide a Remedy email and Remedy Ticket number. If OCTO determines the computer is inoperable, and needs to be replaced, the Remedy ticket must reflect the following information: "computer is 525 and needs replacement." The OCTO ticket must be closed by Remedy Force.
3. Providers should forward the Remedy email that contains the Remedy ticket number to their Program Manager.
4. The Program Manager will request the replacement technology/computer from Central Office.
5. When the replacement technology is available for pick up, providers will receive an email from the IT department with instructions for pick up at Central Office.

Stolen Computer/ Laptop

In the event your laptop or computer is stolen, please inform your school security officer and the Metropolitan Police Department (MPDC). You are required to file a report with the MPDC. If you are a school-based provider, please submit the police report to your school administration. For centrally funded staff, please submit the police report to your manager.

Test Materials

Assessment/Testing Materials

Assessment materials are assigned to each DCPS employed related service provider during their tenure. Other instruments may be shared between occupational and physical therapists and infrequently used tests are available on a temporary loan basis. It is important to return loaned items promptly since other providers may be waiting for them. Additionally, Occupational and Physical therapists are asked to inform their program manager of any problems found with these tests, such as missing or broken items.

Per contractual agreements between DCPS and vendors, the contract company provides the assessment and intervention materials to their staff.

Sign-Out

Sign-out is required for all DCPS materials. Information will be cataloged, and the provider assumes all responsibility for the equipment. If the equipment is loaned out between providers, some written verification should be obtained that the materials were loaned and that the materials have been returned. If materials are stolen, it is the providers' responsibility to file and submit police report verification as well as a property accountability form and present it to the appropriate DSI Supervisor.

Materials on Loans

Materials are on loan to you for DCPS work purposes only. Therefore, upon your resignation or separation from DCPS, your materials should be returned in good condition to your DSI Supervisor prior to your resignation date. Failure to return property will result in garnishing of wages. This includes laptops and other technology equipment provided by DCPS.

Dress Code Requirements

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

- All clothing should be professional, clean, neat, and not stained.
- Clothing should not contain any suggestive or offensive pictures or messages.
- Appropriate leg and foot covering, as deemed by the school, will be worn. Closed toe, low or no-heeled shoes should be worn for your personal safety.
- Clothing should fit appropriately. Tops should be of opaque fabric (not see-through), not too low cut, tight or loose, and long enough to remain tucked in with movement (i.e., no bare midriffs). Tops should allow for rising of hands above head without exposing skin. T-shirts that convey a casual appearance are not to be worn.
- Skirts or "skorts" may be worn but should be no shorter than 2" above the knee and have no slits above the knee.

Additional Duties and Responsibilities

The Random Moment in Time Study (RMTS)

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

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

If you have any questions about the Random Moment in Time Study, you can contact DCPS.Medicaid@k12.dc.gov

Leave Notification Process for Planned and Unplanned Leave

DCPS Employees

- Per the current WTU CBA, OTs and PTs must notify their immediate supervisor (program manager) of absence.
- As a courtesy, to alleviate confusion at the school level, OTs and PTs may also notify:
 - principal, LEA Representative Designee, and DCPS Medicaid - DCPS.Medicaid@k12.dc.gov
- For planned leave, submit leave requests in PeopleSoft in advance per your bargaining agreement
- Set up your email Outlook out of office notification.

Contractors

- Email principal, LEA Representative Designee, DCPS program manager, vendor clinical lead and DCPS Medicaid - DCPS.Medicaid@k12.dc.gov.
- Set up your email Outlook out of office notification.

Performance Evaluations

Each Related Service Provider is evaluated twice per school year using IMPACT: The DCPS Effectiveness Assessment System for School-Based Personnel or IMPACT. The primary purpose of IMPACT is to help

the employee become more effective in their work. Our commitment to continuous learning applies not only to our students but to the employees as well. IMPACT supports the employees' growth by:

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

All related service providers in schools are in Group 12. There are three IMPACT components for the members of Group 12. Those components include:

1. Related Service Provider Standards (RSP)
2. Assessment Timeliness (AT)
3. Core Professionalism (CP)

Please refer to the DCPS Website to access additional information. You may also contact the IMPACT office at (202) 719-6553 or Impact.DCPS@k12.dc.gov.

NPI Requirement

As a result of the Affordable Care Act, the Centers for Medicare and Medicaid (CMS) issued a final rule¹ on April 12, 2012, requiring all providers of medical services to obtain a National Provider Identifier (NPI). The NPI acts as a unique provider identifier for Medicaid claims submitted to the Medicaid Agency. In order to conduct Medicaid claiming, all providers rendering services on behalf of DCPS must obtain an NPI. Refer to the document "DSI Provider NPI Requirement for New Employees" in the appendix.

¹ 42 CFR Parts 424 and 431

All providers rendering services on behalf of DCPS must obtain a National Provider Identifier (NPI). Individuals are eligible to receive one NPI regardless of the number of specialties practiced. Please follow the steps below. If you already have an NPI then please skip section 1 and complete section 2.

There are two ways to apply for an NPI: web-based and paper-based

1. Use the web based NPI application process at <https://nppes.cms.hhs.gov/NPPES/Welcome.do>
2. Click on the hyper link National Provider Identifier to apply for an NPI.
3. **Select Entity type 1**, health care providers who are individuals. Complete sections 2A, 3, 4A, and 5. Completion of the application takes approximately 20 minutes.
4. Obtain the NPI Application/Update form (CMS 10114).
5. Complete and mail application to the following address:

NPI Enumerator
P.O. Box 6059
Fargo, ND 58108-6059

*Once obtained, your NPI number should be turned in to your assigned program manager and entered into your POWER SCHOOLS SPECIAL PROGRAMS profile.

Ethical Responsibilities of the Occupational and Physical Therapist

AOTA 2020 Occupational Therapy Code of Ethics

Occupational Therapists within DCPS are expected to adhere to the [AOTA Occupational Therapy Code of Ethics](#), updated in 2020. Below, you will find the ethical responsibilities of an occupational therapist including core values, principles, and standards of conduct, and how each section relates to school-based practice. Please visit <https://research.aota.org/ajot/> for more detailed information.

The District of Columbia Municipal Regulations state that the District of Columbia will adhere to the American Occupational Therapy Association's (AOTA) Code of Ethics.

Core Values *“provide a foundation to guide occupational therapy personnel in their interactions with others.”*

Core Value	Definition	Application to School-Based Practice
<i>Altruism</i>	Unselfish concern for the welfare of others	Being responsive and understanding of student and family circumstances and needs
<i>Equality</i>	All persons have fundamental rights and the right to the same opportunities	All students deserve to receive services that are evidence-based best practices within their LRE
<i>Freedom</i>	Each person has a right to exercise autonomy	All students have a right to participate in their education as independently as possible, no matter their disability
<i>Justice</i>	Provide OT for all persons in need and maintain goal-directed and objective relationships	Provide OT services to all students in need within assigned school building(s). Service frequency and delivery recommendations are based off objective data and IEP goals.
<i>Dignity</i>	Importance of valuing, promoting and preserving the inherent worth and uniqueness of each person	Ensure dignity is preserved with each student by respecting privacy, personal boundaries, and cultural differences
<i>Truth</i>	Be faithful to facts and reality	Accurate and truthful documentation, assessment reports, and communication with team members, students, and families
<i>Prudence</i>	Ability to govern and discipline oneself through use of reason	Be mindful of therapeutic use of self when interacting with students and colleagues, to promote a safe and healthy learning environment for students and staff

Principles *“guide ethical decision making and inspire occupational therapy personnel to act in accordance with the highest ideals”.*

Principle	Definition	Application to School-Based Practice
<i>Beneficence</i>	Demonstrate a concern for the well-being and safety of individuals	Offering services to help students benefit from their curriculum; following health and safety protocols

<i>Nonmaleficence</i>	Refrain from actions that cause harm	Not participating in actions that would be harmful to students or be contraindicated based on their disability/condition; report any suspected cases of abuse
<i>Autonomy</i>	Respect the right to privacy, confidentiality and consent	Following HIPPA/FERPA; obtaining parental consent for assessment and services
<i>Justice</i>	Promote equity, inclusion and objectivity	Providing inclusive and equitable services to students across schools and wards
<i>Veracity</i>	Providing comprehensive, accurate, and objective information	Taking accurate, objective data to make informed decisions
<i>Fidelity</i>	Treat clients and colleagues with respect and fairness	Maintain professional and collaborative relationships with team members

Standards of Conduct, enforced by the AOTA Ethics Commission

Section	Application to School-Based Practice
<i>Professional Integrity and Responsibility</i>	Comply with federal and state laws, policies, and procedures (IDEA, Rehabilitation Act, OSSE, DC Department of Health)
<i>Therapeutic Relationships</i>	Maintain appropriate relationships with students and families; maintain collaborative relationships with staff
<i>Documentation, Reimbursement</i>	Aligning documentation timeliness and content to OSSE standards; not submitting false or fraudulent documentation
<i>Service Delivery</i>	Timely response to referrals, obtaining consent for assessment and service delivery, completing timely evaluations, and delivering services as outlined in IEP/504-Plan
<i>Professional Competence</i>	Maintain licensure, ongoing professional development and continuing education, supervision of fieldwork students aligned to ACOTE standards
<i>Communication</i>	Maintain confidentiality; accurate and timely documentation
<i>Professional Civility</i>	Professionalism and respect towards students, families, colleagues, and leadership

APTA Physical Therapy Code of Ethics, 2020

Physical Therapists within DCPS are expected to adhere to the APTA Physical Therapy Code of Ethics, updated in 2020, and the DC DOH Code of Ethics. Below, you'll find the ethical responsibilities and principles of a physical therapist including how each section relates to school-based practice. Please see [APTA Physical Therapy Code of Ethics 2020](#) and [DC DOH Municipal Regulations for Physical Therapists](#) for more detailed information.

Principle	Application to School-Based Practice
PTs shall respect the inherent dignity and rights of all individuals	Respect towards students, families, colleagues and leadership. Recognize any implicit bias and do not discriminate against others.
PTs shall be trustworthy and compassionate in addressing the rights and needs of clients	Demonstrate cultural competency; act in the best interest of the student; collaborate with students and team members to ensure progress on goals; adhere to confidentiality (FERPA)
PTs shall be accountable for making sound professional judgements	Use professional judgement when making recommendations to team members and families; refer to other services when appropriate
PTs shall demonstrate integrity in their relationships with others	Provide truthful and accurate communication to families, students and colleagues; report any suspected cases of abuse
PTs shall fulfill their legal and professional responsibilities	Comply with local, state, and federal laws and regulations (IDEA, Rehabilitation Act, OSSE, DC Department of Health licensure regulations)
PTs shall enhance their expertise through lifelong acquisition and refinement of knowledge, skills, abilities and professional behaviors	Maintain licensure, professional development, evidence-based practice
PTs shall promote organizational behaviors and business practices that benefit patients, clients and society	Professional judgement, not accepting gifts from students/families
PTs shall practice in efforts to meet the health needs of people locally, nationally and globally	Educate the school team on school-based PT services, refrain from overutilization of PT services, promote health and well-being within the school community

In addition to the code of ethics set forth by AOTA, APTA and DC DOH, related service providers are expected to follow the DC BEGA ethical guidelines, found here: [BEGA Code of Ethics](#).

Special Education Reference Information

Special Education Disability Classifications

The Division of Specialized Instruction (DSI) Special Education Reference Guide contains IEP Process and related guidance on the implementation of the IEP Process as well as best practices for implementation of the IEP Process. This IEP Process Guide will help answer questions about referrals to special education, the eligibility process and IEP development and implementation processes. Additional policy guidance can be found contained within this guide that will help schools implement the regulatory requirements of IDEA and the DCMR.

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

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

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

MTSS and General Education Interventions

Pre-Referral Interventions

Before a student is referred for special education services, interventions in the general education setting may be implemented. This section describes the resources and tools used to provide these interventions and the processes to refer a student for special education services if further intervention is required.

Pre-Referral Process

The Pre-referral Team is a problem-solving team consisting of school-based personnel. Parents are encouraged to participate as an active member of the Team. The MTSS Coordinator organizes and facilitates regularly scheduled meetings to address the academic and/or behavioral needs of students. The team:

- collects and analyzes student data
- Identifies student need(s)
- Identifies interventions matched to student need(s)
- creates a student intervention plan with desired success targets
- establishes fidelity and monitoring systems
- agrees on a home-school communication system
- schedules the six-week progress update meeting
- provides support to the teacher for plan implementation

Prior to a referral being submitted, the pre-referral team should meet to determine which interventions will be implemented to assist in meeting the individual needs of the student.

Pre-Referral Process

This process is a vital part of the student referral process. The MTSS team includes three to five members, including, but not limited to, an administrator, a counselor, a regular education teacher, a special education teacher, a school social worker, a parent, with specialists or other central office persons as appropriate. In many schools, the social worker may be asked to chair this team or lead the team regarding behavior concerns. The MTSS process should be implemented over approximately six weeks, to determine if the recommendations are successful. If the strategies are not successful, the team can meet again to modify the strategies. Students should be referred to Special Education if two important decision criteria are met:

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

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

Multi-Tiered Support System (MTSS) at DCPS and Related Services

Background and Overview

DCPS operates as a district that is trauma-responsive and where educators are prepared and supported to meet the individual and holistic needs of each child. The targeted outcome of a whole child approach is improvement in teacher/student relationships and experiences leading to enhanced developmental skills, mindsets and academic mastery, in service of equitable whole child thriving.

MTSS@DCPS is focused on rolling out a district-wide process that provides a coherent structure through which educators will be able to reflect on their improvement efforts related to whole-child core practice; interrogate schoolwide systems, structures and practices that often lead to inequitable outcomes for students; and reflect on student assets and needs to ensure that every student in the district gets the enhancements and supports needed to be successful. MTSS@DCPS is rooted in the science of how children learn and develop guided by these five core science principles:

1. **Development is Bi-Directional**
 - The ongoing, dynamic interaction between nature and nurture – our genes and our environment – drives all development.
 - This back-and-forth biological process highlights the malleability of our brains and bodies.
2. **Context Matters**
 - The malleable nature of development is both an opportunity and a vulnerability, based on the context.
 - In a positive developmental context, a safe and affirming environment, attuned and responsive relationships, and rich instructional experiences support healthy development and learning.
3. **Learning is Integrated**
 - Learning is not “academic” or “social and emotional” – students become increasingly capable of complex skills through the integration of their cognitive, social and emotional development.
 - No part of the brain develops in isolation – it is structurally and functionally integrated.
4. **Pathways are Unique**
 - There is no such thing as an average student – each is on their own individual developmental trajectory.
 - It is the challenge of educators to support the fullest expression of what a student can do by designing both shared and individualized experiences that support their holistic development.
5. **Student Voice is Critical**
 - Creating better conditions for learning and development must build from the assets and interests of young people.

- When students are empowered, and we work to dismantle the long-standing barriers in their way, we can move towards more equitable opportunities and outcomes.

This model hopes for a successful tiered system of supports that recognizes all students have unique strengths and needs, which are best met with an integrated and holistic approach that requires collaboration between educators, clinicians, caregivers and communities. Research demonstrates that there are reasons behind the academic, social, emotional, and motivational challenges that students present.

Our goal as educators is that instead of asking why a student is not motivated or what is wrong with this student, we can ask:

- “What has happened to this student that contributes to their struggles?”
- “How can we create an equitable school environment that does not identify the student as the problem but rather honors individual context?”

Our response to these questions with a multi-tiered system of support works in service of holistic outcomes and in service of equity. DCPS’ focus is now on creating the conditions for student success and having holistic conversations about students and ensuring that all students receive unique supports or accelerators to reach their potential.

MTSS@DCPS Tiers of Support

The following table provides a description of supports within a tiered system:

Tier 1 Universal Supports Proactive supports that ALL students receive in order to be successful. Educators reflect on the quality of the relationships, environments, and experiences they create for students. Tier 1 supports are also grounded in strong and holistic instruction.	Tier 2 Targeted Supports Individual or small group supports students receive when universal supports are not meeting their needs; these supports do not replace Tier 1 instruction and supports. Approximately 20-35% of students may need additional supports in order to be successful.	Tier 3 Intensive Supports Personalized supports an individual student receives when they have more significant needs or when Tier 2 supports are not meeting their needs. Approximately 10% of students will benefit from intense supports.
Common across all three tiers: <ul style="list-style-type: none"> • Adult collaboration and capacity-building • Educator capacity-building • Attention to bias and antiracist mindset • Equity focus • Context and conditions drive conversations and solutions • Student agency and voice 		

MTSS@DCPS and Special Populations

Specialized Instruction & Related Services

MTSS@DCPS is a model that promotes school improvement through engaging, evidence-based academic and behavioral practices. Multi-tiered systems of support are intended to meet the needs of all learners, including students with disabilities across the continuum. MTSS is a collaborative, concurrent and communicative process involving all school staff, general education and special education. There is an expectation that educators are effectively working and communicating with all stakeholders throughout the implementation. A Multi-Tiered System of Supports restructures the educational system by creating a culture in which there is a shared responsibility and collaboration between general education and special education for the purpose of ensuring that the educational needs of every student are met. In this model, general and special educators work closely together within collaborative learning groups to create instructional plans that are rigorous and purposeful.

Effective MTSS practices will provide all students access to high quality instruction, relationships and experiences. The model should lead to fewer students requiring a formal IEP with modifications and accommodations to their classroom environment. For students whose IEP only requires classroom modifications, MTSS interventions could keep those students from unnecessary labels, increase their amount of time in the general education setting versus special education setting and lead to an overall reduction in special education referrals. Academic, behavioral and social-emotional tiered supports will also support in the reduction of the overidentification and over representation of black males with a special educational disability classification of Emotional Disturbance.

Universal Tier 1 supports are for all students, both in general and special education. Tier 2 and Tier 3 supports are not intended to replace Tier 1 supports for students with learning challenges or students with IEPs. At different points, any student may need the support in Tiers 2 and 3 and should have equitable access to each tier.

It is important to understand that Tier 3 is not synonymous with special education. In fact, students with disabilities may not need Tier 3 support while other students not identified as having a disability may require those supports. It is critical to understand that MTSS@DCPS does not function as a step ladder. A student may need intensive Tier 3 support without first accessing Tier 2 supports. For example, if a student suffers a traumatic event, individual counseling daily may be needed. We do not suggest they try to attend weekly group sessions to see if those work first if the student is in crisis. We must provide the student with the level of support required regardless of a defined disability or a predetermined sequence of scaled supports.

If a student is responding positively to interventions, the student likely would not require the specially designed instruction of special education. If supports and interventions are unsuccessful, the evidence-based interventions data will be useful for the special education team for the evaluation process and determining the level of support a student may need. Throughout the MTSS process, the school team must monitor student progress when a student is suspected of having a disability requiring specially designed instruction. A referral for evaluation under IDEA can occur at any point in the MTSS process and continue during and after the special education process is completed.

In the tiered support planning and discussions for students with IEPs, the MTSS team expands to include additional stakeholders across general education and special education, to ensure all experts are represented. The MTSS process is not a general education process or special education process, it is a collective process. Connecting MTSS with special education enables teams to blend the resources and expertise of both general and special education personnel to provide a unified system of supports that meets the needs of every student.

Tier 1 supports for students with IEPs may include co-teaching, inclusion instruction and co-planning with general education content teachers. Here are some Tier 2 or 3 examples for students with IEPs:

- Students who qualify for special education services in reading may need Tiers 2 or 3 support in mathematics.
- Students who qualify for special education services in behavior, may need access to Tier 2 or 3 for academics.
- Students who qualify for special education services in speech therapy, may need access to Tier 2 or 3 for reading.

Students with disabilities should be able to access the level of support needed, regardless of whether the supports in question are provided in the general or special education setting. Schools need to be cognizant of making sure the level of support the student receives doesn't *decrease*, if the student qualifies for special education services. For students with IEPs, student progress should be included in the POWER SCHOOLS SPECIAL PROGRAMS quarterly IEP progress report. Updates to the IEP may be warranted by the multi-disciplinary team based on student progress monitoring data from the tiered supports.

When students return to school after extended breaks, it is important to align our expectations about student progress with the district's educational offerings and account for the time needed to recoup skills. We must be diligent about not labeling students according to their needs. Tiers are not placements or designations that follow students throughout their academic careers. MTSS@DCPS is an iterative process that is fluid based on data from universal screening, on-going progress monitoring and the problem-solving model.

Key Concepts

- MTSS is NOT a process that automatically results in a referral or eligibility to special education.
- A student receiving interventions through the MTSS process should NOT delay a referral to special education.
- Students with disabilities are general education students first and should have access to the full system of supports available to all students.
- Accessing an appropriate educational program should be SEAMLESS; the MTSS framework should be flexible to meet the needs of EVERY student.
- MTSS@DCPS employs a systems approach, using data-driven problem-solving process.

For additional information regarding MTSS@DCPS including progress monitoring within the MTSS process, please visit the [MTSS site on DCPS Way](#).

Role of the RSP in the MTSS Process

Related Service Providers can play a key role in each tier of the MTSS process. As MTSS looks to be proactive, the RSP does not have to wait for another educator to mention an area of concern. Instead, starting with Tier 1, RSPs can provide critical and vital supports that are beneficial for all students in the classroom. Below are examples of how RSPs can be involved in each tier of the MTSS process:

Tier 1	Tier 2	Tier 3
<ul style="list-style-type: none"> • Co-teaching with classroom teacher so all students receive support from the RSP • Training for teachers on UDL strategies and supports related to the RSP's clinical expertise • Reviewing progress monitoring data with the MTSS team • Co-planning with teachers related to embedding strategies and supports beneficial for all students 	<ul style="list-style-type: none"> • Provision of small group or individual supports related to the clinician's area of expertise • Completing progress monitoring/data collection for students receiving Tier 2 supports • Collaborating with the classroom teacher regarding student progress and support • Meeting with the MTSS team to provide updates regarding student progress and updates 	<ul style="list-style-type: none"> • Individualized, personalized EBP supports related to the RSP's clinical expertise • Progress monitoring of the student's performance within Tier 3 supports • Collaborating with the classroom teacher regarding student progress and support needs • Meeting with the MTSS team to provide updates regarding student progress and updates

Tier I: Universal screening and intervention:

In Tier I, the OT and PT collaborate with educational staff on curriculum enrichment providing universal, proactive, and preventive intervention strategies to support a high-quality core instructional program and progress monitoring of all students in all settings. Program enrichment and accommodations are made to support the success of all children in the educational setting. The curriculum and activities become more accessible and meaningful. At this level of service, children have not been identified as requiring OT or PT as a related service to special education.

Tier I Activities may include:

- In-service training sessions and provision of resources
- Accommodations for all children to gain access to the curriculum, classroom, and campus, including modifications of tools, tasks, materials, or the environment or all four
- Seating and/or positioning of the desk and chair for proper ergonomic fit
- Sensory-enriched classroom and curriculum design
- Adaptations to support fine and gross motor development
- Activity analysis and activity demonstration
- Universal Design for Learning (UDL)

For example, at Tier I the OT may make suggestions to the classroom teacher regarding different handwriting curriculum and strategies for fine motor and visual motor development; discuss appropriate

ergonomic posture for desktop activities; make suggestions to facilitate improved core muscle strength; and illustrate the importance of children using an efficient pencil grasp and activities to improve hand strength and dexterity. Handwriting samples or a child's portfolio may be used to monitor progress toward meeting language arts state standards. After providing a universal screening of writing samples, the teacher and OT may identify a small group of children who need additional support in language arts for developing handwriting skills.

At Tier I, the PT may discuss gross motor skill development and milestones with the classroom teacher; identify specific motor skills needed to participate in the educational environment; pinpoint modified motor skills that children may use to accomplish the same activities with their peers; discuss sitting and standing posture and the importance of maintaining proper alignment for motor activities; or make suggestions for decreasing the level of difficulty of the motor skills required (e.g., use the ramp instead of the stairs). The PT may observe the children participating in natural opportunities (physical education, recess, free play) using their motor skills and based on this general observation, target a group of children for further screening if motor skills difficulty is noted.

Tier II: Targeted group intervention (strategic):

In Tier II, the role of the OT or PT may include an analysis of the screening of all children. The screening assists in forming highly structured groups of children with similar needs for appropriate evidence-based instructional strategies and interventions for success in the curriculum. Screenings are conducted in a natural environment conducive to eliciting a representative sample of a child's functional abilities in the school setting. Screening must not involve any activity that removes a child from regular school activities. Screenings may include observation (please see form in APPENDIX and the DSI Related Service Provider SharePoint Page) of a child in a peer group if the observation does not identify or single out a particular child (EC § 56301). A teacher or specialist may screen a child to determine appropriate instructional strategies for curriculum implementation. Screening is not considered an assessment for determining eligibility for special education and related services and therefore does not require parental consent (34 CFR § 300.302; EC § 56321(g)). Tier II intervention targets at-risk students and is short term in duration.

Tier II Activities may include:

- Review teacher data and the outcomes of Tier 1 universal supports.
- Consult with parents, teachers, and other school staff to learn about their concerns regarding participation of various groups of children in the general education curriculum.
- Review group work samples identifying groups of children with specific needs.
- Review curriculum and propose modifications to meet targeted needs.
- Analyze ongoing curriculum data collected by the teacher and assist with disability identification.
- Assist in designing and implementing targeted group instruction.
- Review scientifically based data collected through the pre-referral process.
- Provide follow-up screening and intervention for a targeted group, as appropriate.

The following outcomes may result from the screening:

- Information to the teacher, school staff, or parent supports the determination that the child's abilities are adequate to gain access to educational opportunities.

- Targeted interventions, program accommodations, and data collection are recommended and implemented by the classroom teacher or parents or both.
- There is follow-up support in the form of a referral to the Student Success Team (MTSS) or other general education process for MTSS.

At Tier II, the OT may assist the teacher in developing a handwriting center in the classroom where children receive strategic instruction in targeted groups with ongoing monitoring and feedback from the teacher. The OT may suggest developmentally appropriate accommodations based on research, such as various handwriting programs, physical and sensory strategies, the use of a pencil grip, or paper with clear visual boundaries. If a child continues to demonstrate difficulties meeting state standards even with Tier II supports, more individualized attention may be suggested.

At Tier II, the teacher, parent, and school staff may discuss with the PT concerns about the child's gross motor skills. In turn, the PT analyzes the concerns and then may form a gross motor challenge (e.g., obstacle course) in which the entire class participates. This strategy allows the PT to note general performance patterns and to observe if any child demonstrates difficulties with these skills. From the general screening, the PT may discern that the majority of children demonstrate similar patterns or that more specific data are required to determine differences in performance. In addition, if the majority of the children demonstrate similar patterns, the PT may suggest skills for the children to practice and rescreen them in a given period to note any changes in the children's performances ([National Center on Response to Intervention 2010](#)).

Tier III: Intensive Intervention:

In Tier III, the OT and PT provide follow-up consultation to the classroom teacher, staff, and parents and support the collection of progress-monitoring data to help identify more effective individualized intervention strategies and accommodations. In collaboration with the teacher, the OT or PT develop a measurable goal and implement a specific, targeted intervention to address the area of concern. A systematic method of data collection is employed to monitor the child's progress toward the goal. Upon review of the data, the MTSS determines whether the intervention was successful and further intervention is necessary. If the child did not make adequate progress, the MTSS modifies the intervention method and may refer the child for a special education assessment for all areas of a suspected disability.

Tier III Activities include:

- Participating in the MTSS or other general education processes for MTSS.
- Developing and monitoring measurable goals.
- Assisting the MTSS in providing systematic monitoring of the child's progress by reviewing the data.

Throughout these phases, progress is monitored. If a student continues to struggle after targeted interventions and accommodations are in place and documented for a reasonable amount of time (as determined by the MTSS team), a referral for a special education evaluation should be made. If the MTSS activity is not successful in addressing the identified difficulties the student should be referred for an assessment.

Occupational Therapy and Physical Therapy [MTSS Resources](#).

Documentation Requirements for RSPs

RSPs document MTSS supports in Frontline in the RTI portal. The service line in Frontline should clearly define the tier of support and the related area of concern (e.g., functional mobility, fine motor,, etc.).

The comment for the note should contain the following elements:

- Identification of the intervention activity/activities
- Description of the student’s response to the intervention (quantitative and qualitative information)
 - Quantitative includes accuracy percentage, number of trials/opportunities, etc.
 - Qualitative includes level of prompting/dependence (i.e., moderate verbal prompts, tactile cues, maximum supports, etc.), behaviors impacting/contributing to progress, etc.
- Explanation of the relevance of the activity to the student’s MTSS plan or area of support

While RSPs will log their service lines for MTSS in Frontline, RSPs will need to share data/progress monitoring information with the MTSS team so that it can be included in the student’s overall MTSS profile which will be located in Panorama.

For additional information on MTSS@DCPS, see [DCPS Way MTSS page](#).

Vision and Hearing

Vision and hearing screenings are completed by school personnel (i.e., school nurse). If either screening is failed, appropriate measures must be taken (parent notified, audiological assessment obtained, glasses prescribed, requests for vision/hearing assessments etc.) to correct the problem before the student can be evaluated, in most cases. If it is ascertained that a vision or hearing impairment cannot be corrected or has been corrected to the extent that it can be, this information should be included and incorporated into the assessment report.

In the event an audiological assessment is warranted, please complete the following steps:

- Have the LEA-RD order the Audiological Assessment in the Special Education Data System (POWER SCHOOLS SPECIAL PROGRAMS)
- Contact the Audiology Department via email at speech.audiology@k12.dc.gov or send an email to the Educational Audiologist assigned to your school if you know who your school’s assigned audiologist is.

Special Education Referral Process

Once strategies implemented through the MTSS process have proved unsuccessful and an occupational therapy or physical therapy assessment is necessary, a referral for assessment will be initiated through the IEP team (See pg. 51-52). Once a referral for an occupational or physical therapy assessment has been made, the Analyzing Existing Data section in Power Schools Special Programs is completed.

OT/PT Services and the Special Education Process

Special Education Process

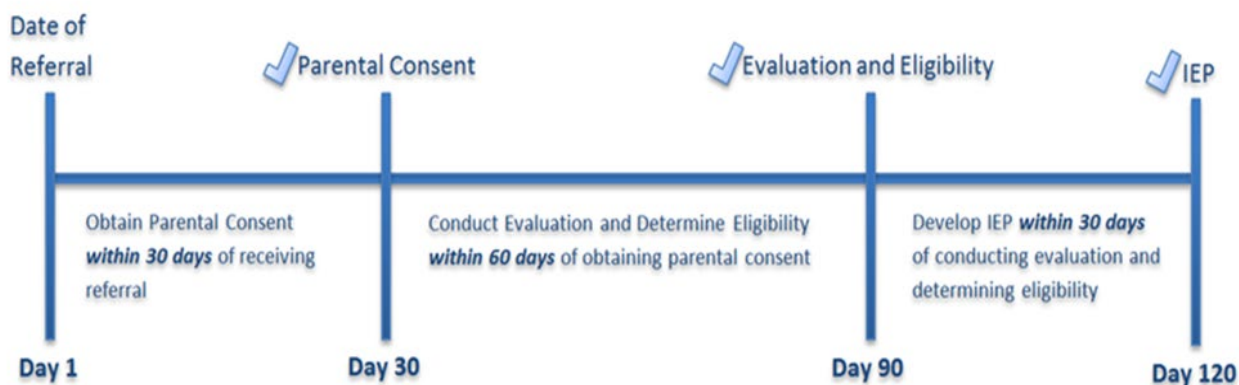
Eligibility refers to the meeting of specific criteria for receiving special education and related services. A student may not receive special education and related services as defined in IDEA unless they have been determined to be eligible by the MDT. The chart below illustrates how the identification and eligibility process will trigger whether a student is eligible for special education and related services. This section will illustrate the steps required in this process:

Special Education Eligibility / Timeline

As a result of the Enhanced Special Education Services Amendment Act of 2014, beginning July 1, 2017, the *maximum amount of time allotted* for the evaluation and assessment period for students recommended for special education services will change (DC Code §38-2561.02 (a)).

- After receiving the student's referral for special education services, the LEA has 30 days to obtain parental consent for an evaluation.
 - A referral may be oral or written. Oral referrals must be documented by the LEA within 3 business days of receipt (DCMR 5-E3004).
 - The LEA must make reasonable efforts to obtain parental consent (DCMR 5-E3005). The LEA must make at least three attempts to communicate with a parent using three different modes of communication. Possible modes include correspondence by mail, by phone, or by conducting home visits. All communication attempts must be documented in the communications log in POWER SCHOOLS SPECIAL PROGRAMS.
- After gaining parental consent, the LEA has 60 days to conduct evaluations *and* determine the student's eligibility.
- After conducting an evaluation and determining eligibility, the LEA has 30 days to develop the IEP (20 USC §1414(d); 34 CFR §300.320-326).

Timeline by Law:



Note: If parental consent is gained on Day 5, conducting an evaluation and determining eligibility must be completed by Day 65. Since each phase has a specific amount of time allotted, the timetable for each phase begins immediately after the preceding phase is completed.

Note: IEP teams may elect to hold the evaluation / eligibility and IEP meeting on the same day.

Time Allotted By Best Practices		
Step	Best Practices	Required by Law
Review Referral and Send Procedural Safeguards Manual and Referral Acknowledgement Letter to parent	3 days	≤ 30 days
Collect Student Information and Send Referral Meeting Invitation to parent	3 days	
Analyze Student Information	4 days	
If Assessment is NOT Needed: Hold Referral Meeting, Obtain Parental Consent, and Schedule Eligibility Meeting	5 days	
If Assessment IS Needed: Hold Referral Meeting, Obtain Parental Consent, Schedule Eligibility Meeting, and Order Assessment, Assigning Assessment to the Provider <i>within 48 hours</i> of Obtaining Parental Consent	10 days	
If Assessment IS NOT Needed: Prepare for Eligibility Meeting and Send Eligibility materials for discussion to parent <i>at least 10 days in advance</i>	10 days	≤ 60 days
If Assessment IS Needed: Conduct Assessments, Prepare for Eligibility Meeting, and Send Eligibility materials for discussion to parent <i>at least 10 days in advance</i>	45 days	
Note: After the IEP Team orders an assessment, providers have 45 days to conduct it		
Hold Eligibility Meeting PWN: Send Eligibility Determination to parent Note: For initial IEPs, teams should be prepared to hold an IEP development meeting on the same day as the Eligibility meeting	10 days	
Develop IEP	30 days	≤ 30 days

If a student is found eligible for special education under IDEA, decisions about the need for related services are made by the IEP team, taking into consideration the OT and PT assessment information provided. When a student is suspected of having a disability and initially referred for a comprehensive evaluation, the eligibility committee reviews the assessments and any pertinent information to determine if the child has a disability that requires special education. Once eligibility has been established, the IEP team determines if related services are needed to help the student benefit from his educational program or access the general curriculum. The IEP team makes this determination based on the current data in the child's education record, or by evaluating the child in accordance with applicable requirements.

Analysis of Existing Data (AED)

The Analysis of Existing Data is conducted by the school's IEP team. All areas to consider must be indicated with the type of information reviewed, data used, analysis and the summary of the concern should be completed in the special education data system. For specific guidance regarding how data is collected and analyzed, please refer to the table below. If additional assistance is needed consult with the respective program manager.

The analyzing existing data (AED) step of the evaluation process should be completed to determine whether there is sufficient information to make an eligibility determination or if further information, such as formal assessments, is needed to make a determination. This review must be conducted by a group of individuals that include the required members of an IEP Team.

1. Review existing evaluation data
 - a. Information provided by parents
 - b. Classroom-based observations (please see required form in APPENDIX and SharePoint)
 - c. Response to MTSS in the General Education setting
 - d. Information provided by teachers
 - e. Formal and informal assessments

2. The IEP team should begin their review of the referral by analyzing as many of the following types of existing data as are available (*best practice is to use at least three data points*):
 - a. Attendance
 - b. Behavior or Incident reports
 - c. Classroom observations (please see required form in APPENDIX and SharePoint)
 - d. Class work samples
 - e. Current grades
 - f. Discipline reports
 - g. Documentation of academic and behavior interventions
 - h. Evaluations and information provided by parents
 - i. Health records and medical reports
 - j. Report cards
 - k. Standardized test scores

3. Identify the data that needs to be determined
 - a. Category of disability
 - b. Present level of performance
 - c. Special education and related services
 - d. Modifications to allow child to meet IEP goals and participate in general education
 - e. The student's progress

4. Documentation of this review must include:
 - a. The team conclusions/decisions
 - b. The date the conclusions/decisions are finalized
 - c. The names of individuals participating in the review
 - d. Conclusion if additional assessments are needed

Method	How to Gather the Data
Classroom-based assessment	Information from Teacher Interview can be obtained to determine student's performance on Classroom-based assessment (where applicable)
Input from parent	Phone call, e-mail, or video-call, questionnaire
Results of Previous Interventions	Review and gather data from previous progress reports, service trackers, previous assessment reports, etc., in POWER SCHOOLS SPECIAL PROGRAMS documents section.
State or Local Assessments	Consult with classroom teacher regarding student performance on BOY (beginning of year) and MOY (Middle of year) assessments. If accessible, review information in ASPEN regarding student performance on State or Local Assessments Results of ASQ (Ages and Stages Questionnaire), Gold, classroom assessments
Student Work Samples	Request discipline appropriate work samples if applicable.
Observations	Observations of the student within their classrooms and/or learning environments
Discipline Record	If accessible, review ASPEN for discipline record. If applicable, review discipline record from Psych, SW, or General Education Teacher
Formal Assessments	Review and gather data from previous OT, PT, Speech or AUD assessments in POWER SCHOOLS SPECIAL PROGRAMS
Current Progress Report	Review and gather data from the most recent progress report in POWER SCHOOLS SPECIAL PROGRAMS
Independent Educational Evaluations	Complete IEE (Independent Educational Evaluation) Review Form (located in Related Service Provider SharePoint Page)
Related Services Session Notes	Review and gather data from 2-3 recent service trackers to demonstrate student progress over time. If it is an initial referral, review or MTSS (Multi-Tiered Systems of Support) notes for supports and intervention previously provided and student response
Part C or other early childhood data	Review ASQ, Gold data, or classroom data gathered from Teacher
Other	Teacher Interview Can interview teacher via phone, e-mail, video-call, or in-person regarding any discipline specific concerns observed that are impacting access and participation. There can also be a survey or questionnaire sent to the teacher.

****Providers must utilize at least three data points. AEDs must include a classroom or learning environment observation.***

After the AED information is entered into the data system, the team must decide if additional data is needed to make an eligibility determination. If the IEP team agrees there is enough data to determine eligibility, the team should move forward with the eligibility determination meeting and decision. This meeting must be finalized in POWER SCHOOLS SPECIAL PROGRAMS within 72 hours of the meeting and determination.

If the team finds there is not enough data to determine eligibility, consent to conduct additional assessments must be obtained from the parent. See additional information on parent consent and evaluations below.

Initial Evaluation

OSSE requires LEAs to make reasonable efforts to obtain parental consent to evaluate the child within 30 days of referral, and then complete the evaluation and eligibility determination within 60 days of parental consent. This requirement of the law takes effect “beginning July 1, 2017, or upon funding, whichever occurs later.”

Eligibility Timelines and Reasonable Efforts

Parental Consent

Before a student may be assessed, the **district** must notify the parents in writing. This notice must describe any assessment procedure that the **district** proposes to use. Parents must give their informed consent in writing before their student may be evaluated/assessed. Once a meeting is held to determine if assessments should be ordered, parent consent is gained. Once consent is gained an assessment is ordered in Power Schools Special Programs within 48 hours and the respective provider begins the assessment process.

All evaluations must be completed within 45 days of **parental consent**.

Once the evaluation process is complete a multi-disciplinary team will use data from these assessments to determine whether a student has a disability, the student’s present levels of academic achievement and functional performance. If eligible for special education and related services, the MDT will then use this information to develop a student’s IEP. The information will also be used to determine whether modifications are needed to enable the student to achieve his or her annual IEP goals, and to participate in the general education curriculum. For preschool students this information is used to help them participate in age-appropriate activities.

The multidisciplinary team is responsible for determining the need for an occupational or physical therapy assessment, while the service provider is responsible for choosing appropriate assessment methods and intervention strategies.

Reasonable Efforts

Reasonable efforts are the communication efforts of the LEA to keep the special education process moving forward. Reasonable efforts are an LEA obligation under the law. A reasonable effort means:

- Contact is with the parent/legal guardian

- The reason for the contact is related to the evaluation process
- The result of the communication is documented
- The language used to document the effort is specific.

OSSE does not consider the following to be “reasonable efforts”:

- A 2nd or 3rd attempt at an inactive phone number/email
- A reminder call related to a currently scheduled appointment
- Communication logs that do not make the reason for contact clear

Reasonable efforts can be made utilizing the following modalities:

- Phone call
- Text message
- Email
- U.S. mail
- In-person meeting.

Reasonable efforts are more effective if they are completed in multiple modalities (when possible) and during different days and different times during the day.

As the LEA, we must engage in reasonable efforts to contact the parent at each distinct step in the referral/eligibility process. This includes response to a referral, obtaining consent, scheduling an evaluation appointment, scheduling an eligibility meeting, and obtaining consent to develop and implement an IEP. Reasonable efforts must cross the minimum threshold of occurring on 3 different dates and made in 2 different modalities (also known as 3/2 contacts).

Reasonable efforts must be documented in the POWER SCHOOLS SPECIAL PROGRAMS Communication Log to be recognized by OSSE. Any documents sent to the parent that are not also documented by a POWER SCHOOLS SPECIAL PROGRAMS communication log will not be considered reasonable efforts. The documentation in the Communication Log must be specific to identify its purpose.

Related Service Provider Responsibility for Documenting Reasonable Efforts

Related Service Providers are critical members of the eligibility process. Therefore, they are also important in documenting reasonable efforts as it relates to the eligibility process. Specifically for all Related Service Providers, the reasonable efforts would primarily be related to scheduling an evaluation appointment. Documentation includes communication with the parent regarding scheduling an evaluation appointment and communication from the parent indicating any barriers impacting timely action (e.g., only Fridays, only a few days within several weeks, death in the family, emergencies, hospitalizations, unexpected travel).

The following are examples of specific documentation language that meets OSSE’s expectations:

- “Called parent to schedule an initial evaluation appointment.”
- “Texted the parent to reschedule a missed evaluation appointment.”
- “Emailed parent regarding scheduling the evaluation at the following location for the following date _____ and time_____.”

The following examples do not meet OSSE’s expectations for specific documentation language:

- “Called parent to schedule a meeting.”
- “Texted parent to reschedule.”
- “Emailed parent about the evaluation process”
- “Sent letter to parent about the upcoming IEP meeting”

Related service providers must document all attempts (successful and unsuccessful) to schedule or assess a student in the POWER SCHOOLS SPECIAL PROGRAMS Part B Contact Log following the Reasonable Efforts guidance.

Addressing Disproportionality

The Office of School Supports and Improvements and the Office of Teaching and Learning understand that implicit bias contributes to the significant and disproportionate identification of Black and Brown children with the Emotional Disturbance (ED) disability classification. For school year 2023-2024, we have added guidance to address this systemic concern. At the initial referral, AED, and eligibility determination stages the team will consider the following:

Implicit Bias Guiding Questions

1. Have members of this team completed the *ED Bias Prevention Training*? [Click here](#)
2. What assumptions have been made about the student?
3. What assumptions have been made about the family of the student?
4. Is the reviewing team racially and culturally diverse?

Whole Child Guiding Questions

1. What is the quality of the relationship between teacher and student? Student and peers?
2. Does the student feel physically and emotionally safe in the learning environment?
3. Does the student feel comfortable taking learning (Social, Emotional, and Academic) risks in the classroom?

Trauma Responsive Guiding Questions

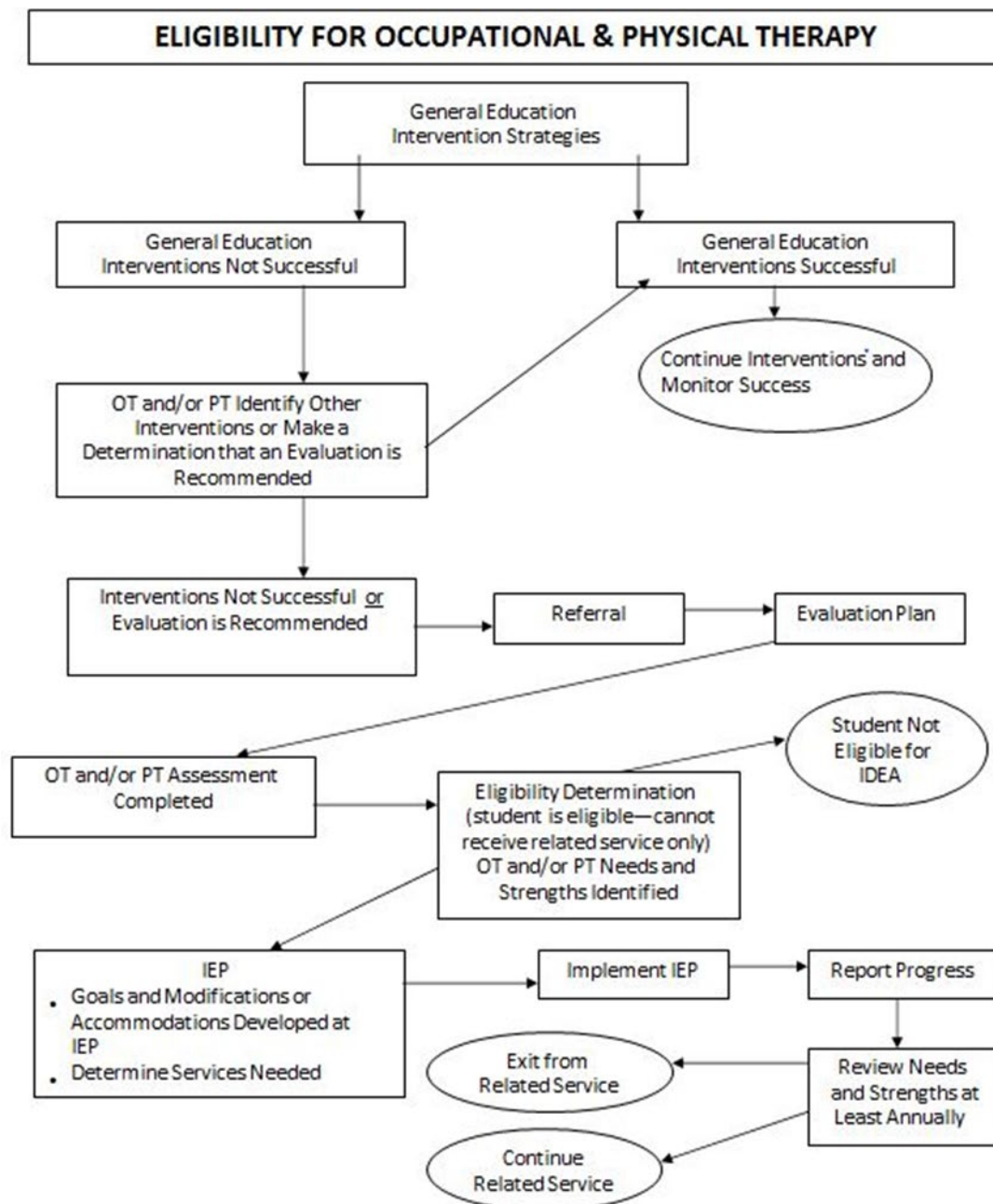
1. Is the student from a family who has [immigrated](#) to the United States?
2. Is [attendance](#) a barrier?
3. Has there been a change in caregivers?
4. Does the learning environment provide equitable opportunities to incorporate student voice and choice?
5. Are you aware of any [Adverse Childhood Experiences \(ACEs\)](#)?

If flags result as an outcome of team discussion about implicit bias, whole child factors, or trauma exposure the team should:

- a. Determine whether MTSS is a next best step for the student; OR
2. If consent has already been obtained, the appropriate factors should be addressed in the eligibility meeting and reports.

Overview: Eligibility Process for OT and PT Services

The following flow-chart depicts the process for providing OT/ PT services at DCPS. The process is completed in the following stages of OT/PT service process: General Education Intervention and Referral, Evaluation and Assessment, Eligibility Determination, Intervention, and Monitoring.



Early Stages Eligibility and OT/PT Services

Unenrolled students between the ages of 3 and 5 years, 10 months who are referred for an initial special education evaluation are assessed by the Early Stages team. Initial assessments for special education eligibility for students ages 5 years, 11 months and older, are to be completed by the RSPs assigned to the school. Initial OT or PT assessments for students under 5 years, 10 months with an existing IEP, must be completed by the local school. Reassessments for students between the ages of 3 years and 5 years, 10 months should be completed by the IEP team at the student's attending school. The assessment process should **not** be deferred to provide MTSS. Interventions should be provided simultaneously as a student is going through the assessment and eligibility process at Early Stages.

Early Stages has two locations:
Walker Jones Education Center
Ron Brown College Prep High School
www.earlystagesdc.org

Early Childhood Assessments for DCPS Enrolled Students

Students enrolled in a DCPS school between 3 and 5 years, 10 months are assessed by the local school's special education team. The Early Childhood Assessment Team (ECAT) is a district-wide multidisciplinary team. For the past several school years, ECAT supported elementary schools and education campuses with the early childhood education child find process.

At the inception, ECAT was designed to be a **temporary unit** to help schools by providing assessment assistance and building the capacity for local schools to inherit the work. The primary goal has always been to transition all the phases of early childhood education child find to the local schools. The team has met its long-term objectives by building out ECE resource platforms, conducting on-site and webinar-based training, and completing hundreds of early childhood assessments.

Effective school year 24-25, **ALL** elementary school and education campus Speech-Language Pathologists and Occupational Therapists will be responsible for completing initial and re-evaluations of Early Childhood Education assessments at their schools.

Given the shift, the ECAT Speech-Language Pathology and Occupational Therapy team members will provide tiered support to schools which include the following:

- Ensuring SLPs and OTs in elementary schools and education campuses receive training and consultation on the early childhood child find process including but not limited to strategies for prevention and identification of delays and/or disorders in students between the ages of 3 years and 5 years, 10 months.
- Ensuring SLPs and OTs are versed on the selection, administration and scoring of standardized and non-standardized assessments and instruments applicable to students between the ages of 3 years and 5 years, 10 months.
- Providing assessment support on an as-needed basis. If assessment support is needed and is available, providers must notify their program manager at the time of parental consent and the

assessment being ordered in PowerSchool Special Programs (PSSP). Assessment support will not be provided for assessments ordered beyond 2 business days after parental consent and ordered in PSSP.

If a school has a capacity gap in speech or OT, ECAT SLPs and/or OTs will support the school-based team in the ECE child find process, including attending AED/Eligibility/IEP meetings and conducting assessments.

For initial evaluation for students between the ages of 3 years and 5 years, 10 months, the assessment process should not be deferred to provide only MTSS interventions. Interventions should be provided simultaneously as a student is going through the assessment and eligibility process. The Related Services Department has acquired numerous assessment instruments for this age group and works diligently to ensure each provider has been issued the most recent addition of the tools, including digital versions. Should providers determine that the instrument(s) they currently have are not sufficient or would like additional measurements, they should contact their program manager.

Students transitioning from IFSPs to IEPs

Student's transitioning from an IFSP (Part C) to IEP (Part B) may not be re-evaluated by Early Stages providers. This process considers Presumptive Eligibility since the student is currently receiving services as a Part C child with an IFSP. RSPs at Early Stages evaluate students by reviewing OSSE Strong Start documentation (assessment and intervention) and completing student observations, interviews, screenings and supplemental assessments. Early Childhood assessments completed at Early Stages are a snapshot of the student's present level of performance during the evaluation. This may impact the format and information incorporated in some of the assessment reports received from Early Stages. Assessments and progress monitoring for early childhood students should be ongoing after the assessment and IEP are completed.

Multidisciplinary Assessment Reports

In order to facilitate a greater streamlined process of trans disciplinary collaboration, some reports will incorporate the findings of all educational testing/observations within one report. Therefore, these assessment reports will indicate cumulative strengths/weaknesses across all disciplines.

Part C and Transition

Each discipline has its own perspective and definitions for the evaluation and assessment procedures used within their scope of practice. However, under Part C of IDEA 2004, the definitions of these procedures may differ from those used in other practice settings; therefore, providers must be well informed about the definitions under Part C.

Steps for a Smooth Transition

For all toddlers with an IFSP, the steps, at the time of the transition meeting, shall include provision of information; parent training and discussion of transition needs, as appropriate, regarding future placements; and plans for the transition to special education programs under Part B, to early education, or other appropriate services (34 CFR § 303.344(h); 17 CCR § 52112(c) and (d)). The transition IFSP must also include the procedures to prepare the toddler for changes in service delivery. Steps to help the

toddler adjust to and function in a new setting, as well as a projected date are established for conducting a final review of the IFSP to document progress toward achieving early intervention outcomes by age three (17 CCR § 52112(c)(3)).

For toddlers who may be eligible for preschool services from the LEA under Part B (e.g., special education and related services), the transition must include the following steps:

- Obtain parental consent for exchange of information about the toddler with the LEA (e.g., progress reports, evaluation/assessments).
- Review IFSPs that have been developed and implemented and other relevant information.
- Identify the needed assessments to determine special education eligibility.
- A statement of the process necessary to ensure that the LEA receives the referral in a timely manner to ensure that assessments required are completed and that an IEP is implemented by the toddler's third birthday.
- Specialized instruction and services are delivered to the student by the child's third birthday.

This means that the referral must be received by the LEA no later than the time the toddler is two years nine months old, or before the LEA's break in school services if the toddler will become three years of age during a break in school services. DCPS has their own evaluation and assessment procedures to determine eligibility. The eligibility criteria reflect differences in the populations served, as well as the focus and purpose of the services that are needed, as a result of these evaluations and assessments. One of the key changes at the time of transition from early intervention services to Part B services is the shift in service delivery, primary focus, and purpose of services. Specifically, OT and PT, under Part C of IDEA, may be required or primary early intervention services if the team determines that they are needed and they are specified on the IFSP. However, once the child becomes eligible for special education services, OT or PT may be identified as a related service, which means that OT or PT may be determined to be necessary for the child to benefit from their special educational program as a related service.

Determination of Settings for Interventions

The student's overall progress and level of severity dictates the amount of service and the location. There may be occasions, when the Early Stages clinician might recommend that services may be provided in both the general education setting and outside the general education setting (this typically happens if a school has not yet been identified for the student and they are unable to contact the assigned school-based provider). Given those occasions the Early Stages clinician should input the following into POWER SCHOOLS SPECIAL PROGRAMS to reflect the setting of the delivery of service (as an example):

Service	Setting	Begin Date	End Date	Time Frequency
Occupational or Physical Therapy	Outside General Education Setting	2/27/2020	2/26/2021	25 min/month
Occupational or Physical Therapy	Inside General Education Setting	2/27/2020	2/26/2021	35 min/month

OR

Service	Setting	Begin Date	End Date	Time Frequency
Occupational or Physical Therapy	Outside General Education Setting	2/27/2020	6/20/2020	90 min/month
Occupational or Physical Therapy	Inside General Education Setting	6/21/2020	2/26/2021	45 min/month

Gold Collaboration

Teaching Strategies Gold® - Educational Relevance and Impact for Early Childhood Students

Early childhood classrooms in DCPS utilize a curriculum and assessment tool called Teaching Strategies GOLD. Teaching Strategies GOLD is an authentic observational assessment system for children from birth through kindergarten. It is designed to help teachers get to know their students well, what they know and can do, and their strengths, needs and interests.

The Teaching Strategies GOLD assessment system blends ongoing, authentic observational assessment for all areas of development and learning with intentional, focused, performance-assessment tasks for selected predictors of school success in the areas of literacy and numeracy. This seamless system for children is designed for use as part of meaningful everyday experiences in the classroom or program setting.

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

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

The GOLD links key developmental milestones with instruction in order to track student progress. Individual objectives correspond to the dimensions which include: (a) Social-Emotional; (b) Physical; (c) Language; (d) Cognitive; (e) Literacy; (f) Mathematics; (g) Science and Technology; (h) Social Studies; (i) The Arts; and (j) English Language Acquisition.

The Teaching Strategies GOLD goals in the area of Physical Development are as follows:

- **Objective 4 – Demonstrates travelling skills**
 - Moving purposefully from place to place without
 - Coordinates complex movements in play and games
- **Objective 5 – Demonstrates Balancing Skills**
 - Sustains balance during simple movement experiences
 - Sustains balance during complex movement experiences
- **Objective 6 – Demonstrates Gross-Motor Manipulatives skills**
 - Manipulates balls or similar objects with flexible body movements
 - Manipulates ball or similar objects with a full range of motion
- **Objective 7 – Demonstrates fine-motor strength and coordination manipulative skills**
 - Uses fingers and Hands
 - Uses refined wrists and finger movements

- Uses small, precise finger and hand movements
- Uses writing and drawing tools

Early childhood teachers may reach out to the OT or PT to help collaborate on GOLD ratings.

Definition of Educational Impact for Early Childhood Population

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

For physical therapy, educational impact is defined as decreased ability to access the school environment and access materials needed to safely and functionally succeed within their educational environment.

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

Occupational and Physical therapists should use these objectives to inform eligibility discussions, drive goals, gauge progress in treatment, and determine educational relevance and impact with the early childhood population. RSPs providing intervention services to early childhood students will provide input into the GOLD assessment tool for quarters 1 and 4 for the GOLD objectives related to their discipline. Each RSP assigned to an elementary school or educational campus should familiarize themselves with Teaching Strategy GOLD.

Parentally Placed/Self-Funded Students

District of Columbia Public Schools' (DCPS), Centralized IEP Support Unit (CIEP), is responsible for locating, identifying, and evaluating all parentally placed, self-funded private and religious school children ages 5 years, 11 months years to 22 years old who have a disability or suspected disability. Children who have been parentally placed, and self-funded in a private or religious school will be evaluated to determine whether they are eligible for special education. Staff will be placed on the CIEP teams and will be responsible for several groups of students. These Teams are responsible for all students who are parentally placed and self-funded, private and religious schools. The school served could be a:

- Day Care Center
- Private school
- Parochial school
- Non-Public School

If it is determined that the student is eligible for special education, an IEP is developed. The parent has the option of accepting the IEP and enrolling their child full time into a DCPS school or remaining in the private/religious school and receiving equitable services.

In the event the parent elects to remain with the private, religious, daycare, or homeschool option, the parents reject the IEP, and an ISP (Individual Service Plan) is developed. DCPS offers to provide the related services from the ISP during the school day at the student's location. These ISP services are considered equitable services.

Documenting

Documentation for students receiving equitable services is completed using the Equitable Services Therapy Log form and Equitable Services Quarterly Progress Report form. Providers must complete the required equitable services documentation and upload it into POWER SCHOOLS SPECIAL PROGRAMS by relabeling a miscellaneous cover sheet.

For additional information or questions, contact the Centralized IEP Support Team at DCPS.childfind@k12.dc.gov.

Assessment Procedures

Assessments are crucial components of the special education evaluation process. Expert assessments can help the IEP team determine appropriate Occupational Therapy or Physical Therapy services for a student as necessary.

Comprehensive Occupational Therapy Evaluations

A Comprehensive Evaluation is an assessment completed to determine if areas of weaknesses or suspected disability are affecting a student academically, social/emotionally, and/or vocationally. The mandatory areas that must be assessed in an initial or re-evaluation for an evaluation to be considered comprehensive are indicated below. A comprehensive Occupational or Physical Therapy Evaluation must include both quantitative and qualitative measures and components.

As outlined in *AOTA's Occupational Therapy Framework: Domain and Process, 4th ed.* (4th ed.; OTPF-4; The American Journal of Occupational Therapy, August 2020, Vol. 74, Suppl. 2), "Evaluation occurs during the initial and all subsequent interactions with a student" (OTPF, p. 21). The evaluation consists of three steps: the occupational profile, analysis of occupational performance, and synthesis of evaluation process.

1. **Create a Student's Occupational Profile**
2. **Analysis of Occupational Performance:** In the analysis of occupational performance, the OT identifies the student's skill level(s) and their ability to effectively perform expected tasks via formal and information methods.
3. **Synthesis of the Evaluation Process:** The occupational therapist synthesizes the information gathered through the occupational profile and analysis of occupational performance.

Exhibit 2. Operationalizing the Occupational Therapy Process

Ongoing interaction among evaluation, intervention, and outcomes occurs throughout the occupational therapy process.

Evaluation
<p>Occupational Profile</p> <ul style="list-style-type: none"> • Identify the following: <ul style="list-style-type: none"> • Why is the client seeking services, and what are the client's current concerns relative to engaging in occupations and in daily life activities? • In what occupations does the client feel successful, and what barriers are affecting their success in desired occupations? • What is the client's occupational history (i.e., life experiences)? • What are the client's values and interests? • What aspects of their contexts (environmental and personal factors) does the client see as supporting engagement in desired occupations, and what aspects are inhibiting engagement? • How are the client's performance patterns supporting or limiting occupational performance and engagement? • What are the client's patterns of engagement in occupations, and how have they changed over time? • What client factors does the client see as supporting engagement in desired occupations, and what aspects are inhibiting engagement (e.g., pain, active symptoms)? • What are the client's priorities and desired targeted outcomes related to occupational performance, prevention, health and wellness, quality of life, participation, role competence, well-being, and occupational justice? <p>Analysis of Occupational Performance</p> <ul style="list-style-type: none"> • The analysis of occupational performance involves one or more of the following: <ul style="list-style-type: none"> • Synthesizing information from the occupational profile to determine specific occupations and contexts that need to be addressed • Completing an occupational or activity analysis to identify the demands of occupations and activities on the client • Selecting and using specific assessments to measure the quality of the client's performance or performance deficits while completing occupations or activities relevant to desired occupations, noting the effectiveness of performance skills and performance patterns • Selecting and using specific assessments to measure client factors that influence performance skills and performance patterns • Selecting and administering assessments to identify and measure more specifically the client's contexts and their impact on occupational performance. <p>Synthesis of Evaluation Process</p> <ul style="list-style-type: none"> • This synthesis may include the following: <ul style="list-style-type: none"> • Determining the client's values and priorities for occupational participation • Interpreting the assessment data to identify supports and hindrances to occupational performance • Developing and refining hypotheses about the client's occupational performance strengths and deficits • Considering existing support systems and contexts and their ability to support the intervention process • Determining desired outcomes of the intervention • Creating goals in collaboration with the client that address the desired outcomes • Selecting outcome measures and determining procedures to measure progress toward the goals of intervention, which may include repeating assessments used in the evaluation process.

Note: Standardized assessments are preferred, when available, to provide objective data about various aspects of the domain influencing engagement and performance. The use of valid and reliable assessments for obtaining trustworthy information can also help support and justify the need for occupational therapy services.

Although testing in many areas is needed in a comprehensive OT evaluation, not all of these tests and measures are necessary for every child. Common child-specific areas assessed by OTs related to participation in school activities may include:

Activities of daily living	Arousal, attention, adaptive behavior, and organizational skills
Assistive and adaptive technology	Community integration
Environmental, home, and work (school/play/job) modifications	Ergonomics and body mechanics
Fine motor and gross motor function (motor control and motor learning)	Habits, routines, and roles
Leisure skills	Neuromuscular functions
Occupational profile, interests, values	Play
Praxis	Rest and sleep
Self-determination	Social Participation
Tool use	Visual motor integration
Work and prevocational skills	

CHANGES BY AOTA as of 2017

- The descriptions in CPT® in 2017 set the stage for promoting optimal occupational therapy practice. By conducting a profile, doing standardized and other tests and measures, and showing the breadth of concerns occupational therapy considers, we promote distinct value. The evaluation process can communicate to others the full scope of occupational therapy practice.
- There are three complexity levels for OT assessments: low, moderate and high. DCPS related services evaluations are considered to be in the **moderate** range. Moderate complexity assessments include:
 - *“An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance.”*
 - *“An assessment(s) that identifies 3–5 performance deficits (i.e., relating to physical cognitive or psychosocial skills) that result in activity limitations and/or participation restrictions.”*

CPT® Skill Areas	CPT® Descriptors of Skill Areas
Physical	Physical skills refer to body structure or body function (e.g., balance, mobility, strength, endurance, fine or gross motor coordination, sensation, dexterity).
Cognitive	Cognitive skills refer to the ability to attend, perceive, think, understand, problem solve, mentally sequence, learn, and remember, resulting in the ability to organize occupational performance in a timely and safe manner. These skills are observed when a person (1) attends to and selects, interacts with, and uses task tools and materials; (2) carries out individual actions and steps; and (3) modifies performance when problems are encountered.

Psychosocial	Psychosocial skills refer to interpersonal interactions, habits, routines and behaviors, active use of coping strategies, and/or environmental adaptations to develop skills necessary to successfully and appropriately participate in everyday tasks and social situations.
AOTA Performance	AOTA Descriptors of Performance Skill Areas
Motor	Motor Skills— “Occupational performance skills observed as the person interacts with and moves task objects and self around the task environment” (e.g., activity of daily living [ADL] motor skills, school motor skills: Boyt, Gillen & Scaffa, 2014a, p.1237).
Process	Process Skills— “Occupational performance skills [e.g., ADL process skills, school process skills] observed as the person (1) selects, interacts with, and uses task tools and materials; (2) carries out individual actions and steps; and (3) modifies performance when problems are encountered” (Boyt Schell et al., 2014a, p. 1239).
Social Interaction	Social Interaction Skills— “Occupational performance skills observed during the ongoing stream of asocial exchange” (Boyt Schell et al., 2014a, p. 1241).

- Please refer to appendix and SharePoint for updated template
- Please also see the link with the full AOTA article below:
- <https://www.aota.org/~media/Corporate/Files/Advocacy/Reimb/Coding/final%20version%2010%20page%20article.pdf>

Occupational Therapy Assessment Report Writing

The following elements must be included in every assessment report (please find a blank template in appendix as well as the SharePoint website:

<https://dck12.sharepoint.com/sites/DSIRelatedServiceProvidersPage/SitePages/OT-PT-Page.aspx>).

Mandatory Occupational Therapy Assessment Report Elements

The following items and their respective descriptions are required in the Mandatory Occupational Therapy Assessment Report. Each section must include the mandatory elements with the required information. Each section must include a summary of the test results using quantitative and qualitative information/data. In addition, the report should describe the specific skills and the student’s ability to access the curriculum /grade level material. As school-based providers, the written report must discuss in detail the student deficits and their educational impact based on the test results, observations, teacher reports, etc. Please find a description of all required elements below:

1. DCPS Letterhead
2. Page numbers
3. Title: Initial OT/PT Evaluation; OT Re-Evaluation; OT Independent Assessment Review
4. Student Identifying Information
 - a. Student Name

- b. Date of Birth
- c. Student Identification Number
- d. Chronological Age
- e. Grade
- f. School (Home/Attending)
- g. Date of Evaluation/Assessment
- h. Date of Report/Review
- i. Teacher
- j. Examiner
- k. **PARENTAL CONSENT DATE**
5. Reason for Referral
6. History/Background/Record Review
 - a. If completing a re-evaluation, must include previous assessment, IEP goals, service frequency, progress on goals
7. Teacher, Parent, Other RSP and Student Interview or Report
8. Classroom Observation
9. Behavioral Observations (during assessment)
10. Validity Statement
11. Assessment Tools & Procedures (Qualitative and Quantitative Procedures)
 - a. Standardized/Non-Standardized Testing (list test names)
 - b. Must assess a minimum of 3 domains/components
 - c. Physical components
 - d. Cognitive components
 - e. Psychosocial components
12. Fine Motor
13. Handwriting
14. Visual Motor
15. Visual Perceptual
16. Sensory Processing
17. Activities of Daily Living
18. Equipment
19. Assistive Technology
20. Summary
 - a. Overall statement
 - b. Strengths
 - c. Areas of Growth
 - d. Impact on Learning and Participation
 - e. Comparison of performance at previous assessment to current performance (re-evaluation only)
21. Recommendations
 - a. Recommendations for educational staff
 - b. Recommendations for parents/caregiver
 - c. MDT Statement
22. Signature (electronic signature)
23. Title/Credentials/DC DOH License Number

24. Date

Please see further information on each mandatory element and section

Occupational Therapy Assessment Report Template



COMPREHENSIVE OCCUPATIONAL THERAPY INITIAL EVALUATION OR RE-EVALUATION

Name: Name of student	Parental Consent Date: Date parent consented to evaluation (located in POWER SCHOOLS SPECIAL PROGRAMS)
DOB: Date of Birth	DOE: Date of Assessment / Evaluation
SID#: Student ID number	DOR: Date of Report/Review
CA: Chronological age	Grade: Student grade level
Examiner: Name and credentials	School: Name of Attending school
	Teacher: Name of student's teacher

REASON FOR REFERRAL

This section must state that the assessment was ordered by the multidisciplinary team, as well as the type of assessment (i.e., initial, re-evaluation, etc....) and purpose (i.e., difficulty writing sentences during classroom activities, etc....). In the case of an initial assessment, this section may also include the person who is making the referral.

School-based occupational therapy may be provided within special education services. OT is a related service that targets skills that may not be addressed by other services, such as functional fine motor, visual motor, visual perceptual, or sensory processing deficits that impede the student's ability to access their academic curriculum.

ASSESSMENT TOOLS & PROCEDURES (List of all formal and informal assessment procedures used in completing the assessment. Delete any that were not used!)

- Review of Records
- Parent Interview
- Teacher Interview
- Other RSP Interview
- Student Interview
- Clinical Observations
- Analysis of Work Samples
- Standardized/Formal Assessments (list test names **and dates that tests were administered**):
 - Ex. BOT-2
 - Ex. SPM-2
- Psychosocial assessment tools/procedures: ex. Classroom observation

- Cognitive assessment tools/procedures: *ex. Classroom/clinical observations*
- Physical assessment tools/procedures: *ex. BOT-2, DTVP-3*

HISTORY /BACKGROUND / RECORD REVIEW

- Pertinent birth, medical, and academic history and information from student file
- Current academic program (general education, special education, CAPE or academic data, instructional hours on IEP, current MTSS academic or behavior interventions, 504, etc.)
- Previous OT Assessment results. State the date of previous report, name of previous examiner and findings and level of severity.
- Was MTSS initiated, completed; progress with MTSS
- If re-assessment, include list of current IEP goals, service frequency/prescription, status, progress and performance level.

INTERVIEWS - TEACHER, PARENT, OTHER RSP and STUDENT

Report information from the teacher and/or parent that is gathered from interviews, rating scales, or questionnaires to describe the student's current level of functioning and support possible educational impact. Narrative should the name(s) of individuals interviewed. Teacher interview is required. The other individuals are optional.

CLASSROOM OBSERVATIONS

This section is required and should include observations of the student's performance across multiple educational settings. Observations should include information on the student's performance in the areas of concern expressed by the teacher, parent and/or results from testing; include behavioral observations.

TESTING BEHAVIOR

This section should include observations of the student's behavior while participating in formal or informal assessment. Be sure to include any behavioral observations that may have impacted the validity of the assessment results (*ex. attention, amount of prompting required, behavioral incentives, differences in behavior in 1-1 vs. classroom, etc.*)

VALIDITY STATEMENT

This section must answer the following three (3) questions: (1) Was the assessment procedure valid for the intended purpose? (2) Were the assessment procedures valid for the student to whom it was administered, and the results are a valid report of the student's current functioning? (3) Were procedural modifications made when assessing the student to increase the validity of the results?

FORMAL ASSESSMENTS

** All formal assessments or procedures for fine motor, handwriting, visual motor, visual perceptual, sensory processing, and activities of daily living must include the following:

- Description of the test, subtest or procedure and the skill areas measured.
- Description of what the student was supposed to do to indicate the skill (copy letters using sample, etc.)
- Description and interpretation of the standard/scaled scores (include table with scores if appropriate)
- Description of student's strengths and weaknesses on this formal assessment

- All standardized tests must include standardized scores, unless the clinician is unable to establish a baseline/basal. In those instances, the provider must indicate that the test/subtest was attempted and describe (i.e., behaviors, etc...) that precluded the student from being able to complete the test tasks.

CLINICAL OBSERVATIONS AND ANALYSIS

**Describe observations and analysis of each area below in narrative form. Do not ONLY state “within functional limits”; instead provide a description of how you came to the conclusion. Must report on all areas below to ensure the report is comprehensive.*

Neuromotor/Muscular Skills:

- Muscle Tone (*the resistance felt to movement or the tension in the muscles at rest*):
- Postural Control (*ability of the student to assume and maintain postures against gravity like pivoting on his/ her stomach, lifting legs and head while lying on his/ her back and sitting upright on the chair*):
- Muscle Strength (*the ability of a muscle to produce force, which may result in the production or prevention of movement*):
- Range of Motion (*amount of active [AROM] or passive [PROM] movement available at a joint and is necessary for movement*):
- Motor Planning (*motor planning consists of the ability of students to imagine a mental strategy to carry out a movement or an action; for instance, how to get on top of a table, how to move from point A to point B and overcome some obstacle, how to execute a dance step, or learning how to skip*):

Fine Motor Skills: *The refined movements of the hands and fingers to grasp and manipulate a variety of tools within the classroom and school setting, such as pencils, scissors, clothing fasteners, and utensils for self-feeding.*

**Examples: In-hand manipulation skills, pencil/scissor grasp, strength, stringing beads, opening containers, putty/Play-Doh, fingertip-thumb tapping, hand preference/dominance.*

Bilateral Coordination Skills: *the efficient use of both sides of the body together to perform a task; it is necessary for writing, cutting, typing, and many other academic activities and self-care tasks.*

**Examples: stabilizing the paper with their non-dominant hand, using non-dominant hand to manipulate the paper while cutting with dominant hand, opening and closing containers, folding, crossing midline during writing, coloring or drawing tasks, ball play, stringing beads, removing beads from putty, self-care tasks, typing.*

Ocular Motor Skills: *Refers to the ability of the eyes to work together to simultaneously and efficiently to focus on and track objects. Ocular motor skills are important for reading, writing, navigating one’s environment, locating items within a backpack, locker or classroom, and focusing on a given task.*

**Can complete a brief assessment looking at child’s ability to track a highlighter in all directions and converge eyes to track the highlighter to midline. Can include information on convergence/divergence, crossing midline, peripheral vision, smooth saccades, visual fixation, tracking, visual attention.*

Visual Motor Integration (VMI) Skills: *The ability to coordinate finger-hand movements given visual information.*

*Examples: cutting on a line or cutting out a shape, tossing and catching a ball, coloring within a boundary, copying block designs, drawing, puzzles, etc.

Visual Perceptual Skills: *The brain's ability to recognize, differentiate, and interpret visual information including size, distance, and shape without motor involvement.*

*Examples: completing simple puzzles, matching, sorting, figure ground skills, visual closure, visual spatial relations, scanning board/worksheets, climbing stairs, playground skills

Handwriting Skills: *Handwriting is a complex task that requires the simultaneous functioning of a variety of sensory and motor processes, including visual motor integration, visual perception, fine motor skill development, overall muscle development, strength and endurance, and sensory processing.*

*Examples: letter formation, sizing, spacing, alignment, overall legibility, letter/number reversals, speed, endurance, copying vs. dictation, omissions. Does it improve with accommodations, such as dotted-lined paper, visual model, or a slant board?

Sensory Processing Skills: *Sensory processing is the brain's ability to orient, regulate, and use multi-sensory information to successfully complete activities and make the appropriate adjustments to assure ongoing success. Sensory processing skills help lay the foundation for a variety of behaviors and skills such as emotional affect, the ability to maintain focus and attention, fine motor and visual-motor skills, and the ability to transition between activities.*

*Examples: describe appropriate responses towards sensory input, ability to self-regulate, or concerns with hypo- or hyper-responsiveness towards sensory input. Include observable behaviors, such as: covering ears, fidgeting, rocking, climbing on furniture, etc. List interventions trialed, such as: movement breaks, reward charts, frequent breaks, etc.

Activities of Daily Living: *Activities of daily living refer to the occupational tasks required of the person throughout the day. Daily occupations within the school setting include but are not limited to classroom/academic tasks, dressing (donning/doffing coat, changing into P.E. clothes, etc.), toileting, and self-feeding.*

*Examples: donning/doffing coat at the beginning and end of the day, opening and closing backpack, dressing/undressing during toileting, self-feeding, washing hands, maintaining organization of materials in desks/locker, following routines

EQUIPMENT AND ASSISTIVE TECHNOLOGY

Is the student currently using equipment or support in the classroom? Describe any trial equipment or assistive technology used during assessment.

If the student already has an IEP: What AT, if any, was considered during the last IEP meeting? Was any high or low tech AT recommended? Has the IEP team consulted with the Assistive Technology team for support/ equipment options?

In this section, the evaluator should include the use of low-tech supports as well as high-tech supports (e.g. adaptive paper, pencil grips, etc.)

If there are no AT or equipment needs, please indicate this.

SUMMARY

Summary of formal and informal assessment, observations, and interpretation. This should be written in paragraph format.

- Include student’s strengths and areas of growth
- If re-assessment, compare results with previous test results. Can use chart/table if helpful
 - Psychosocial factors affecting student’s access to the curriculum.
 - Cognitive factors affecting student’s access to the curriculum.
 - Physical factors affecting student’s access to the curriculum.

IMPACT ON LEARNING & PARTICIPATION

- Impact statements must include a clear explanation including at least one specific example of how disability impacts the student’s achievement in the general education setting.
- If the results indicate that there are deficits or impairments, then the provider must indicate that there is no potential educational impact or difficulties accessing the curriculum.

RECOMMENDATIONS

- Include strategies for teachers and parents based on student needs (must align with indicate areas of weaknesses identified in the report or concern areas stated by teacher or parent).
- Statements regarding eligibility and placement should defer to the MDT or IEP after all relevant data / assessments have been reviewed and discussed. **This statement must be included within the report: *The results of this evaluation will be reviewed by the MDT to determine the need for occupational therapy as a related service within their educational curriculum.***
- Do not use any references to whether the student qualifies/does not qualify OR make reference to the continuation/discontinuance of services OR service amount/frequency
- Do not recommend any additional evaluations, services, or equipment/materials that parents may expect DCPS to fund.

Signature (electronic signature)
Title/Credentials
DC DOH License Number

Date

Comprehensive Physical Therapy Evaluations

A Comprehensive Evaluation is an assessment completed to determine if areas of weaknesses or suspected disability are affecting a student academically, social/emotionally, physically and/or vocationally. The mandatory areas that must be assessed in an initial or re-evaluation for an evaluation to be considered comprehensive, must include both quantitative and qualitative measures and components.

Multiple methods often are used during the evaluation process to assess student, environment or context, occupation or activity, and occupational performance. Methods include:

- An interview with the student and significant others
- Observation of performance and context
- Record review
- Direct assessment of specific aspects of performance.
- Formal and informal, structured and unstructured, and standardized criterion- or norm-referenced assessment tools can be used.

Note: Standardized assessments are preferred, when available, to provide objective data about various aspects of performance. The use of valid and reliable assessments for obtaining trustworthy information can also help support and justify the need for physical therapy services.

NEW CHANGES BY APTA as of 2017

The 2 familiar CPT codes for physical therapy evaluation and reevaluation disappeared beginning January 2017. In their place, PTs must use 3 new evaluation codes and a new reevaluation code.

As part of APTA's longstanding efforts to pursue a new payment system that fairly reflects the expertise, skill, and responsibility of physical therapists in caring for their patients and clients, the association and its collaborators developed this 3-tiered system of CPT evaluation codes to replace the current single code that covered all physical therapist evaluations.

Please also see the link below for more information

<http://www.apta.org/EvalCodes/>

DCPS related services evaluation are considered to be in the moderate range.

Factors that will need to be included in PT reports moving forward:

Activity limitations

Body functions

Body regions

Body systems

Participation restrictions

Personal factors

<http://www.apta.org/uploadedFiles/APTAorg/Payment/Reform/NewEvalCodesQuickGuide.pdf>

Physical Therapy Report Writing

The following elements must be included in every assessment report (please find a blank template in appendix as well as the SharePoint website:

<https://dck12.sharepoint.com/sites/DSIRelatedServiceProvidersPage/SitePages/OT-PT-Page.aspx>).

Mandatory Physical Therapy Assessment Report Elements

The following items and their respective descriptions are required in the Mandatory Occupational Therapy Assessment Report. Each section must include the mandatory elements with the required information. Each section must include a summary of the test results using quantitative and qualitative information/data. In addition, the report should describe the specific skills and the student's ability to access the curriculum /grade level material. As school-based providers, the written report must discuss the student deficits and its educational impact based on the test results, observations, teacher reports, etc. Below please find a description of all required elements.

1. DCPS Letterhead,
2. Page numbers
3. Title: Initial PT Assessment; PT Re-Assessment; PT Classroom Observation; PT Independent Assessment Review
4. Student Identifying Information
 - a. Student Name
 - b. Date of Birth
 - c. Student Identification Number
 - d. Chronological Age
 - e. Grade
 - f. School (Home/Attending)
 - g. Date of Evaluation / Assessment
 - h. Date of Report / Review
 - i. Teacher
 - j. Examiner
 - k. **PARENTAL CONSENT DATE**
5. Reason for Referral
6. History/Background/Record Review
 - a. If completing a re-evaluation, must include previous assessment, IEP goals, service frequency, progress on goals
7. Teacher, Parent, Other RSP and Student Interview or Report
8. Classroom Observation
9. Behavioral Observations
10. Validity Statement
11. Assessment Tools & Procedures Completed (Qualitative and Quantitative Procedures)
 - a. Must include areas identified from APTA
 - b. Activity limitations, body functions, body regions, body structures, body systems, participation restrictions and personal factors.
12. Assessment Procedure / Tool Results / Clinical Assessment
 - a. Examination of Body Systems

- b. Body structures - The structural or anatomical parts of the body, such as organs, limbs, and their components, classified according to body systems.
 - c. Body functions (including psychological functions) - The physiological functions of body systems, including psychological functions
 - d. Activity limitations/participation restrictions - Difficulties an individual may have in executing a task, action, or activities (e.g., inability to perform tasks due to abnormal vital sign response to increased movement or activity).
 - e. Assessment Tool Results
13. Equipment
14. Summary Clinical Presentation
- a. Overall statement
 - b. Strengths
 - c. Areas of Growth
 - d. Impact on Learning and Participation
 - e. Comparison of performance at previous assessment to current performance (re-evaluation only)
15. Recommendations and Clinical Decision Making
- a. Recommendations for educational staff
 - b. Recommendations for parents / caregivers
 - c. MDT Statement
16. Signature (electronic signature)
17. Title/Credentials/ DC DOH License Number
18. Date

Please see further information on each mandatory element and section

Physical Therapy Assessment Report Template



COMPREHENSIVE PHYSICAL THERAPY INITIAL EVALUATION OR RE-EVALUATION

Name:	Date(s) of Evaluation:
Date of Birth:	Date of Report:
Student ID Number:	Grade:
Age:	School:
Examiner:	Teacher:
Parental Consent Date:	

REASON FOR REFERRAL

This section must state that the assessment was ordered by the multidisciplinary team, as well as the type of assessment (i.e., initial, re-evaluation, etc....) and purpose (i.e., difficulty writing sentences during classroom activities, etc....). In the case of an initial assessment, this section may also include the person who is making the referral.

School-based physical therapy may be provided within special education services. Physical therapy is a related service that targets functional gross motor skills which impede the student's ability to navigate and access their school environment and educational goals.

ASSESSMENT TOOLS & PROCEDURES (List of all formal and informal assessment procedures used in completing the assessment. *Delete any that were not used!*)

- Review of Records
- Parent Interview
- Teacher Interview
- Other RSP Interview
- Student Interview
- Clinical Observations
- Standardized/Formal Assessments (list test names **and dates that tests were administered**):
 - Ex. SFA
- Body Structures assessment tools/procedures
- Body Functions assessment tools/procedures
- Activity limitations/participation restrictions assessment tools/procedures

HISTORY /BACKGROUND / RECORD REVIEW

- Pertinent birth, medical, and academic history and information from student file

- Current academic program (general education, special education, CAPE or academic data, instructional hours on IEP, current MTSS academic or behavior interventions, 504, etc.)
- Previous PT Assessment results. State the date of previous report, name of previous examiner and findings and level of severity.
- Was MTSS initiated, completed; progress with MTSS
- If re-assessment, include list of current IEP goals, service frequency/prescription, status, progress and performance level.

INTERVIEWS - TEACHER, PARENT, OTHER RSP and STUDENT

Report information from the teacher and/or parent that is gathered from interviews, rating scales, or questionnaires to describe the student's current level of functioning and support possible educational impact. In this section, evaluators can discuss student's participation in field trips and community-based instruction. Narrative should the name(s) of individuals interviewed. Teacher interview is required. The other individuals are optional.

CLASSROOM/SCHOOL ENVIRONMENT OBSERVATIONS

This section is required and should include observations of the student's performance across multiple educational settings. Observations should include information on the student's performance in the areas of concern expressed by the teacher, parent and/or results from testing; include behavioral observations and observations of transitions between settings.

TESTING BEHAVIOR and COGNITIVE FUNCTIONS

This section should include observations of the student's behavior while participating in formal or informal assessment. Be sure to include any behavioral observations or cognitive functions that may have impacted the validity of the assessment results (*ex. attention, amount of prompting required, behavioral incentives, differences in behavior in 1-1 vs. classroom, etc.*)

FORMAL ASSESSMENTS

** All formal assessment write-ups must include the following:

- Description of the test, subtest or procedure and the skill areas measured.
- Description of what skill the testing item was assessing
- Description and interpretation of the standard/scaled scores (include table with scores if appropriate)
- Description of student's strengths and weaknesses on this formal assessment
- All standardized tests must include standardized scores, unless the clinician is unable to establish a baseline/basal. In those instances, the provider must indicate that the test/subtest was attempted and describe (i.e., behaviors, etc...) that precluded the student from being able to complete the test tasks.

CLINICAL OBSERVATIONS AND ANALYSIS

**Describe observations and analysis of each area below in narrative form. Do not state "within functional limits." Must report on all areas below to ensure the report is comprehensive.*

Body Structures:

- Neuromotor (*relating to nerves and muscles, and the communication between the muscular and nervous systems*):
- Musculoskeletal (*relating to the joints, tendons, ligaments, nerves, and muscles which support gross body structures such as the limbs, neck, and back*):
- Muscle Tone (*the resistance felt to movement or the tension in the muscles at rest*):
- Range of Motion (*amount of active [AROM] or passive [PROM] movement available at a joint and is necessary for movement*):

Body Functions:

- Motor Planning (*the ability of students to imagine a mental strategy to carry out a movement or an action*):
- Postural Control (*ability of the student to assume and maintain postures against gravity*):
- Coordination (*the efficient use of body parts together to simultaneously perform an action or task*):
- Muscle Strength (*the ability of a muscle to produce force, which may result in the production or prevention of movement*):
- Endurance (*the ability to sustain contraction of a muscle or muscle groups against resistance for a period of time*):

Activity Limitations/Participation Restrictions:

- Ambulation/Mobility:
- Transfers/Transitions:
- Navigating stairs:
- Participation in physical education:
- Cafeteria Skills:
- Arrival and Dismissal:
- Fire Drills/Evacuation:
- Bus Accessibility:

EQUIPMENT

Is the student currently using equipment or support in the classroom? Describe any trial equipment or assistive technology used during assessment.

If the student already has an IEP: What AT, if any, was considered during the last IEP meeting? Was any high or low tech AT recommended? Has the IEP team consulted with the Assistive Technology team for support/ equipment options?

In this section, the evaluator should include the use of low-tech supports as well as high-tech supports (e.g. chair with arms, visual supports etc.)

If there are no AT or equipment needs, please indicate this.

VALIDITY STATEMENT

This section must answer the following three (3) questions: (1) Was the assessment procedure valid for the intended purpose? (2) Were the assessment procedures valid for the student to whom it was administered, and the results are a valid report of the student’s current functioning? (3) Were procedural modifications made when assessing the student to increase the validity of the results?

SUMMARY

Summary of formal and informal assessment, observations, and interpretation. This should be written in paragraph format.

- Include student’s strengths and areas of growth
- If re-assessment, compare results with previous test results. Can use chart/table if helpful
- Be sure to include the following (in paragraph/narrative form):
 - Body structures affect student’s access to the school environment.
 - Bodily functions affecting student’s access to the school environment.
 - Activity limitations/participation restrictions affecting student’s access to the school environment.
 - Overall functional level within the school setting

IMPACT ON LEARNING & PARTICIPATION

- Impact statements must include a clear explanation including at least one specific example of how disability impacts the student’s achievement in the general education setting.
- If the results indicate that there are deficits or impairments, then the provider must indicate that there is no potential educational impact or difficulties accessing the school environment and/or curriculum.

RECOMMENDATIONS

- Include strategies for teachers and parents based on student needs (must align with indicate areas of weaknesses identified in the report or concern areas stated by teacher or parent).
- Statements regarding eligibility and placement should defer to the MDT or IEP after all relevant data / assessments have been reviewed and discussed. **The following statement must be included: *The results of this evaluation will be reviewed by the MDT to determine the need for physical therapy as a related service within their educational curriculum.***
- Do not use any references to whether the student qualifies/does not qualify OR make reference to the continuation/discontinuance of services OR service amount/frequency
- Do not recommend any additional evaluations, services, or equipment/materials that parents may expect DCPS to fund.

Signature (electronic signature)
Title/Credentials
DC DOH License Number

Date

Standards for Quality Assessments

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

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

******Please remember that the decision of qualifying a student for special education, occupational or physical therapy services and any other related services relies on the Multidisciplinary IEP Team, and it also includes recommendations/approval for time, duration, and amount of therapy. The eligibility for provision of related services should never be a unilateral decision of the occupational or physical therapist or any singular IEP team member.***

Validity Statements

Validity statements are a requirement of all occupational therapy and physical therapy assessment reports. Validity statements are beneficial to the reader in ensuring that the results of the assessment are an accurate representation of the student's functional skill level. There are certain instances where caution needs to be taken when interpreting the results of an assessment, which may impact the validity of the test administration:

- Special accommodations are provided, which are not permitted per the administration manual of the assessment
- Medications were or were not taken that may/may not have impacted attention, focus, and/or behaviors

- Assessment was attempted, however based on the student's cognitive functioning and/or behaviors the assessment tool was not appropriate or did not accurately measure student's performance
 - If the assessment was attempted, be sure to report on which items were attempted and how the student performed on those items. Indicate any behavior challenges or difficulties following directions which led to the decision to cease the administration of the assessment.
- Child is bilingual and needed an interpreter when the assessment was administered
- Special seating needed
- The communication output of the student varied (i.e., the use of an AAC device or picture icons)

Examples of Validity Statements

Example 1: The findings of this assessment should be reviewed with caution due to the student demonstrating non-compliance and work-refusal behaviors, therefore it may not be an accurate reflection of his abilities. Student required multiple redirections to tasks and additional repetition of instructions beyond that indicated in the assessment manual.

Example 2: The assessment procedures used throughout the testing sessions were valid for their intended purpose to assess the student's motor skills. Based on performance and observation, the procedures were valid and accurately reflected the student's current level of functioning. However, a French interpreter was used to read and translate the student's responses to increase the student's ability to comprehend information and answer questions to increase the validity of the results.

Example 3: The evaluation procedures included the use of standardized measures, informal assessment, observation in a variety of settings, and interviews of student, classroom teachers and parents. All tests were administered in the student's primary language and were administered by qualified personnel in accordance with the instructions provided by the test publishers. Tests were selected to provide results that accurately reflect the student's aptitude, achievement, and which are not influenced by impaired sensory, manual, or communication skills. Except where otherwise noted, the results of this assessment are believed to be valid.

What to do when a quantitative (Standardized) assessment is not warranted or recommended

There are two types of assessments that typically guide our evaluation process, Quantitative (which includes the administration of standardized tools) and Qualitative. In an attempt to script the best possible learning profile of a student it is optimal that a combination of quantitative and qualitative assessments be conducted. This practice allows the professionals administering these assessments to drill down numerical outcomes and conduct cross analysis with all descriptions and anecdotal data.

Rationale for Utilizing Qualitative Assessments

Standardized tests may not be easily administered according to the recommended procedures with certain populations (e.g., students who fail hearing screenings, students with severe cognitive or attention problems, students from culturally diverse backgrounds, etc....) In some cases, modifications of these procedures may yield important descriptive information about conditions under which the student's performance improves or deteriorates. When tests are modified in any way, modification should be

reported in the validity section of the assessment report and test norms cannot be applied, as they are no longer valid. At this point, you should proceed to complete a qualitative assessment administering qualitative tools.

Quantitative Assessment Method:

A quantitative assessment includes methods that rely on numerical scores or ratings. A quantitative measurement uses values from an instrument based on a standardized system that intentionally limits data collection to a selected or predetermined set of possible responses. Quantitative assessment approaches work by the numbers, collecting, analyzing, interpreting, and charting results, trends, and norms. As such, this type of assessment in the educational setting allows for objective data and the ability to compare student performance across ages, grades, peers and oneself.

Qualitative Assessment Method:

A qualitative assessment gathers data that does not lend itself to quantitative methods but rather to interpretive criteria. This can include methods that rely on descriptions/ anecdotal information as opposed to numeric values. This type of assessment is more concerned with detailed descriptions of situations or performance; therefore, it can be much more subjective but can also be much more valuable when analyzed by an expert. This tends to be the case because it accounts for human behavior, emotions, needs, desires and routines, which naturally captures insight into the “why” not just the numerical outcome.

Quantitative Assessment Method	Qualitative Assessment Method:
<ul style="list-style-type: none"> ▪ <i>Focuses more on numerical outcomes</i> ▪ <i>Focuses on average performance, comparison with peers</i> ▪ <i>More of an objective interpretation</i> 	<ul style="list-style-type: none"> ▪ <i>Focuses more on contextual data</i> ▪ <i>Focuses more on individual performance and progress</i> ▪ <i>Considers performance outcomes based on exposures with environmental filters</i> ▪ <i>Subjective interpretation</i> ▪ <i>May be more time consuming</i>

A qualitative (informal) assessment should be utilized in the following types of scenarios:

- When a student fails a hearing or vision screening, but proceeds with OT and PT assessment
- When a student’s behavior and/or attention impacts their ability to engage in the tasks of an assessment tool
- When a student is unable to achieve a basal score on the components of a standardized assessment
- When a standardized assessment tool has not been norm-referenced on the population that is being tested (i.e., student who speaks another language that the test was not normed on)
- When a student’s cognitive abilities and/or limited verbalizations may impact the student’s performance on a standardized assessment

Definition of Descriptive Measures for Qualitative Assessments

Below you will find terminology along with a corresponding description that is commonly found within comprehensive assessment reports. These terms are defined to assist providers with expectations and understanding the type of information that is included within reports.

- Record review birth, developmental, medical, social, previous assessment data and educational histories
- Direct Observation of the student within the natural environment/setting to elicit a representation of classroom function
- Parent/Teacher Interview probing to determine level of demands within the educational environment.
- Questionnaires and/or inventories that provide information regarding the student's abilities within the home and school settings (to be completed by the parent and/or teacher)
- A criterion-referenced assessment which compares a student's performance on specific skills, to a previously determined performance level. The criterion is based on expectations of what the child should be able to do.

Format for Qualitative Assessment Reports

Report format for qualitative assessments should adhere to the outlined DCPS format as per the OT/PT Guidebook and maintain the headings and content areas. Below outlines the procedures for how to input information within certain sections of the report when utilizing qualitative assessments.

- Validity - This section should indicate why standardized tests were not used in the administration of the OT/PT assessment. It should also indicate that the findings of the assessment should be interpreted with caution secondary to issues indicated in the scenarios outlined in the "Determination of Appropriateness for Qualitative Assessment" section of this document. These are some of the situations where there could be potential invalidation of the findings within the assessment report.
- The "Recommendation" section needs to indicate the type of follow-up recommended if necessary, following the administration of the assessment, such as suggestions for future assessments (this could be to gain additional information needed to make determinations). An example of this is to rule-in/rule-out an impairment and the need for a re-evaluation following the outcome of any other assessment

Triennial Assessments/ Reevaluations

Students placed in special education must have their eligibility for special education services evaluated at minimum every three years. The purpose of the triennial assessment is to determine:

- If the student is still eligible for services under IDEA
- Determine the student's present levels of academic achievement and functional needs
- Whether any additions or modifications to the special education services in a student's IEP are needed, such as a change in disability category.

After a thorough review of the information available regarding a student's present level of performance, the IEP team (including the parent) is responsible for making a decision as to if new assessments are needed to address the above bulleted questions. The Analyzing Existing Data section of PowerSchool Special Programs must be completed by the team members for all areas of concern as part of the re-evaluation process. Using this data, the team can determine if assessments are warranted.

Additional assessment is not always necessary. The need for a formal assessment should be reviewed and discussed by the IEP team. Examples when a formal assessment is not warranted for a triennial assessment, include:

- Standardized testing would not provide any additional relevant information.
- The student has demonstrated minimal change in functional skills.
- There is sufficient anecdotal evidence and informal assessment information to provide an accurate assessment of a student's needs and current levels of performance as documented in the Analyze Existing Data section.
- The team is not considering a change in eligibility or location of services.

If the decision is made to not conduct new assessments, the parents must be informed of the school decision, reasons for it, and their right to request an assessment.

- Informed parental consent should be sought with due diligence by the school before any new assessments take place.
 - In the event due diligence guidance has been followed (including documenting all communications within PowerSchool Special Programs contact log) and parent consent for re-assessment could **not** be obtained, the Related Service Provider may **not** proceed with completing formal assessments. The IEP team should reconvene to determine continued eligibility with current data available.
- A triennial assessment must include updated assessments should the parent request it.
- A triennial assessment should include updated assessments if:
 - Additional information is needed for continued placement and/or delivery of services
 - The IEP team is considering a change in placement, disability classification, or eligibility
 - The evaluator determines whether the previous assessment(s) is outdated, erroneous, or inconsistent

If the decision is to conduct new assessments, a comprehensive occupational or physical therapy evaluation must be conducted using the OT or PT re-evaluation template.

*****All students must be reassessed in order to exit occupational or physical therapy services.**

Independent Evaluations (IEEs)

There are times when an outside assessment is submitted to the public schools for consideration for the eligibility of a student with a suspected disability for the purpose of seeking placement in education programs or accessing services. An IEE can also be requested by a parent if the parent disagrees with a DCPS evaluation. Other sources for IEEs include the following:

- Ordered by Hearing Officer Decision (HOD)

- Agreed to in a Settlement Agreement (SA)
- Ordered by a judge in a Child and Family Service Agency (CFSA) or juvenile proceeding.

A multidisciplinary (MDT) assessment team is required to review all relevant documentation and decide if data is sufficient and whether additional information is needed.

IEE Checklist

Once a RSP receives an IEE, they must first complete the [DCPS Review of Independent Assessment checklist form](#).

When completing the DCPS Review of Independent Assessment Checklist form, the provider must indicate if meets the requirements for a DCPS Comprehensive Assessment and will be accepted. The IEE Checklist must be uploaded into Power Schools Special Programs within **5 days** of receiving the IEE from the Case Manager/LEA RD.

IEE Report Elements

A DCPS Related Service Provider must review all independent related service assessments. In addition to the completion of the form, a typed review of the report must be attached to the IEE and uploaded into Power Schools Special Programs (PSSP). The review report must include the following components:

- DCPS letterhead
- Title: Independent Assessment Review
- Student's demographic information
- Background information
- Teacher and/or parent interview
- Classroom Observation (required)
- Assessment Protocol
- Results
 - Informal and Formal assessment information for each area assessed
 - Test findings and interpretation of scores
 - Educational impact statements based on student's performance (how should the student perform based on the results of the assessment?)
- Summary
 - Summary of formal and informal assessment information/findings
 - Information on the educational impact of the student's overall abilities must be discussed
 - Impact statements must include a clear explanation including at least one specific example of how the disability impacts the student's achievement in the general education setting
 - If the results indicate that there are no impairments, then the provider must indicate that there is no potential negative educational impact
- DCPS' recommendations
- Signature, Title, and Credentials (typed, italicized signatures are not accepted)
- Date

Independent assessments must meet DCPS' criteria of a comprehensive assessment per the discipline guidebooks. There may be occasions where the administration of additional test batteries is required (i.e., vocabulary batteries, visual perceptual testing, etc.). In those instances where a provider needs to complete additional testing for the student to have a comprehensive assessment, the provider must use the IEE review and title it "Additional Testing Completed."

IEE Timeline

When a school receives an IEE, it is the LEA RD/Case Manager's responsibility to upload the IEE into PSSP **and** inform the provider via email (with the IEE attached) of the IEE. Once the provider receives the IEE, the RSP has **5 days** to complete the IEE Checklist form. If no additional test batteries are needed to make the IEE comprehensive, then the RSP has 20 days (from the date of receipt) to upload the IEE Review report.

For IEEs that require additional testing, the AED section will need to be completed by the Multi-Disciplinary Team. The AED meeting should be scheduled within two days of receiving the IEE Review Form. At the AED meeting, previous data is reviewed, and parental consent should be obtained by the LEA RD/Case Manager and the appropriate evaluation should be ordered in PSSP by the LEA RD or Case Manager within 2 days of signed parental consent. Once parental consent is obtained, the provider has 45 days to complete the additional testing, write the report and upload the written report into PSSP. The MDT reconvenes to review the additional assessment report(s).

OT/PT IEE Report Template

Occupational Therapy/Physical Therapy Independent Assessment Review

Name: Name of student	DOE: Date of Assessment
DOB: Date of Birth	DOR: Date of Report/Review
SID#: student ID number	Grade: The grade that the student is in
CA: Chronological age	School: Name of Attending School
Examiner: Name and credentials	Teacher: Name of student's teacher
POWER SCHOOLS SPECIAL PROGRAMS Parental Consent Date: Date of signed parental consent (if additional testing is required)	

History/Background/Record Review

- Pertinent birth, medical, and academic history and information from student file
- Previous OT/PT Assessment results
- Progress on interventions (MTSS or OT/PT IEP goals)
- When conducting a re-evaluation, this section must include information regarding previous therapy goals and progress made/performance
- When referring to previous assessments, state the date of report/assessment, name and credentials of the examiner, findings and level of severity

Teacher Interview

- Report information from the teacher and/or parent that is gathered from interviews, rating scales, or questionnaires to describe student's current level of functioning and support possible educational impact.

Parent Interview

- Report information from the teacher and/or parent that is gathered from interviews, rating scales, or questionnaires to describe student's current level of functioning and support possible educational impact.

Classroom Observation

- Report information from observing the student engaged in tasks or activities related to the area of concern within the classroom setting.
- Indicate the type of class/setting student was observed in along with their participation and engagement in the tasks.
- Be sure to address information as it pertains to motor skills, self-regulation, attention and focus, etc.

Assessment Protocol

- List of formal and informal assessment procedures used in completing the assessment

IEE Results

- Include assessment result information from the IEE for each area of communication addressed. The information included should be informal and formal assessment information.
- This section should also include test findings and interpretation of the scores from the reviewing related service provider
- For each formal or informal assessment result, an educational impact statement must be included. The educational impact statement answers the question of how the student should perform based on the results of the assessment.

Additional Assessment Data

- In the event additional assessment data is required, this section will include formal/informal assessment information for the additional testing completed
- Descriptions of what the test/subtest measured
- Description of what the tasks were supposed to do to indicate the skill
- Results and the interpretation of the standard/scaled scores for each test and/or subtest given
- Qualitative description of the student’s performance. Indicate the student’s strengths and weaknesses as it pertains to the student’s performance on the tests and subtests
- For each formal or informal assessment result, an educational impact statement must be included. The educational impact statement answers the question of how the student should perform based on the results of the assessment.

Summary

- Summary of formal and informal assessment information/findings.
- Information on the educational impact of the student’s abilities must be discussed.
- Impact statements must include a clear explanation including at least one specific example of how disability impacts the student’s achievement in the general education setting
- If the results indicate that there are no motor/sensory impairments, then the provider must indicate that there is no potential educational impact.
- For re-evaluation reports, there must be a comparison statement regarding the current findings of the assessment report with results/performance from previous assessment reports.

DCPS’ Recommendations

- Statements regarding eligibility and placement should defer to the MDT or IEP after all relevant data / assessments have been reviewed and discussed.
- Do not use any references to whether the student qualifies/does not qualify OR refer to the continuation/discontinuance of services OR service amount/frequency
- Strategies for teachers and parents to improve functional skills based on student needs
- The strategies must align with areas of weaknesses identified in the report
- If there were no areas of weaknesses, then the strategies should align with the referral concerns.

Signature (electronic signature)
Title/Credentials
DC DOH License Number

Date

Untimely Assessment Due Diligence

All reports that are late or are incomplete will be considered Untimely. In those cases, please adhere to the Missed Related Services and Untimely Assessment Guidelines developed in **April 2017**. Please see Appendix for the Missed Related Services and Untimely Assessment Guidelines.

Alternative Assessment Reports

An alternative assessment report is the report format when parental consent is received to conduct an assessment, and the student is not available to conduct portions or all of the evaluation process. The process for an **alternative assessment** should only be followed if **all** of the following conditions have been fulfilled:

- You have made at least 3 documented attempts to assess the student, and the student was uncooperative or absent each time.
- You have been in communication with the school staff (Case Manager, Special Education Coordinator, or Administrator) about the case, and they have not been able to assist in making the student available for testing.
- You have spoken to the parent/guardian about the case OR you have confirmed the phone number for the parent/guardian and name/contact information of this individual with school staff, and you have left at least three voice messages (one after 5pm) for the parent and they were not returned.

This process should not be followed if:

- You have not tested the student because you were unable to keep a scheduled appointment for any reason
- You have not successfully scheduled an appointment because you are waiting to hear back from school staff

An **alternative assessment report** should include the following:

- An explicit explanation of why a complete battery of testing measures was not conducted
- A chronological reference to each act of due diligence conducted by the provider. This includes information you sent or provided to the parent/guardian in any format, explaining the scope of the testing you intended to conduct and requesting parental assistance make the student available for testing and to be present on the day of the evaluation. Include dates of phone calls and/or letters sent to caregiver for this purpose.
- Explain your interaction with the LEA/SEC, case manager, and school staff. Include reference to any communication that the LEA or school staff has made to the parents regarding this matter.
- Title your report as **“Occupational/Physical Therapy Data Review Evaluation”**.

Alternative Assessment Report Format

In the absence of new test data, your report should emphasize a robust summary of existing data based on records review, interviews with all school staff who interact with the students who are available, and parents/guardians. The Alternative Assessment Report should contain the same mandatory elements of

a full occupational or physical therapy evaluation and follow the proper format. Within each area of communication, the following should be emphasized:

- Work samples or notes from the student's classroom teacher
- Teacher's concerns/observed difficulties as they pertain to academics affected by the areas of concern
- Accommodations and adaptations the classroom teacher has made to mitigate/remediate deficits, and results.
- Information on the student's cooperation towards the implementation of those accommodations and adaptations.
- Previous assessment reports
- Progress reports by related service providers (where relevant)
- Data from the Classroom observation (if completed)

In the recommendations section of the alternative assessment report, the RSP must state that you or another DCPS provider may complete the full range of initially recommended testing if upon review of this report by the IEP team both of the following statements is true:

1. The team (or parent) still believes there is not enough data available to make an eligibility determination; AND
2. There is reason to think that the factors that previously inhibited you from completing the testing will be resolved.

CONFIDENTIAL**Occupational Therapy Data Review Evaluation or Physical Therapy Data Review Evaluation****STUDENT IDENTIFYING INFORMATION:**

Name: Name of student	DOE: Date of Assessment
DOB: Date of Birth	DOR: Date of Report/Review
SID#: Student id number	Grade: The grade that the student is in
CA: Chronological age	School: Name of Attending school
Examiner: Name and credentials	Teacher: Name of student's teacher
Parent Consent Date:	

SECTION II. BACKGROUND INFORMATION:

- Background History and Record Review:
 - Birth history:
 - Medical/Physical history:
 - Psychosocial history:
 - Cognitive history:
 - Academic history:
 - Previous Services:
- Student's current program and support consists of:
- Progress on intervention (MTSS or Occupational/Physical Therapy IEP goals)
- Reason for Referral:

SECTION III. ASSESSMENT PROTOCOL:

- Record Review
 - POWER SCHOOLS SPECIAL PROGRAMS review, service logs from RSPs
- Interviews
- Clinical Observations, Classroom Observations and Clinical Assessment
- Analysis of Work Samples
- Previous assessment reports
- Standardized/Non-Standardized Testing

A. Interviews

- Classroom Teacher Interview:
 - Teacher's concerns/observed difficulties as they pertain to academics affected by the areas of concern
 - Accommodations and adaptations the classroom teacher has made to mitigate/remediate deficits, and results.
 - Information on the student's cooperation towards the implementation of those accommodations and adaptations.
- Special Education Teacher Interview:
- Parental Interview:
- Other Related-Service Provider Interview:
- Student Interview:

B. Testing Attempts

- An explicit explanation of why a complete battery of testing measures was not conducted
- A chronological reference to each act of due diligence conducted by the provider. This includes information you sent or provided to the parent/guardian in any format, explaining the scope of the testing you intended to conduct and requesting parental assistance make the student available for testing and to be present on the day of the evaluation. Include dates of phone calls and/or letters sent to caregiver for this purpose.
- Explain your interaction with the LEA, case manager, and school staff. Include reference to any communication that the LEA or school staff has made to the parent regarding this matter

RECOMMENDATIONS:

- Your report must state that you or another DCPS provider may complete the full range of initially recommended testing if upon review of this report by the IEP team both of the following statements are true:
 1. The team (or parent) still believes there is not enough data available to make an eligibility determination; AND
 2. There is reason to think that the factors that previously inhibited you from completing the testing will be ameliorated.

Signature (electronic signature)
 Title/Credentials
 DC DOH License Number

Date

Closing Out Assessments

Upon completing an assessment, the report must have an e-signature, saved as a PDF, uploaded and closed out in POWER SCHOOLS SPECIAL PROGRAMS on the same date as the POWER SCHOOLS SPECIAL PROGRAMS report completion date. The following steps should be taken to enter and submit assessment results:

How to close out an assessment in PowerSchool Special Programs

- **Upload your assessment report**
 - From Your Caseload Page, select: **Student's Profile Icon** -> Go to Demographics Part B -> click on Drop Down Arrow and navigate to Assessments Part B.
 - click on the assessment ordered to you and fill in the required boxes.
 - Accept Changes.
 - Next, navigate to the student's Documents page
 - Scroll down until you see **Eligibility Part B**. Directly across at the right side you will see a **+** sign. **Click on the + It will take you to another page.** At the top you will **"New Documents"** click on the arrow down button and select the last option **"Evaluation Summary Report (Files Only)"** click on that option and it will allow you to upload the assessment.

Creating an Electronic Signature

- Using a Blank Sheet of paper – Sign your Signature to the sheet of paper
- Go to a copy/fax machine with scanning capabilities. Scan the document
- Enter the destination email (which should be your @k12.dc.gov email address)
- Once the scanned signature has been received in your email. Save it as a JPG or Picture file for later use (suggestion: save it as “E-Signature” so you’re able to find it for future uses)

Adding Your Signature to Assessment Reports (prior to uploading report into POWER SCHOOLS SPECIAL PROGRAMS)

- Open your document or assessment in Microsoft Word
- Go to the signature line of the document
- Click Insert Picture
- Select the file containing your signature and Click Insert

It is expected that all providers upload e-signed PDF assessment reports. Completed assessments must be uploaded and closed in POWER SCHOOLS SPECIAL PROGRAMS within 45 days from the date of consent. Faxing and copying and pasting into the summary section are no longer an acceptable format for submission.

Assessment timeliness will be determined from the initial upload date, which should correspond with the assessment completion date entered in POWER SCHOOLS SPECIAL PROGRAMS. All reports that are late or are incomplete will be considered untimely. Please be sure to document and contact your Program Manager if there are any barriers to completing assessments in a timely fashion.

Close Out Procedures: FAQ

Canceling Assessments in POWER SCHOOLS SPECIAL PROGRAMS

Scenario One: Staff orders assessments and the correct provider was not at the table to say assessment was warranted; the provider doesn’t agree assessment is needed. *Scenario One:* Staff orders assessments and the correct provider was not at the table to say assessment was warranted; the provider doesn’t agree assessment is needed.

Response: The RSP should call LEA Rep or SEC to cancel the assessment. No need for deletion. *Follow Up*

Scenario Two: School refuses to cancel assessment.

Response: Contact your PM to reach out to the school's SEC

Deleting Assessment Reports Uploaded in POWER SCHOOLS SPECIAL PROGRAMS

Scenario One: Assessment was uploaded for the wrong student by the provider.

Response: The provider should upload a new assessment report with the correct student’s name and inform the upload. Provider should escalate to Power Schools Special Programs Help Desk to confirm correct student was uploaded and deletes the erroneous report.

Scenario Two: Team reviewed assessment at table, but parent wants to amend report – e.g., correct incorrect information. Report is uploaded into POWER SCHOOLS SPECIAL PROGRAMS.

Response: Help Desk will instruct the provider/user to upload new reports and keep the old one in there. The provider must title the report “Updated” and have the same name as other report.

Scenario Three: The provider states report was uploaded into POWER SCHOOLS SPECIAL PROGRAMS, but all the pages are not showing.

Response: Won’t delete original fax, but provider can upload the full completed report again.

Scenario Four: None of the above.

Response: Contact ODA POWER SCHOOLS SPECIAL PROGRAMS Help Desk staff.

Bilingual Assessments and Interpreter Request Process

The Individuals with Disabilities Education Act (IDEA) regulations require assessments and other evaluation materials to be provided and administered in the student’s native language or other mode of communication.

When a student has gone through the referral process and it is concluded based on the results of the English Proficiency Test that he/she needs to be assessed in their native language, the Special Education Coordinator will forward a referral package for a bilingual assessment. It is still necessary for all the pre-referral steps, including intervention, to be completed prior to the referral package being forwarded to the Bilingual Team.

DCPS does not have an OT or PT on the Bilingual Assessment Team. OT and PT staff will need to request an interpreter.

DSI Related Services Interpreter Request Process

The Division of Specialized Instruction (DSI) Related Services Interpreter Request process allows Related Services providers (RSPs) to formally request interpreter/translation services. Interpreter/translation services may be requested to support RSPs while conducting student evaluations and assist parents participating in student meetings. All requests for interpreter/translation services require the RSP to submit an Interpreter Request Form or filling out the form electronically via the MS forms link (please see appendix).

An interpreter may be necessary to facilitate the bilingual assessment of ELL students. An interpreter may also be necessary to facilitate review meetings or other MDT meetings with non-English speaking parents. **Scheduling an interpreter for the meeting is the responsibility of the LEA Representative. Scheduling for an interpreter for testing is the responsibility of the assigned provider or evaluator.**

Requests can be made for the following services:

1. Interpretation/translation in the student’s native language during evaluation
2. American Sign Language services
3. Translation of student assessments: [DCPS Translation Request Form](#)

The information below outlines the process to secure an interpreter for testing that must be completed by the provider or evaluator:

1. LEA orders the assessment in Power Schools Special Programs and assigns the assessment to the school's assigned provider
2. The provider completes the Interpreter Request form using the following link:
[Interpretation Request for Related Services Assessment](#)
3. The DSI point of contact will identify a vendor to complete the interpreter services and provide confirmation of interpreter/translation services at least two days prior to the date of services
4. Upon completion of interpreter services, the provider sends a follow-up email to DCPS SPED Translations at spedtranslations.dcps@k12.dc.gov. Confirming the services were rendered with attached evaluation form (interpreter should provide form for the provider to complete at the time of service). All evaluation forms should be sent within 2 days of completed interpreter services.

Additional Guidance:

- For Amharic, Chinese, French, Spanish, and Vietnamese interpretation needs, the request must be made *10 calendar days* before the date of the assessment.
- For interpretation needs in any other language, the request must be made *15 calendar days* before the date of assessment.
- The provider will need to enter information about the assessment they are requesting an interpreter for including the student's USI and two dates and times that they and the student are available.
- *Cancellations must be made 24 business hours in advance* or DCPS will be charged for the scheduled interpretation in full.
- Questions should be directed to spedtranslations.dcps@k12.dc.gov.

Refer to the DCPS Bilingual Assessment Referral Guidelines for more information.

How to Use an Interpreter

Prepare the interpreter by using the Briefing, Interaction and Debriefing (BID) process:

1. Briefing

- Establish Seating Arrangement.
- Provide overview of assessment purpose, session and activities.
- Review student behaviors and characteristics that may impact; Discuss plans in case the child is not cooperative.
- Discuss issues of confidentiality and its boundaries.
- Provide protocols, interviews, materials in advance so that the interpreter can become familiar with them.
- Discuss technical terms and vocabulary ahead of time so that the interpreter may ask questions to verify concepts.
- Discuss cross-cultural perspectives. The interpreter may provide the OT or PT with rules consistent with the student's background
- Explain that the interpreter will need to limit non-verbal cues, such as hand gestures or vocal variations that may impact assessment results
- Remind the interpreter to take notes on the student's responses

2. Interaction

- Develop an agenda for the assessment session and review it with the interpreter interaction
- Welcome students, introduce participants and establish rapport
- Inform the student of the role of the interpreter and the role of the OT or PT
- Speak directly to the student avoiding darting eyes between the interpreter and student
- Speak in short, concise sentences and allow time for the interpreter to translate everything precisely
- Pause frequently to allow the interpreter to translate information
- Avoid oversimplification of important explanations
- Avoid use of idioms and slang

3. Debriefing

- Review student responses
- Discuss any difficulties in the testing and interpretation process

Special Education Eligibility Meeting and Determination

OT/PT Participation in an Eligibility Meeting Discussion

For an IEP team or related service provider to consider the need for services, a student must be experiencing difficulties that impede the student's learning. The student's response to evidence-based, pre-referral interventions, and applicable outside reports should be reviewed in making this determination. To avoid the inappropriate identification of students requiring OT or PT services, the IEP team must determine these needs and include the parents/guardians and either an occupational or physical therapist.

When considering occupational or physical therapy as a related service, the IEP team should start with the basic question, "What does the child need to do in order to be successful in their educational program?" The functional skills a student needs to perform in the educational setting are dependent on a variety of factors, including the student's diagnosis, present level of function, educational program, and overall developmental, cognitive, and academic abilities. Some skill deficits may not directly impact educational progress and may not constitute educational need. To receive services at school, the impairment must be linked to the student's inability to access the curriculum and to achieve educational goals and objectives on the IEP. Also, the student's needs must be met in the least restrictive environment.

The team may consider the following conditions when determining that a child needs OT or PT to benefit from the education program, progress in the education setting and/or access the curriculum:

- A student's educational performance in the general education or special education program is negatively impacted if needs are not addressed by OT or PT, and he/she is not functional within the educational environment.
- Students require OT or PT as a related service to benefit from their special education program.
- Students do not consistently demonstrate behaviors that would inhibit participation in OT or PT, such as lack of cooperation, motivation, or chronic absenteeism. In those circumstances, the IEP team should consider the initial eligibility decisions since the behaviors may reflect social maladjustment, environmental, cultural, or economic factors rather than an actual disability. The IEP team may also explore alternative services or strategies to remedy the interfering behaviors or conditions.
- Students' needs cannot be served by an alternative program and/or service, as determined by the IEP team.
- Changes in medical or physical status do not make therapy contraindicated.
- Students graduate from high school with a diploma.
- Student reaches the age of twenty-two years.
- When the student's anticipated goals and expected outcomes related to OT or PT intervention have been met.
- When based upon clinical judgement and discussion with the IEP team, it is determined that the student will no longer benefit from therapy.

RELATED SERVICES ONLY IEPS

Per [OSSE Chapter 30](#) regulations and guidelines, Speech and Language services can serve as specialized instruction on an IEP. Occupational therapy and physical therapy are related services, meaning that they are embedded within an IEP to support the student with their academic goals.

If a student is referred for OT or PT related concerns, the following steps should occur:

- The team should analyze existing data for all areas of concern, ensuring that the team includes data related to the *educational* area in which the student is being impacted due to OT or PT related deficits, in addition to the motor skills or health/physical sections.
- A team meeting should be held to review the existing data and determine whether evaluations are recommended; if evaluations are recommended, the team should follow the eligibility procedures and timelines
- If the team determines that the student is not found eligible for special education services, but the team is recommending OT or PT support, the team should consider the following:
 - Are the student’s deficits in the areas evaluated by OT or PT impacting the student’s access and/or participation in their education? If so, which areas are impacted?
 - Is the child eligible for the disability classification of developmental delay?
 - If so, can academic goals be added in areas that are impacted by the deficits found during the OT/PT evaluation process? (If so, further educational testing may need to be completed)
 - Can the student’s challenges be resolved by accommodations or modifications to the environment, instructional methods, materials, and/or assistive technology?
- Additional considerations
 - The team *may* want to consider if the student is eligible for a 504 plan. However, it is important for the team to remember that 504-plans are meant for students who require accommodations to their educational plan due to a “physical or mental impairment that substantially limits one or more major life activities”, and not all students who are not found eligible for an IEP will qualify for a 504-plan.

Providing Documents to Parents Before and After Eligibility and IEP Meetings

D.C. Municipal Regulations require schools to provide parents with all related documents before Eligibility and IEP meetings. Please pay close attention to action items for OT/PT providers (i.e., make sure that all their reports are available to be sent to parents by the appropriate dates and following up with LEA Representative Designee to make sure that their reports were included, and a Parent Contact log entry was made).

At least ten (10) business days before scheduled meetings, schools must:

1. All documents that will be discussed during the meeting must be sent home to parents and the Pre-Meeting Packet letter that explains the information should be sent with packet (can be found in Canvas and in Appendix).
2. A Communications Log entry must be completed after providing parents with documents.

3. If any of the IDEA required IEP team members will be unable to attend for the entire duration of the meeting or participate by phone, a Mandatory IEP Meeting Excusal Form is required.

The following chart describes the most common documents that must be sent home prior to Eligibility/ IEP Meeting:

Documents to Provide Before an Eligibility Meeting	Documents to Provide Before an IEP Meeting
Analyzing Existing Data Report	Draft IEP
Copies/ results of any formal or informal assessments and/or evaluations (educational, FBA, OT/PT speech, psychological, etc.)	ESY Criteria Worksheet
Any other additional relevant documents that will be discussed at the meeting.	Post- secondary transition plans and any informal vocational assessments or surveys (students 14+)
If any of the IDEA required IEP team members will be unable to attend or participate by phone, a Mandatory IEP Meeting Excusal Form is also required.	LRE observation reports (if applicable)
	Transportation forms (if applicable)
	Dedicated aide observation reports (if applicable)
	Any data/documents related to possible change of service hours
	Any other documents that will be discussed in the meeting.

Within 2 business days after an Eligibility or an IEP meeting, the school must:

1. Send the **finalized documents to parents, including:**
 - Finalized Eligibility or IEP
 - Signed Eligibility or IEP signature page
 - Eligibility or IEP PWN
2. A Communications log entry must be completed after providing parents with documents.

IEP Process

Once student's eligibility for special education and related services have been determined, the team must consider the following while developing the IEP:

Present Levels of Academic Achievement and Functional Performance (PLAAFP)

DCPS develops standards-based IEPs for students with disabilities, which are directly tied to content standards; both the student's present level of performance and annual academic IEP goals are aligned with and based on the Common Core State Standards (CCSS,) creating a program that will assist the student in reaching greater academic proficiency.

Writing PLAAFP and Goals for IEP (also referred to as PLOP)

The first main element of an IEP is a statement of the student's present levels of academic achievement and functional performance (PLAAFP). The PLAAFP describes the problems that interfere with the student's progress in the general education classroom and the general education curriculum. The PLAAFP is the foundation to develop the student's IEP and measure the student's short-term and long-term success. From the PLAAFP, the IEP team develops an IEP that identifies the student's appropriate goals, related services, supplementary aids and supports, accommodations, and placement. The IEP team should include goals and any necessary accommodations and/or modifications, related service, or supplementary aides and supports to address any identified weakness area.

Academic Achievement	Functional Performance
<ul style="list-style-type: none"> ▪ Reading ▪ Written Language ▪ Mathematics 	<ul style="list-style-type: none"> ▪ Physical, Health, Sensory Status ▪ Emotional/Social/Behavioral ▪ Communication difficulties ▪ Vocational skills (ages 15 and older) ▪ Daily life activities

Anyone who reads a student's PLAAFP should have a comprehensive understanding of the student's strengths and weaknesses. The PLAAFP should contain information on both the student's academic achievement and functional performance:

Data Sources

To draft a student's PLAAFP, the IEP team should consider data from a variety of sources. Data sources for the PLAAFP include:

Most recent special education evaluation(s)	Student performance on DC-CAS/DC-CAS Alt
Teacher report(s)	Classroom observations
Parental input	Cumulative records: grades, attendance, retentions
Discipline records	

Three Components in Writing a PLAAFP statement

Component 1 - Present Levels of Academic Achievement and Functional Performance:	A description of the student's strengths and weaknesses using multiple sources of current data.
Component 2 - Description of how the student's disability affects the student's access to the general education curriculum	Focus on the skill sets the student requires <u>to access the general education curriculum</u> , as well as functional performance, that impacts the student's ability to receive instruction in the general education setting.
Component 3 - Description of how the student's disability affects the student's progress in the general education curriculum	Describe how disability <u>affects the student's progress</u> in the general curriculum. Identify the previous rate of academic/developmental growth and progress towards meeting grade- level standards/milestones. Convey the unique challenges or barriers that exist for the student due to disability.

PLAAFP Linked to Goals

PLAAFP are inherently linked to the development of annual goals because they serve as baseline data that describe how the student is currently performing academically and functionally. Therefore, PLAAFP should be used as the starting point in developing goals. For each area of weakness identified in the student's PLAAFP, the IEP team must develop appropriate goals.

The present levels section provides insight into the relative strengths and needs of the student. Anyone who reads this section of the IEP should get a quick, yet comprehensive understanding of where the student is struggling and how to capitalize on the student's strengths.

In Power Schools Special Programs, a PLAAFP is required for each goal. Each PLAAFP should be crafted specific to the goal and include the three components listed above.

Writing IEP Goals

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

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

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

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

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

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

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

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

Time-limited goals enable you to monitor progress at regular intervals. The Related Service Provider should ask the question, "What kind of time frame should be used?"

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

In addition to writing goals that fit the S.M.A.R.T format, the provider must also learn to use the data provided by the educational team and progress monitoring tools which can provide valuable help in formulating goals. This data can include test results, assessments, benchmark tests and studies conducted on, with or for the student, which are available in PowerSchool for review and can be provided to the provider by the student's school or by the caregiver².

² Parenting Special Needs Magazine, July/August Issue, Copyright [2009] by Parenting Special Needs LLC.

www.parentingspecialneeds.org

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

All DCPS goals should be linked to Common Core State Standards (CCSS)

CCSS DCPS Links:

- Elementary - <http://dcps.dc.gov/page/elementary-school-academic-standards>
- Middle - <http://dcps.dc.gov/page/middle-school-academic-standards>
- High - <http://dcps.dc.gov/page/high-school-academic-standards>

ECE- [District of Columbia Early Learning Standards 2019](#)

- Goal book Link – To assist you in learning how to develop SMART goals
 - The sign in page is https://goalbookapp.com/accounts/users/sign_in
 - For a user account, email dcps.relatedservices@k12.dc.gov and copy your assigned Program Manager

Extended School Year (ESY)

Definition of ESY

ESY services are specialized instruction and/or related services provided to a student with a disability beyond the regular school year.

Eligibility for ESY

ESY eligibility is considered at least annually. To be considered eligible for ESY, a student must qualify under the following three criteria:

- The IEP team identifies a critical skill or skills that will be at risk if a break in the student's services occur. A critical skill is something essential to a student's progress.
- Once the critical skill(s) are identified, the team determines if the student will experience unusual levels of regression, or a loss in skill proficiency, if a break in services occurs.
- If the IEP team is concerned about the level of regression of a critical skill, they then determine if the student will take an unusual amount of time to re-learn, or recoup, that skill to his or her previous level of mastery.

Features of ESY

- Ensures students with disabilities can access FAPE
- Provided in accordance with student's IEP
- Provided at no cost to parents
- Must be individualized to the unique needs of each student
- Provided in accordance with OSSE standards

ESY Determination Timeline

- All ESY decisions must be made between DECEMBER 1st and APRIL 1st.
- If a student has an IEP date *after* April 1st and you think the student may be a candidate for ESY, please plan accordingly and hold the annual meeting early to fall within this timeframe.
- If an ESY eligibility decision needs to be reconsidered due to new data, you should hold an amendment meeting between DECEMBER 1st and APRIL 1st to amend the IEP.

Related Services Eligibility Considerations

Critical Skills: the goal of ESY is for students to *maintain* critical life skills over a break in service. Critical skills worked on by OTs and PTs include but are not limited to:

- Feeding
- Toileting
- Mobility
- Dressing
- Self-help
- Social-Emotional

Related service providers should consider whether goals the student is working on align to critical life skills when determining eligibility for ESY services.

Critical Life Skills Guiding Questions:

- Will achievement of this skill facilitate the student moving to a less restrictive educational environment?
- Will achievement of this skill allow for increased functional independence in the school environment?
- Is this skill critical to the student's integration with peers in the general education environment?
- Is this skill required throughout life, in current and future environments?

Additional Areas to Consider:

- Health conditions or medical diagnoses
 - Degenerative diseases
 - Severe physical impairments which impact life skills
- Cognitive impairments
 - Moderate to severe intellectual disabilities
 - Traumatic brain injury
 - Deficits in memory and retention
- Behavior
 - Emotional disturbances
 - Psychological disorders

Steps for Determining ESY Eligibility

1. Data Collection
 - a. Service Logs
 - b. Progress Reports
 - c. Formal and Informal Assessments
 - d. Medical Records
2. Data Review
 - a. Service Logs
 - b. Progress Reports
 - c. Formal and Informal Assessments
 - d. Medical Records
3. Team Meeting

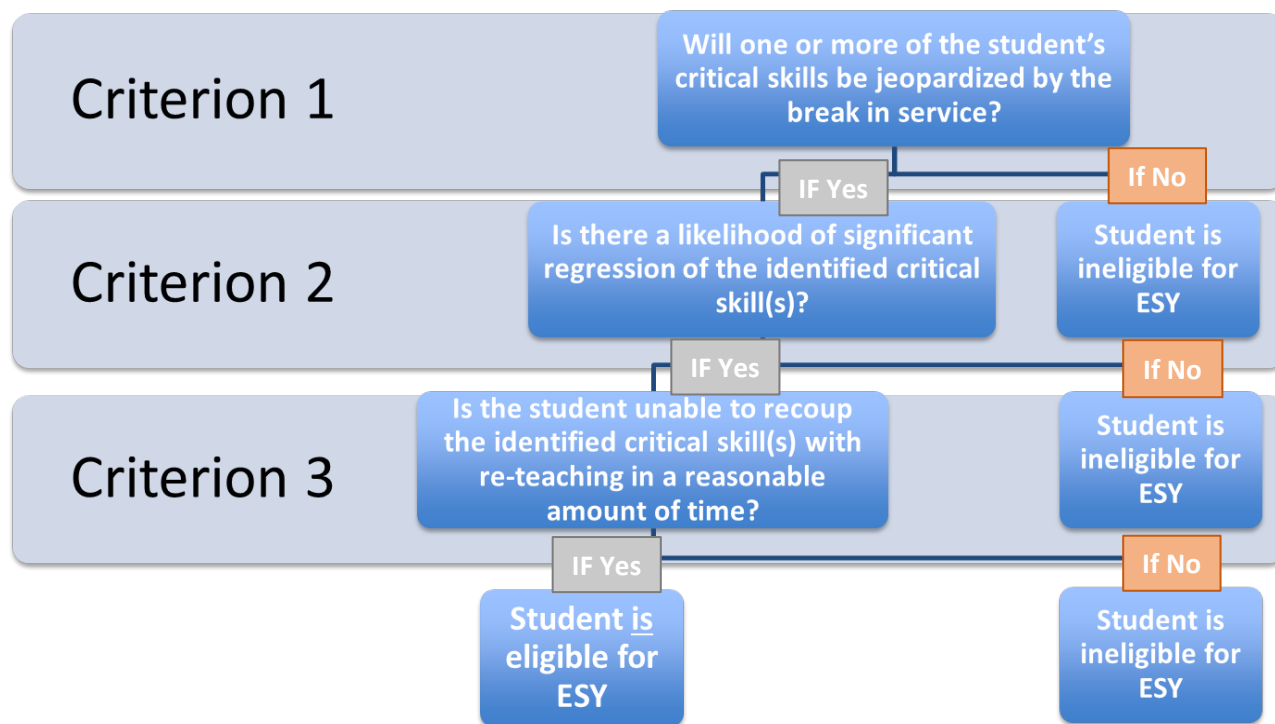
4. Review ESY Eligibility Criteria Checklist (see below)
5. Update IEP

Determining Goals and Service Frequency

Goals targeted during ESY should be focused on critical life skills and should be the goal areas in which the student demonstrated regression and difficulty with recoupment during breaks in service throughout the year.

When determining service frequency, consider the time needed to *maintain* the skill. This is likely less time than needed throughout the school year to make *progress* on the goal. ESY service frequencies are typically not the same as regular school year frequencies and are never increased or new services.

Analysis of Existing Data ESY Eligibility Determination Criteria Decision Tree



Middle School and High School Transition

The Enhanced Special Education Services Act of 2014 (DC Law 20-195; [DC Official Code § 38-2614](#) and [§ 38-2561.02](#)) Made important updates to special education services in DC, including:

- **Secondary Transition:** Lowers the minimum age for the creation of secondary transition plans for students with disabilities from age 16 to 14, “beginning July 1, 2016, or upon funding, whichever occurs later.”

Occupational Therapist and Physical Therapist Roles in Transition Planning

Occupational Therapist	Physical Therapist
Occupational Performance	Mobility needs
Environmental Factors	Positioning for various activities
Physical Factors	Body Structures and functions
Cognitive Factors	Activity Limitations
Assessment <ul style="list-style-type: none"> • Occupational Profile • ADL/IADL performance • Physical, psychosocial and cognitive factors 	Assessment <ul style="list-style-type: none"> • Functional mobility • Equipment needs • Environmental Adaptations
Direct Intervention <ul style="list-style-type: none"> • Focus on access and participation in functions of vocational activities, ADLs and IADLs as it relates to what the student is participating in within their educational environment 	Direct Intervention <ul style="list-style-type: none"> • Focus on navigating and accessing the environment, including obstacles, uneven surfaces, stair negotiation, etc.
Indirect intervention <ul style="list-style-type: none"> • Consultation/teacher collaboration • Strategies, accommodations and modifications 	Indirect Intervention <ul style="list-style-type: none"> • Consultation/teacher collaboration • Strategies, accommodations and modifications

Dismissal Guidelines for OT and PT Services

IDEA requires that the IEP service provision system be driven by the child's individual needs. Changes in service delivery (such as changes in frequency, duration, location, or discontinuation of services) must be determined on an individual basis.

Prior to a recommendation for reduction or exit from services, the provider should prepare the IEP team. You can do this by obtaining:

- Teacher buy-in
 - Provide specific strategies to support the carryover and generalization of the targeted skills
 - Use the morning grade-level collaborative blocks to train teachers on specific techniques
 - Email the teachers to check in on how the student is performing on their off-therapy week.
 - Provide teachers with data sampling forms to support your consultation sessions.
- Parent buy-in
 - Send carryover activities to the parents regularly.
 - Invite the parents to observe your session.
 - Send progress notes home. Ex. Note from the OT
- Exit Planning
 - Discuss evolution of services and goal of services at initial eligibility meeting and every subsequent eligibility determination meeting and annual IEP meeting.
 - Prepare the student and team with strategies, accommodations, and modifications, and monitor implementation on a consistent basis to ensure access to education after service is removed.
 - Generalize skills learned within therapy sessions to the educational environment through push-in services, co-teaching, co-treatment, etc.

Required steps for reducing a student's services

If a student meets one or more of these criteria, you may want to consider a reduction or dismissal from services. It is time to develop a transition plan:

- Alter service delivery:
 - Increase group size
 - Modify the location of the services (e.g. transition to push-in services to help generalize the skills to the classroom)
 - Modify the frequency (i.e., 120 mins per month, 30 mins per week, and 60 mins every other week)
 - Check with classroom teacher on the off-therapy week for signs of regression.
- Have student complete class work rather than clinician-created activities to align learned skills with CCSS and educational curriculum

Required documentation to reduce services

- Service capture notes

- Quarterly progress notes
- Teacher report
- Student work samples if applicable

Dismissal Criteria for Exiting Students from OT and PT Services

The team may consider the following conditions when determining that a child no longer needs OT or PT or either one to benefit from the education program when the:

- Student's needs being addressed by OT or PT no longer negatively affect their educational performance in the general education or special education program; student is functional within the educational environment, and therapy services are no longer indicated.
- Students no longer require OT or PT as a related service in order to benefit from his or her special education program.
- Students consistently demonstrate behaviors that inhibit progress in OT or PT, such as lack of cooperation, motivation, or chronic absenteeism. In those circumstances, the IEP team should consider the initial eligibility decisions since the behaviors may reflect social maladjustment, environmental, cultural, or economic factors rather than an actual disability. The IEP team may also explore alternative services or strategies to remedy the interfering behaviors or conditions.
- Students' needs are better served by an alternative program and/or service, as determined by the IEP team.
- Therapy is contraindicated because of the change in medical or physical status.
- Students graduate from high school with a diploma.
- Student reaches the age of twenty-two years of age.
- When the student's anticipated goals and expected outcomes related to OT or PT intervention have been met for a particular episode of care.
- When based on the therapist's judgment, the student will no longer benefit from therapy.
- The educational setting has changed, and the student is functional within this setting.
- The student has learned appropriate compensatory strategies.

Required steps and documentation for exiting students

1. Complete OT or PT Re-Assessment Report
2. Hold eligibility/IEP meeting
3. Complete completion of services form and upload into POWER SCHOOLS SPECIAL PROGRAMS under a miscellaneous cover sheet.
4. Parent and IEP team approve changes during IEP meeting.

Intervention

Intervention Process

School based OTs and PTs base their intervention with a child with a disability on several principles from IDEA and occupational and physical therapy practice. These include the following:

- The child has access to the general curriculum in order to meet the educational standards that apply to all children in the school district. (34 CFR s. 300.39(b)(3) (ii))
- The child is educated with children who are nondisabled to the maximum extent appropriate. (34 CFR s. 300.114(a)(2)(i))
- Special education and related services are designed to meet the unique needs of the child and prepare him or her for further education, employment, and independent living. (34 CFR s.300.1(a))
- Related services to be provided to the child or on behalf of the child are based on peer-reviewed research to the extent practicable. (34 CFR s. 300.320(a)(4))

IEP Mandated Services- Minutes/ Month Services

Per a student's IEP, therapy services can be provided weekly, monthly or quarterly. Those mandated services must be provided in / out of the general education setting based on the setting designated on the IEP.

- Benefits of monthly services:
 - Flexibility in providing services
 - Accommodating student and classroom needs
 - Increased opportunities to integrate services in the classroom or during school events
 - Allows rescheduling of sessions to accommodate provider unavailability
 - Scheduling options that can change to meet the student's needs
 - Increased opportunities to make up missed sessions

**** Service delivery implemented must match the frequency, duration and setting (inside general education setting or outside the general education setting) on the current IEP ****

Service Delivery Requirements

The IEP is a legally mandated document that includes the goals, specialized instruction, services and frequency / duration of the required for a student needed to access the curriculum. RSPs should deliver IEP services in alignment with the IEP frequency and duration listed on each individual student's IEP. Provider's intervention schedules should include flexibility to accommodate the total prescription of services (i.e. weekly or monthly) on students' IEPs. Providers are encouraged to adapt service delivery models to ensure students receive their prescribed services.

For additional information on service delivery requirements, please refer to [policies outlined by Office of State Superintendent of Education](#)

Occupational Therapy Intervention

OTA's Occupational Therapy Practice Framework: Domain and Process, 4th ed. states that the intervention process consists of the skilled services provided by OTs in collaboration with students “to facilitate engagement in occupation related to health, well-being, and achievement of established goals consistent with the various service delivery models.” (OTPF, p. 24). Occupational therapy practitioners analyze the demands of an activity or occupation to understand the specific performance skills and performance patterns that are required and to determine the demands the activity or occupation makes on the student.

Activity and occupational demands include the following:

- The tools and resources needed to engage in the activity—What specific objects are used in the activity? What are their properties, and what transportation, money, or other resources are needed to participate in the activity?
- Where and with whom the activity takes place— What are the physical space requirements of the activity, and what are the demands of social interaction?
- How the activity is accomplished—What process is used in carrying out the activity, including the sequence and timing of the steps and necessary procedures and rules?
- How the activity challenges the student’s capacities— What actions, performance skills, body functions, and body structures are the individual, group, or population required to use during the performance of the activity?
- The meaning the student derives from the activity—What potential symbolic, unconscious, and metaphorical meanings does the individual attach to the activity (e.g., driving a car equates with independence, preparing a holiday meal connects with family tradition, voting is a rite of passage to adulthood)?

Targeting Outcomes

Outcomes are the result of the occupational therapy process; they describe what a student can achieve through occupational therapy intervention. Implementation of the outcomes process includes the following steps:

1. Selecting types of outcomes and measures. Outcome measures are:
 - Selected early in the intervention process (see “Evaluation Process” section).
 - Valid, reliable, and appropriately sensitive to change in student’s occupational performance
 - Consistent with targeted outcomes
 - Congruent with student academic goals
 - Selected based on their actual or purported ability to predict future outcomes.
2. Using outcomes to measure progress and adjust goals and interventions by
 - Comparing progress toward goal achievement to outcomes throughout the intervention process
 - Assessing outcome use and results to make decisions about the future direction of intervention (e.g., continue intervention, modify intervention, discontinue intervention, provide follow-up, and refer for other services).
 - Place see the table on the following page.

Intervention
<p>Intervention Plan</p> <ul style="list-style-type: none"> • Develop the plan, which involves selecting <ul style="list-style-type: none"> • Objective and measurable occupation-based goals and related time frames; • Occupational therapy intervention approach or approaches, such as create or promote, establish or restore, maintain, modify, or prevent; and • Methods for service delivery, including what types of intervention will be provided, who will provide the interventions, and which service delivery approaches will be used. • Consider potential discharge needs and plans. • Make recommendations or referrals to other professionals as needed.

(Continued)

Exhibit 2. Operationalizing the Occupational Therapy Process (cont'd)

<p>Intervention Implementation</p> <ul style="list-style-type: none"> • Select and carry out the intervention or interventions, which may include the following: <ul style="list-style-type: none"> • Therapeutic use of occupations and activities • Interventions to support occupations • Education • Training • Advocacy • Self-advocacy • Group intervention • Virtual interventions. • Monitor the client's response through ongoing evaluation and reevaluation.
<p>Intervention Review</p> <ul style="list-style-type: none"> • Reevaluate the plan and how it is implemented relative to achieving outcomes. • Modify the plan as needed. • Determine the need for continuation or discontinuation of services and for referral to other services.
Outcomes
<p>Outcomes</p> <ul style="list-style-type: none"> • Select outcome measures early in the occupational therapy process (see the "Evaluation" section of this table) on the basis of their properties: <ul style="list-style-type: none"> • Valid, reliable, and appropriately sensitive to change in clients' occupational performance • Consistent with targeted outcomes • Congruent with the client's goals • Able to predict future outcomes. • Use outcome measures to measure progress and adjust goals and interventions by <ul style="list-style-type: none"> • Comparing progress toward goal achievement with outcomes throughout the intervention process and • Assessing outcome use and results to make decisions about the future direction of intervention (e.g., continue, modify, transition, discontinue, provide follow-up, refer for other service).

Physical Therapy Intervention

Intervention is the purposeful interaction of the physical therapist with an individual—and, when appropriate, with other people involved in that individual's care—to produce changes in the condition that are consistent with the diagnosis and prognosis.

Decisions about the physical therapy interventions selected are based on the physical therapist's assessment of the individual's current condition and are contingent on the timely monitoring of the individual's response and the progress made toward achieving the goals. In prescribing interventions for

an individual, the physical therapist includes parameters for each intervention (e.g., method, mode, or device; intensity, load, or tempo; duration and frequency; and progression).

Choosing Interventions

School-based PTs use activity-focused motor interventions for children in preschool and school-based settings. Activity-focused interventions involve structured practice and repetition of functional actions and are directed toward the learning of motor tasks that will increase the student's participation in daily routines. Activity-focused motor interventions are integrated in everyday classroom and school activities. (Rapport 2009) The PT chooses interventions based upon:

- IDEA, which emphasizes functional performance.
- Peer-reviewed research and evidence-based practice.
- Contemporary research on motor control, motor learning, and motor development.
- Preferred practice patterns (*Guide to Physical Therapist Practice*).
- Enablement models, which emphasize function, participation, and community integration.

Service Delivery Models

Occupational and physical therapy services are provided to students using a variety of service delivery models to address skills across a wide context of the academic setting based on individualized needs. The type of service delivery model selected must reflect the student's individual level of severity and prognosis. Services should be provided on a continuum from most to least restrictive depending on the student's level of dependence. Providers should be mindful that the purpose of services is to assist the student with generalizing their skills to the classroom setting. These service delivery models can be implemented separately and/or in combination.

Advantages to Inclusion-based Interventions

- Increased communication between the disciplines
- Improved knowledge about the relationship between sensory-motor development and academics
- Learning new techniques that support academic achievement
- Access to specialists and resources to help all children in the classroom
- Implementation of educationally relevant therapy
- Generalization of therapy & therapy materials (Textbooks, Class assignments, Workbooks)
- Staff members can determine where the student is struggling and collaborate to appropriately modify class assignments and tests.
- Provides strategies/techniques for better access/understanding of the curriculum
- Exposes strategies and techniques regarding sensory-motor skills for other students not on the OT/PT caseload
- Clinicians can provide feedback and/or suggestions regarding the classroom environment to increase engagement/participation

Services Inside the General Education Setting (Inclusion)

Models of Inclusion – Service Delivery Options

1. Co-Teaching

- Involves at least two credentialed professionals – indicating that co-teachers are peers having equivalent credentials
- Both professionals coordinate and deliver substantive instruction and have active roles
- Responding effectively to diverse needs students
- Instruction occurs in the same physical space

What Is Co-Teaching **NOT**?

- Doesn't involve a teacher and a classroom volunteer or paraprofessional
- Doesn't mean that two adults are merely present in a classroom at the same time
- Doesn't include separating or grouping students with special needs in one part of the classroom
- Doesn't include teaching teams that plan together and then group and instruct students in separate classrooms

Lead Role

- Lecturing
- Giving instructions orally
- Checking for understanding with large heterogeneous group of students
- Circulating providing one-on-one support as needed
- Prepping half of the class for one side of a debate
- Facilitating a silent activity
- Re-teaching or pre-teaching with a small group
- Facilitating sustained silent reading
 - Reading a test aloud to a group of students
 - Creating basic lesson plans for standards, objectives, and content curriculum
 - Facilitating stations or groups
 - Explaining new concepts
 - Considering modification needs

Support Role

- Modeling notetaking on the board/overhead.
- Writing down instructions on board.
- Checking for understanding with small heterogeneous group of students.
- Providing direct instruction to the whole class.
- Prepping the other half of the class for the opposing side of the debate
- Circulating, checking for comprehension
- Monitoring large group as they work on practice materials
- Reading aloud quietly with a small group.
- Proctoring a test silently with a group of students
- Providing suggestions for notifications, accommodations, and activities for diverse learners
- Also facilitating stations or groups

- Conducting role playing or modeling concept.
- Considering enrichment opportunities.

2. Parallel Teaching

- This collaborative model divides the classroom in half, and the RSP and the classroom teacher each instructs one half of the class on the same instructional material.
- The classroom teacher may use a standard format for instruction while the RSP may modify the group lesson so that the students can master the material. The groups of students may change to accommodate individual strengths and weaknesses (Capilouto & Elksnin, 1994).

3. Complementary Teaching

- Role of the RSP in this model is a tutor, with the classroom teacher as primary instructor
- Classroom teacher presents the majority of the curriculum content & the RSP assists students with their work. The RSP floats around the room and intervenes when children encounter difficulty.

4. Supportive Teaching

- Combination of pullout services and direct teaching in the classroom setting.
- RSP teaches information related to the curriculum while also addressing IEP goals.

5. Station Teaching

- In this model the RSP and the classroom teacher divide the instructional content into two parts with each professional teaching one group of students
- Once the instruction is completed, the two groups switch to adults so that each group receives instruction from the classroom teacher and the RSP (Capilouto & Elksnin, 1994).

6. Consultation

- The RSP works outside the classroom to analyze, adapt, modify, or create appropriate materials composed of strategies.
- Regular, ongoing classroom observations and meetings with teachers take place to assist the teacher with planning and monitoring student progress.

7. Team Teaching

- The classroom teacher and the SLP, occupational therapist, physical therapist, or other professional teach a class or lesson together with each professional addressing his or her area of expertise.
- The classroom teacher may present the curriculum content while the occupational therapist may work on handwriting while the physical therapist assists with positioning .

Related Services Provider Weekly Building and Intervention Schedule

By the first day of school, LEA Representatives must identify all students who require related services as per their IEP. This identification process includes:

- Type of service and the Related Service Provider assigned to the student
- Beginning date of service
- Intensity of service (e.g., 120 minutes per month, etc.)

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

- Check with the LEA Representatives at each of their assigned schools to ensure they have all the students on their caseload assigned to them in POWER SCHOOLS SPECIAL PROGRAMS.
- Add students to their caseload using their Power Schools Special Programs access.
- If the OT or PT provider has difficulty engaging their LEA Representatives in this process, they should immediately notify their program manager via email.
- Notify your program manager immediately to ensure they are aware of the capacity issue at that school.
- **By the second Friday of the school year-** Complete and submit a **typed** copy of the intervention schedule via email to:
 - Their LEA Representatives and Principal(s), and Program Manager
 - Live schedules should also be placed in the provider's individual OneDrive folder, shared with them by their Program Manager
- *Note:*
 - All submitted schedules must contain the complete name of the student and the length of the session
 - When changes are made to the schedule, an updated schedule must be submitted to the appropriate school administrator and DSI Supervisor immediately

Elements to Include When Creating Your Intervention Schedule

Your intervention schedule is the first line of defense in assisting you with workload and caseload management. The elements below are helpful in the event the provider has an unplanned leave of absence or if additional assistance is provided to help manage the caseload. Students are often grouped by age or area of deficit being addressed. If you ever need assistance with formulating your intervention schedule, please contact your Program Manager. Intervention schedules must contain the following information:

- All students listed on our caseload must appear on your schedule, including indirect/consultation services
 - First and Last Name
- Name of Clinician
- Name of School
- Contact telephone number for the school
- Make sure to include the following:
 - Time for IEP meetings
 - Time for assessments
 - Indirect/Consultative services
 - Time for collaboration and planning
 - Time for make-up sessions
 - Time for duty-free lunch
 - Time to complete documentation (service logs, etc.)
- Room # or location of where the service is provided (you may also indicate if you are providing classroom-based services by indicating teacher's name and classroom number).
- Example: James Doe (L)
 - Jane Blank (L)
 - Ms. Nelson's Class (Rm. 202)

Refer to appendices for Weekly Intervention Schedule Template.

Start Date for Occupational and Physical Therapy Services

Occupational and physical therapists begin service delivery on the **first student day**. Please make up any missed services from that date forward.

OT and PT IEP services for all students receiving an initial IEP, recently enrolling or recently transferred must be delivered within **14 calendar days** of enrolling into the school. To ensure that providers are aware of new students who may be enrolling in their schools who require services, the RSP should check with their LEA Representative assigned to their school(s). Providers should document all attempts to provide and initiate OT and PT services within POWER SCHOOLS SPECIAL PROGRAMS.

Intervention Communication

Parent/ Guardian Introductory Letter

Each occupational and physical therapist is required to send an introductory letter to each parent / guardian of the students on their caseload no later than the Friday of the second week of employment. The correspondence should contain the following information:

- Your name
- Days assigned to School
- Day student is scheduled for Occupational Therapy or Physical Therapy
- Your contact information (ex. Email or school phone number and extension)

Please refer to appendices for a template. The OT and PT must then document this action in the Part B Contact Log of each student in POWER SCHOOLS SPECIAL PROGRAMS.

During the school year, students are added to the RSP caseload. Once a new student is added to an OT or PT's caseload, the RSP is required to send an introductory letter to the parent of the new student within two weeks.

Documentation

Progress Notes/Medicaid

Each intervention or consultation service listed on the IEP that is provided to a student must be documented in the PowerSchool Special Programs. This includes services to students within the local schools, services private religious students, missed services, and home-hospital instruction program (HHIP).

Per OSSE guidelines, RSPs should not document services that are not included on the IEP. This includes consultation with parent or teacher, teacher or parent training, or information reported during an IEP meeting. For example, if a student’s IEP includes direct OT or PT services, the provider should document all delivered and attempted services in a service capture log. **Time spent conducting Assessments should never be listed as a direct service in the service tracker notes.**

Mandatory Elements for Service Capture Logs

Consultation notes should be comprehensive and provide a detailed picture of the tasks or skills consulted on within the session. **Consultation sessions should be tied to the consultation goal on the IEP** and should consist of observations or discussions of how the student is generalizing the skill(s) outlined on the IEP to their educational environment.

Each consultation service is required to include the following elements:

- Who was consulted with (e.g. special education teacher, general education ELA teacher)
- Identification of the activities/tasks/skills consulted on
- Description of the student’s skill level during the task(s)/activity
- Quantitative includes – accuracy percentage, number of trials/opportunities, etc...
- Qualitative includes – level of prompting/dependence (i.e., moderate verbal prompts, tactile cues, hand-over-hand etc...), behaviors impacting/contributing to progress, etc....
- Descriptions aligned and relevant to the current IEP goals
- Explanation of the relevance of the activity to the IEP goal

Documenting Missed and Make Up Services

Related Service Providers are expected to follow the DCPS Missed Services and Untimely Assessment Guidelines, dated April 2017. This document is located in the Appendix section of this guidebook and outlines the mandatory documentation requirements for Missed and Make-Up Services.

Missed session notes should always reflect the time that would have spent with the student. For example, if the student was supposed to be seen 30 minutes and was absent from school, the provider should enter a “student absent” note for 30 minutes.

A reminder that zero (0) should never be entered for minutes or group size in a service capture log.

Service Capture Notes on Non-Instructional Days

Historically, providers have consulted with teachers on non-instructional days (e.g. parent-teacher conference day, records day, etc.).

It should be noted that PowerSchool Special Programs does not always allow for services to be logged on non-instructional days, and therefore services provided on non-instructional days may not be shown in monthly documentation and delivery data reports. Due to PowerSchool constraints, please conduct consults on instructional days, until further notice. Additional information regarding documentation for Holidays/School Closures is located in the April 2017 Due Diligence Guidance located in the appendix section of this guidebook.

Service Capture Note Deliverables

DCPS, the Centers for Medicare and Medicaid (CMS), and the Office of the State Superintendent for Education (OSSE) have established a best practice service delivery documentation system. Related Service Providers should document the services they provide or attempt to provide pursuant to the IEP within the same school day those services were scheduled to occur.

Definitive Due Date for Documenting Services Logs: All services provided in a school week **must** be documented by the end of the provider's tour of duty **on the Monday of the following school week**. If school is closed on Monday, then documentation is due by the end of the provider's tour of duty of the next school day. For example, 60 minutes of occupational therapy services provided on Friday from 2 to 3 p.m. should be documented by the end of the provider's tour of duty (3:30 pm or 4:30).

Email your program manager if barriers exist for daily documentation of services. We recognize there may be challenges (e.g. incorporating time to collaborate with teachers and parents) that could prevent you from providing daily documentation 100% of the time. Therefore, DCPS has established a definitive due date for documenting services provided during a school week.

DCPS obtains Medicaid reimbursement for direct related services provided to students. The finalized service trackers are submitted monthly for reimbursement. A physical signature on the finalized service trackers is not required. By logging into PowerSchool Special Programs, the provider understands and accepts that his electronic signature will be created with a unique combination of his/her network login username and secure password. The unique combination is necessary to ensure that only the provider has completed all documentation submitted into PowerSchool Special Programs under this unique combination.

Documenting 504 Interventions

Documentation for students receiving direct or indirect services via a 504 Plan is entered into the provider management application at DCPS (Frontline). 504 service notes are due Frontline by Monday at the end of the provider's tour of duty the week following the delivery of services.

Providers for OT or PT services to students with 504 Plans must complete the 504 Service Tracker. Documentation on 504 Plan interventions follows DCPS guidelines for content and timelines:

- Identify the activity completed or recommended during the session
- Report Student's response (example: 70%, two out of six trials, moderate assistance). This information should be measurable and aligned to the 504 plan's goals and objectives
- Special Factors observed or reported (e.g. cooperative, refuses, missing glasses, etc.)

Quarterly IEP Progress Reports

Quarterly IEP progress reports must be completed in PowerSchool Special Programs for each student on the related service provider's caseload. This IEP quarterly progress report must be printed and provided to the parent at the end of each advisory period. **Please refer to the school calendar to obtain DCPS' IEP Progress Reports due dates; and consult your schools' LEA RD to know the specific due dates for you to complete these reports.**

Each IEP Progress Report must include the following information:

- Baseline data from the previous reporting period or the beginning of the current reporting period on all IEP goals
- Current performance on all IEP goals, in measurable terms (Quantitative and Qualitative data). *Please see the table below for definitions for each drop-down menu option.*
- Information on **each** goal must be noted on the IEP quarterly progress report. Since goals are written to be measurable, the update of progress toward the goal should be reflected in the current level of performance of what was being measured
- Progress Report Provider Signature and Credentials (*ex: The following progress report for (insert discipline) has been completed by (Insert name and credentials)*)
- Special factors important to treatment/instruction sessions that supported or interfered with IEP progress (Examples: cooperative, student often refuses to participate and requires significant encouragement from teacher and therapist to attend therapy sessions, successful strategies, etc.)
- If an IEP goal was not addressed during the quarter, state that the goal was not addressed during the reporting period, indicate why that was the case, and when the goal is anticipated to be targeted.

Information that must be Included if the student is on a Missed Services Plan

- Services missed during the quarter secondary to provider gap
- Status of make-up services secondary to provider gap (e.g. number of minutes made up during the term)
- Plan for make-up services secondary to provider gap

Additional Information that can be included, but not mandatory in Progress Reports

- General therapeutic/instructional interventions used in therapy sessions

- Feedback gathered from the student’s classroom teacher on progress the student has demonstrated towards achieving his/her goals.
- Feedback gathered from the student’s caregiver on progress the student has demonstrated towards achieving his/her goals
- Suggestions for parents to address/practice goals/skills for carryover in the home environment

Progress Report Definitions for drop-down menu options

Not introduced	Goal was never introduced to the student during <i>this or previous</i> IEP progress reporting periods
Just introduced	Goal was introduced within the current IEP progress reporting period
No progress	Goal was introduced to the student and has been targeted, but student has not shown any progress since introduction or since previous progress reporting period
Progressing	Goal was targeted and student is demonstrating measurable progress
Regressing	Goal was targeted and student’s performance has declined as compared with previous progress reporting period
Mastered	Goal was targeted and student has achieved the goal. Indicate plan to update/remove goal or skill area at next annual IEP. Reach out to case manager if an IEP amendment is required prior to next IEP meeting.

If you created a progress report in PSSP, DO NOT create a legacy progress report. Remember: Legacy Progress Reports are ONLY for IEPs that were created in SEDS, NOT PSSP.

Consultative (Indirect) Services

Consultation is a service provided indirectly to the student consisting of regular review of student progress, student observation, accommodations and modifications or core material, developing and modeling of instructional practices through communication between the general education teacher, the special education teacher, parent and/or related service provider. **Consultation is not the provision of direct therapy services to a student.** The focus of consultation is to ensure the generalization of the addressed goals are generalized across the academic setting and to assist the student with being independent of the skill outside of the therapy setting.

When documenting indirect services in POWER SCHOOLS SPECIAL PROGRAMS, consultations should never be listed as a direct service in the service capture log notes, nor should the activity indicated in the note reflect that a direct service was delivered to the student. Students to be found eligible services in an initial evaluation, should never receive “Consultation-Only” services on their IEPs.

Goals are required for students receiving consultation services on their IEPs. This is necessary to indicate how the skills will be monitored and/or generalized across the academic setting to increase the student’s overall independence.

Best practice for students who receive “Consult-Only” occupational or physical therapy services, should be re-evaluated and dismissed after a full year of not receiving direct services. The rationale behind this practice assumes that during the consultation-only period of service the student’s occupational or physical

therapy skills were being generalized across the academic setting and did not require direct services to access their curriculum. Therefore, the student should transition from consultation-only services and dismissed through a comprehensive occupational or physical therapy assessment.

CONSULTATIVE NOTE QUALITY DOCUMENTATION

Consultation notes should be comprehensive and provide a detailed picture of the tasks or skills consulted on within the session. Consultation sessions should be tied to the consultation goal on the IEP and should consist of observations and/or discussions of how the student is generalizing the skill(s) outlined on the IEP to their educational environment.

Each consultation service note must include the following elements:

- Who the RSP consulted with (e.g., special education teacher, general education ELA teacher)
- Identification of the activities/tasks/skills consulted on
- Description of the student’s skill level during the task(s)/activity consulted on, and provide quantitative or qualitative data if applicable
 - Quantitative includes – accuracy percentage, number of trials/opportunities, etc.
 - Qualitative includes – level of prompting/dependence (i.e., moderate verbal prompts, tactile cues, hand-over-hand etc...), behaviors impacting/contributing to progress, etc.
- Descriptions aligned and relevant to the current SLP, OT or PT IEP goals
- Explanation of the relevance of the consultation to the IEP goal(s)

Service Delivery Requirements

The IEP is a legally mandated document that includes goals, specialized instruction, services, and frequency/duration that are required for a student to access and make progress in their curriculum. **RSPs should document and provide IEP services in alignment with the IEP frequency and duration listed on each student’s IEP.** Providers’ intervention schedules should include flexibility to accommodate the total prescription of services (i.e., weekly or monthly) on students’ IEPs. Providers are encouraged to adapt service delivery models to ensure students receive their prescribed services.

Documenting Missed and Make-Up Services

Documenting Missed Services

Follow the *DCPS Missed Services and Untimely Assessment Guidelines, dated April 2017.*

Missed session notes should always reflect the time that would have been spent with the student. For example, if the student was supposed to be seen for 30 minutes and was absent from school, the provider should enter a “student absent” note for 30 minutes.

Never enter “zero” for minutes or group size in POWER SCHOOLS SPECIAL PROGRAMS service capture logs.

Missed Services Versus Compensatory Education

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

If missed service hours have caused educational harm and the related service provider is unable to make-up the service during the school day, compensatory education hours may be awarded through the due process or Hearing Officer Determination (HOD). Compensatory Education hours are provided after the student's school day at a mutually agreed upon location and time, between the service providers and parent/guardian.

OT/ PT Services Through Home and Hospital Instruction Program (HHIP)

Students who are unable to attend school secondary to medical issues continue to receive instruction and related services through the home and hospital instruction program (HHIP). Parents must enroll and submit supporting medical documentation for acceptance into HHIP. If a student is accepted into the HHIP program, the school-based related service provider will need to collaborate with the HHIP case manager to determine the student's schedule and if any IEP adjustments are necessary for the student while they remain in HHIP services.

HHIP students receiving direct or consultation occupational therapy or physical therapy services will be assigned to the HHIP OT/PT. HHIP services will be documented by the HHIP OT or PT in Power School Special Programs.

HHIP Notification Process

- RSPs should be notified by the LEA-RD or Case Manager when a student goes on HHIP services. If a student has been absent for >2 weeks, the RSP should reach out to the LEA-RD and/or Case Manager to determine whether the student is on HHIP services.
- RSPs will be notified by the HHIP team when a student is slated to return from HHIP services. RSPs should continue services as usual when the student returns.

Students Returning from HHIP

- When a student returns from HHIP, the RSP should determine if there is any medical documentation noting change in status or contraindications to therapy. A team meeting should be called, should the IEP need to be updated to reflect a change in medical status or tolerance.

If there are questions related to a student's status surrounding HHIP, please email the HHIP team at hip.dcps@k12.dc.gov and copy your program manager.

Assistive Technology Policy and Procedures

Policy At a Glance

School-based teams, including IEP and 504 teams, are responsible for the consideration, provision, and implementation of assistive technology. The following section provides an overview of IDEA requirements for assistive technology, the DCPS assistive technology process for school-teams, and additional support provided by the DCPS assistive technology team. For more information and our complete policy guidebook and training modules please access the [Assistive Technology SharePoint](#) page.

Assistive Technology

[Assistive Technology \(AT\)](#) is an umbrella term that includes any device, product, software, or system that increases, maintains, or improves the functional capabilities of individuals with disabilities (Assistive Technology Industry Association, 2017). In regard to students with disabilities, AT is used in schools to increase access to the learning curriculum or environment and includes low to high tech features and tools.

Assistive Technology Eligibility

All students with disabilities are eligible for assistive technology. Unlike traditional evaluations, AT evaluations **are not required** to determine if a student should access assistive technology. In addition, they and **are not required** during the initial eligibility or re-evaluation process (US Department of Education, 2024). Rather, the assistive technology decision making process is a collaborative assessment process that occurs throughout the school year.

The DCPS Assistive Technology Process

School-based teams should follow a collaborative process for assistive technology decision making. This systematic process is followed to assess a student's assistive technology needs. Each step of this aligns with IDEA guidance and best-practices for assistive technology. The [FACTS mnemonic](#) guides school-teams through each step of this AT process:

Step 1- Find classroom tools and evidence-based practices to support the area of need.

School-based teams should implement evidence-based practices and integrate appropriate classroom accommodations and modifications based on the area of need. For students with motor deficits, these supports may text to speech, dictation, worksheet accessibility, and modification to classroom materials. Please see our [AT Consideration Guide](#) for available resources based on the area of concern and our [SharePoint](#) page for potential Tier 1 AT tools.

Step 2- Analyze data to determine if these supports are effective.

The school-based team should collect and analyze data to determine if these strategies and supports increase student performance in the area need as well as access to the educational environment. This information should be documented within service trackers in addition to present levels of performance within the IEP.

Step 3- Consider assistive technology at the annual IEP:

According to IDEA, school-based teams must consider assistive technology during the annual IEP to discuss student needs, abilities, the effectiveness of current tools, and determine if the student may benefit from additional support. 504 students may also benefit from assistive technology

accommodation. During this process, the school-based team uses the [SETT framework](#) to facilitate discussion. Please see our section below, [Assistive Technology Consideration](#), for more information.

Step 4- Trial Assistive Technology Tools

If the SETT discussion determines that the student may benefit from additional support, the IEP team should then trial specific tools to determine if this assistive technology increases the student's access to the curriculum or performance on IEP goals. Teams may obtain trial assistive technology supports by using available technology within the school (ex: laptops and one-to-one tablets), on loan on from the AT team (for specialized equipment), or by receiving a device trial directly from a vendor or the DC Assistive Technology Program.

Step 5- Supplement to the IEP or 504: If data indicates this AT tool is effective in supporting student access to the curriculum, school-based teams should update the IEP or 504 plan. This update may include Services and Supplemental Aids section if the student requires a dedicated device, special considerations for assistive technology for additional Tier 1 AT supports, and relevant IEP goals and accommodations. Please see additional guidance for updating relevant section of the IEP on [SharePoint](#).

Provision of Additional AT Tools

School-based teams are responsible for ensuring that students have access to assistive technology support as documented in the AT consideration, accommodations, goals, and supplemental aids section of the IEP, or required for trial. To ensure that students have access to the required support, school-based teams are responsible for the following:

- Implementation of existing hardware (school laptops, tablets, one-to-one devices) to access district available AT features.
 - Many assistive technology features are available district wide. If a student requires access to district-wide AT features (ex: text to speech, speech to text, word prediction), school-based teams should ensure that students have access to these features on the available school hardware. Please see our [AT Consideration Guide](#) for available resources based on the area of concern and our [Tier 1 AT Tools resource page](#) for potential Tier 1 AT tools.
- Device loan from the Assistive Technology Department.
 - The assistive technology team may provide specialized equipment on loan to the school to meet the requirements of the student's IEP or as needed through device trials when tools are recommended or approved by the AT team through the consultation or loan process.
- Device loan from government AT loan facilities (ex: DC Assistive Technology Program) or vendors.
 - [The DC Assistive Technology Program](#) is a government funded AT loan and training program available to all DCPS staff, students, and residents. This program has a variety of specialized AT equipment available for loan. In addition, some vendors provide loaner equipment. Please contact the DC Assistive Technology Program or specific AT vendors for guidance on their loaner program.
- Direct purchase of the assistive technology tool.

- Schools may also purchase assistive technology support, including adaptive and programmatic AT support required for students to access the building. Please contact your Manager of Accountability for more information.
- For sensory needs of students, please contact your assigned RSP manager after collaborative decision making.

Assistive Technology Consideration

IEP teams are responsible for the consideration of assistive technology. Consideration is the process of determining the effectiveness of existing supports and if a student would benefit from additional low-to high tech assistive technology tools. During the annual IEP or 504 meeting, school-based teams use a systematic process, guided by the [SETT framework](#), to collaboratively consider assistive technology. This framework helps teams thoughtfully consider the components that impact the student's access to the curriculum and select appropriate AT tools. School-teams should summarize information from the SETT framework into a one paragraph response in the Special Considerations for Assistive Technology section of the 504 or IEP. To learn more about available assistive technology tools and view examples of the AT consideration section, please view the [AT Consideration Guide](#), which provides potential assistive technology support and best practices for implementation based on student need.

Collaboration with the AT Team

Per IDEA, school-based teams are responsible for the assistive technology decision making process and provision of assistive technology support. However, if the school-based team requires support during these processes, the team may collaborate with the central-based assistive technology team. Collaboration requests are submitted by LEA representatives in the AT QuickBase portal. For each request type, proof of consideration during the IEP process is required. The types of collaboration requests are discussed below as well as our [SharePoint page](#).

Consultation

School-based teams may receive consultations from the central-based AT team to support in the collaborative assessment of a student's assistive technology needs. **Support from the AT team does not automatically yield a device.** The continuum of support provided by the assistive technology team may also include a focus on using available technology and materials in the classroom. Prior to submitting a consultation request, teams must first consider assistive technology during the annual IEP using the SETT framework. A copy of this SETT framework worksheet is required during the consultation request process. During this process, the AT Team collaborates with the school-based to support with the identification of appropriate assistive technology tools for the area of concern.

This consultation process relies on existing data and information provided by the school-based team, including service trackers, present levels of performance, and information within the SETT framework worksheet. The process also includes mandatory SETT meeting with the school-based team to discuss concerns and brainstorm potential AT solutions and concludes with a written consultation report that provides a summary of the team's decision-making process, recommended assistive technology, and suggested implementation plan. Please see the [Assistive Technology Roles and Responsibilities](#)

document for more information on the school-team and central based AT team for more information about roles and responsibilities during this process.

Seating and Positioning Equipment

Some students may require seating and positioning in order to access the educational environment or curriculum. School-based teams should follow the FACTS process and consider the needs of the student using the SETT framework and document this consideration within the IEP. After consideration, the team should submit an AT collaboration request in QuickBase if the team would like support in identifying the most appropriate piece of equipment or if loaner equipment is required. Please see the Seating and Positioning Guide on the [AT SharePoint](#) page for more information.

Assistive Technology Training

The AT team provides options for virtual, on-demand and in person training. Technical and strategy training is available on DCPS [AT Streams, SharePoint](#), and [Canvas](#) pages via self-paced modules and videos. Teams may also schedule customized trainings by request. The AT team encourages all school-based team members, including general and special education teachers, related service providers, and parents or guardians, to view self-paced modules and resources and attend scheduled training sessions. If school-based team members are unable to attend one of the scheduled trainings or view on-demand training resources, the team may request a specific training with a 30-day notice. Members of the school team must request trainings using the AT Portal in QuickBase and indicate the purpose of the training, number of participants, training location, and preferred dates. Email requests for training are not accepted by the assistive technology team. More information can be found on our [AT Training page](#) in SharePoint.

The assistive technology team does not provide direct support to students. The school-based team, including case manager and related service providers, is responsible for directly training the student on assistive technology supports providing on-going support.

Technical Support

The DCPS assistive technology department only provides technical support for tablets provided by our team, assistive technology applications and programs. However, OCTO provides technical support for laptops, and the Educational Technology team provides support for educational technology (which may contain AT features). Please see our [Technical Support FAQ](#) page in SharePoint for more information.

Assistive Technology Evaluations

Many students who require assistive technology do not need a formal evaluation. Identification of assistive technology during the FACTs process and/or consultation with the AT team may quickly match a student with the assistive technology required to access the educational environment. Formal assistive technology evaluations should only be conducted if additional data outside of school-based team consideration and AT team consultation is required for informed AT decision making or requested by a parent or advocate.

Prior to requesting formal AT evaluations, school-teams must consider assistive technology and document this consideration in the AT consideration section of the IEP. Teams must then receive parental consent and request an AT evaluation in POWER SCHOOLS SPECIAL PROGRAMS within 24

hours. Formal AT evaluations are a collaborative process that contains the same components as the consultation process, but with additional data collection points. Assistive technology evaluations are coordinated by the specialist but require input and data collection from members of the IEP and 504 teams. Please see our [AT Team Support](#) page for a complete overview of the AT evaluation process.

Independent Assistive Technology Evaluations

Families may obtain independent assistive technology evaluations, which provide recommendations AT for learning, communication, and access that may assist the student in accessing the educational environment. When independent assistive technology evaluations are conducted, the school-based team should request a copy of the assessment and upload the assessment to POWER SCHOOLS SPECIAL PROGRAMS. The school-based team should then schedule a time to review these recommendations as an IEP or 504 team and agree upon the supports that are necessary for the student to access the educational environment. The team should then update the necessary sections of the IEP, including special considerations for assistive technology, IEP goals, or 504 accommodations. If the school-based team requires support in interpreting the results of an independent assistive technology assessment, then the school- team may contact the AT team for support.

Student Owned Assistive Technology

Students may use their personally owned assistive technology within the educational setting. Many of these devices correlate to independent assistive technology evaluations. Prior to implementing these supports in the classroom, the school-team must first review the results of the outside evaluation as a team and update the IEP. If the team determines that this support will be used within the classroom, teams should update the special considerations for assistive technology section of the IEP by listing the student owned device that will be used and discussing how this will be implemented within the classroom. The team should also update relevant IEP goals to incorporate this device as appropriate. Please see additional guidance on student owned assistive technology devices and outside recommendations on [SharePoint](#).

School-based teams may also determine that this student owned device will not be used within the educational setting, but the student requires comparable assistive technology in order to access the educational environment. School-teams who make this decision should follow the device provision steps listed above.

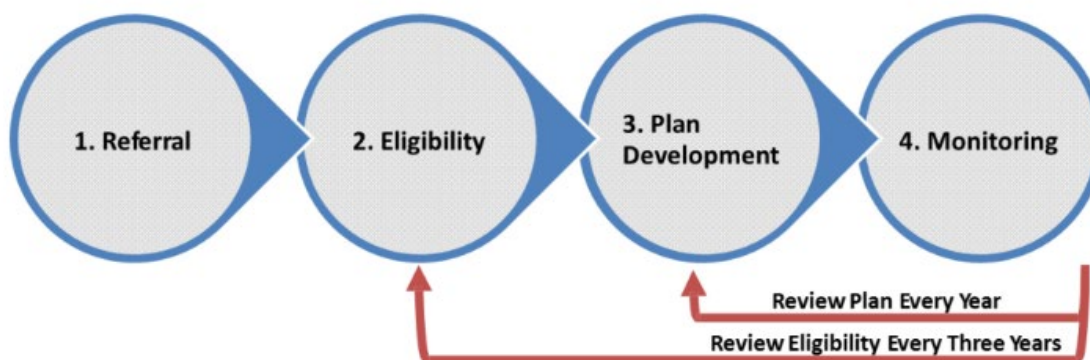
Contact and Additional Supports.

If you have additional questions, please contact DCPS.assistivetech@k12.dc.gov. In addition, you may access our complete AT Guidebook and policy and procedure handouts on [SharePoint](#). Implementation and technical training modules are located on [SharePoint](#) and the [AT Canvas Page](#) and Microsoft Stream.

504 Plan OT/PT Services

It is the intent of the district to ensure that students who are disabled within the definition of Section 504 of the Rehabilitation Act of 1973 are identified, assessed, and provided with appropriate educational services. Under this policy, a student with a disability is one who (a) has a physical or mental impairment that substantially limits one or more major life activities, (b) has a record of such impairment, or (c) is regarded as having such an impairment. Students may be disabled under Section 504 even though they do not require services pursuant to the Individuals with Disabilities Education Act (IDEA). Due process rights of students with disabilities and their parents under Section 504 will be enforced.

Section 504 Process in DCPS



504 Evaluation Process

This process should be followed when a school-based 504 team believes that a student in the 504 process (initial or ongoing) may require a related service (occupational therapy, physical therapy, speech-language pathology, audiology, or behavior support services) and/or if a parent/guardian requests a related service assessment.

- The 504 coordinator and the related service provider shall meet to discuss the referral and the current existing data. Whether additional information is needed shall rely heavily on the related service provider's expertise.
- The 504 coordinator and Related Service Provider shall confirm the specific assessment type that will be completed and the 504 coordinator shall create a Related Service Evaluation event in the Frontline database. The 504 coordinator shall obtain written consent for the related service evaluation, upload the consent form in the Related Service Evaluation event, and notify the related service provider(s) that the event has been created and consent has been obtained. If the assessment is to be completed remotely, the 504 coordinator shall also obtain separate consent for a telehealth assessment using the Informed Consent for Telehealth – Assessments form.

- The related service provider shall complete all necessary assessments in accordance with the DCPS eligibility timeline process. For behavioral support services, the social worker shall complete the Behavioral Support Services Checklist. For more information about the eligibility timelines process or related service assessments, please refer to the relevant related service discipline’s program guidebook. Once the assessment has been completed, the related service provider shall upload all relevant documentation from the assessment in the Related Service Evaluation and lock the event to finalize.
- The 504 team (including the related service provider) shall reconvene to review the results on the assessment. If the student is eligible to receive related services, then the related service provider will:
 - Provide the duration, frequency, tentative start date, and goals of the service to include in the student’s 504 plan
 - Provide consultation, including recommendations for accommodations, to the classroom teacher, if applicable
 - Provide direct and/or consultative services
 - Conduct periodic monitoring of progress and/or concerns with the educational team to ensure accommodations are being implemented
 - Collect data regarding student progress toward completing their related service goals
 - Document communication with educational team and outside resources
 - Participate in 504 meetings to provide relevant information and updates
 - Document service delivery in the Frontline database no later than Monday close of business following the service delivery

Note: If the timeline for the completion of the assessment extends beyond the timeframe of the 504 eligibility determination process or the timeframe for writing the 504 plan, then the 504 team shall proceed to complete all other parts of the 504 eligibility determination and/or 504 plan without this information and reconvene to discuss the addition of the related service(s) when the assessment results are available.

For questions about the role of the 504 coordinator in this process, please DCPS.504@k12.dc.gov

Training Video: [How to Create a 504 Related Services Evaluation](#)

For a student to be eligible for accommodations under Section 504, s/he must have a physical or mental impairment that “substantially limits one or more major life activities,” as determined by the “504 team.” Important terms are defined as follows:

Physical or mental impairment can be any physiological condition that affects a body system, such as the respiratory, musculoskeletal, or neurological systems; any mental or psychological disorders, such as emotional or mental illness and intellectual disabilities; or specific learning disabilities. The definition does not limit the impairments that can qualify a student for Section 504 services.

Major life activities means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. Again, this list does not limit what kind of activities can qualify a student as having a disability.

Substantially limits means that the impairment results in considerable impairment with a permanent or long-term impact. A substantial impairment prevents or severely restricts a person from performing major life activities. Determining whether a child has a substantial impairment is based on a child's disability without any assistive measures other than ordinary eyeglasses or contact lenses. Eligibility will be reviewed at least every three years.

Students who meet the eligibility guidelines will have a 504 Plan developed for use in school. The Plan specifies the nature of the impairment, the major life activity affected by the impairment, accommodations necessary to provide access based on the student's needs, and the person(s) responsible for implementing the accommodations. Parents are encouraged to participate in development of the plan. A case manager will be assigned to notify teachers about the accommodations and monitor implementation.

Accommodations:

- Should be specific to the individual student and should not include accommodations typically provided to general education students.
- Should be specific to the individual student's physical or mental impairment in terms of the substantial limitation to the major life activity.
- Must be documented in writing.

Please note that a student may not concurrently have both an IEP and 504 plan. If a student with a 504 plan is found eligible for an IEP, then the student is exited from the 504 plan and the IEP is written to include accommodations from the 504 plan.

Role of the RSP in Providing 504 Services

The RSP will participate as a member of the 504 Team, if there are expressed concerns in the initial referral related to their disciple. The RSP plays an integral role as it relates to determining the educational impact of one of the aforementioned domains within the classroom setting, social interaction with peers and staff and future access to developing vocational skills. The attendance of the RSP is important to discuss and interpret assessment finding conducted within or outside of DCPS. If the student is found eligible, then the RSP will assist with developing 504 plan accommodations as it relates to the student's skills.

Methodologies Used to Determine if a Student Qualifies for a 504 Plan:

- Review of existing data and referral concerns
- Complete Screening
- Conducting classroom observation(s)
- Parent/Teacher Interview
- Formal Assessment of Hearing ability (if testing is ordered)
- Gathering other supporting data to support/dismiss the need for a 504 Plan
- Report Cards
- Performance on classroom-based and/or state-wide testing
- Work Samples

- Data Collection (if student has been receiving MTSS)

If a student qualifies for services under the 504 Plan the RSP will do the following:

- Provide accommodations/modifications to the classroom and/or special education teacher
- Provide direct, indirect and/or consultative services
- Conduct ongoing periodic monitoring of progress and/or concerns with the educational team to ensure accommodations/modifications are being implemented
- Collect data regarding performance given strategies
- Document communication with educational team and outside resources
- Participate in the 504 meetings to provide relevant information and updates
- Students with hearing services on a 504 plan will receive consultative services from the DSI Audiologist.

If you have any questions regarding the 504 Process, you may contact the identified 504 Coordinator at your school or email the DCPS 504 team at DCPS.504@k12.dc.gov. For additional information related to 504, please visit: [Section 504](#)

Evidence-Based Practice

Evidence-based Practice Research

Education systems nationwide, including DCPS, endorse the need for an evidence-based education approach and “the integration of professional wisdom with the best available empirical evidence in making decisions about how to deliver instruction”.³ Federal education statutes and regulations, including IDEA 2004 and NCLB 2002, stress accountability as measured by the “use of effective methods and instructional strategies that are based on evidence-based practice”.⁴ Those federal education laws, requiring scientifically based research, make it clear that evidence-based practice is the standard for accountability and must be utilized by school-based OTs and PTs. Evidence-based practice is the “integration of best research evidence with clinical expertise and [child] values”.⁵ The laws, as well as AOTA and APTA professional documents, recognize that evidence-based practice is a continuous, dynamic integration of research evidence, professional expertise, and child factors. In addition to using evidence to inform practice, education professionals collect data to review intervention effectiveness to comply with the mandate for systematic and quantitative monitoring of the child’s progress. Data can be collected through various methods during both general education, including early intervening services and Response to Intervention, and special education to document whether intervention strategies, including environmental adaptations and modifications, are effective at increasing the child’s ability to gain access to the general curriculum and make progress.

The Steps of Evidence-Based Practice⁶

Evidence-based practice follows a five-step process designed to gather quality research evidence⁷:

- Step 1: Ask a relevant practice question
- Step 2: Gather the best available research evidence
- Step 3: Critically appraise the research
- Step 4: Integrate research evidence
- Step 5: Evaluate the outcomes

Step 1: Ask a Relevant Practice Question

Relevant practice questions relate to a child’s educational needs. Well-structured questions will assist the therapist in developing key search words and finding research on how to improve the effectiveness and efficiency of treatment. In school-based practice, relevant practice questions can directly incorporate the intent of therapy as reflected in a child’s IEP goals/objectives.

Step 2: Gather the Best Available Research Evidence

³ Whitehurst 2002

⁴ 20 USC §§ 1401 and 6301

⁵ Sackett et al. 2000, 1

⁶ Adapted from the guidelines for occupational therapy and physical therapy in California public schools, 2012

⁷ Lin, Murphy, and Robinson 2010; Rappolt 2003; Sackett et al. 2000; Salmond 2007; Sarracino 2002; Tickle-Degnen 1999, 2000a, 2000b

A combination of research evidence, professional expertise, and consensus views should be used to answer the relevant practice question. Research evidence can be gathered from a variety of resources.

Step 3: Critically Appraise the Research

The appraisal process guides the OT and PT in evaluating the study’s findings, deciding whether a research study is of sufficient quality with results that are applicable to school-based therapy.⁸ This step may be difficult, and many factors need to be considered for this process to be constructive. To begin, the OT or PT determines if the study is quantitative or qualitative. If the study is quantitative, the study must be categorized according to its research design and level of evidence. If the study is qualitative, it uses different research designs to examine the subjective views, experiences, and values of individuals and does not follow hierarchical quantitative levels of evidence. During the appraisal process, it is imperative to remember that the evidence-based practice philosophy utilizes the best available external research applicable to the situation. If no high-level quantitative research is found, the practitioner should consider the next level of best available research.⁹

Step 4: Integrate Research Evidence

Therapists use their professional expertise coupled with knowledge of the child’s functional needs to determine how to best integrate research evidence into service delivery. Well-informed collaborative decisions are made with the IEP team regarding when, where, and how often the intervention will be implemented to achieve the highest probability of desired outcomes.

Step 5: Evaluate the Outcomes

It is essential to evaluate whether the intervention used has research evidence for its effects on child progress.¹⁰ The evaluation process documents the outcomes of intervention and can uncover new areas of educational concern.¹¹ Outcomes can be evaluated through observations, data collection, interviews, standardized and criterion-referenced tools, work samples, ratings, goal attainment scaling, and treatment notes. If evaluation of the outcomes indicates that the child is not improving, the therapist can go back to the results of the current search to see if there are other viable resources or interventions to consider based upon the child and the context of the relevant practice question.

⁸ Kellegrew 2005

⁹ Sackett et al. 1996

¹⁰ Tickle-Degnen 2000b

¹¹ Rappolt 2003

Training and Support

Related Service Provider Training Overview

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

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

Related Service Provider Training Goal

- The Related Services Department (RSD) will implement trainings that promote high standards and “best practices” according to processes and procedures that support continuous quality improvement efforts and ensure compliance with court mandates, federal, local and discipline specific national organizations. As illustrated in IMPACT and the discipline specific procedural reference guides, which is allied to enhanced performance, increased collaboration and improved educational outcomes for students.
- The RSD will develop training programs that are evidence-based, empirically driven and results-focused. These initiatives will be implemented through strategic planning aimed to identify effective strategies for improving the performance of related service provider in ways that enhance the quality-of-service delivery, understanding of student’s goals for exiting services, quality assessments, appropriate educational planning, academic achievement, secondary transition outcomes as well as functional skills that improve educational outcomes of students with disabilities.

Types of Trainings and Professional Development

Professional Development Days (PD)

Reserve professional development dates on your calendar. Attendance on professional development days is required; however, providers may request off with at least two months' notice via written communication to their program manager. Providers may be required to participate in required trainings at a later date. Program Managers reserve the right to request a doctor's note when calling out and able to document as an unexcused absence.

Optional Trainings

DCPS and the OT/PT Department may offer several free trainings after the workday. These trainings may include workshops, webinars, case conferences, peer reviews, and lecture sessions. Please refer to the OT/PT SharePoint page for any departmental offerings.

Refer to [DCPS school calendar](#) for District-wide scheduled training dates.

Appendices

Glossary

A. Abbreviations

APE	Adapted Physical Education
AUD	Audiologists
BIP	Behavioral Intervention Plan
DCMR	District of Columbia Municipal Regulations
DCPS	District of Columbia Public Schools
DHS	Department of Human Services
DOB	Date of Birth
ED	Emotionally Disturbed
ELL	English Language Learners
ESY	Extended School Year
FAPE	Free Appropriate Public Education
FBA	Functional Behavioral Assessment
HI	Hearing Impairment
HOD	Hearing Office Determination
ID	Intellectual Disability (Also known as Mental Retardation MR)
IDEA	Individuals with Disabilities Education Act
IEP	Individualized Education Program
IFSP	Individualized Family Service Plan
ISP	Individualized Service Plan
LD	Learning Disability
LEA	Local Education Agency
LEP	Limited English Proficiency
LRE	Least Restrictive Environment
MD	Multiple Disabilities
MDT	Multidisciplinary Team
MTSS	Multi-Tiered Systems of Support
OHI	Other Health Impairment
DSI	Division of Specialized Instruction
OSSE	Office of the State Superintendent of Education
OT	Occupational Therapy
PT	Physical Therapy
SA	Settlement Agreement
SLI	Speech Language Impairment
SLP	Speech Language Pathologist
SSI	Supplemental Security Income
SW	Social Worker
TBI	Traumatic Brain Injury
VI	Visual Impairment
VIS	Visiting Instruction Services

B. Key Terms

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

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

travel skills or as a tool for safely negotiating the environment for children with no available travel vision, (c) to understand and use remaining vision and distance low vision aids, and (d) other concepts, techniques, and tools.

- Parent counseling and training. Includes (i) assisting parents in understanding the special needs of their child, (ii) providing parents with information about child development, and (iii) helping parents to acquire the necessary skills that will allow them to support the implementation of their child's IEP or IFSP.
- Physical therapy. Physical therapy focuses on functional mobility through assessment and intervention of body systems, body functions, and activity limitations. School-based physical therapy is a related service provided to students who require the skilled service to access and navigate their school environment. Physical therapists may also consult with school teams on appropriate equipment, devices, and school accessibility to ensure that all students can participate in their educational programming despite any physical limitations.
- Psychological. Psychological services includes (i) administering psychological and educational tests, and other assessment procedures, (ii) interpreting assessment results, (iii) obtaining, integrating, and interpreting information about child behavior and conditions relating to learning, (iv) consulting with other staff members in planning school programs to meet the special educational needs of children as indicated by psychological tests, interviews, direct observation, and behavioral assessments, (v) planning and managing a program of psychological services, including psychological counseling for children and parents, and (vi) assisting in developing positive behavioral intervention strategies.
- Recreation. This service includes (i) assessment of leisure function, (ii) therapeutic recreation services, (iii) recreation programs in schools and community agencies, and (iv) leisure education.
- Rehabilitation counseling. Rehabilitation services means services provided by qualified personnel in individual or group sessions that focus specifically on career development, employment preparation, achieving independence, and integration in the workplace and community of a student with a disability.¹²
- School health and school nurse. These health services are designed to enable a child with a disability to receive FAPE as described in the child's IEP. School nurse services are services provided by a qualified school nurse. School health services are services that may be provided by either a qualified school nurse or another qualified person.
- Social work. Social work in schools including (i) preparing a social or developmental history on a child with a disability, (ii) group and individual counseling with the child and family, (iii) working in partnership with parents and others on those problems in a child's living situation (home, school, and community) that affect the child's adjustment in school, (iv) mobilizing school and

community resources to enable the child to learn as effectively as possible in his or her educational program, and (v) assisting in developing positive behavioral intervention strategies.

- Speech-language pathology Services. Speech-language services include (i) identification of children with speech or language impairments, (ii) diagnosis and appraisal of specific speech or language impairments, (iii) referral for medical or other professional attention necessary for the habilitation of speech or language impairments, (iv) provision of speech and language services for the habilitation or prevention of communicative impairments, and (v) counseling and guidance of parents, children, and teachers regarding speech and language impairments.
- Transportation. Transportation includes (i) travel to and from school and between schools, (ii) travel in and around school buildings, and (iii) specialized equipment (such as special or adapted buses, lifts, and ramps), if required to provide special transportation for a child with a disability.

Related Service Provider Weekly Intervention Schedule

Related Service Provider Weekly Building Intervention/Assessment Schedule (*Should be Typed*)

Discipline:

Employee:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
School Name:					
8:00 AM					
8:30					
9:00					
9:30					
10:00					
10:30					
11:00					
11:30					
12:00 PM					
12:30					
1:00					
1:30					
2:00					
2:30					
3:00					
3:30					
4:00 (ET 11)					

***PRINCIPAL SIGNATURE (*One signature per school*)** _____

Observation Form

Early Childhood Observation Form

Name: _____ School: _____
 Student ID: _____ D.O.B. _____ Age: _____ Grade: _____

Discipline: AUD OT PT SW PSYCH SLP
 Reason for Observation: Review per ASQ Results Teacher Request Other

Date of Observation:	Start Time of Observation:	End time of Observation:
Setting of Observation:		
Describe the lesson/activities occurring during the observation session (e.g., lesson, discussion, independent seatwork, small group work) and the observed student level of participation and engagement. Include any special supports or conditions during this observation (e.g., student seated away from group, uses interpreter, etc.):		
Identify any instructional strategies and/or behavior supports used during the activity/instruction: <input type="checkbox"/> wait time <input type="checkbox"/> repetition <input type="checkbox"/> visual supports <input type="checkbox"/> graphic organizers <input type="checkbox"/> rephrasing "manipulatives" <input type="checkbox"/> positive reinforcement <input type="checkbox"/> re-direction <input type="checkbox"/> teacher <input type="checkbox"/> other _____		
Describe the student's reaction to instructional strategy(ies) and/or the behavior supports provided:		
Describe the student's behavior during the observation session:		
Describe the student's academic, social, emotional and/or behavioral functioning during the observation session:		
Summary of additional comments or concerns:		

 Print Name and Signature

 Date

Upload into POWER SCHOOLS SPECIAL PROGRAMS as an other-file based document. Re-label the document "Early Childhood Observation – DISCIPLINE MONTH / YEAR"

Occupational Therapy/Physical Therapy Initial Parent Letter



SAMPLE INTRODUCTION PARENT LETTER/EMAIL

Dear Parent/Guardian,

I am excited about the opportunity to work with your child on addressing their occupational therapy (OT)/physical therapy (PT) goals.

As a parent, you also serve as a crucial partner in the success of the child. At times, I will send home strategies or suggestions on activities you can implement to help with the reinforcement of the skills he/she is working on in occupational therapy (OT)/physical therapy (PT). If you have any questions about any of the activities sent home, please contact me.

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

In closing, I invite you to observe your child in their occupational therapy (OT)/physical therapy (PT) session during the year.

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

Sincerely,

Name and Credentials _____ Date _____
DC DOH License Number _____
DC Government Email Address _____

Occupational Therapy Checklist



CONFIDENTIAL

OCCUPATIONAL THERAPY (OT) CHECKLIST – FOR THE CLASSROOM TEACHER

Name: Name of student

DOB: Date of Birth

SID#: Student id number

CA: Chronological age

Examiner: Name and credentials

DOE: Date of Assessment

DOR: Date of Report/Review

Grade: The grade that the student is in

School: Name of Attending school

Teacher: Name of student's teacher

INSTRUCTIONS

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

• SELF-HELP SKILLS

Preschool:

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

School Age:

_____ Has trouble with self-help skills beyond kindergarten.

• FINE MOTOR ACTIVITIES

Preschool:

_____ Unable to stack 4-5 small blocks

_____ Unable to string 2-3 large beads

_____ Uses whole palm to grasp small objects instead of fingers

_____ Unable to complete simple inset puzzle (circle, square/triangle)

_____ Does not turn pages in a board book

_____ *Awkward pencil grip, which interferes with handwriting legibility*

_____ Complains of fatigue/hand hurting when writing

_____ Pencil lines are tight, wobbly, too faint/too dark; pencil point often breaks when writing

_____ Difficulty coloring within the lines (after kindergarten)

_____ *Hand dominance not well established (after age 6)*

_____ *Awkward cutting skills*

- ****PRE-WRITING / HANDWRITING**

Preschool:

- _____ Does not scribble on paper
- _____ Does not copy basic strokes
- _____ Does not trace shapes or letters

Kindergarten:

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

First Grade:

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

After First Grade:

- _____ Difficulty copying from the board
- _____ *Decreased handwriting legibility that impacts student's success in the classroom*
- _____ *Difficulty completing assignments (slow writer)*

- **VISUAL PERCEPTION:**

- _____ Difficulty completing wood inset puzzles by kindergarten

**also indicated above with legibility

- **SENSORY MOTOR ORGANIZATION:**

Preschool/School Age:

- _____ Resists being held or cuddled
- _____ Becomes upset if own clothing, hands, and/or face are messy
- _____ Exhibits odd, ritualistic, or self-stimulatory behavior
- _____ *Avoids putting hands in various textured substances (glue, putty, sand, paint)*
- _____ Seems overly sensitive to loud noises
- _____ *Constantly seeks movement opportunities*
- _____ *Flat affect, requiring constant instruction to engage in activities*
- _____ *Unable to hold head up and/or frequently falls out of chair, is clumsy*

Specialized equipment: _____

Medical equipment: _____

- **INTERVENTIONS/PROGRESS**

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

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

I would like training on:

Teacher signature

Date

Occupational Therapy Screening Report Template



CONFIDENTIAL
OCCUPATIONAL THERAPY SCREENING REPORT

SECTION I - STUDENT IDENTIFYING INFORMATION:

- | | |
|---------------------------------------|--|
| Name: Name of student | DOE: Date of Assessment |
| DOB: Date of Birth | DOR: Date of Report/Review |
| SID#: Student id number | Grade: The grade that the student is in |
| CA: Chronological age | School: Name of Attending school |
| Examiner: Name and credentials | Teacher: Name of student's teacher |

SECTION II

- a. General Information:
- b. Medical and Education History (birth history, developmental history, surgical procedures, previous and current therapeutic/medical interventions):
- c. Reason for Referral/Presenting Academic Concern:

SECTION III – SCREENING TOOLS AND RESULTS

- a. Clinical Observation (includes classroom observation)
- b. Classroom Teacher Interview/The Occupational Therapy Checklist, completed by classroom teacher:
- c. Parental interview:
- d. Analysis of work samples:
- e. List and describe results of screening tools and procedures

SECTION IV. SUMMARY AND RECOMMENDATIONS

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

- a. Strengths:
- b. Areas needing support:
- c. Impact on learning and participation in academic activities:
- d. Recommendations for the classroom staff:

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

Examiner Signature and credentials
DC DOH License Number

Occupational Therapy Assessment Report Template



COMPREHENSIVE OCCUPATIONAL THERAPY INITIAL EVALUATION OR RE-EVALUATION

Name: Name of student	DOE: Date of Assessment / Evaluation
DOB: Date of Birth	DOR: Date of Report/Review
SID#: Student ID number	Grade: Student grade level
CA: Chronological age	School: Name of Attending school
Examiner: Name and credentials	Teacher: Name of student's teacher
Parental Consent Date:	

REASON FOR REFERRAL

This section must state that the assessment was ordered by the multidisciplinary team, as well as the type of assessment (i.e., initial, re-evaluation, etc....) and purpose (i.e., difficulty writing sentences during classroom activities, etc....). In the case of an initial assessment, this section may also include the person who is making the referral.

School-based occupational therapy may be provided within special education services. OT is a related service that targets skills that may not be addressed by other services, such as functional fine motor, visual motor, visual perceptual, or sensory processing deficits that impede the student's ability to access their academic curriculum.

ASSESSMENT TOOLS & PROCEDURES (List of all formal and informal assessment procedures used in completing the assessment. Delete any that were not used!)

- Review of Records
- Parent Interview
- Teacher Interview
- Other RSP Interview
- Student Interview
- Clinical Observations
- Analysis of Work Samples
- Standardized/Formal Assessments (list test names):
 - Ex. BOT-2
 - Ex. SPM
- Psychosocial assessment tools/procedures: ex. Classroom observation
- Cognitive assessment tools/procedures: ex. Classroom/clinical observations
- Physical assessment tools/procedures: ex. BOT-2, DTVP-3

HISTORY /BACKGROUND / RECORD REVIEW

- Pertinent birth, medical, and academic history and information from student file
 - Current academic program (general education, special education, CAPE or academic data, instructional hours on IEP, current MTSS academic or behavior interventions, 504, etc.)
 - Previous OT Assessment results. State the date of previous report, name of previous examiner and findings and level of severity.
- Was MTSS initiated, completed; progress with MTSS
- If re-assessment, include list of current IEP goals, status, progress and performance level.

INTERVIEWS - TEACHER, PARENT, OTHER RSP and STUDENT

Report information from the teacher and/or parent that is gathered from interviews, rating scales, or questionnaires to describe the student's current level of functioning and support possible educational impact. Narrative should the name(s) of individuals interviewed. Teacher interview is required. The other individuals are optional.

CLASSROOM OBSERVATIONS

This section is required and should include observations of the student's performance across multiple educational settings. Observations should include information on the student's performance in the areas of concern expressed by the teacher, parent and/or results from testing; include behavioral observations.

TESTING BEHAVIOR

This section should include observations of the student's behavior while participating in formal or informal assessment. Be sure to include any behavioral observations that may have impacted the validity of the assessment results (*ex. attention, amount of prompting required, behavioral incentives, differences in behavior in 1-1 vs. classroom, etc.*)

VALIDITY STATEMENT

This section must answer the following three (3) questions: (1) Was the assessment procedure valid for the intended purpose? (2) Were the assessment procedures valid for the student to whom it was administered, and the results are a valid report of the student's current functioning? (3) Were procedural modifications made when assessing the student to increase the validity of the results?

FORMAL ASSESSMENTS

** All formal assessments or procedures for fine motor, handwriting, visual motor, visual perceptual, sensory processing, and activities of daily living must include the following:

- Description of the test, subtest or procedure and the skill areas measured.
- Description of what the student was supposed to do to indicate the skill (copy letters using sample, etc.)
- Description and interpretation of the standard/scaled scores (include table with scores if appropriate)
- Description of student's strengths and weaknesses on this formal assessment
- All standardized tests must include standardized scores, unless the clinician is unable to establish a baseline/basal. In those instances, the provider must indicate that the test/subtest was

attempted and describe (i.e., behaviors, etc...) that precluded the student from being able to complete the test tasks.

CLINICAL OBSERVATIONS AND ANALYSIS

**Describe observations and analysis of each area below in narrative form. Do not ONLY state “within functional limits”; instead provide a description of how you came to the conclusion. Must report on all areas below to ensure the report is comprehensive.*

Neuromotor/Muscular Skills:

- Muscle Tone (*the resistance felt to movement or the tension in the muscles at rest*):
- Postural Control (*ability of the student to assume and maintain postures against gravity like pivoting on his/ her stomach, lifting legs and head while lying on his/ her back and sitting upright on the chair*):
- Muscle Strength (*the ability of a muscle to produce force, which may result in the production or prevention of movement*):
- Range of Motion (*amount of active [AROM] or passive [PROM] movement available at a joint and is necessary for movement*):
- Motor Planning (*motor planning consists of the ability of students to imagine a mental strategy to carry out a movement or an action; for instance, how to get on top of a table, how to move from point A to point B and overcome some obstacle, how to execute a dance step, or learning how to skip*):

Fine Motor Skills: *The refined movements of the hands and fingers to grasp and manipulate a variety of tools within the classroom and school setting, such as pencils, scissors, clothing fasteners, and utensils for self-feeding.*

**Examples: In-hand manipulation skills, pencil/scissor grasp, strength, stringing beads, opening containers, putty/Play-Doh, fingertip-thumb tapping, hand preference/dominance.*

Bilateral Coordination Skills: *the efficient use of both sides of the body together to perform a task; it is necessary for writing, cutting, typing, and many other academic activities and self-care tasks.*

**Examples: stabilizing the paper with their non-dominant hand, using non-dominant hand to manipulate the paper while cutting with dominant hand, opening and closing containers, folding, crossing midline during writing, coloring or drawing tasks, ball play, stringing beads, removing beads from putty, self-care tasks, typing.*

Ocular Motor Skills: *Refers to the ability of the eyes to work together to simultaneously and efficiently to focus on and track objects. Ocular motor skills are important for reading, writing, navigating one’s environment, locating items within a backpack, locker or classroom, and focusing on a given task.*

**Can complete a brief assessment looking at child’s ability to track a highlighter in all directions and converge eyes to track the highlighter to midline. Can include information on convergence/divergence, crossing midline, peripheral vision, smooth saccades, visual fixation, tracking, visual attention.*

Visual Motor Integration (VMI) Skills: *The ability to coordinate finger-hand movements given visual information.*

*Examples: cutting on a line or cutting out a shape, tossing and catching a ball, coloring within a boundary, copying block designs, drawing, puzzles, etc.

Visual Perceptual Skills: *The brain's ability to recognize, differentiate, and interpret visual information including size, distance, and shape without motor involvement.*

*Examples: completing simple puzzles, matching, sorting, figure ground skills, visual closure, visual spatial relations, scanning board/worksheets, climbing stairs, playground skills

Handwriting Skills: *Handwriting is a complex task that requires the simultaneous functioning of a variety of sensory and motor processes, including visual motor integration, visual perception, fine motor skill development, overall muscle development, strength and endurance, and sensory processing.*

*Examples: letter formation, sizing, spacing, alignment, overall legibility, letter/number reversals, speed, endurance, copying vs. dictation, omissions. Does it improve with accommodations, such as dotted-lined paper, visual model, or a slant board?

Sensory Processing Skills: *Sensory processing is the brain's ability to orient, regulate, and use multi-sensory information to successfully complete activities and make the appropriate adjustments to assure ongoing success. Sensory processing skills help lay the foundation for a variety of behaviors and skills such as emotional affect, the ability to maintain focus and attention, fine motor and visual-motor skills, and the ability to transition between activities.*

*Examples: describe appropriate responses towards sensory input, ability to self-regulate, or concerns with hypo- or hyper-responsiveness towards sensory input. Include observable behaviors, such as: covering ears, fidgeting, rocking, climbing on furniture, etc. List interventions trialed, such as: movement breaks, reward charts, frequent breaks, etc.

Activities of Daily Living: *Activities of daily living refer to the occupational tasks required of the person throughout the day. Daily occupations within the school setting include but are not limited to classroom/academic tasks, dressing (donning/doffing coat, changing into P.E. clothes, etc.), toileting, and self-feeding.*

*Examples: donning/doffing coat at the beginning and end of the day, opening and closing backpack, dressing/undressing during toileting, self-feeding, washing hands, maintaining organization of materials in desks/locker, following routines

EQUIPMENT AND ASSISTIVE TECHNOLOGY

Is the student currently using equipment or support in the classroom? Describe any trial equipment or assistive technology used during assessment.

If the student already has an IEP: What AT, if any, was considered during the last IEP meeting? Was any high or low tech AT recommended? Has the IEP team consulted with the Assistive Technology team for support/ equipment options?

In this section, the evaluator should include the use of low-tech supports as well as high-tech supports (e.g. adaptive paper, pencil grips, etc.)

If there are no AT or equipment needs, please indicate this.

SUMMARY

Summary of formal and informal assessment, observations, and interpretation. This should be written in paragraph format.

- Include student’s strengths and areas of growth
- If re-assessment, compare results with previous test results. Can use chart/table if helpful
 - Psychosocial factors affecting student’s access to the curriculum.
 - Cognitive factors affecting student’s access to the curriculum.
 - Physical factors affecting student’s access to the curriculum.

IMPACT ON LEARNING & PARTICIPATION

- Impact statements must include a clear explanation including at least one specific example of how disability impacts the student’s achievement in the general education setting.
- If the results indicate that there are deficits or impairments, then the provider must indicate that there is no potential educational impact or difficulties accessing the curriculum.

RECOMMENDATIONS

- Include strategies for teachers and parents based on student needs (must align with indicate areas of weaknesses identified in the report or concern areas stated by teacher or parent).
- Statements regarding eligibility and placement should defer to the MDT or IEP after all relevant data / assessments have been reviewed and discussed. **The following statement must be included: *The results of this evaluation will be reviewed by the MDT to determine the need for occupational therapy as a related service within their educational curriculum.***
- Do not use any references to whether the student qualifies/does not qualify OR make reference to the continuation/discontinuance of services OR service amount/frequency
- Do not recommend any additional evaluations, services, or equipment/materials that parents may expect DCPS to fund.

Signature (electronic signature), Date
Title/Credentials
DC DOH License Number

Physical Therapy Assessment Report Template

COMPREHENSIVE PHYSICAL THERAPY INITIAL EVALUATION OR RE-EVALUATION

Name:	Date(s) of Evaluation:
Date of Birth:	Date of Report:
Student ID Number:	Grade:
Age:	School:
Examiner:	Teacher:
Parental Consent Date:	

REASON FOR REFERRAL

This section must state that the assessment was ordered by the multidisciplinary team, as well as the type of assessment (i.e., initial, re-evaluation, etc....) and purpose (i.e., difficulty writing sentences during classroom activities, etc....). In the case of an initial assessment, this section may also include the person who is making the referral.

School-based physical therapy may be provided within special education services. Physical therapy is a related service that targets functional gross motor skills which impede the student's ability to navigate and access their school environment and educational goals.

ASSESSMENT TOOLS & PROCEDURES (List of all formal and informal assessment procedures used in completing the assessment. *Delete any that were not used!*)

- Review of Records
- Parent Interview
- Teacher Interview
- Other RSP Interview
- Student Interview
- Clinical Observations
- Standardized/Formal Assessments (list test names and dates that tests were administered):
 - Ex. SFA
- Body Structures assessment tools/procedures
- Body Functions assessment tools/procedures
- Activity limitations/participation restrictions assessment tools/procedures

HISTORY /BACKGROUND / RECORD REVIEW

- Pertinent birth, medical, and academic history and information from student file
- Current academic program (general education, special education, CAPE or academic data, instructional hours on IEP, current MTSS academic or behavior interventions, 504, etc.)

-Previous PT Assessment results. State the date of previous report, name of previous examiner and findings and level of severity.

-Was MTSS initiated, completed; progress with MTSS

-If re-assessment, include list of current IEP goals, status, progress and performance level.

INTERVIEWS - TEACHER, PARENT, OTHER RSP and STUDENT

Report information from the teacher and/or parent that is gathered from interviews, rating scales, or questionnaires to describe the student's current level of functioning and support possible educational impact. In this section, evaluators can discuss student's participation in field trips and community-based instruction. Narrative should the name(s) of individuals interviewed. Teacher interview is required. The other individuals are optional.

CLASSROOM/SCHOOL ENVIRONMENT OBSERVATIONS

This section is required and should include observations of the student's performance across multiple educational settings. Observations should include information on the student's performance in the areas of concern expressed by the teacher, parent and/or results from testing; include behavioral observations and observations of transitions between settings.

TESTING BEHAVIOR and COGNITIVE FUNCTIONS

This section should include observations of the student's behavior while participating in formal or informal assessment. Be sure to include any behavioral observations or cognitive functions that may have impacted the validity of the assessment results (*ex. attention, amount of prompting required, behavioral incentives, differences in behavior in 1-1 vs. classroom, etc.*)

FORMAL ASSESSMENTS

** All formal assessment write-ups must include the following:

- Description of the test, subtest or procedure and the skill areas measured.
- Description of what skill the testing item was assessing
- Description and interpretation of the standard/scaled scores (include table with scores if appropriate)
- Description of student's strengths and weaknesses on this formal assessment
- All standardized tests must include standardized scores, unless the clinician is unable to establish a baseline/basal. In those instances, the provider must indicate that the test/subtest was attempted and describe (i.e., behaviors, etc...) that precluded the student from being able to complete the test tasks.

CLINICAL OBSERVATIONS AND ANALYSIS

**Describe observations and analysis of each area below in narrative form. Do not state "within functional limits." Must report on all areas below to ensure the report is comprehensive.*

Body Structures:

- Neuromotor (*relating to nerves and muscles, and the communication between the muscular and nervous systems*):

- Musculoskeletal (*relating to the joints, tendons, ligaments, nerves, and muscles which support gross body structures such as the limbs, neck, and back*):
- Muscle Tone (*the resistance felt to movement or the tension in the muscles at rest*):
- Range of Motion (*amount of active [AROM] or passive [PROM] movement available at a joint and is necessary for movement*):

Body Functions:

- Motor Planning (*the ability of students to imagine a mental strategy to carry out a movement or an action*):
- Postural Control (*ability of the student to assume and maintain postures against gravity*):
- Coordination (*the efficient use of body parts together to simultaneously perform an action or task*):
- Muscle Strength (*the ability of a muscle to produce force, which may result in the production or prevention of movement*):
- Endurance (*the ability to sustain contraction of a muscle or muscle groups against resistance for a period of time*):

Activity Limitations/Participation Restrictions:

- Ambulation/Mobility:
- Transfers/Transitions:
- Navigating stairs:
- Participation in physical education:
- Cafeteria Skills:
- Arrival and Dismissal:
- Fire Drills/Evacuation:
- Bus Accessibility:

EQUIPMENT

Is the student currently using equipment or support in the classroom? Description of trial equipment used during assessment. Did the IEP team consider Assistive Technology during the last IEP meeting? Is equipment recommended? Has the IEP team consulted with the Assistive Technology team for support/equipment options?

VALIDITY STATEMENT

This section must answer the following three (3) questions: (1) Was the assessment procedure valid for the intended purpose? (2) Were the assessment procedures valid for the student to whom it was administered, and the results are a valid report of the student's current functioning? (3) Were procedural modifications made when assessing the student to increase the validity of the results?

SUMMARY

Summary of formal and informal assessment, observations, and interpretation. This should be written in paragraph format.

- Include student’s strengths and areas of growth
- If re-assessment, compare results with previous test results. Can use chart/table if helpful
- Be sure to include the following (in paragraph/narrative form):
 - Body structures affect student’s access to the school environment.
 - Bodily functions affecting student’s access to the school environment.
 - Activity limitations/participation restrictions affecting student’s access to the school environment.
 - Overall functional level within the school setting

IMPACT ON LEARNING & PARTICIPATION

- Impact statements must include a clear explanation including at least one specific example of how disability impacts the student’s achievement in the general education setting.
- If the results indicate that there are deficits or impairments, then the provider must indicate that there is no potential educational impact or difficulties accessing the school environment and/or curriculum.

RECOMMENDATIONS

- Include strategies for teachers and parents based on student needs (must align with indicate areas of weaknesses identified in the report or concern areas stated by teacher or parent).
- Statements regarding eligibility and placement should defer to the MDT or IEP after all relevant data / assessments have been reviewed and discussed. **The following statement must be included:** *The results of this evaluation will be reviewed by the MDT to determine the need for physical therapy as a related service within their educational curriculum.*
- Do not use any references to whether the student qualifies/does not qualify OR make reference to the continuation/discontinuance of services OR service amount/frequency
- Do not recommend any additional evaluations, services, or equipment/materials that parents may expect DCPS to fund.

Signature (electronic signature)
Title/Credentials
DC DOH License Number

Date

Occupational Therapy and Physical Therapy Assessment Descriptions

Sensory Processing Measure, 2nd Edition (SPM-2)

Sensory Processing is the ability to organize and interpret information from the environment to produce an appropriate response and interact within the environment. The SPM-2 is a subjective questionnaire appropriate for students from preschool aged through adolescent and adult that evaluates the frequency of a child's responses to various sensory experiences. It measures sensory processing in 6 areas and yields an overall score of a child's sensory processing ability. The SPM-2 provides norm-referenced standard scores for two higher-level integrative functions — praxis and social participation — and five areas of sensory processing — visual, auditory, tactile, proprioceptive, and vestibular functioning. The school/home form of the SPM-2 was completed by (teacher/parent name), (relationship to child). The results are listed in the tables below: **(Use table/chart provided by online score report, when using online version. No need to also include the table below.)**

SPM-2: Main Classroom Form/ Home Form				
Behavioral Category	T-Score	Typical Performance (T-score: 40-59)	Some Problems (T-score: 60-69)	Definite Dysfunction (T-score: 70-80)
Vision <i>Student's ability to process and interpret visual input.</i>				
Hearing <i>Student's ability to process auditory information without over/under-responsiveness or perceptual difficulties.</i>				
Touch <i>Student's ability to process tactile stimulation and respond appropriately.</i>				
Taste and Smell <i>Student's perception of taste or smell sensations.</i>				
Body Awareness <i>Student's ability to sense the position in space of limbs, fingers and other body parts.</i>				
Balance and Motion <i>Student's ability to execute and control coordinated body movements.</i>				
Sensory Total				

Planning and Ideas <i>Student's ability to conceptualize, plan and organize movements in order to complete unfamiliar motor tasks.</i>				
Social Participation <i>Student's ability to get along with peers and participate in classroom activities.</i>				

OBSERVATIONS AND INTERPRETATION:

Sensory Profile 2: School Companion

The SP-2 is a measure of students’ responses to sensory events in the classroom. The teacher completes the Sensory Profile School Companion by assessing the frequency of a student’s responses to environmental sensations, body sensations, and his or her classroom behaviors as described in 44 items. Research has shown that the Sensory Profile 2 School Companion can help identify a student’s sensory processing patterns; the results can then be used to consider how these patterns might be contributing to or creating barriers to performance in the classroom.

The chart below classifies the child’s functioning into one of five categories: Much Less Than Others (2% of children), Less Than Others (14% of children), Just Like the Majority of Others (68% of children), More Than Others (14% of children), and Much More Than Others (2% of children), as compared to same-age peers.

Sensory Profile 2: School Companion						
Section and Factor Summary		Classification				
Sensory Processing	Raw Score Total	Much Less Than Others	Less Than Others	Just Like the Majority of Others	More Than Others	Much More Than Others
Auditory	/35					
Visual	/35					
Vestibular (Movement)	/40					
Touch	/40					
Behavioral	/55					

Registration	/65					
Seeking	/55					
Sensitivity	/55					
Avoiding	/60					
School Factor 1 <i>(Seeking and Registration)</i>	/65					
School Factor 2 <i>(Awareness and Attention)</i>	/50					
School Factor 3 <i>(Tolerance of Sensory input)</i>	/60					
School Factor 4 <i>(Availability for Learning)</i>	/45					

OBSERVATIONS AND INTERPRETATION:

The Adolescent/Adult Sensory Profile

The Sensory Profile is a standardized, judgment based, self-assessment questionnaire that asks examines about their responses to sensory stimulation during daily activities. Scores represent patterns of sensory processing using the descriptors of Low Registration, Sensation Seeking, Sensory Sensitivity, and Sensation Avoiding. Each category identifies levels of behaviors compared to other people, ranging from “Much Less Than Most People” to “Much More Than Most People,” Results are indicated below:

ADOLESCENT/ADULT SENSORY PROFILE
Age Range 11+

Quadrant	Raw Score Total	Much Less Than Most People	Less Than Most People	Similar to Most People	More Than Most People	Much More Than Most People
Low Registration						
Sensation Seeking						
Sensory Sensitivity						
Sensation Avoiding						

OBSERVATIONS AND INTERPRETATION:

Low Registration: *Sensory registration refers to the ability to accurately identify from one's sensory environment. Examples of behaviors that require sensory registration include, the ability to keep up with peers when trying to follow an activity or task, the ability to notice when hands and face are dirty, and the ability to register ambient touch and maneuver around environmental obstacles.*

Sensation Seeking: *Sensory seeking refers to an individual creating additional stimuli or looking for environments that provide sensory stimuli. Individuals who are sensory seeking have an interest in exploring the environment and generally associate sensory experiences as pleasurable. Some behaviors that are included in this category are: the creation of stimuli, easily becoming bored in low stimulus environments, or the preference to attend events with a lot of music.*

Sensory Sensitivity: *This category highlights behaviors that reveal hypersensitivity or aversion behaviors to different sensations. Some possible behaviors that are included in this category are: fear of heights, easily becoming dizzy, and the sensitivity to certain fabric textures.*

Sensation Avoiding: *This category highlights the tendency to avoid sensory experiences. Some possible behaviors included in this category are: the avoidance of situations where unexpected things might happen, the preference to spend time alone, and the use of strategies to decrease ambient sound.*

Evaluation Tool of Children's Handwriting (ETCH)

The ETCH is a standardized test that assesses handwriting and considers legibility of 85% to be accepted by most teachers (teachers feel that they can decipher about 15% of a student's challenging writing). This test was administered to gain additional information about visual-motor skills, with emphasis on writing legibility. *Student* completed the following tasks: printing the alphabet, writing numbers, copying sentences from near-point and far-point, dictation, and writing an original sentence. Scores are then used to determine whether further evaluation of possible underlying deficits is warranted.

EVALUATION TOOLS OF CHILDREN'S HANDWRITING			
	Words	Letters	Numerals
Total ETCH Legibility Scores			
ALPHABET			
	Writes Letters from Memory		Legibility %
Uppercase	Yes/No		
Lowercase	Yes/No		
NUMERAL WRITING			
	Writes Numbers from Memory		Legibility %
Numbers 1-12	Yes/No		
COPYING & SENTENCE COMPOSITION			
	Word Legibility %		Letter Legibility %
Near Point Copying			
Far point Copying			
Sentence Composition			
DICTION			
	Word/Code Legibility %		Letters/Numerals Legibility %
Letters and numerals			

OBSERVATIONS AND INTERPRETATION:

Minnesota Handwriting Assessment (MHA):

The MHA is a tool that quantifies selected aspects of a student's handwriting in manuscript form (Zaner-Bloser and D'Nealian). It is normed for students in 1st or 2nd grades. This assessment requires the student to copy words from a printed stimulus and assesses their handwriting in six categories: rate (speed), legibility, form, alignment, sizing, and spacing. Scores in each category are rated "like peers", "somewhat below peers," or "well below peers." Scores are then used to determine whether further evaluation of possible underlying deficits is warranted.

Minnesota Handwriting Assessment (MHA)
<i>Grade:</i>

Category	Score	Performing Like Peers	Performing Somewhat Like Peers	Performing Well Below Peers
Rate				
Legibility				
Form				
Alignment				
Size				
Spacing				

OBSERVATIONS AND INTERPRETATION:

Test of Handwriting Skills, Revised (THS-R):

This tool can be utilized to evaluate manuscript and cursive handwriting for students aged 6.0-18.0 years of age. It is untimed, but typically takes 10 minutes to administer. This test is intended to evaluate the underlying neurosensory integration skills or deficits that may impact a child's handwriting, not simply assess classroom "penmanship."

SUBTEST	SKILL	WHAT THE TASK REQUIRES	SCALED SCORE	DESCRIPTOR
1. Airplane	Writing uppercase alphabet from memory	long term memory, visual motor skills, fine motor skills		
2. Bus	Writing lowercase alphabet from memory	long term memory, visual motor skills, fine motor skills		
3. Butterfly	Dictation of random uppercase letters	high cognitive due to recall		
4. Frog	Dictation of random lowercase letters	high cognitive due to recall		
5. Bicycle	Dictation of random numbers	Stroke formation and shape		

6. Tree	Copying selected uppercase letters	Visual motor integration		
7. Horse	Copying selected lowercase letters	Visual motor integration		
8. Truck	Copying words from a model	Visual motor integration		
9. Book	Copying sentences from a model	Visual motor integration		
10. Lion	Writing words from dictation	High cognitive and visualization		
	Sum of Scaled Scores			
	Standard Score			
	Overall Percentile Rank			

OBSERVATIONS AND INTERPRETATION:

Bruininks-Oseretsky Test of Motor Proficiency, 2nd edition (BOT-2)

The BOT-2 measures a wide array of motor skills for children ages 4-22. The following subtests were administered: Fine Motor Precision (assesses precise control of finger and hand movement), Fine Motor Integration (assess ability to copy various shapes of increasing complexity from a model), Manual Dexterity (assesses reaching, grasping, and bimanual coordination with small objects), and Upper-Limb Coordination (assesses coordination of task performed with arms). The BOT- subtest and composite scores are as follows:

Subtest: Composite:	Scale Score	Composite Standard Score	Percentile Rank	Description of Performance
Fine Motor Precision		--	--	
Fine Motor Integration		--	--	
FINE MANUAL CONTROL	--			
Manual Dexterity		--	--	

Upper-Limb Coordination		--	--	
MANUAL COORDINATION	--			
FINE MOTOR COMPOSITE				

- * Subtest Scale Scores within 25+ are considered Well-Above Average
- * Subtest Scale Scores within 20-24 are considered Above Average
- * Subtest Scale Scores within 11-19 are considered Average
- * Subtest Scale Scores within 6-10 are considered Below Average
- * Subtest Scale Scores within 5 or less are considered Well-Below Average

OBSERVATIONS AND INTERPRETATION:

The Beery-Buktenica Developmental Test of Visual-Motor Integration, 6th Edition (Beery VMI) and supplemental tests for Visual Perception and Motor Coordination

The Beery VMI is designed to assess the extent to which individuals can integrate their visual and motor abilities. It consists of a developmental sequence of geometric forms to measure the extent to which individuals can coordinate their visual perception and fine motor abilities. The supplemental tests (Visual Perception and Motor Coordination) are provided to statistically compare an individual's Beery VMI results with relatively pure visual and motor performances. Problems with visual motor integration may impact a student's efficiency with handwriting, organizing written math problems, and various tasks requiring eye-hand coordination. Results are listed in the table below:

Beery VMI			
Test	Standard Score	Percentile Rank	Performance Range
Visual-Motor Integration			
Visual Perception			
Motor Coordination			
<i>Standard Score: <70 Very Low, 70 – 79 Low, 80 – 89 Below Average, 90 – 109 Average, 110 – 119 Above Average, 120 – 129 High, >130 Very High.</i>			

OBSERVATIONS AND INTERPRETATION:

Visual Motor Integration: *Measures a child’s ability to coordinate visual perception and motor coordination to copy complex geometric designs in a developmental sequence. (Child’s name) demonstrated strengths/difficulty with...*

Visual Perception: *Measures the ability to match identical designs. (Child’s name) demonstrated strengths/difficulty with...*

Motor Coordination: *Measures motor control and consists of drawing lines within a defined boundary. (Child’s name) demonstrated difficulty/strengths with....*

Wide Range Assessment of Visual Motor Abilities (WRAVMA):

The WRVMA compares visual–spatial, fine motor, and integrated visual–motor skills using norms gathered from the same sample. Designed for 3- to 17-year-olds, WRAVMA includes three subtests, which can be used individually or in combination. The drawing test measures visual–motor integration by asking a student to copy designs that are arranged in order of increasing difficulty. The matching test assesses visual–spatial skills by asking a child to look at a visual “standard” and select the option that “goes best” with it. With items are arranged in order of increasing difficulty.

SUBTEST	STANDARD SCORE	DESCRIPTIVE CATEGORY
Visual Motor Drawing		
Visual Spatial matching		
Standard Score Ranges: Very High= 129 or greater High= 120-129 Above Average= 110-119 Average= 90-109 Below Average= 80-89		

OBSERVATIONS AND INTERPRETATION:

Developmental Test of Visual Perception- 3rd edition (DTVP-3)

The DTVP-3 is a norm referenced standardized test of visual perceptual and visual motor abilities for children ages 4 - 12.11 years. It consists of five subtests that make up three composite scores: Motor-Reduced Visual Perception, Visual-Motor Integration, and General Visual Perception (combination of motor-reduced and motor-enhanced subtests). The Motor-Reduced Visual Perception subtests include: *Figure-Ground, Visual Closure, and Form Constancy*. The Visual-Motor Integration subtests include: *Eye-Hand Coordination and Copying*.

Eye-Hand Coordination: Measures the ability to draw precise straight or curved lines in accordance with visual boundaries.

Copying: Measures the ability to recognize the features of a design and to draw it from a model.

Figure-Ground: Measures the ability to see specific figures even when they are hidden in confusing, complex backgrounds.

Visual Closure: Measures the ability to recognize a stimulus figure when it has been incompletely drawn.

Form Constancy: Measures the ability to match two figures that vary on one or more discriminating features (i.e. size, position, or shade).

The DTVP-3 scores are as follows. **Italics indicate subtests of the visual-motor integration composite*

Subtest	Standard Score	Percentile	Performance
<i>Eye-Hand Coordination</i>			
<i>Copying</i>			
Figure-Ground			
Visual Closure			
Form Constancy			
	Quotient	Percentile	Performance
<i>Visual-Motor Integration</i>			
Motor-Reduced Visual Perception			
General Visual Perception			

* Subtest Standard Scores within 13-14 are considered Above Average.

* Subtest Standard Scores within 8-12 are considered Average.

* Subtest Standard Scores within 6-7 are considered Below Average.

* Subtest Standard Scores within 4-5 are considered Poor.

* Subtest Standard Scores within 1-3 are considered Very Poor.

OBSERVATIONS AND INTERPRETATION:

Developmental Test of Visual Perception- Adolescent and Adult (DTVP-A)

The DTVP-A is a standardized test of visual perceptual and visual motor abilities for people ages 11-74 years. It consists of six subtests that make up three composite indexes: Motor-Reduced Visual Perception, Visual-Motor Integration, and General Visual Perception (combination of motor-reduced and motor-enhanced subtests). The Motor-Reduced Visual Perception subtests include: *Figure-Ground*, *Visual Closure*, and *Form Constancy*. The Visual-Motor Integration subtests include: *Copying*, *Visual-Motor Search*, and *Visual-Motor Speed*.

Copying: Individuals are shown a simple figure and asked to draw it on a piece of paper. The figure serves as a model for the drawing. Subsequent figures are increasingly complex, eventually becoming three-dimensional.

Figure-Ground: Individuals are shown stimulus figures and asked to find as many of the figures as they can on a page where the figures are hidden in a complex, confusing background.

Visual-Motor Search: The individual is shown a page covered in numbered circles, randomly arranged on the page. The individual connects the circles with a line, in numerical sequence, as quickly as possible. To enhance the visual search component of the task, distractor circles without numbers are included.

Visual Closure: Individuals are shown a stimulus figure and asked to select the exact figure from a series of figures that have been incompletely drawn. To complete the match, examinees have to visualize the missing parts of the figures in the series.

Visual-Motor Speed: Individuals are shown (a) four different geometric designs, two of which have special mark, and (b) a page filled completed with the four designs, none of which have marks in them. Examinees are to draw the marks in as many appropriate designs as they can within a set time period.

Form Constancy: Individuals are shown a stimulus figure and asked to find it twice in a series of figures. In the series, the targeted figure appears in a different size, position, and/or shade, and it may be hidden in a distracting background.

Student's scores are as follows. **Italics indicate subtests of the visual-motor integration composite*

Subtest	Standard Score	Percentile	Performance
<i>Copying</i>			
Figure-Ground			
<i>Visual-Motor Search</i>			
Visual Closure			
<i>Visual-Motor Speed</i>			
Form Constancy			
	Composite Index	Percentile	Performance
General Visual Perception			
Motor-Reduced Visual Perception			

Visual-Motor Integration			
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- * Subtest Standard Scores within 13-14 are considered Above Average
- * Subtest Standard Scores within 8-12 are considered Average
- * Subtest Standard Scores within 6-7 are considered Below Average
- * Subtest Standard Scores within 4-5 are considered Poor
- * Subtest Standard Scores within 1-3 are considered Very Poor

OBSERVATIONS AND INTERPRETATION:

Motor-Free Visual Perception Test, 4th Edition (MVPT-4)

Visual perception is the ability to perceive, process and respond to information within the environment in order to discriminate position, shapes, colors and letter like forms. It is the capacity to interpret or give meaning to what is seen. This area was assessed using the Motor-Free Visual Perception Test (MVPT-4). The purpose of the MVPT-4 is to measure the brain's ability to understand and interpret what the eyes see. Norms are based on a stratified national sample are provided for children and adults ages 4-0 to 80+ years. This test assesses figure ground, visual discrimination, visual memory, visual closure and spatial relations. *Student* was presented with a series of test plates and asked to identify the correct answer from among four alternatives for each item. *No motor Involvement is required in providing responses.* Visual Perceptual abilities were categorized under five visual perceptual processes, which are:

Figure-ground: To distinguish an object from background or surrounding objects.

Visual Discrimination: The ability to visually perceive differences and match forms. To discriminate position, shapes, colors and letter like forms.

Spatial relationships: The ability to orient one's body in space and to perceive the position of objects in relation to oneself and other objects (figure reversals and figure rotations).

Visual-Closure: Determine among unfinished forms the one that is the same as a completed form.

Visual-memory: Remember characters for immediate recall and being able to find among other forms.

MVPT-4	Standard Score	Percentile

OBSERVATIONS AND INTERPRETATION:

Test of Visual Perceptual Skills, 4th Edition (TVPS-4)

The TVPS-4 is an individually administered assessment of two-dimensional visual-perceptual skills for individuals age 5 through 21. The TVPS-4 assesses 7 areas of visual-perception without requiring a motor response.

OBSERVATIONS AND INTERPRETATION:

PDMS-3 (Peabody Developmental Motor Scales, 3rd edition)

The PDMS-2 is a norm-referenced and standardized assessment of fine and gross motor skills for children from ages 0 to 5:11. The fine motor composite of the PDMS-3 includes two subtests, grasping (how a child holds and manipulates objects) and visual motor integration (attention to task and problem-solving abilities). The gross motor composite includes three subtests that measure the use of large muscle systems: stationary (ability to sustain control of body within center of gravity), locomotion (ability to move from one place to another), and object manipulation (the ability to manipulate objects with their hands or legs).

Sub-Category	Standard Score	Percentile	Description
Stationary			
Locomotion			
Object Manipulation			
Grasping			
Visual-Motor Integration			
	Composite Score	Percentile	Description
Fine Motor Quotient			
Gross Motor Quotient			
Total Motor Quotient			

* Subtest Standard Scores within 13-14 are considered Above Average

* Subtest Standard Scores within 8-12 are considered Average

* Subtest Standard Scores within 6-7 are considered Below Average

* Subtest Standard Scores within 4-5 are considered Poor

* Subtest Standard Scores within 1-3 are considered Very Poor

OBSERVATIONS AND INTERPRETATION:

Developmental Assessment of Young Children, Second Edition (DAYC-2)

The DAYC-2 is a norm-referenced assessment of early childhood development for children ages birth through 5:11. It measures a child's developmental level across five domains: cognition, communication, social-emotional development, physical development, and adaptive behavior. The purpose of the DAYC-2 is to identify children who perform significantly below same-aged peers in one or more domains, and to monitor progress with intervention.

Domain Area	Standard Score	Percentile Rank	Descriptive Term
Cognition			
Communication			
Social-Emotional Development			
Physical Development			
Adaptive Behavior			

OBSERVATION AND INTERPRETATION (only report on domain areas you assessed):

Cognitive Domain: *measures conceptual skills, including memory, purposive planning, decision making, and discrimination.*

Communication Domain: *measures skills related to sharing ideas, information, and feelings with others, both verbally and nonverbally.*

Social-Emotional Domain: *measures social awareness, social relationships, and social competence.*

Physical Development Domain: *measures fine motor and gross motor development.*

Adaptive Behavior Domain: *measures independent, self-help functioning.*

School Function Assessment (SFA)

The SFA is designed for students in grades K-6 and is used to measure a student's performance on functional tasks which support their participation in the academic setting. The SFA is a questionnaire completed by one or more school professionals who are familiar with the child, and consists of three parts: Participation, Task Supports, and Activity Performance. Activity Performance is comprised of two sub-sections: Physical Tasks and Cognitive/Behavioral Tasks. Physical tasks include: travel, maintaining and changing positions, recreational movement, manipulation with movement, using materials, setup and cleanup, eating and drinking, hygiene, clothing management, up/down stairs, written work, and computer and equipment use. Cognitive/behavioral tasks include functional communication, memory and

understanding, following social conventions, compliance with adult directives and school rules, task behavior/completion, positive interaction, behavior regulation, personal care awareness, and safety. In the Participation section, students are rated on a scale of 1 (participation extremely limited) to 6 (full participation). In Task Supports and Activity Performance, students are rated on a scale of 1 (extensive assistance/adaptations) to 4 (no assistance/adaptations). Scores provide insight into the student's functional abilities and how it impacts their participation and performance within their academic setting.

FUNCTIONAL PROFILE	
SETTING	RATING
Classroom (General or Special Education)	
Playground/Recess	
Transportation	
Bathroom/Toileting	
Transitions	
Mealtime/Snack Time	

OBSERVATIONS AND INTERPRETATION:

Spatial Awareness Skills Program Test

The SASP Test is a brief, 15-item test that yields information on a child's spatial awareness skills that may impact a variety of school functions. While the test has been normed for children ages 4-10, it may be administered to older students who present with delays in visual perceptual skills/spatial awareness. In addition to the test, the SASP comes with a comprehensive curriculum to address deficits in spatial awareness, based on the student's performance on the test.

OBSERVATIONS AND INTERPRETATION:

Clinical Observations of Motor and Postural Skills, Second Edition (COMPS)

The COMPS is a screening tool designed to be used for children ages 5-16 to screen for the presence or absence of motor problems with a postural component, and it accurately identifies a large percentage of

children who have motor problems. It is comprised of 6 items (*Slow Movements, Rapid Forearm Rotation, Finger-Nose Touching, Prone Extension Posture, Asymmetrical Tonic Neck Reflex (ATNR), and Supine Flexion*) and takes about 15 – 20 minutes to administer.

Task	Raw Score	Weighted Score
Slow Movements		
Rapid Forearm Rotation		
Finger-Nose Touching		
Prone Extension		
ATNR		
Supine Flexion		

OBSERVATIONS AND INTERPRETATION:

Learning Without Tears: The Print Tool

The Print Tool (Grades: K- 3+) is a complete evaluation that includes student and school information, a review of school papers, and careful observation of the child's physical approach and fine motor skills. Administered individually, The Print Tool evaluates capitals, numbers, lowercase letters, and seven specific handwriting components: memory, orientation, placement, size, start, sequence, and word spacing. Once The Print Tool evaluation is complete, the Remediation Worksheet may be completed to determine appropriate goals and interventions.

	MEMORY	ORIENTATION	PLACEMENT	SIZE	START	SEQUENCE	SPACING
CAPITAL	%	%	%	%	%	%	%
LOWERCASE	%	%	%	%	%	%	%
NUMBER	%	%	%	%	%	%	%

	CAPITALS TOTAL	LOWERCASE TOTAL	NUMBERS TOTAL		
TOTAL CORRECT		+	+	=	OVERALL TOTAL CORRECT
TOTAL ATTEMPTED		+	+	=	OVERALL TOTAL ATTEMPTED

OBSERVATIONS AND INTERPRETATION:

Developmental Profile, 4th Edition (DP-4)

The Developmental Profile 4 (DP-4) is designed to assess the development and functioning of individuals from birth through age 21 years, 11 months. The DP-4 is administered as a direct interview of a parent or caregiver, as a checklist completed by a parent/caregiver or teacher, or as a rating form completed by the clinician. The DP-4 includes 4 forms (Parent/Caregiver Interview, Parent/Caregiver Checklist, Teacher Checklist, and Clinician Rating) that evaluate 5 areas of development: Physical, Adaptive Behavior, Social-Emotional, Cognitive, and Communication. **(Use table/chart provided by online score report, when using online version.)**

OBSERVATIONS AND INTERPRETATION:

Child Occupational Self-Assessment (COSA)

The COSA is a questionnaire that can be used with students ages 7-17; it assesses the students' sense of competence in occupations across various settings, as well as which occupations are most meaningful to them. **(Use Occupational Profile Form provided in online version.)**

OBSERVATIONS AND INTERPRETATION:

Movement Assessment Battery for Children –2: is a standardized assessment for children ages 3 to 16 that provides quantitative and qualitative information about how a child performs and approaches various movement tasks. The assessment consists of formal testing and a checklist (for ages 5-12). The formal assessment includes three components: Manual Dexterity, Aiming and Catching, and Balance. Scores in each section fall into a specific zone; the green zone indicates performance within the normal range, the amber zone indicates that the child is “at risk” and needs careful monitoring, and the red zone indicates definite motor impairment. The checklist focuses on how children manage everyday tasks across environments and consists of a motor and non-motor component. The motor component considers the child’s performance in different movement contexts, and the non-motor component considers other aspects such as inattentiveness and behavior, which may impact the child’s ability to perform and learn new movement skills.

Movement Assessment Battery for Children -2 (Movement ABC-2)			
Component	Standard Score	Percentile	Zone
<i>Manual Dexterity</i>			
<i>Aiming & Catching</i>			
<i>Balance</i>			
Total Test Score			

Movement Assessment Battery for Children Checklist		
	Score	Zone
Section A		
Section B		
Total Motor Score		
Section C		

Discuss findings and observations of both the formal testing and checklist, and the impact it has on the student within the school environment.

Goal-Oriented Assessment of Life Skills (GOAL) *The GOAL is a standardized assessment of motor abilities that are fundamental to execution of daily living skills. This assessment is for children ages 7-17 and is based on theories of motor development and sensory integration, and how these factors impact a person's ability to participate in home, school, and community environments. Scoring of the GOAL is based on three essential elements of performance: independence, accuracy, and speed. Standard scores are developed for both fine motor and gross motor domains and use normative comparisons to peers of the same age and same gender.*

Goal-Oriented Assessment of Life Skills (GOAL)			
Domain Area	Standard Score	Percentile Rank	Descriptive Range
<i>Fine Motor</i>			
<i>Gross Motor</i>			

Fine Motor Domain: Fine motor tasks within this domain include cutting, spearing and scooping food, opening a keyed and combination lock, coloring within a boundary, cutting, folding, taping, and organizing papers within a notebook. Discuss student success with each task, including their independence, accuracy and speed.

Gross Motor Domain: Gross motor tasks within this domain included clothing management, ball play, carrying a tray, and navigating obstacles. Discuss student success with each task, including their independence, accuracy and speed.

OBSERVATIONS AND INTERPRETATION (*for each area assessed):

Physical Therapy Initial Parent Letter



SAMPLE INTRODUCTION PARENT LETTER

Dear Parent/Guardian,

Welcome to School Year 20XX-20XX! I am excited about the opportunity to work with your child on addressing their physical therapy (PT) goals.

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

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

In closing I want to invite you to observe your child in their physical therapy (PT) session at any time during the year.

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

Sincerely,

Name and Credentials _____ Date _____
DC DOH License Number _____
DC Government Email Address _____

Physical Therapy Screening Report Template



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

CONFIDENTIAL
PHYSICAL THERAPY SCREENING REPORT

SECTION I - STUDENT IDENTIFYING INFORMATION:

Name: Name of student

DOB: Date of Birth

SID#: Student id number

CA: Chronological age

Examiner: Name and credentials

DOE: Date of Assessment

DOR: Date of Report/Review

Grade: The grade that the student is in

School: Name of Attending school

Teacher: Name of student's teacher

SECTION II -

GENERAL INFORMATION:

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

REASON FOR REFERRAL/PRESENTING ACADEMIC CONCERN:

SECTION III – SCREENING TOOLS AND RESULTS

a. Record Review:

b. Clinical Observation (including classroom observations)

c. Classroom Teacher Interview/The Physical Therapy Checklist, completed by classroom teacher:

d. Parental interview:

e. Analysis of Balance, Bilateral Coordination, and Upper Extremity Coordination - Results

- Balance:
- Bilateral Coordination:
- Upper Extremity Coordination:

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

Upper Extremity Coordination	2-3	Toss a 4- to 5-inch ball into the air and catch it with hands, five times consecutively, with hands only	
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SECTION IV. SUMMARY AND RECOMMENDATIONS

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

Strengths:

Areas Needing Support:

Impact on Learning and Participation:

Recommendations:

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

Physical Therapist' Signature and Date
DC DOH License Number

Physical Therapy Assessment Report Template



COMPREHENSIVE PHYSICAL THERAPY INITIAL EVALUATION OR RE-EVALUATION

Name:	Date(s) of Evaluation:
Date of Birth:	Date of Report:
Student ID Number:	Grade:
Age:	School:
Examiner:	Teacher:
Parental Consent Date:	

REASON FOR REFERRAL

This section must state that the assessment was ordered by the multidisciplinary team, as well as the type of assessment (i.e., initial, re-evaluation, etc....) and purpose (i.e., difficulty writing sentences during classroom activities, etc....). In the case of an initial assessment, this section may also include the person who is making the referral.

School-based physical therapy may be provided within special education services. Physical therapy is a related service that targets functional gross motor skills which impede the student's ability to navigate and access their school environment and educational goals.

ASSESSMENT TOOLS & PROCEDURES (List of all formal and informal assessment procedures used in completing the assessment. *Delete any that were not used!*)

- Review of Records
- Parent Interview
- Teacher Interview
- Other RSP Interview
- Student Interview
- Clinical Observations
- Standardized/Formal Assessments (list test names):
 - Ex. SFA
- Body Structures assessment tools/procedures
- Body Functions assessment tools/procedures
- Activity limitations/participation restrictions assessment tools/procedures

HISTORY /BACKGROUND / RECORD REVIEW

- Pertinent birth, medical, and academic history and information from student file

- Current academic program (general education, special education, CAPE or academic data, instructional hours on IEP, current MTSS academic or behavior interventions, 504, etc.)
- Previous PT Assessment results. State the date of previous report, name of previous examiner and findings and level of severity.
- Was MTSS initiated, completed; progress with MTSS
- If re-assessment, include list of current IEP goals, status, progress and performance level.

INTERVIEWS - TEACHER, PARENT, OTHER RSP and STUDENT

Report information from the teacher and/or parent that is gathered from interviews, rating scales, or questionnaires to describe the student's current level of functioning and support possible educational impact. In this section, evaluator can discuss student's participation in field trips and community-based instruction. Narrative should the name(s) of individuals interviewed. *Teacher interview is required.* The other individuals are optional.

CLASSROOM/SCHOOL ENVIRONMENT OBSERVATIONS

This section *is required* and should include observations of the student's performance across multiple educational settings. Observations should include information on the student's performance in the areas of concern expressed by the teacher, parent and/or results from testing; include behavioral observations and observations of transitions between settings.

TESTING BEHAVIOR and COGNITIVE FUNCTIONS

This section should include observations of the student's behavior while participating in formal or informal assessment. Be sure to include any behavioral observations or cognitive functions that may have impacted the validity of the assessment results (*ex. attention, amount of prompting required, behavioral incentives, differences in behavior in 1-1 vs. classroom, etc.*)

FORMAL ASSESSMENTS

** All formal assessment write-ups must include the following:

- Description of the test, subtest or procedure and the skill areas measured.
- Description of what skill the testing item was assessing
- Description and interpretation of the standard/scaled scores (include table with scores if appropriate)
- Description of student's strengths and weaknesses on this formal assessment
- All standardized tests must include standardized scores, unless the clinician is unable to establish a baseline/basal. In those instances, the provider must indicate that the test/subtest was attempted and describe (i.e., behaviors, etc...) that precluded the student from being able to complete the test tasks.

CLINICAL OBSERVATIONS AND ANALYSIS

**Describe observations and analysis of each area below in narrative form. Do not state "within functional limits." Must report on all areas below to ensure the report is comprehensive.*

Body Structures:

- Neuromotor (*relating to nerves and muscles, and the communication between the muscular and nervous systems*):
- Musculoskeletal (*relating to the joints, tendons, ligaments, nerves, and muscles which support gross body structures such as the limbs, neck, and back*):
- Muscle Tone (*the resistance felt to movement or the tension in the muscles at rest*):
- Range of Motion (*amount of active [AROM] or passive [PROM] movement available at a joint and is necessary for movement*):

Body Functions:

- Motor Planning (*the ability of students to imagine a mental strategy to carry out a movement or an action*):
- Postural Control (*ability of the student to assume and maintain postures against gravity*):
- Coordination (*the efficient use of body parts together to simultaneously perform an action or task*):
- Muscle Strength (*the ability of a muscle to produce force, which may result in the production or prevention of movement*):
- Endurance (*the ability to sustain contraction of a muscle or muscle groups against resistance for a period of time*):

Activity Limitations/Participation Restrictions:

- Ambulation/Mobility:
- Transfers/Transitions:
- Navigating stairs:
- Participation in physical education:
- Cafeteria Skills:
- Arrival and Dismissal:
- Fire Drills/Evacuation:
- Bus Accessibility:

EQUIPMENT

Is the student currently using equipment or support in the classroom? Describe any trial equipment or assistive technology used during assessment.

If the student already has an IEP: What AT, if any, was considered during the last IEP meeting? Was any high or low tech AT recommended? Has the IEP team consulted with the Assistive Technology team for support/ equipment options?

In this section, the evaluator should include the use of low-tech supports as well as high-tech supports (e.g. adaptive paper, pencil grips, etc.)

If there are no AT or equipment needs, please indicate this.

VALIDITY STATEMENT

This section must answer the following three (3) questions: (1) Was the assessment procedure valid for the intended purpose? (2) Were the assessment procedures valid for the student to whom it was administered, and the results are a valid report of the student’s current functioning? (3) Were procedural modifications made when assessing the student to increase the validity of the results?

SUMMARY

Summary of formal and informal assessment, observations, and interpretation. This should be written in paragraph format.

- Include student’s strengths and areas of growth
- If re-assessment, compare results with previous test results. Can use chart/table if helpful
- Be sure to include the following (in paragraph/narrative form):
 - Body structures affecting the student’s access to the school environment.
 - Bodily functions affecting the student’s access to the school environment.
 - Activity limitations/participation restrictions affecting student’s access to the school environment.
 - Overall functional level within the school setting

IMPACT ON LEARNING & PARTICIPATION

- Impact statements must include a clear explanation including at least one specific example of how disability impacts the student’s achievement in the general education setting.
- If the results indicate that there are deficits or impairments, then the provider must indicate that there is no potential educational impact or difficulties accessing the school environment and/or curriculum.

RECOMMENDATIONS

- Include strategies for teachers and parents based on student needs (must align with indicate areas of weaknesses identified in the report or concern areas stated by teacher or parent).
- Statements regarding eligibility and placement should defer to the MDT or IEP after all relevant data / assessments have been reviewed and discussed. Example statement: *The results of this evaluation will be reviewed by the MDT to determine the need for physical therapy as a related service within their educational curriculum.*
- Do not use any references to whether the student qualifies/does not qualify OR make reference to the continuation/discontinuance of services OR service amount/frequency
- Do not recommend any additional evaluations, services, or equipment/materials that parents may expect DCPS to fund.

Signature (electronic signature)
Title/Credentials
DC DOH License Number

Date

Alternative Assessment Report Template

CONFIDENTIAL

Occupational Therapy Data Review Evaluation or Physical Therapy Data Review Evaluation

STUDENT IDENTIFYING INFORMATION:

Name: Name of student

DOB: Date of Birth

SID#: Student id number

CA: Chronological age

Examiner: Name and credentials

DOE: Date of Assessment

DOR: Date of Report/Review

Grade: The grade that the student is in

School: Name of Attending school

Teacher: Name of student's teacher

Parent Consent Date: date parent gave consent to evaluate in Power Schools Special Programs

SECTION II. BACKGROUND INFORMATION:

- Background History and Record Review:
 - Birth history:
 - Medical/Physical history:
 - Psychosocial history:
 - Cognitive history:
 - Academic history:
 - Previous Services:
- Student's current program and support consists of:
- Progress on intervention (MTSS or Occupational/Physical Therapy IEP goals)
- Reason for Referral:

SECTION III. ASSESSMENT PROTOCOL:

- Record Review
 - POWER SCHOOLS SPECIAL PROGRAMS Review, service trackers from RSPs
- Interviews
- Clinical Observations, Classroom Observations and Clinical Assessment
- Analysis of Work Samples
- Previous assessment reports
- Standardized/Non-Standardized Testing

A. Interviews

- Classroom Teacher Interview:
 - Teacher's concerns/observed difficulties as they pertain to academics affected by the areas of concern
 - Accommodations and adaptations the classroom teacher has made to mitigate/remediate deficits, and results.

- Information on the student’s cooperation towards the implementation of those accommodations and adaptations.
- Special Education Teacher Interview:
- Parental Interview:
- Other Related-Service Provider Interview:
- Student Interview:

B. Testing Attempts

- An explicit explanation of why a complete battery of testing measures was not conducted
- A chronological reference to each act of due diligence conducted by the provider. This includes information you sent or provided to the parent/guardian in any format, explaining the scope of the testing you intended to conduct and requesting parental assistance make the student available for testing and to be present on the day of the evaluation. Include dates of phone calls and/or letters sent to caregiver for this purpose.
- Explain your interaction with the LEA, case manager, and school staff. Include reference to any communication that the LEA or school staff has made to the parent regarding this matter

RECOMMENDATIONS:

- Your report must state that you or another DCPS provider may complete the full range of initially recommended testing if upon review of this report by the IEP team both of the following statements are true:
 1. The team (or parent) still believes there is not enough data available to make an eligibility determination; AND
 2. There is reason to think that the factors that previously inhibited you from completing the testing will be ameliorated.

Assessing Provider’s Signature and credentials , and Date
DC DOH License Number

Completion of Services Form

COMPLETION OF SERVICES FORM

STUDENT NAME: _____ DATE: _____

ADDRESS: _____
Street Address Apartment #

ADDRESS: _____
City State Zip Code

TELEPHONE: _____ TELEPHONE: _____

SCHOOL: _____ ID#: _____

DOB: _____ GRADE: _____

A multidisciplinary team meeting is required in order to determine whether a student has completed special education and related services identified on the IEP, including the consideration of information from the evaluation (for which you provided consent) in the area(s) to be considered. Complete the sections below identifying the services.

COMPLETION OF SERVICES(S) (Check all services that are being considered)

SERVICE	Goals/ Obj. Completed	Results of Evaluation	Date
<input type="checkbox"/> Speech-Language Therapy	<input type="checkbox"/> Y <input type="checkbox"/> N		
<input type="checkbox"/> Orientation & Mobility	<input type="checkbox"/> Y <input type="checkbox"/> N		
<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Y <input type="checkbox"/> N		
<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Y <input type="checkbox"/> N		
<input type="checkbox"/> Counseling	<input type="checkbox"/> Y <input type="checkbox"/> N		
<input type="checkbox"/> Adaptive PE	<input type="checkbox"/> Y <input type="checkbox"/> N		
<input type="checkbox"/> Audiology	<input type="checkbox"/> Y <input type="checkbox"/> N		
<input type="checkbox"/> Transportation	<input type="checkbox"/> Y <input type="checkbox"/> N		
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Y <input type="checkbox"/> N		
<input type="checkbox"/> Specialized Instruction	<input type="checkbox"/> Y <input type="checkbox"/> N		
<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N		
<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N		
<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N		

REASON FOR THE COMPLETION OF SERVICES:

Graduated

Completed Services

Aged Out

Transferred Out of District

Dropped Out

Other: _____

I agree with the proposed termination of the special education and related service(s) identified above.

I have been provided with my procedural safeguards and questions answered. I understand that my consent is voluntary, and that I have the right to appeal to the decision of the multidisciplinary team (MDT).

Signature: _____ Date: _____

Parent/Eligible Student

(Student if age of majority has been reached and the transfer of rights has been officially documented)

IEE Review Form



INDEPENDENT ASSESSMENT REVIEW

Student's Name _____ Student ID Number _____

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

Date of Assessment ____/____/____ Date of Review ____/____

Type of Independent Assessment (Check One)

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

Part I: Review by Qualified Personnel

Name and title of DCPS qualified personnel reviewing assessment: _____

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

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

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

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

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

Part II: Review, Considerations, and Conclusions

The report includes the following:

- A review of relevant background information (including observation, teacher/parent interview)? _____ Yes _____ No
- A description of the student's performance on the assessment? _____ Yes _____ No
- A description of the student's performance in the current school environment (including educational impact)?
 _____ Yes _____ No
- A variety of assessment tools and strategies to directly assist in determining if the student has an educational handicapping condition as defined by IDEA and Chapter 30? _____ Yes _____ No

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

If yes, please specify _____

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

Is additional information needed? _____ Yes _____ No

If yes, please specify _____

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

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

Independent Assessment Review Report Template



Occupational Therapy/Physical Therapy Independent Assessment Review

Name: Name of student
DOB: Date of Birth
SID#: student id number
CA: Chronological age
Examiner: Name and credentials

DOE: Date of Assessment
DOR: Date of Report/Review
Grade: The grade that the student is in
School: Name of Attending School
Teacher: Name of student's teacher
POWER SCHOOLS SPECIAL PROGRAMS
Parental Consent Date: Date of signed parental consent

History/Background/Record Review

- Pertinent birth, medical, and academic history and information from student file
- Previous OT/PT Assessment results
- Progress on interventions (MTSS or OT/PT IEP goals)
- When conducting a re-evaluation, this section must include information regarding previous therapy goals and progress made/performance
- When referring to previous assessments, state the date of report/assessment, name and credentials of the examiner, findings and level of severity

Teacher Interview

- Report information from the teacher and/or parent that is gathered from interviews, rating scales, or questionnaires to describe student's current level of functioning and support possible educational impact.

Parent Interview

- Report information from the teacher and/or parent that is gathered from interviews, rating scales, or questionnaires to describe student's current level of functioning and support possible educational impact.

Classroom Observation

- Report information from observing the student engaged in tasks or activities related to the area of concern within the classroom setting.
- Indicate the type of class/setting student was observed in along with their participation and engagement in the tasks.
- Be sure to address information as it pertains to motor skills, self-regulation, attention and focus, etc.

Assessment Protocol

- List of formal and informal assessment procedures used in completing the assessment

IEE Results

- Include assessment result information from the IEE for each area of communication addressed. The information included should be informal and formal assessment information.
- This section should also include test findings and interpretation of the scores from the reviewing related service provider
- For each formal or informal assessment result, an educational impact statement must be included. The educational impact statement answers the question of how the student should perform based on the results of the assessment.

Additional Assessment Data

- In the event additional assessment data is required, this section will include formal/informal assessment information for the additional testing completed
- Descriptions of what the test/subtest measured
- Description of what the tasks were supposed to do to indicate the skill
- Results and the interpretation of the standard/scaled scores for each test and/or subtest given
- Qualitative description of the student's performance. Indicate the student's strengths and weaknesses as it pertains to the student's performance on the tests and subtests
- For each formal or informal assessment result, an educational impact statement must be included. The educational impact statement answers the question of how the student should perform based on the results of the assessment.

Summary

- Summary of formal and informal assessment information/findings.
- Information on the educational impact of the student's abilities must be discussed.
- Impact statements must include a clear explanation including at least one specific example of how disability impacts the student's achievement in the general education setting
- If the results indicate that there are no motor/sensory impairments, then the provider must indicate that there is no potential educational impact.
- For re-evaluation reports, there must be a comparison statement regarding the current findings of the assessment report with results/performance from previous assessment reports.

DCPS' Recommendations

- Statements regarding eligibility and placement should defer to the MDT or IEP after all relevant data / assessments have been reviewed and discussed.
- Do not use any references to whether the student qualifies/does not qualify OR refer to the continuation/discontinuance of services OR service amount/frequency
- Strategies for teachers and parents to improve functional skills based on student needs
- The strategies must align with areas of weaknesses identified in the report
- If there were no areas of weaknesses, then the strategies should align with the referral concerns.

 Name, Credentials (highest degree obtained and Certificate of Clinical Competence)

 Date

Title/Credentials

DC DOH License Number

Untimely Assessment and Due Diligence Guidelines



April 2017

Missed Related Services and Untimely Assessment Guidelines

Submitted by: Regina Grimmer, Director, Division of Specialized Instruction
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Approved by: Kerri Larkin, Deputy Chief, Division of Specialized Instruction
Heidi Schumacher, Deputy Chief, Division of Specialized Instruction

Introduction..... 10

Capital Commitment 11

 DCPS Capital Commitment 2017-2022 11

 Office of Teaching and Learning 11

 Division of Specialized Instruction 11

 Related Services Team Vision 12

 Related Services Team Mission 12

 Purpose and Structure of Guidebook 12

 Contact Information for the Occupational and Physical Therapy Department 13

DCPS Employee PoliciesError! Bookmark not defined.

Time and Attendance 16

 Tour of Duty 16

 Entering Time in PeopleSoft 17

 Time-Keeping FAQs 18

Professional Licensing Policies..... 19

Absence/ Leave Policies 20

 Absence/ Leave Policies for ET-11 20

 Absence/ Leave Policies for ET-15 20

 Departmental Close-out Procedures **Error! Bookmark not defined.**

 For Providers Who are going on Extended Leave, Resigning, or Retiring **Error! Bookmark not defined.**

 End of School Year Close Out Procedures 21

 Inclement Weather Policy 22

 Process for Related Service Provider Capacity Gaps **Error! Bookmark not defined.**

 Observance of Religious Holidays 23

Communications 24

 Email 24

Sample Email Signatures	24
Out of the Office Messages	24
Mailbox and Route mail Service	25
Provider Management Application (FRONTLINE)	25
DSI Related Services Provider SharePoint Site	25
CANVAS	26
Equipment/IT Support.....	27
Laptop Computer Support	27
Stolen Computer/ Laptop	27
Test Materials	28
Assessment/Testing Materials	28
Sign-Out	28
Materials on Loans	28
Dress Code Requirements	29
Additional Duties and Responsibilities	30
The Random Moment in Time Study (RMTS)	30
Performance Evaluations	30
NPI Requirement	31
<i>Ethical Responsibilities of the Occupational and Physical Therapist.....</i>	33
AOTA 2020 Occupational Therapy Code of Ethics	34
APTA Physical Therapy Code of Ethics, 2020.....	36
<i>Special Education Reference Information</i>	37
Special Education Disability Classifications	38
<i>MTSS and General Education Interventions</i>	39
Pre-Referral Interventions.....	40
Pre-Referral Process	40
Multi-Tiered Support System (MTSS) @DCPS and Related Services	41
Background and Overview	41

MTSS@DCPS Tiers of Support	42
MTSS@DCPS and Special Populations	43
Role of the RSP in the MTSS Process	45
Vision and Hearing	48
Special Education Referral Process	48
Analyzing Existing Data	Error! Bookmark not defined.
<i>OT/PT Services and the Special Education Process</i>	49
Special Education Process	50
Analysis of Existing Data (AED)	52
Eligibility Timelines and Reasonable Efforts	54
Addressing Disproportionality	56
Overview: Eligibility Process for OT and PT Services	57
Early Stages Eligibility and OT/PT Services	58
Phase 1	Error! Bookmark not defined.
Phase 2	Error! Bookmark not defined.
Phase 3	Error! Bookmark not defined.
Phase 4	Error! Bookmark not defined.
Students transitioning from IFSPs to IEPs	59
Determination of Settings for Interventions	60
Gold Collaboration	61
Parentally Placed/Self-Funded Students	63
Assessment Procedures	64
Comprehensive Occupational Therapy Evaluations	64
Occupational Therapy Assessment Report Writing	67
Occupational Therapy Assessment Report Template	70
Comprehensive Physical Therapy Evaluations	75
Physical Therapy Report Writing	76

Physical Therapy Assessment Report Template 78

- Standards for Quality Assessments 82
- Rationale for Utilizing Qualitative Assessments 83
- Triennial Assessments/ Reevaluations 85
- Independent Evaluations (IEEs) 86
- Untimely Assessment Due Diligence 91
- Alternative Assessment Reports 91
- Closing Out Assessments 94
- Close Out Procedures: FAQ 95
- Bilingual Assessments and Interpreter Request Process 96

Special Education Eligibility Meeting and Determination..... 99

- OT/PT Participation in an Eligibility Meeting Discussion 99
- RELATED SERVICES ONLY IEPS 100

IEP Process 102

- Present Levels of Academic Achievement and Functional Performance (PLAAFP) 102
- Writing PLAAFP and Goals for IEP (also referred to as PLOP) 102
- Writing IEP Goals 103
- Extended School Year (ESY) 105

Dismissal Guidelines for OT and PT Services 109

Intervention 111

- Intervention Process 111
- IEP Mandated Services- Minutes/ Month Services 111
- Occupational Therapy Intervention 112
- Physical Therapy Intervention 113
- Service Delivery Models 114
- Services Inside the General Education Setting (Inclusion) 115

Related Services Provider Weekly Building and Intervention Schedule	116
Start Date for Occupational and Physical Therapy Services	118
Intervention Communication	118
Documentation	119
Consultative (Indirect) Services	122
Service Delivery Requirements	123
Documenting Missed and Make-Up Services	123
Missed Services Versus Compensatory Education	124
DSI Related Services: Responding to Provider Vacancies	Error! Bookmark not defined.
OT/ PT Services Through Home and Hospital Instruction Program (HHIP)	124
Assistive Technology Policy and Procedures	125
Policy At A Glance	Error! Bookmark not defined.
Assistive Technology	Error! Bookmark not defined.
Assistive Technology Eligibility	Error! Bookmark not defined.
The DCPS Assistive Technology Process	Error! Bookmark not defined.
Provision of Additional AT Tools	Error! Bookmark not defined.
Assistive Technology Consideration	Error! Bookmark not defined.
Collaboration with the AT Team	Error! Bookmark not defined.
Assistive Technology Evaluations	Error! Bookmark not defined.
Independent Assistive Technology Evaluations	Error! Bookmark not defined.
Student Owned Assistive Technology	Error! Bookmark not defined.
Contact and Additional Supports.	Error! Bookmark not defined.
504 Plan OT/PT Services	130
Evidence-Based Practice	134
Evidence-based Practice Research	134

Training and Support.....	136
Related Service Provider Training Overview	137
Types of Trainings and Professional Development.....	138
Professional Development Days (PD)	138
Appendices	139
Glossary	140
Related Service Provider Weekly Intervention Schedule.....	144
Observation Form	145
Occupational Therapy Initial Parent Letter	146
Occupational Therapy Checklist.....	147
Occupational Therapy Screening Report Template	150
Occupational Therapy Assessment Report Template	151
Occupational Therapy and Physical Therapy Assessment Descriptions	160
Physical Therapy Initial Parent Letter	178
Physical Therapy Screening Report Template	179
Physical Therapy Assessment Report Template	181
Completion of Services Form.....	187
IEE Review Form	189
Independent Assessment Review Report Template	190
Untimely Assessment and Due Diligence Guidelines.....	193
I. Executive Summary	201
A. Introduction	201
B. Purpose	201
II. Missed Related Service Sessions Scenarios and Due Diligence Procedures.....	202
A. Provider Unavailable	202
B. Student Unavailable	202
C. Multiple Student Absences/Truancy and Suspension	204
E. Student Suspension from School	205
E. Administrative Circumstances	206
F. School Closure: School closed for holiday or emergency.	206

III. Documentation for Missed and Make-Up Sessions 207

- A. Missed Service Sessions 207
- B. Make-Up Service Sessions 207
- C. Make-Up Service Session Attempts 208

IV. Untimely Assessments Scenarios and Due Diligence Procedures 210

Appendices 212

- Appendix A: DC Public Schools Attendance Intervention Protocol 213**
- Appendix B: Glossary 215**
- Electronic Signature Error! Bookmark not defined.**
- Frontline Documentation Requirements for DSI RSPs 241**
- DCPS Data System User Security Pledge - Frontline 243**
- References 244**

I. Executive Summary

A. Introduction

The District of Columbia Public Schools (DCPS) provides related services as illustrated in student's Individualized Education Plan (IEP) in accordance with federal and local law. DCPS seeks to provide consistent service delivery to meet the needs of its students and legal obligations. For this reason, **related service providers** (RSPs) must provide consistent service delivery to help students function with greater independence. Related service providers are also responsible for creating supporting documentation and acting to ensure student access to needed services. When delivery of a service is impeded, the RSP is responsible for documenting due diligence consistent with these guidelines. This document delivers the procedures necessary when a student or provider misses a service session. It also provides guidance for the procedures to follow for untimely assessments. Bolded terms will be defined in the glossary at the end of the document. For further information regarding these guidelines, please direct your question to Division of Specialized Instruction (dcps.relatedservices@dc.gov).

B. Purpose

The purpose of this document is to provide guidance to related service providers (RSPs) regarding required actions for missed service sessions and untimely assessment. DCPS is required to ensure all students with disabilities receive free appropriate public education (FAPE) consistent with their individualized education program (IEP).¹³ These guidelines clarify the roles and obligations of RSPs, identify when and by when missed related service sessions must be made up, and explain how to document missed, make-up, and attempted make-up service sessions.

Truancy is an agency-wide problem in DC Public Schools. **Truancy** is the unexcused absence from school by a minor (5-17 years of age), either with or without parental knowledge, approval, or consent. Since regular school attendance is critical to academic success, chronic truancy must be addressed¹⁴. Absences impact the number of instructional hours that a student receives and may result in failing grades, disengagement from the school environment, and ultimately, increase the likelihood of students dropping out of school. Since truant students often miss related service sessions, RSPs are uniquely situated to assist in increasing attendance and reducing truancy for special education students.

These guidelines address due diligence for service delivery to truant students and instruct RSPs on how to support truancy prevention. This document also provides necessary information for monitoring student engagement through service delivery, engaging parents in problem solving, and adhering to district reporting requirements for student attendance. RSP providers in every discipline should adhere to these guidelines and all other specialized instruction policies.

¹³ See OSEP Response Letter Guidance (Mar.8 2016) available at <http://www.asha.org/uploadedFiles/advocacy/federal/idea/OSEPResponseLetterGuidance.pdf> (*interpreting* 34 CFR §300.101).

¹⁴ 61 DCR 222

II. Missed Related Service Sessions Scenarios and Due Diligence Procedures

A. Provider Unavailable

1. Provider not available for scheduled service session(s) (e.g., sick leave, annual leave, attending an IEP meeting, professional development)

When a service session(s) is missed because the provider is unavailable to deliver the service, DCPS has the following two options:

- a) The RSP will schedule a make-up service session for the missed service session(s) during the quarter in which the missed service session(s) occurred. If the missed service session(s) occurred during the last week of the quarter, it must be made up within the first week of the following quarter. This policy ensures that all relevant information will be provided in the quarterly progress report. In most cases, this is the option that should be utilized. If the RSP cannot make up the session(s) by the following quarter, he/she must notify the program manager.
- b) When the RSP absolutely cannot make up the session(s), and notifies the program manager, the program manager must assign a substitute provider to make up the missed service session(s) during the quarter in which the missed service session(s) occurred or develop an alternative option with the RSP and LEA. If the missed service session(s) occurred during the last week of the quarter, it must be made up within the first week of the following quarter.

B. Student Unavailable

1. Student in school, but not able to attend session

a) Student Attendance at School-Related Activities (e.g., field trip, assemblies): If a service session is missed because of student attendance at a school-related activity the RSP must:

- Consider the impact of the missed service session on the child's progress and performance and determine next steps to ensure the provision of FAPE. Determine whether missed session must be made up according to the following criteria:
 - If the missed service session due to the student's unavailability has caused a negative impact on the student's progress or performance, the missed session must be made up.
 - If the missed service session due to the student's unavailability has not caused a negative impact on the student's progress or performance, the missed session does not need to be made up.
- Document this determination in the **Service Log** in POWER SCHOOLS SPECIAL PROGRAMS for that missed service session due to student unavailability and state the reason for the student's unavailability.

b) Student Refuses to Participate or Attend (e.g., verbal refusal, student is unable to be located)

When a student misses 3 service sessions because the **student refuses to participate or attend**:

- The RSP must
 - Document each missed service session.
 - Contact the teacher, attendance coordinator, and parent/guardian to determine the reason for the student's absence.

- Document contacts, attempted contacts, and outcomes in the POWER SCHOOLS SPECIAL PROGRAMS communication log.
- Inform the Special Education Coordinator (SEC) via email that the student was absent or refused to participate and that the information has been documented.
- Notify the LEA or case manager via email within 24 hours of the last missed service session. This notification prompts an **IEP meeting**. The LEA or case manager must convene the IEP meeting within 15 school days of the 3rd missed service session to consider the impact of the missed session on the student's progress and performance and determine how to ensure the continued provision of a **free and appropriate public education (FAPE)**. Student attendance records should be reviewed at the meeting when making the determination.
- The SEC must:
 - Contact the parent/guardian at least three times using multiple modalities (e.g., written, phone, email, and visit). One contact must be written correspondence sent by certified mail with a return receipt.
 - Notify the related service provider via email when the attempts to contact the parent are made; and
 - Document contacts with parent/guardian, attempted contacts, and outcomes in the POWER SCHOOLS SPECIAL PROGRAMS communication log.

The parent/guardian can agree in writing that the attendance of certain IEP Team members is not necessary for this meeting depending on the member's area of curriculum or related services. In this case an *IEP Team Member Excusal Form* must be completed in POWER SCHOOLS SPECIAL PROGRAMS. **However, the RSP for the service sessions in question must be in attendance and cannot be excused from this meeting.** If the parent/guardian cannot physically attend the IEP meeting an alternative means of participation may be used (e.g., individual or conference telephone calls).

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

The parent's/guardian's signature must be obtained on the IEP and/or the Prior Written Notice (PWN) before the delivery of services can be modified. The LEA or case manager is responsible for obtaining the parent's/guardian's signature on the amended IEP within 5 days of a telephone conference.

While there is no requirement to make up missed service sessions due to student absence or refusal to participate, DCPS seeks to ensure that related services are delivered despite the reason for missed service sessions. Therefore, the IEP team should consider alternative service delivery options or a change in services when a student's absence or refusal is significantly impacting service implementation as outlined above. Examples of alternative service delivery options include service delivery in the classroom, a consultation delivery model, or transition out of the current service type and replacement with different services (e.g., exit from speech/language services and increase research-based reading intervention). Appropriate alternative service delivery does not include inclusionary delivery of services (e.g., RSP attends assembly with student as part of their service session).

C. Multiple Student Absences/Truancy and Suspension

1. Student absent from school and scheduled service sessions

a) Truancy with or without approval, parental knowledge, or consent) The District of Columbia Compulsory School Attendance Law 8-247¹⁵ and DC Municipal Regulations Title V Ch. 21¹⁶ govern mandatory school attendance and the ways schools must respond when students are truant. The Compulsory School Attendance Law states that parents/guardians who fail to have their children attend school are subject to the following:

- Truancy charges may be filed against the parent or student.
- Neglect charges may be filed against the parent.
- The parents may be fined or jailed.
- School-aged students may be picked up by law enforcement officers during school hours for suspected truancy.
- Students may be referred to Court Diversion and other community-based interventions; and
- Parents and students may be assigned community service and placed under court supervision/probation.

2. When a student misses a related services session because of an excused or unexcused student absence the RSP must:

- a) Speak with the teacher and Attendance Counselor / Attendance Designee to determine reason for the student's absence.
- b) Check ASPEN to provide information regarding the student's absence.
- c) Contact the student's parents, make a home phone call (*if the absence is excused, there is no need to contact the student's parents*).
- d) Document the contact with the student's guardian in the POWER SCHOOLS SPECIAL PROGRAMS **Communication Log**.
- e) Document each missed session in an entry the Service Log in POWER SCHOOLS SPECIAL PROGRAMS (see examples below).
 - "Attempted to provide (state related service), however (name of student) is absent per report of classroom teacher (name teacher). Per ASPEN the student's absence is excused/unexcused."
 - You may also add information received following phone call with parent/guardian. For example, "Per telephone conversation with parent (name the parent/guardian), (student's name) is absent from local school because (state the provided excuse)"; and
- f) Notify the LEA or case manager via email within 24 hours of the missed service session.

3. When a student misses five (5) related service sessions because of unexcused student absences the RSP must:

- a) Contact the student's parent or guardian by making a home phone call.
- b) Inform the teacher, Attendance Counselor / Attendance Designee to determine what staff has already done to address attendance concerns.

¹⁵ D.C. Law 8-247, § 2(a), 38 DCR 376, D.C. Law 20-17, § 303(a), 60 DCR 9839

¹⁶ 5-A DCMR § 2103

- c) Inform the LEA/Case Manager of the absences and attempts to contact the student's parent or guardian; and
- d) Document the attempts to service the student and contact the student's guardian in the POWER SCHOOLS SPECIAL PROGRAMS Communication Log and in the Service Log.

4. Per DCPS' Attendance Intervention Protocol, after five (5) unexcused absences:

- a) The Attendance Counselor / Attendance Designee will mail an Unexcused Absences ASPEN letter to the student's home requesting an attendance conference.
- b) The student is referred to the Student Support Team (SST).
- c) Student, parent or guardian and appropriate school officials develop Student Attendance Support Plan to connect the family to in-school or community resources and city agencies, and to make recommendations for next steps.
- d) Follow up within 10-days to track student's progress on next steps identified in attendance conference. The SST Team will follow up with programs/resources identified for support during attendance conference to determine if student/family is participating; and
- e) A home visit must be conducted by the SST Team if the parent is not responsive to meeting request.

The Attendance Counselor / Attendance Designee or SST chair will request RSP attendance in the SST meeting. RSPs should be prepared to contribute to the development of the Student Attendance Support Plan. A decision to reduce or remove a related service from a student's IEP due to truancy should not be made without consideration from the MDT to determine whether the student's non-attendance of service sessions is a manifestation of their disability. Refer to the *DCPS Attendance Intervention Protocol* provided below for the detailed protocol.

E. Student Suspension from School

1. Suspensions lasting ten (10) days or less

IDEA allows school administrators to apply short-term disciplinary removals of students with disabilities and students suspected of having disabilities for up to ten consecutive school days or ten accumulated school days throughout the course of the school year.

If a service session is missed due to a short-term disciplinary removal from school the RSP must:

- a) Consider impact of the missed service session(s) on the child's progress and performance and determine the next steps to ensure the provision of FAPE. Determine whether missed session must be made up according to the following criteria:
 - If the missed service session due to short-term suspension has caused a negative impact on the student's progress or performance, the missed session must be made up.
 - If the missed service session due to short-term suspension has not caused a negative impact on the student's progress or performance, the missed session does not need to be made up.
- b) Document this consideration in the Service Log for the missed service session(s).

2. Suspensions beyond ten (10) consecutive or accumulated school days

Any additional removal beyond ten consecutive school days or ten accumulated school days constitutes a change in placement for the student. Under these circumstances, the IEP team must meet to determine:

- e) The setting for the Individual Alternative Educational Setting (IAES).
- f) The services that will be provided to the student at the IAES in order for the student to meet the student's IEP goals.
- g) If additional services are necessary to ensure the misbehavior does not continue into the IAES; and
- h) How the student will continue to participate in the general education curriculum.

On the 11th day of a student's removal from school, educational services must begin at the IAES. The IDEA's procedural safeguards require that all students with disabilities who have been suspended or expelled from school still must receive a free and appropriate education, which includes services provided to the student at the IAES in order for the student to meet his or her IEP goals. RSPs must provide services in the IAES regardless of whether the incident leading to suspension was a manifestation of the student's disability.

E. Administrative Circumstances

1. Student Withdrawn from ASPEN but showing in POWER SCHOOLS SPECIAL PROGRAMS

If the school registrar has completed the steps to withdraw a student from ASPEN but the student is still showing in POWER SCHOOLS SPECIAL PROGRAMS, the RSP must:

- a) Document the missed service session (see *Procedures for Documentation*); and
- b) Document as "student unavailable".
 - The Service Log entry must include:
 - Date student was withdrawn in ASPEN.
 - Reason for withdrawal (noted in ASPEN); and
 - Attending school if known.
- c) Continue to document the missed services until the student is no longer showing in POWER SCHOOLS SPECIAL PROGRAMS.

F. School Closure: School closed for holiday or emergency.

When school is not in session due to a scheduled holiday, delayed opening, or complete closure due to poor weather there is no requirement to make up the missed service session(s).

III. Documentation for Missed and Make-Up Sessions

A. Missed Service Sessions

1. POWER SCHOOLS SPECIAL PROGRAMS Service Log Procedures

For all missed service sessions, the RSP must complete the POWER SCHOOLS SPECIAL PROGRAMS Service Log as follows:

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

2. Documenting Missed Services if Student is Unavailable

As mentioned above, in certain cases of "student unavailable," consider and document the impact of the missed session on the child's progress and performance. If the missed session has impacted the student's progress or performance, indicate that services will be made up and include the make-up plan dates. If the missed session has not impacted the student's progress or performance, please indicate and provide supporting data.

B. Make-Up Service Sessions

1. POWER SCHOOLS SPECIAL PROGRAMS Service Log

- a) The RSP must log all delivered or attempted make-up service sessions in the POWER SCHOOLS SPECIAL PROGRAMS Service Log as follows:
 - Include detailed information to identify the missed service section and the students' progress:
 - Date and time of make-up service provided.
 - Service type (e.g., student absent, student unavailable, provider unavailable, school closure).
 - Duration of the service provided (if the student receives only partial service, document the altered duration).
 - Group size.
 - "Progress Report" (e.g., just introduced, mastered, no progress, not introduced, progressing, regressing).

- b) Complete the “Comments” box in the POWER SCHOOLS SPECIAL PROGRAMS Service Log:
 - Describe the session (i.e., “MAKE UP SERVICE SESSION for Missed Session on XX/XX/XXXX”).
 - Record progress note standards for service sessions delivered; and
 - List action taken to ensure service delivery (e.g., notified the parent/guardian of the make-up service session dates(s)).

C. Make-Up Service Session Attempts

1. POWER SCHOOLS SPECIAL PROGRAMS Procedures for Session Attempts

The RSP is required to attempt to make up a service session three times. All attempts at make-up service sessions should be documented in POWER SCHOOLS SPECIAL PROGRAMS as follows:

- Any failed attempt prior to the third scheduled make-up session should be logged in the POWER SCHOOLS SPECIAL PROGRAMS Communication Log, including:
 - Attempted date and time of service session; and
 - Which attempt it was (e.g., first, second, third, etc.).
- a) Upon the third failed attempt the scheduled missed make-up service session should be logged in the POWER SCHOOLS SPECIAL PROGRAMS Service Log indicating:
 - Attempted date and time of service session.
 - Service type (e.g., student absent, student unavailable, provider unavailable, school closure).
 - Which attempt it was (e.g., first, second, third).
 - Duration of service attempted (number of minutes or zero minutes).
 - Group size; and
 - “Progress Report” (e.g., just introduced, mastered, no progress, not introduced, progressing, regressing).
- b) When documenting the third failed attempt, complete the “Comments” box in the POWER SCHOOLS SPECIAL PROGRAMS Service Log:
 - Describe the session (i.e., “MAKE UP SERVICE SESSION for Missed Session on XX/XX/XXXX”); and
 - List action taken to ensure service delivery (e.g., contacted parent/guardian, talked with the teacher, contacted the student).
- c) After three attempts have been made and documented in an effort to make up the missed service session(s) and DCPS has exercised due diligence, attempts to implement a make-up session for the missed session(s) can be discontinued.

IV. Untimely Assessments Scenarios and Due Diligence Procedures

The purpose of these Guidelines is to provide guidance when assessments are not conducted in a timely manner due to the student's absence, truancy, or refusal to participate or attend, lack of or withdrawal of parental consent for evaluation/reevaluation, or incomplete assessment.

A. Student Unavailable

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

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

- a) The Related Service Provider (RSP) assigned to complete the assessment must:
 - Contact the teacher, attendance coordinator, and parent/guardian to determine the reason for the student's absence.
 - Document the reason for the student's absence for each time a scheduled assessment is missed.
 - Reschedule the assessment with the parent/guardian and document the agreed upon session in the POWER SCHOOLS SPECIAL PROGRAMS communication log; and
 - Document contacts, attempted contacts, and outcomes in the POWER SCHOOLS SPECIAL PROGRAMS communication log.
 - Inform the Special Education Coordinator (SEC) via email that the student was absent or refused to participate and that the information has been documented.
- b) The SEC must:
 - Contact the parent/guardian at least three times using multiple modalities (e.g., written communication via letter, phone call, and email message when available). One contact must be written correspondence sent by certified mail with a return receipt.
 - Notify the related service provider via email when the attempts to contact the parent are made; and
 - Document contacts with parent/guardian, attempted contacts, and outcomes in the POWER SCHOOLS SPECIAL PROGRAMS communication log.
- c) The IEP Team must convene within 15 school days of the second failed attempt to assess. The Team will:
 - Review the student's attendance history since consent was obtained.
 - Consider the reason(s) for the student's absence, truancy, and/or refusal to participate or attend; and

- Determine if an alternate assessment or schedule for the assessment may be warranted. Refer to discipline program guidebooks for the required elements of the alternative assessment report.

The parent/guardian and DCPS can agree in writing that the attendance of certain IEP Team members is not necessary for this meeting depending on the member's area of curriculum or related services; allowing a partial team to meet to address this particular situation. **However, the related service provider assigned to that assessment MUST be in attendance.** If the parent/guardian cannot physically attend the IEP meeting, an alternative means of participation may be used such as teleconference or virtual communication tools such as Skype.

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

2. No Parent/Guardian Consent for Initial Evaluation


If the parent/guardian fails to respond to the *Parent/Guardian Consent to Initial Evaluation/Reevaluation* within 15 school days, the SEC must:

- a) Contact the parent/guardian at least three times using multiple modalities (e.g., letter, phone, email when information is available). Importantly, RSP shall not if contact information is wrong or unavailable in the communication log after each attempt to access parent/guardian contact information. One contact must be written correspondence sent by certified mail with a return receipt.
- b) Document contacts, attempted contacts, and outcomes in the POWER SCHOOLS SPECIAL PROGRAMS communication log.
- c) Send a Prior Written Notice (PWN) by certified mail with a return receipt to the parent/guardian indicating that the special education process has stopped. At this point, DCPS is no longer obligated to pursue consent or conduct assessments; and
- d) Contact the cluster supervisor via email if he/she feels it is necessary to pursue the consent to evaluate. DCPS may elect to proceed to mediation and/or a due process hearing in order to override the lack of consent for assessment.




Appendices

Appendix A: DC Public Schools Attendance Intervention Protocol

****Connect-Ed calls to absent students occurs daily ONLY when absence is recorded the same day as absence****

# OF ABSENCES	SCHOOL ACTION	DISTRICT ACTION	LEGAL ACTION
1 & 2 (Total)	a. Teacher calls home <ul style="list-style-type: none"> ➢ Teachers should inform Attendance Counselor (AC)/ Designee (AD) of any contact attempted/made with parent and on non-working phone numbers. 	a. **Connect-Ed calls to absent students (occurs daily)**	
3 (Unexcused)	a. AC/AD mails 3-Day Unexcused Absences Attendance Notice STARS letter and mails to student's home (elementary and middle school and educational center students only).	a. Connect-Ed call from Chancellor	
5 (Total)	a. AC/AD mails 5-Day Total Absences Attendance Notice STARS letter and mails to student's home. <ul style="list-style-type: none"> ➢ AC/AD submits 5-day letter to nurse to: <ul style="list-style-type: none"> ✓ Check for the Universal Health Form ✓ Contact family ✓ Develop Individual Health Plan for students (i.e. Asthma Action Plan) 		
5 (Unexcused) & MPD Pick-ups	a. AC/AD mails 5-Day Unexcused Absences STARS letter to the student's home requesting an attendance conference b. Student is referred to the Student Support Team (SST) c. Determine and document root cause of absences and intervention in STARS <ul style="list-style-type: none"> ➢ Student, parent/guardian and appropriate school officials develop Student Attendance Support Plan to connect the family to in-school or community resources and city agencies, and to make recommendations for next steps **Follow up within 10-days to track student's progress on next steps identified in attendance conference. Follow up with programs/resources identified for support during attendance conference to determine if student/family is participating** d. Home visit must be conducted, if parent is not responsive to meeting request	a. OYE will monitor 5-day meeting compliance rate b. OYE will review root causes to identify common themes in need of system wide action.	
7 (Unexcused)	a. AC/AD mails MPD warning letter		
10 (Total)	a. AC/AD mails 10-Day Total Absences STARS letter to the student's home arranging an attendance conference; <ul style="list-style-type: none"> ➢ Student, parent/guardian and appropriate school officials meet to develop or modify Student Attendance Support Plan to connect the family to in-school or community resources and city agencies, and to make recommendations for next steps b. If parent is non-responsive to meeting request, student is referred to SST		

****Connect-Ed calls to absent students occurs daily ONLY when absence is recorded the same day as absence****

# OF ABSENCES	SCHOOL ACTION	DISTRICT ACTION	LEGAL ACTION
10 (Unexcused) Student becomes "chronically truant"	<p>Elementary and middle schools and educational centers (ages 5 – 13):</p> <p>a. If attendance interventions have been executed and documented in STARS;;</p> <ul style="list-style-type: none"> ➢ AC/AD will complete CFSA educational neglect referral form and email to CFSA.EdNeglect@dc.gov and include Attendance Specialist on email <p>b. Document referral in STARS adhoc field</p> <p>High school students (ages 14 and up):</p> <p>c. AC/AD refers student to SST for follow-up. SST meets to review student’s progress and revise the Student Attendance Support Plan</p> <p>d. SST will notify administrators of all students reaching 10 unexcused absences</p>	<p>a. OYE will monitor CFSA referral compliance rate</p> <p>b. OYE will notify MPD & OSSE of all students with 10+ unexcused absences</p>	
15 (Unexcused)	<p>a. If all interventions have been executed and documented in DC STARS, AC/AD, in conjunction with their attendance specialist, will refer student/family to court in conjunction with Attendance Specialist (students ages 5-17 only)</p> <p>b. Document submission to OYE in STARS adhoc field</p>	<p>a. OYE will approve and send court referral to OAG/CSS</p> <p>b. OYE will monitor court referral compliance rate</p>	
16+ (Unexcused)	<p>a. Continue to monitor student’s progress and modify Student Support Plan</p>		
20* (Unexcused Consecutive)	<p>b. AC/AD mails letter to student’s home to notify parent/guardian that the student is eligible to be withdrawn from school</p> <ul style="list-style-type: none"> ➢ School must have executed all the above interventions before withdrawal 	<p>a. Attendance Specialists will review list of students that have been withdrawn and will refer dropped students to Student Placement Team</p>	

Additional Instructions for MPD Drop-offs

1. Student goes to designated office to sign in
2. AC/AD documents time of entry in adhoc MPD field in STARS
3. AC/AD contacts student’s parent/guardian to inform them of MPD pick up
 - a. Print and send STARS MPD Pick Up letter requesting a meeting within 5 days of pick up
4. AC/AD convenes **Attendance Conference** with parent/guardian to develop Student Support Plan

Appendix B: Glossary

Communication Log

Tab in in POWER SCHOOLS SPECIAL PROGRAMS where all communications with parents should be documented in detail. Log entries should include date, mode of outreach (i.e., phone call, email), summary of communication, and parent response.

FAPE (Free Appropriate Public Education)

Public education special education and related services that a) are provided at public expense, under public supervision and direction, and without charge; b) meet the standards of the SEA, including the requirements of this part; c) include an appropriate preschool, elementary school, or secondary school education in the State involved; and d) are provided in conformity with an individualized education program (IEP)" (34 CFR 300.17).

IEP Meeting

A written statement for each child with a disability that is developed, reviewed, and revised in a meeting that includes a) a statement of the child's present level of academic achievement and functional performance; b) a statement of measurable annual goals, including academic and functional goals; c) a description of how the child's progress toward meeting the annual goals will be measured; d) a statement of the special education and related services and supplementary aids and services to be provided to the child and a statement of the program modifications or supports or school personnel that will be provided to the child; e) a statement of any individual appropriate accommodations that are necessary to measure the academic achievement and functional performance of the child on assessments; and f) the projected date for the beginning of the services and modifications and the anticipated frequency, location, and duration of those services and modifications.

Related Service Providers (RSPs)

Related Service Providers (RSPs) provide wrap-around services for students. These positions include speech-language pathologists, social workers, school psychologists, and school counselors, etc.

Service Log

Tool in POWER SCHOOLS SPECIAL PROGRAMS where all services (including those provided, missed, attempted, and made-up) should be documented in detail. Log entries should include date, duration of session, and summary of session.

Truancy

The unexcused absence from school by a minor (5-17 years of age), either with or without parental knowledge, approval, or consent.

Bilingual Assessment Referral Guidelines

SY 2024-25

Due to the continued shortage of school psychologists and speech-language pathologist for the 2024-25 school year, the bilingual team will attend AEDs and complete assessments for the following:

Psychology

- *Spanish-English bilingual cases at vacant schools*
- *All cases involving Spanish-speaking newcomers (please reference the Newcomer Guide for guidance)*
- *Spanish-English bilingual students who are aging out of DD and there is a new suspected disability*

Speech-Language Pathology

- *Spanish-English bilingual cases at vacant schools*
- *Initial Spanish-English bilingual cases for all age ranges and grade levels*
- *All cases involving Spanish-speaking newcomers (please reference the Newcomer Guide for guidance)*
- *Re-evaluations will be completed by the assigned school-based provider with the support of an interpreter*

Please ensure that all MTSS data is entered into Panorama at least one week prior the scheduled AED meeting. If the student has been chronically absent (having missed 10% or more of days from the start of the school year) or has a history of chronic truancy (having ten or more unexcused absences in any school year), documentation of attendance intervention must be included.

*This team's responsibility is **ONLY for Spanish-English Bilingual Students!** Please reference page 11 for instruction on how to request an in-person interpreter if you need to complete a bilingual assessment for a student who speaks a language other than Spanish.*

Introduction

The Individuals with Disabilities Education Act (IDEA) regulations require assessments and other evaluation materials to be provided and administered in the student’s native language or other mode of communication.

This set of guidelines is intended to help the Local Education Agency (LEAs) and case managers meet these requirements and provide appropriate assessments to inform the evaluation of students who are not native speakers of English.

Table of Contents

Definitions	3
What is the ACCESS for ELLs test?	4
Assessment of bilingual students	5-6
Assigning bilingual assessments	7
Special considerations for students new to the country (newcomers)	8
Requesting an interpreter for meetings	9
Requesting an interpreter for assessments	10
Frequently asked questions	11-12
Points of contact	13-14

Definitions

English as a Second Language (ESL) - A model of instruction for students whose native language is other than English

English Language Learner (ELL) - linguistically and culturally diverse student who has an overall English Language Proficiency level of 1-4 on the ACCESS for ELLs test

ACCESS for ELLs - An assessment anchored in the WIDA English Language Proficiency Standards to help educators, parents and students better understand a student's development of English language proficiency on an annual basis (see page 4 of this guidebook)

Bilingual Assessment Team - The Student Support Division: Office of Improvement and Supports and The Office of Teaching and Learning: Department of Specialized Instruction maintains a team of fully itinerant bilingual related service providers in different disciplines (Psychology, Social Work and Speech-Language Pathology) to conduct assessments of ELLs in DCPS local schools, public charter schools for whom DCPS is LEA, and DCPS tuition-grant students in non-public schools. These providers present the results of their reports at MDT meetings and assist the IEP team in developing or modifying IEPs for the students they assess

Language Acquisition Division (LAD) - Division, formerly known as the Office of Bilingual Education, that provides translation and interpretation services to central offices and local schools to enable parents of other language backgrounds to fully participate in the education of their children

Local Education Agency (LEA) Representative - The point of contact for all special education matters at a DCPS school. LEAs and IEP case managers are responsible for identifying children who may have a disability and for organizing all meetings related to special education. At some DCPS schools, a child's teacher serves as his or her IEP case manager

Multidisciplinary Disciplinary Team (MDT) - A group of persons whose responsibility it is to evaluate the abilities and needs, based on presenting data, of a child referred for evaluation and to determine whether or not the child meets the eligibility criteria

Multi-Tiered System of Supports (MTSS) – An integrated, prevention-based model of educating students that uses data and problem-solving to connect and integrate all the academic, behavior and social emotional instruction

Newcomer – A student who has lived in the United States for two years or less

Student Support Division: Office of Improvement and Supports - Works with schools to ensure that students with disabilities have the services and support needed to achieve success

What is the ACCESS for ELLs test?

The Assessing Comprehension and Communication in English State to State (ACCESS for ELLs) test places students in English language proficiency levels 1 to 5.

DCPS provides services to students scoring levels 1 to 4 and exits students from support programs when they reach level 4.5.

If a student's **oral language** ACCESS score is less than 4.5 (i.e. 4.4 or below), they should receive a bilingual assessment. The LEA may follow the process outlined in this document to proceed with a bilingual referral.

See the chart below for an explanation of the five scoring levels. It is expected that at level 4.5 students are ready to meet state academic standards with minimal language support services. ACCESS for ELLs measures language across the four domains: listening, speaking, reading and writing. It also measures across the following content areas: social studies; social and instructional English; math; science and language arts.

Level	Category	Description
1	Entering	Knows and uses minimal social English and minimal academic language with visual and graphic support
2	Beginning	Knows and uses some social English and generic academic language with visual and graphic support
3	Developing	Knows and uses social English and some specific academic language with visual and graphic support
4	Expanding	Knows and uses social English and some technical and academic language
5	Bridging	Knows and uses social English and academic language working with modified grade level material

For additional information, visit <http://www.wida.us/assessment/access/>

Assessment of bilingual students

If the school/parent or any significant stakeholder suspects that a student is having difficulty working to their potential (ruling out external factors) and there is documented impact on the student's educational performance, the MTSS team can refer the student for further investigation.

As with any student, the MTSS team must review all existing data (e.g. school-based assessments, interventions and length of supports documenting limited growth) before determining that additional assessments are necessary to make an eligibility determination. It is important to make sure that at least one intervention was attempted to address each of area of concern. Intervention goals should be based on the expected rates of growth for the program and the unique needs of bilingual students. Please include documentation showing that the student participated in interventions for the prescribed length of time and session duration of the program.

The MTSS team is responsible for establishing that hearing and vision screenings are current (within 1 calendar year). It is important to remember that hearing or vision problems, lack of exposure to appropriate instruction because of absenteeism, etc. are exclusionary factors and therefore, the absence of this information could impact the eligibility for special education services.

Once the intervention process for the student has been completed and if it has been determined that an AED meeting is needed, one of two processes will be followed. For Spanish-English students whose oral language ACCESS score is 4.4 or less, complete this SharePoint form to request that a bilingual provider attend the AED meeting:

For Psychology utilize the below link:

<https://forms.office.com/Pages/ShareFormPage.aspx?id=7kagKk6zMOqSt5md8rwKMuWR9Jhy0b9GpSrE TJxUHWtUNTdXM0UwVEhLSThaNEJTQzhIRk83TUhRTi4u&sharetoken=Sy9Qd6JxVtiB7LXyasod>. This does not apply to students with medical/health impairments, **other than ADHD**. These assessments are conducted by the school-based provider.

For Speech-Language Pathology notify the bilingual provider assigned to your school. The provider can be located using the following link: [SY 24-25 DSI Point of Contact](#)

For bilingual students who speak languages other than English, if the AED meeting results in a referral for assessment, refer to the Requesting an Interpreter section on page 11 of this manual.

As the student's holder of educational rights, it is vital that the parent participate in an AED meeting. Therefore, the team should not move forward with an AED meeting until the parent can attend.

The current DCPS Bilingual Providers consist of Spanish speaking Social Workers, School Psychologists, and Speech Pathologists. IDEA 2004 requires that assessments and other evaluation materials be administered in the language and form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally, unless it is not feasible to so provide or administer."

When determining if a student is to be assessed in English or another language, consideration of the number of years of academic instruction in English and the native language of the student are important. Students who have lived in the United States for 7 years or fewer and are Spanish speakers should be considered for bilingual assessment.

Related Service Providers or specialists working with the student may recommend a bilingual assessment based on quantitative and qualitative data. Parents or parent advocates may also request a bilingual assessment with supporting documentation.

NOTE: The bilingual team does not include Audiologists, Occupational Therapists, or Physical Therapists. If there is an assessment need for one of these areas, the assessment should be assigned to the school-based provider and the provider should request an interpreter to complete the assessments. Refer to the section below labeled “requesting an interpreter for assessments.”

If you have questions, please contact the discipline program managers listed in the points of contact section at the end of this document.

Assigning bilingual assessments

If the AED meeting was held as **initially scheduled** and consent is signed at the meeting, the provider who attended will complete the assessment. If consent is obtained after the meeting or the meeting had to be rescheduled for any reason, please email a copy of the signed consent to Dr. Ramonia Rich (ramonia.rich@k12.dc.gov) for school psychology & Ms. Darla Kimbrough (darla.kimbrough@k12.dc.gov) and the case will be assigned based on provider capacity.

Please note the following:

- If the bilingual team is at capacity, the case will be reassigned to the school-based provider and the evaluation will be conducted with an interpreter.
- Cases requested more than 48 hours after the parent consent may impact the timeliness of the assessment.
- Providers has 45 days to complete the assessment from the day it is assigned to them.

Special considerations for students new to the country (newcomers)

Students who have been in the United States for two years or less are considered newcomers. These students undergo a period of cultural and social adjustment within the school community and country. In addition, they may face challenges such as minimal formal education, interrupted schooling and limited English. If a team suspects that a student new to the country has a disability and therefore would need to be referred for evaluation, they must consult with their cluster-assigned member of the bilingual team prior to scheduling an AED meeting.

Please refer to the New Comers Guide for additional information.

Newcomer Consultation Cluster Assignments

Name	Clusters Assigned	Email	Phone
Patricia Porro	Early Childhood Psych Consult	patricia.porro@k12.dc.gov	
Susanne Leslie	Clusters I-III Psych Consult	susanne.leslie@k12.dc.gov	(202) 607-4694
Isora Cruz-Cardona	Clusters IV-VI Psych Consult	isora.cruz-cardona@k12.dc.gov	(202) 276-9802
Sonia Pilot	Clusters VII-VIII Psych Consult	sonia.pilot@k12.dc.gov	(202) 281-0183
Lorna Sanchez	Clusters IX-X Psych Consult	lorna.sanchez@k12.dc.gov	(202) 480-7742
Amaris Anglero	All Speech Consult	amaris.anglero@k12.dc.gov	(202) 590-6697
Reinaldo Rodriguez		reinaldo.rodriguez@k12.dc.gov	(202) 409-0155
Maura Garibay	All Social History Consult	maura.garibay@k12.dc.gov	(202) 534-2740

Working with newcomers through the MTSS is also different than with other students. Please refer to the Newcomers Guide for more details about this process.

Requesting an interpreter for meetings

****Please note, this is a separate process from ordering a bilingual assessment****

An interpreter may be necessary to facilitate the bilingual assessment of ELL students. An interpreter may also be necessary to facilitate review meetings or other MDT meetings with non-English speaking parents. **Scheduling an interpreter for testing or meeting is the responsibility of the LEA Representative.**

There are two options to consider regarding interpreting **for meetings**:

<i>Option 1</i>	<i>Option 2</i>
<p>A bilingual teacher (i.e. an ESL teacher) at the school who is fluent in the student’s native language may serve as an interpreter.</p>	<ul style="list-style-type: none"> ■ Call the Language Line at 1-800-367-9559 ■ Agency Client ID 511049 ■ Access Code 701001 ■ Language Line App (available for download – for questions, email language.access@k12.dc.gov or call (202) 868-6508)

Note: Meetings may be interpreted using the Language Line provided by the District of Columbia Office of Human Rights. However, this line ***may not*** be used for assessments.

NOTE: The bilingual service provider(s) are not interpreters.

Requesting an interpreter for assessments

In-Person Interpreter Request Process for RSP Assessments

The Interpreter Request process allows Related Services providers (RSPs) to formally request interpreter services. Interpreter services may be requested to support RSPs while conducting student evaluations when the student's primary language is not covered by the DCPS Bilingual Team or the bilingual team does not have capacity. All requests for translation and interpretation services require the RSP to request through the Special Education Translation Department. The request links can be found on the [DSI Related Services Providers SharePoint Page](#).

- All requests should be submitted within a minimum of five business days prior to the date services are needed. Any incomplete request forms will not be processed.
- The following languages are currently under contract. Note: Requests for other languages will take longer.
 - Spanish
 - Vietnamese
 - Chinese
 - Amharic
 - French
- A vendor will be assigned to complete the interpreter services and provide a confirmation email of interpreter/translation services at least two (2) days prior to the date of services to the school-based RSP.
- The interpreter will provide an evaluation form to be given to the related service provider at the time of service.
- If there are any inquiries or questions regarding the Interpreter Request process, please contact the Division of Specialized Instruction (DSI) POC, spedtranslations.dcps@k12.dc.gov.
- If interpretation services are no longer needed, the RSP must notify spedtranslations.dcps@k12.dc.gov via email 48 hours in advance. If the services are not cancelled in advance, DCPS is still fiscally responsible for vendor payment.

Frequently asked questions

Who should receive a **bilingual educational assessment**?

For initial Spanish bilingual assessments, the psychologist, from the Bilingual Assessment Team assigned to each case will be completing all pertinent testing (e.g. cognitive, adaptive) including the educational. For re-evaluations, a bilingual educational assessment is only required if the student is enrolled in a dual language program, and it is suspected that there is a discrepancy between academic skills in both languages. If there is a special education teacher at the school who are also fluent in the student's native language, and the school has bilingual educational assessment materials, the special education teacher should complete the assessments. This course of action should be noted on the Bilingual Assessment Justification Form.

Should the bilingual provider present his/her report at the review meeting?

Yes, this is best practice. It is imperative that you include the bilingual assessor when scheduling the review MDT meeting.

Will the bilingual provider deliver general language interpretation at the review meeting?

No, the LEA representative should use the language line or a qualified interpreter.

What school-based staff may interpret during assessments or at IEP meetings?

The MDT meeting may utilize teachers fluent in the student’s native language to interpret. Any school-based staff the team decides to use to interpret for an assessment or at a meeting should be individuals who could otherwise have access to the student’s file and be considered members of the MDT.

School support staff, such as secretaries, custodians, and cafeteria support should not be used as interpreters.

Community members or family members may interpret if the parent agrees to consider them as a consultative member of the IEP team. Remember, information discussed at MDT meetings or in the process of special education assessments is private.

What if the student is enrolled in a private/religious school?

The student’s case manager should follow the same process as any other case manager to refer the student for a bilingual assessment.

What if the student is between 3 years (3.0) and 5 years 10 months (5.10) of age?

If the evaluation is an initial evaluation, then the student will be evaluated by the Dr. Patricia Porro for Psychology. For Speech Language Pathology referrals, the assigned bilingual provider will assume the case. Reevaluations are to be completed in the school where the student is enrolled by the school-based provider.

Does this process apply for deaf or hearing-impaired students fluent in American Sign Language?

If an assessment is needed for a student with a primary language of ASL, (insert link) should be completed by the related service provider.

How can I request a sign-language interpreter for a parent?

If the team requires a sign-language interpreter for a parent of a hearing-impaired student at a meeting, the LEA representative should fax the Request for Sign Language Interpreter Form to the DC Office of Disability Rights. Please note that requests should be received by ODR at least 5 business days for processing contact this number (202)724-5055.

How long should the team wait before referring a student new to the country (newcomer) to be assessed for Special Education eligibility?

Cases involving students new to the country can be complex. If an assessment is being considered for a student who has been in the country for less than two years, the team must consult with your cluster-assigned member of the bilingual assessment team **prior to** initiating the referral process.

Related Service Provider Points of Contact: Program Managers

Name	Discipline	Email	Phone	Fax
Darla Kimbrough, Program Manager	Speech- Language Pathology	darla.kimbrough@k12. dc.gov	(202) 281- 8516	(202) 442- 4368
Dr. Ramonia Rich, Program Manager	Psychology	Ramonia.rich@k12. dc.gov	(202) 369- 2886	(202) 654- 6150
Tamara Dukes, Program Manager	Social Work	Tamara.dukes@k12.dc.gov	(202) 907- 8056	(202) 654- 6153

Bilingual Consultation Contacts

Please contact a member of the city-wide bilingual assessment team for specific questions about bilingual cases. **DO NOT** assign assessments directly to the psychologists; *please follow the Bilingual Referral process found in this guidebook.*

City-Wide Team

Name	Role	Email	Phone
Isora Cruz-Cardona	Psychologist	isora.cruz-cardona@k12.dc.gov	(202) 276-9802
Maura Garibay	Social Worker	maura.garibay@k12.dc.gov	(202) 534-2740
Sonia Pilot	Psychologist	sonia.pilot@k12.dc.gov	(202) 281-0183
Susanne Leslie	Psychologist	susanne.leslie@k12.dc.gov	(202) 607-4694
Patricia Porro	Psychologist/ECAT	patricia.porro@k12.dc.gov	(202) 422-5410
Amaris Anglero	SLP	amaris.anglero@k12.dc.gov	(202) 590-6697
Reinaldo Rodriguez	SLP	reinaldo.rodriguez@k12.dc.gov	

School Based Bilingual Providers

Name	Role	School	Email
Andres Nunez	Psychologist	Adams Bilingual EC	andres.nunez@k12.dc.gov
	Psychologist	Bancroft ES	
Ana Frontera	SLP	Bancroft ES	ana.frontera@k12.dc.gov
Mariela Mercado	SLP	Bancroft ES	mariela.mercado@k12.dc.gov
Guillermo Cintron	Social Worker	Bancroft ES	guillermo.cintron@k12.dc.gov
Elizabeth Castillo	Social Worker	Brightwood ES	elizabeth.castillo@k12.dc.gov
Kairo Vivas	Social Worker	Brightwood ES	kairo.vivas@k12.dc.gov
Paola Perez	SLP	Brightwood ES	paola.perez@k12.dc.gov
Diana Mata	Social Worker	Bruce Monroe ES	diana.mata@k12.dc.gov
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Language Acquisition Division (LAD)

Name	Questions about	Email	Phone/Fax
Main Office	General Inquiries	LAD Coordinator	(202) 671-0750/2667
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Anna Acevedo	Document Translation	anna.acevedo@k12.dc.gov	(202) 868-6504

Newcomer Consultation Cluster Assignments

Name	Clusters Assigned	Email	Phone
Patricia Porro	Early Childhood Psych Consult	patricia.porro@k12.dc.gov	
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	Consult		
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Reinaldo Rodriguez	Clusters V, VII-VIII	reinaldo.rodriguez@k12.dc.gov	(202) 409-0155
Maura Garibay	All Social History Consult	maura.garibay@k12.dc.gov	(202) 534-2740

Finalizing Assessments in Power Schools

Upload and Finalize an Evaluation in Power Schools

From Your Caseload Page Select:

Student’s Profile Icon ---Go to the Demographics Part B –click on Drop Down Arrow and Select Assessment Part Bclick on Add New Assessment and fill in the required boxes highlighted in yellow. Accept Changes.

STEP 2 --UPLOADING THE DRAFT ASSESSMENT.

Select Student’s Document Icon Scroll down until you see **Eligibility Part B**. Directly across at the right side you will see a **+ sign. Click on the + It will take you to another page.** At the top you will **“New Documents”** click on the arrow down button and select the last option **“Evaluation Summary Report (Files Only)** click on that option and it will allow you to upload the assessment.

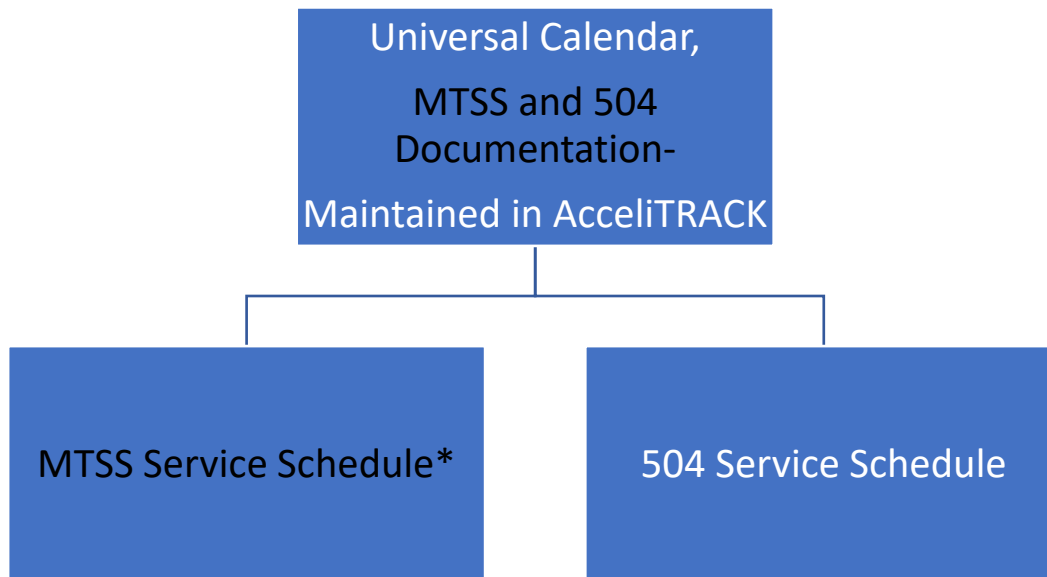
STEP 3 Finalize the Assessment

Go Back to **the Document Page** or arrow back to it.

Scroll down to **Eligibility Part B**. Below you will see the assessment, but you will see Draft on the right side. Click on your assessment and it will take you to another page. Here you will have the option on the left to view your assessment **BUT look to the right and click on the arrow down button.** It will take you to the link that says **“SET DOCUMENTS”** click on the arrow down and you will click on **Set Draft to Final.** Accept changes.

Go BACK TO ELIGIBILITY PART B and look for your assessment. It should no longer show Draft but Final.

Frontline Documentation Requirements for DSI RSPs



Universal Calendar (Based on Provider Scope of Work)

- Required for DSI RSPs assigned to central office teams (NPU, CIEP, ECAT, Bilingual)
- Create template and copy standing appointments and activities forward each week
- Record notes in activities and service lines by COB each Monday

MTSS Service Schedule

MTSS service lines must be created in MTSSAcceliPLAN (following workflow events) to be added to provider caseload to drag and drop onto TRACK calendar.

- Providers should create a service line for students to whom they are assigned in the MTSSPlan.
- Providers should create a service line if you are meeting a general education student for more than 3 times for ongoing intervention (intermittent contacts with a student should be recorded in the “student activity” screen).

504 Service Schedule

- Add “Create Service” in the TRACK Calendar by clicking onto the day/time of service. A 504 Service Detail screen will appear.
- Document the service log notes in corresponding fields
- Record delivery status








MTSS

For How-To instructions of system functionality, browse knowledgebase articles at support.acceliplan.com.

DC DOH License

Providers should maintain an updated copy of their DC Department of Health license in Frontline.

Adding/Editing a License

- From the home screen, go to the AcceliTrack drop-down, and select Administrative Tools, then License Manager.
- From the License Manager, select the  icon.
- To create a new License, click  and fill out all required fields on the Provider Certificate Details form and click .
- To upload a license, click , select the desired file, and then click .
- Edit your licenses by clicking the  icon.
- Delete your license by clicking the  icon.

Note: You can also access the License Manager from the Toolbox tab in the Administrative Tools section.

DCPS Data System User Security Pledge - Frontline

I will have access to confidential student data provided by the District of Columbia Public Schools (DCPS) via the Frontline system. I understand that access to this confidential data carries with it the responsibility to maintain the confidentiality of such data in a secure fashion, including the duty to guard against any unauthorized use and unauthorized access.

To treat information as confidential means not to divulge it to or cause it to be accessible by any unauthorized person. To secure confidential data means to take all necessary precautions to prevent unauthorized persons from accessing such data.

I agree to fulfill my responsibility under this security pledge as follows:

1. I agree not to permit unauthorized access to these sensitive data, either electronically or in hard copy.
2. I agree to notify DCPS if there is a breach of data confidentiality as outlined in this pledge.
3. I agree to follow all DCPS policies and procedures governing the confidentiality and security of DCPS data in any form, either electronic or in hard copy.
4. I agree that I will not access, release or share confidential data except as necessary to complete my project duties or role responsibilities.
5. I agree that I will use all reasonable means to protect the security of confidential data in my control, and to prevent it from being accessed or released, except as permitted by law.
6. I agree that when my affiliation/employment with DCPS ends, I will not take any confidential data with me, and I will not reveal any confidential data I had access to as a result of my role/responsibilities.
7. I agree to report unauthorized use or disclosure of confidential data, or security issues impacting the proper safeguard of confidential data to DCPS immediately.

I understand that disclosing confidential data directly, or allowing unauthorized access to such data, or failing to adequately secure data may subject me to criminal prosecution and/or civil recovery and may violate the code of research ethics, District of Columbia laws and DCPS rules and regulations.

Y I agree to the terms and conditions of use. E-Signature_____

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