DISTRICT OF COLUMBIA
PUBLIC SCHOOLS
Office of Teaching and Learning

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SY 2020-2021 Occupational Therapy & Physical Therapy Guidebook

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Introduction

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Capital Commitment

DCPS Capital Commitment 2017-2022

In shaping DC Public Schools' five-year strategic plan for 2017-2022, A Capital Commitment, we heard from more than 4,500 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—a place where every family feels welcome and every child is given the opportunities and support 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.
- 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.
- EXCELLENCE: We work with integrity and hold ourselves accountable for exemplary outcomes, service, and interactions.
- 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.

For additional information regarding the 2017-2022 Capital Commitment, please visit: https://dcps.dc.gov/sites/default/files/dc/sites/dcps/publication/attachments/DCPS%20Strategic%20Plan%20-%20A%20Capital%20Commitment%202017-2022-English_0.pdf .

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

Our vision focuses on building the capacity of our schools to ensure that they have the systems, supports, tools, and well-trained staff to address the needs of our students with disabilities, allowing them to access education in their neighborhood schools alongside their typically developing peers. DSI's transition to OTL will increase collaboration and alignment with our partners within DCPS and

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throughout the District to develop clear policies and processes for delivering high-quality instruction and supports to improve the academic achievement of our students with disabilities.

DSI's core beliefs are:

- We believe that all children, regardless of background or circumstance, can achieve at the highest levels.
- We believe that achievement is a function of effort, not innate ability.
- We believe that we have the power and the responsibility to close the achievement gap.
- We believe that our schools must be caring and supportive environments.
- We believe that it is critical to engage our students' families and communities as valued partners.
- We believe that our decisions at all levels must be guided by data.

DSI STRATEGIC GOALS

In the spring of 2020, the District of Columbia Public Schools (DCPS) Division of Specialized Instruction (DSI) continued the journey of a strategic planning process—a process that ensures we are making the best decisions for our students. DSI is committed to ensuring students receiving special education services and supports have a rigorous and responsive special education program.

Foremost to our strategic plan is our vision: to be the district of choice for students with disabilities. We will achieve this vision by focusing on building the capacity of our schools to ensure that they have the systems, supports, tools, and well-trained staff to address the needs of our students with disabilities, allowing them to access education in their neighborhood schools alongside their typically developing peers. We must also collaborate with our partners within DCPS and throughout the District to develop clear policies and processes for delivering high-quality instruction and supports to improve the academic achievement of our students with disabilities.

At the time of this publication, DSI's Strategic goals were still in draft and going through the approval process.

Special Education in DCPS

DCPS is committed to ensuring that our schools provide a world-class education that prepares ALL of 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

Assistive Technology and Related Services is committed to increasing the independence of every student in our schools by giving them the strategies, skills and supports they need to be successful in the classroom and their community. We collaborate with parents, students, schools and other stakeholders to provide services that are timely and tailored to the unique needs of each student and are provided in conjunction with classroom instruction.

The related services team has THREE goals to achieve over the next three years:

1. 90% of providers achieve score of 3.0 on assessment quality section of IMPACT in three (3) years
2. Provide a minimum of 85% of related services by showing evidence of due diligence efforts.
3. 100% of RSPs are trained and implementing evidence-based interventions (MTSS, inclusionary practices, EBPs, consultation)

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 written for special education administrators, school personnel responsible for 504 Plans, Individualized Service Plans (ISPs), and providers of occupational therapy and physical therapy services. In addition, it may benefit DCPS parents, teachers, and other school professionals. 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 of the District of Columbia Public Schools students.

DCPS regulates the practice of occupational therapy and physical therapy services to the students in public schools of the District of Columbia while the Department of Health, Board of occupational therapy and Board of physical therapy regulates the practice of occupational therapists and physical therapists respectably. 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 trainings throughout the school year.

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Contact Information for the Occupational and Physical Therapy Department

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Washington, DC 20002

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DCPS Employee Policies

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Time and Attendance

Tour of Duty

ET-11 (12 month employees)

Occupational and Physical Therapists 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.

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

ET-15* (10 month employees)

Service 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.

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

*As stated in the WTU contract

Signing In and Out

a. Immediately upon his/her arrival, each service provider shall record in the school business office of his/her immediate supervisor the time of his/her arrival, and he/she shall report to his/her classroom or place of duty at least thirty-five (35) minutes before the start of the official school day for students.
b. Itinerant service providers shall immediately upon their arrival at each school assigned, record in the school business office their time of arrival.
c. 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.
d. 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, his/her supervisor or his/her timekeeper….

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"Effective immediately, all staff must sign-in and sign-out on a **daily basis**. 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 office of Specialized Instruction (DSI) Staff:

- All sign-in/sign-out sheets must be signed by you on a daily basis
- All request for leave must be approved by your Principal (school-based) or Manager (OSI) and submitted via PeopleSoft
- All annual leave must be approved prior to the leave period
- All administrative leave requests for seminars, conferences and official travel must be accompanied by appropriate documentation (registration, receipt, etc.)
- All requests for leave for over two weeks must be approved by your Principal, and your Manager must be informed.
- 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 Chief of Specialized Instruction
- All compensatory time or overtime must be approved by the Chief of Specialized Instruction prior to the work being performed and provide a copy to your timekeeper.
- Itinerant staff timesheets and leave requests must be submitted via PeopleSoft.
- 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 of DC Network: https://pshcm.dc.gov
    - Outside of DC Network: https://ess.dc.gov
    - Login: Your DCPS email address without @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 time late.
    - After changing the date, click "Refresh" to enter 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)

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* 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."
    - Submitted time 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 fax, email, route mail or hand deliver 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).

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Absence/ Leave Policies

Absence/ Leave Policies for ET-11

Refer to Council for School Officers (CSO) contract agreement for detailed information.

Annual

Service providers shall earn leave with pay in any one calendar year, exclusive of authorized leave for educational purposes and assignments and exclusive of Saturdays, Sundays and holidays as follows:

1. Less than three (3) years' service, thirteen (13) days per year;
2. Three (3) years' service, but less than fifteen (15) years' service, Twenty (20) days per year; or
3. Fifteen (15) or more years' service twenty-six (26) days per year.

Officers may accumulate annual leave for later use up to a maximum of thirty (30) days. Each supervisor in conjunction with the officer staff shall develop a tentative leave schedule for the use of annual leave, which shall be developed early in the leave year, which provides for vacations on a staggered basis throughout the year. On the basis of mutual agreement between employees and their supervisors, vacation periods should be scheduled in such a manner as to provide the least interruption to the work unit. These schedules may, of course, be revised from time to time. Employees should be given the opportunity for a planned period of extended vacation leave.

Annual leave may be used as the service provider chooses, provided that the leave has been requested by the related service provider and approved by the related service provider's immediate supervisor in advance of the utilization of the leave and in accordance with established leave policies.*However, if and when exigencies of the service provider's area(s) of responsibility occur, then the officer's immediate supervisor may rescind the approval of the leave request. In the event an officer's approved annual leave request is rescinded, the immediate supervisor should provide priority consideration to the service provider's future request for annul leave.

*__PLEASE NOTE:__ Guidelines indicate that "in advance" requires that you submit your request for leave at least three (3) days prior to the start date of your leave requested.]

Service providers may exceed the thirty (30) day accumulation of annual leave under the following conditions:

1. Administrative error where such error causes the loss of annual leave;
2. Exigencies of the public business when the leave was scheduled in advance and the exigencies caused the cancellation of the leave; or
3. Illness or injury when leave was scheduled in advance and cancelled because of illness or injury.

The term "scheduled in advance" means before the start of the third bi-weekly pay period prior to the end of the leave year.

Restoration of Leave

- The Board is responsible for notifying the membership of, and providing the required form(s)

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for, the process to be followed in the restoration of annual leave in accordance with the annual "use or lose" leave protocol.

- The Board will provide the process for recording and utilization of restored annual leave to the membership and all responsible supervisors.
- If the Board fails to properly notify officers of the process to be followed and the forms to fill out for the restoration of annual leave, the restored leave the service provider would have been entitled to shall not be subject to the "use or lose" leave protocol timeline and will be restored.
- Requests to restore leave lost due to any of the three (3) conditions listed above should be submitted to the Department of Human Resources in writing and include the service provider's name and social security number, organizational code, amount of hours to be restored, reason(s) the scheduled leave could not be used and the date(s) the leave was scheduled for use, supported by documentation. Requests for restoration of leave must be submitted within thirty (30) days of the end of the leave year in which the leave was lost.
- Upon separation from service, an officer shall receive a lump-sum payment, at the rate of salary on the effective date of separation, for accumulated or restored annual leave.

Sick Leave

- Service providers shall earn thirteen (13) days sick leave, with pay, in any one calendar year.
- Sick leave, which is not used during the year it is earned, shall accumulate and be available for use in accordance with Board Rules.
- Upon arrival by the Board, an officer may use accumulated sick leave in addition to the maximum useable accumulation provide in 5 DCMR §1200.9 of the Board Rules.
- Permanent or probationary service providers may be advanced up to thirty (30) days leave by the Chancellor. Every application for advances leave shall by supported by a certificate signed by a registered practicing physician or other licensed practitioner certifying that the service provider is unable to perform regular duties. Any advance leave is paid back. Sick leave may be advanced irrespective of whether the officer has annual leave credit. If the employee voluntarily or involuntarily terminates their employment prior to the repayment of the advance sick leave, the employee will be required to repay, at their then current rate of pay, the amount remaining.

Court & Jury Leave

Service providers shall be entitled to a leave of absence with pay when they are required to report for jury duty or to appear in court as a subpoenaed witness, other than as a litigant, or to respond to an official subpoena from duty authorized government agencies. Service providers shall provide a copy of the documentation, in the form of the subpoena or jury duty notice, to the supervisors. Any pay received for service as a witness or juror, other than expenses, must be submitted to the D. C. Public Schools, Department of Human Resources.

If a service provider is excused from jury duty for a day or a substantial portion thereof the service provider shall report to their place of employment and perform the duties assigned for that day or portion thereof.

Family & Medical Leave

In accordance with D.C. Official Code §32-501, et seq., the Board acknowledges that an eligible employee who is employed for one year without a break in service except for regular holidays and worked at least 1,000 hours during a 12-month period shall be entitled to a total of 16 work weeks of family leave during any twenty-four (24) month period for:

a. The birth of a child of the employee:
b. The placement of a child with the employee for adoption or foster care;
c. The placement of a child with the employee for whom the employee permanently assumes and discharges parental responsibility; or
d. The care of a family member of the employee who has a serious health condition.[1]
e. Family member means:
    i. A person to whom the employee is related by blood, legal custody, or marriage;
    ii. A child who lives with an employee and for whom the employee permanently assumes and discharges parental responsibility; or
    iii. A person with whom the employee shares or has shared, within the last year, a mutual residence and with whom the employee maintains a committed relationship.[2]

An employee who is unable to perform the functions of the employee's position because of a serious health condition shall be entitled to medical leave for as long as the employee is unable to perform the functions, except that the medical leave shall not exceed sixteen (16) work weeks during any twenty-four (24) month period.[3] The Board shall provide and implement Family and Medical Leave consistent with D.C. Law. The provision and implementation of Family and Medical Leave is based on D.C. Law.

Administrative Leave

Each service provider, upon request and approval, shall be allowed three (3) days of leave with pay per year for visits to schools, industry and participation in conferences, seminars and workshops which are beneficial to the school system subject to the educational program and/or the service provider's work assignments during the period of leave request. Such leave must be requested by the service provider fifteen (15) days in advance.

At the initial of the Board, leave with pay to attend conferences, workshops, conventions and seminars, which are beneficial to the school system, may be granted to the service provider.

Educational/Sabbatical Leave of Absence

Educational/Sabbatical leave for academic study/professional improvement may be granted at the Chancellor's discretion and approval for academic study, research or other purposes that will increase or further the officer's professional growth and development and will contribute to the improvement of the school system.

An outline of a planned program must be submitted with the application for leave, including what the

[1] D.C. Official Code §32-502(a)
[2] D.C. Official Code §32-501 (4).
[3] D.C. Official Code §32-503 (a)

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officer intends to accomplish during the period of leave, how the leave would enhance the service provider's performance/career and benefit the school system, and a plan for monitoring progress during the term of leave. In addition, the service provider must obtain approval of the Chancellor or his/her designee who will monitor the plan, review progress reports submitted by the officer, and approve the documented completion of the approved program.

- Standard: The total number of service providers granted sabbatical leave at the Chancellor's discretion in any leave year will not exceed one (1) percent of the total number of service providers.
- Eligibility: A service provider becomes eligible for sabbatical leave, for a minimum period of a full semester, up to a maximum of one full year after five (5) consecutive years of employment with the District of Columbia Public Schools, excluding periods of Family and Medical leave, military or exchange leave. Eligibility is reestablished seven years after the first sabbatical leave is completed.
- Salary Allowance: A service provider granted sabbatical leave shall receive a maximum of fifty (50) percent of his/her salary for the period of the sabbatical leave minus all required and/or elected deductions. Should the sabbatical leave be for participation in a program for which the officer is to receive remuneration, the total remuneration (DCPS salary and program assistance/compensation) shall not exceed the service provider's annual DCPS salary. In cases where the combined remuneration exceeds the service provider's annual DCPS salary, the service provider's DCPS salary shall be reduced accordingly.

Benefits during Sabbatical Leave

A service provider on sabbatical leave shall for all purposes be viewed as a full-time employee. The service provider's rights and privileges, length of service, and the right to receive salary increments as provided by the policies of the Board or this contract will be the same as if the service provider had remained in the position from which he/she took leave. However, annual or sick leave may not be used or earned while on sabbatical leave. During the period of sabbatical leave, the officer's contributions to his/her retirement plan will be continued.

The service provider shall retain membership in the employee benefit plans, for which he/she shall be made for the period of leave; and the Board shall continue to make its contributions thereto.

Contractual Agreement for Sabbatical Leave

A service provider accepting sabbatical leave shall enter into a separate, written contract whereby he/she agrees to return to service in the District of Columbia Public Schools for a minimum two-year period immediately following the sabbatical leave. If the service provider fails to return and remain for the specified time, he/she shall be required to refund all monies paid to or for him/her or on his/her behalf by the Board, along with interest at the rate of six (6) cent per annum, prorated to account for any time served out of the two-year period. DCPS may deduct any amount owed from the Officer's termination pay upon agreement with the Officer.

Non-completion of program: If the service provider cannot complete the planned program for which sabbatical leave was granted, it is his/her responsibility to notify the Chancellor. The leave may then be rescinded by the Chancellor and the service provider is placed on the appropriate employment status.

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Salary allowances and benefits shall be adjusted accordingly. The service provider must repay any monies paid him/her or on his/her behalf for which he/she may be liable as a result of the change in leave status.

Satisfactory service as a probationary or permanent employee in the DC Public Schools shall be credited in determining eligibility for leaves of absence for educational purposes with or without pay.

Leave for Council Business
Service providers elected to full time Council positions may be granted a leave of absence without pay for a period of one (1) year. Service providers granted leave of absence shall retain all rights to reinstatement and shall continue to accrue seniority.

Service providers who are granted leave without pay for Council business may elect to receive retirement credit for such period of leave in accordance with the DC Official Code §38-2021.01

Return from Leave
A service provider returning from Family and Medical leave or educational/sabbatical leave of absence shall have the right to return to his/her former position or to an equivalent position and the same salary class. Excluding returns from Family and Medical leave, the returning service provider will be returned to his/her former or equivalent position if he/she has maintained appropriate/requisite certification/licensure and is considered to be in good standing at the time of scheduled return from leave.

Special Leave
Service providers required by the Chancellor to serve as administrators or supervisors of the regular summer school program during the entire period of the program shall be entitled to ten (10) days of special leave. The additional leave resulting from this provision must be used prior to the service provider's next administration of the regular summer school program. If the service provider has been denied requested utilization of earned Special Leave, due to exigencies of their position or responsibilities, prior to retirement, termination or non-reappointment, the service provider will receive a lump sum payment for the number of days not utilized at their rate of pay on the effective date of the payout.

Sick Leave Bank
A sick leave bank for service providers shall be established and operated under the guidelines approved by the Board and Council.

Funeral/Bereavement Leave
Four (4) additional days of leave without loss of pay and benefits will be granted annually for the occasion of the death of an employee's spouse/domestic partner, child, parent or sibling (whether adopted, natural, step, foster or in-law).The employee may be required to submit to the immediate supervisor a written statement specifying the date of funeral. This provision does not preclude the use of accrued sick leave if additional days are needed for the purpose of bereavement or attending a funeral. Funeral/bereavement leave shall not be cumulative and if not used during the school year, will not be carried over into the subsequent school year.

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Liberal Leave During School Emergency Closures
Any officer (i.e., service provider) other than principals and assistant principals, who is not authorized or assigned administrative functions shall be granted liberal leave when schools are closed for emergencies for students or teachers.

Departmental Close-out Procedures for Providers Who are going on Extended/Maternity 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 Speech-Language 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 SEDS by COB (3:30 PM).
- Service tracker notes for all students must be finalized by COB (3:30 PM) on the last date of leave for all services rendered during the month.
- Submission of the Missed Session form to capture services missed between the beginnings of school through the date of your leave/departure.
- Completion of information in SEDS for upcoming IEP meetings (Present Levels of Performance, Goals, Service Duration/frequency) for students on your current caseload for up to two 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/faxing into SEDS the assessment reports for students (along with their information in the PLAAF, speech and language goals, and recommendation for service amount)
- Most current therapy schedule and caseload roster information
- Submit formal letter of resignation to be submitted via the following link: https://octo.quickbase.com/db/main?a=SignIn&nexturl=https%3A%2F%2Focto.quickbase.com%2Fdb%2Fbgr42iqs8&rc=psi

Absence/ Leave Policies for ET-15

Refer to Washington Teacher's Union (WTU) contract for detailed information

Sick and Emergency Leave

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- For the purposes of accruing and using sick leave, a day of leave is defined as eight (8) hours, regardless of the tour of duty. For leave purposes, one-half of the tour of duty is calculated as four hours. Twelve (12) days (96 hours) of sick leave are posted at the beginning of each school year for ten (10) month service providers. Four (4) sick leave days may be used for general leave and one (1) additional sick leave day may be used for "personal business leave" during each school year. General leave and personal business leave shall not be cumulative.
- Fifteen days (15) days (120 hours) of sick leave are posted at the beginning of each school year for twelve (12) month teachers (ET 15/12). Three (3) sick leave days may be used for general leave and one (1) additional sick leave day may be used for "personal business leave" during each school year. General leave and personal business leave shall not be cumulative. Unused sick leave shall be carried forward from year to year.
- A service provider who becomes sick or disabled to the point that he/she is unable to do his/her job, or has a scheduled medical or dental appointment, shall be permitted to use his/her accumulated leave in accordance with the Rules of the Board. **Leave requests for medical or dental appointments must be made by the service provider to his/her immediate supervisor as soon as the appointment is known to the employee**. **If a service provider cannot report for work due to illness, he/she shall notify the supervisor or designee as soon as possible, but in no case later than the first fifteen (15) minutes of the service provider's workday.**
- A service provider may be required to submit a doctor's certificate after three (3) or more consecutive days of absence due to illness, provided, however, that a service provider may be required to submit such a certificate in support of sick leave for any lesser period if the supervisor has reason to believe that the use of such leave has been abused.
- In cases of emergencies, service providers may be required to submit appropriate documentation in support of such absences.
- Service providers may be excused immediately from duties, with charge to leave, for pressing, urgent emergencies at any time upon oral explanation and notification to the supervisor or his/her designee. For the purpose of this ARTIcle, emergency shall be defined as any situation requiring immediate attention over which the employee has no control.
- Leave (sick and emergency), not to exceed thirty (30) days may be advanced to permanent and probationary service providers in cases of personal serious disability, illness or an emergency, which requires the service provider's personal attention. Service providers in a temporary status may be advanced sick leave in amounts equal to anticipated sick leave accruals during their temporary appointments. <u>A request for advanced leave must be submitted and approved in writing at least five (5) days prior to the absence.</u>
- A service provider may elect to return to the Board one half (1/2) of the sick leave days accrued but not taken during the current year at the current daily rate of pay. Un-purchased sick leave shall be credited each year to the service provider's sick leave balance and shall not be subject to the Sick Leave Buy-Back Plan.
- An employee sick leave bank shall be operated under the guidelines approved by the Board and the Union.

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- An employee maternity/paternity leave bank may be established annually at the option of the Union. If established, it shall operate under the guidelines developed and approved by the Board and the Union.
- One day of "individual professional development leave" shall be posted at the beginning of each school year for all bargaining unit members. Such leave shall be cumulative and unused "individual professional development leave" shall be carried over from year to year as part of the cumulative sick leave. The Chancellor and the President of the WTU shall mutually agree on the parameters associated with the use of "individual professional development leave".

Extended Leaves of Absence

Extended leaves of absence with or without pay for periods in excess of thirty (30) days and not to exceed two (2) years may be granted by the Board to permanent or probationary service providers. Among the reasons, but not limited to, for which such leaves of absence may be used are the following:

- Personal illness leave
- Family care leave
- Maternity leave
- Paternity leave
- Adoption leave
- Educational leave with pay
- Educational leave without pay
- Military service leave

A service provider who is granted an extended leave of absence for maternity/paternity purposes may elect to use her accrued sick leave at the time she begins the extended leave of absence from duty. A service provider returning from maternity/paternity, adoption or educational leave shall have the right to return to his/her former or comparable position. A service provider shall be permitted to return from maternity/paternity, adoption, or educational leave upon a thirty (30) day written notice of intent to return to work prior to the end of a semester. This shall not preclude a teacher from an earlier return at the discretion of the Board.

Upon proper application, permanent teachers may be granted a leave of absence without pay for one (1) school year to serve as a full-time employee of the Union. A service provider granted such leave of absence shall retain all rights of reinstatement in accordance with the Rules of the Board.

Court and Jury Leave

Service providers shall be entitled to a leave of absence with pay when they are required to report for jury duty or to appear in court as a subpoenaed witness, other than as a litigant, or to respond to an official subpoena from duty authorized government agencies. Service providers shall provide a copy of the documentation, in the form of the subpoena or jury duty notice, to the supervisors. Any pay received for service as a witness or juror, other than expenses, must be submitted to the D. C. Public Schools, Department of Human Resources.

If a service provider is excused from jury duty for a day or a substantial portion thereof the service provider shall report to their place of employment and perform the duties assigned for that day or portion thereof.

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Family and Medical Leave

Bargaining unit employees shall receive benefits as provided in the Family and Medical Leave Act of 1993, as amended, and as provided in the District of Columbia Family and Medical Leave Act of 1990.

In accordance with D.C. Official Code § 32-501, *et seq*., the Board acknowledges that an eligible employee who is employed for one year without a break in service except for regular holidays and worked at least 1,000 hours during a 12-month period shall be entitled to a total of 16 work weeks of family leave during any twenty-four (24) month period for:

- The birth of a child of the employee:
- The placement of a child with the employee for adoption or foster care;
- The placement of a child with the employee for whom the employee permanently assumes and discharges parental responsibility; or
- The care of a family member of the employee who has a serious health condition.[4]
- Family member means:
  - A person to whom the employee is related by blood, legal custody, or marriage;
  - A child who lives with an employee and for whom the employee permanently assumes and discharges parental responsibility; or
  - A person with whom the employee shares or has shared, within the last year, a mutual residence and with whom the employee maintains a committed relationship.[5]

An employee who is unable to perform the functions of the employee's position because of a serious health condition shall be entitled to medical leave for as long as the employee is unable to perform the functions, except that the medical leave shall not exceed sixteen (16) work weeks during any twenty-four (24) month period.[6]

The Board shall provide and implement Family and Medical Leave consistent with D.C. Law. The provision and implementation of Family and Medical Leave is based on D.C. Law.

Administrative Leave

- Each service provider, upon request and approval, shall be allowed three (3) days of leave with pay per year for visits to schools, industry and participation in conferences, seminars and workshops which are beneficial to the school system subject to the educational program and/or the service provider's work assignments during the period of leave request. Such leave must be requested by the service provider fifteen (15) days in advance.
- At the initial of the Board, leave with pay to attend conferences, workshops, conventions and seminars which are beneficial to the school system may be granted to the service provider.

[4] D.C. Official Code § 32-502(a)
[5] D.C. Official Code § 32-501 (4)
[6] D.C. Official Code § 32-503 (a)

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Educational/Sabbatical Leave of Absence

- Educational/Sabbatical leave for academic study/professional improvement may be granted at the Chancellor's discretion and approval for academic study, research or other purposes that will increase or further the officer's professional growth and development and will contribute to the improvement of the school system.
- An outline of a planned program must be submitted with the application for leave, including what the officer intends to accomplish during the period of leave, how the leave would enhance the service provider's performance/career and benefit the school system, and a plan for monitoring progress during the term of leave. In addition, the service provider must obtain approval of the Chancellor or his/her designee who will monitor the plan, review progress reports submitted by the officer, and approve the documented completion of the approved program.
    a. Standard: The total number of service providers granted sabbatical leave at the Chancellor's discretion in any leave year will not exceed one (1) percent of the total number of service providers.
    b. Eligibility: A service provider becomes eligible for sabbatical leave, for a minimum period of a full semester, up to a maximum of one full year after five (5) consecutive years of employment with the District of Columbia Public Schools, excluding periods of Family and Medical leave, military or exchange leave. Eligibility is reestablished seven years after the first sabbatical leave is completed.
- Salary Allowance: A service provider granted sabbatical leave shall receive a maximum of fifty (50) percent of his/her salary for the period of the sabbatical leave minus all required and/or elected deductions. Should the sabbatical leave be for participation in a program for which the officer is to receive remuneration, the total remuneration (DCPS salary and program assistance/compensation) shall not exceed the service provider's annual DCPS salary. In cases where the combined remuneration exceeds the service provider's annual DCPS salary, the service provider's DCPS salary shall be reduced accordingly.

Benefits during Sabbatical Leave

- A service provider on sabbatical leave shall for all purposes be viewed as a full-time employee. The service provider's rights and privileges, length of service, and the right to receive salary increments as provided by the policies of the Board or this contract will be the same as if the service provider had remained in the position from which he/she took leave. However, annual or sick leave may not be used or earned while on sabbatical leave.
- During the period of sabbatical leave, the officer's contributions to his/her retirement plan will be continued.
- The service provider shall retain membership in the employee benefit plans, for which he/she shall be made for the period of leave; and the Board shall continue to make its contributions thereto.

Contractual Agreement for Sabbatical Leave

A service provider accepting sabbatical leave shall enter into a separate, written contract whereby he/she agrees to return to service in the District of Columbia Public Schools for a minimum or for

him/her or on his/her behalf by the Board, along with interest at the rate of six (6) cent per annum, prorated to account for any time served out of the two-year period. DCPS may deduct any amount owed from the Officer's termination pay upon agreement with the Officer.

Non-completion of program: If the service provider cannot complete the planned program for which sabbatical leave was granted, it is his/her responsibility to notify the Chancellor. The leave may then be rescinded by the Chancellor and the service provider is placed on the appropriate employment status. Salary allowances and benefits shall be adjusted accordingly. The service provider must repay any monies paid him/her or on his/her behalf for which he/she may be liable as a result of the change in leave status.

Satisfactory service as a probationary or permanent employee in the DC Public Schools shall be credited in determining eligibility for leaves of absence for educational purposes with or without pay.

Leave for Council Business

Service providers elected to full time Council positions may be granted a leave of absence without pay for a period of one (1) year. Service providers granted leave of absence shall retain all rights to reinstatement and shall continue to accrue seniority. Service providers who are granted leave without pay for Council business may elect to receive retirement credit for such period of leave in accordance with the DC Official Code § 38-2021.01 (a).

Return from Leave

A service provider returning from Family and Medical leave or educational/sabbatical leave of absence shall have the right to return to his/her former position or to an equivalent position and the same salary class. Excluding returns from Family and Medical leave, the returning service provider will be returned to his/her former or equivalent position if he/she has maintained appropriate/requisite certification/licensure and is considered to be in good standing at the time of scheduled return from leave.

Special Leave

Service providers required by the Chancellor to serve as administrators or supervisors of the regular summer school program during the entire period of the program shall be entitled to ten (10) days of special leave. The additional leave resulting from this provision must be used prior to the service provider's next administration of the regular summer school program. If the service provider has been denied requested utilization of earned Special Leave, due to exigencies of their position or responsibilities, prior to retirement, termination or non-reappointment, the service provider will receive a lump sum payment for the number of days not utilized at their rate of pay on the effective date of the payout.

Sick Leave Bank

A sick leave bank for service providers shall be established and operated under the guidelines approved by the Board and Council.

Funeral/Bereavement Leave

- Four (4) additional days of leave without loss of pay and benefits will be granted annually for the

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occasion of the death of an employee's spouse/domestic partner, child, parent or sibling (whether adopted, natural, step, foster or in-law).

- The employee may be required to submit to the immediate supervisor a written statement specifying the date of funeral.
- This provision does not preclude the use of accrued sick leave if additional days are needed for the purpose of bereavement or attending a funeral.
- Funeral/bereavement leave shall not be cumulative and if not used during the school year, will not be carried over into the subsequent school year.

Note
Any officer (i.e., service provider) other than principals and assistant principals, who is not authorized or assigned administrative functions shall be granted liberal leave when schools are closed for emergencies for students or teachers.

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 monitor one of the stations listed below or check this page. Look for updates (i.e., delayed openings or complete closures) on the radio and TV stations below. DCPS aims to work with stations to post closings by approximately 5:30 am.

AM Radio	WMAL (630), WOL (1450), Radio America, Spanish (1540), WTOP (1500)
FM Radio	WAMU (88.5), WTOP (103.5), WHUR (96.3)
Television	Channels 4, 5, 7, and 9 and Cable Channels 8, 16 and 28
Websites	www.dc.gov/closures www.dcps.dc.gov
Telephone	(202) 442-5885 or dial 311 for DC's Citywide Call Center

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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 accommodations include, but are not limited to:

- Leave for religious observances;
- Flexible scheduling for religious observances;
- Voluntary shift substitutions or swaps;
- Permission to dress in appropriate religious clothing or practice certain grooming techniques;
- Modifications to workplace polices or practices.

If a DCPS employed related service provider would like to receive a 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 DCPS August 2017 Employee Rights and Responsibilities Policy.
https://dcps.dc.gov/publication/employee-rights-and-responsibilities-policy

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Communications

E-mail

Each service provider has a @k12.dc.gov e-mail 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 e-mail is not an acceptable excuse for non-compliance to work responsibilities. Providers are required to use their @k12.dc.gov email address – no other email address should be used.

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.

Program Managers, Special Education Coordinators, Principals, teachers and parents often send email messages to related service providers. Please ensure the LEA 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: helpdesk.servus@dc.gov

Sample of E-mail 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@dc.gov
T (202) 555-1111
F (202) 555-2222

Out of the Office Messages

When the provider is out of the office and unable to respond to his/her dc.gov email for extended periods, the provider is required to set up an auto-reply message for incoming emails that notifies

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senders of your plan for responding to their emails. Your message should include a greeting, dates you will be out of the office, scheduled return date and contact information during your 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 user name 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 (ACCELIFY)

RSPs will be able to review assigned assessments, document MTSS/RTI interventions and 504 services for students on assigned caseload. As an RSP, you will have access to student level data in Accelify. Please refer to the DCPS Data System User Security Pledge in the Appendix. Please see the DSI RSP Accelify documentation requirements.

Here is the website: https://dc.acceliplan.com/Login.aspx

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Occupational Therapy and Physical Therapy SharePoint Page

The Occupational Therapy and Physical Therapy SharePoint Page will house information, forms/templates, therapy resources, as well as monthly announcements. It can be accessed using the following link: https://dck12.sharepoint.com/sites/DSIRelatedServiceProvidersPage/SitePages/OT-PT-Page.aspx. 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

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Equipment/IT Support

Laptop Computer Support

Laptop computers are assigned to all DCPS centrally funded service providers for the purpose of scoring tests, writing reports and maintaining progress notes in the Special Education Data System (SEDS). Laptops are the responsibility of each service provider and should be appropriately maintained and secured at all times.

For providers who are issued Macs, all repairs should be handled through your local Apple store. 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 of 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.

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 school based providers, please submit the police report to your school administration. For centrally funded staff, please submit the police report to your manager.

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Test Materials

Assessment Test 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 your program manager of any problems found with these tests, e.g., 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, 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.

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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.

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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 e-mail 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 Gloria Van Hook, Medicaid Analyst at gloria.vanhook@k12.dc.gov.

LEAVE NOTIFICATION PROCESS FOR PLANNED AND UNPLANNED LEAVE

DCPS Employees

- Email principal, LEA Representative Designee, program manager and DCPS Medicaid - DCPS.Medicaid@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@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 your work. Our commitment to continuous learning applies not only to our students but to the employee as well. IMPACT supports the employee's growth by:

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- **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 at http://impactdcps.dc.gov.
- **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 and in Early Stages, Group 20. There are three IMPACT components for the members of Group 12. Those components include:

- Related Service Provider Standards (RSP)
- Assessment Timeliness (AT)
- 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 impactdcps@k12.dc.gov.

NPI Requirement

As a result of the Affordable Care Act, the Centers for Medicare and Medicaid (CMS) issued a final rule[7] 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 are rendering services on behalf of DCPS must obtain an NPI. Refer to the document "DSI Provider NPI Requirement for New Employees" in the appendix.

All providers rendering services on behalf of DCPS must obtain a National Provider Identifier (NPI). **DCPS must have record of your NPI before November 1, 2013**. 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.

[7] 42 CFR Parts 424 and 431

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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 SEDS EasyIEP profile.

Departmental Offboarding Procedures

Below is a list of deliverables that are required for OT and PT staff to close-out their caseload in the event of resignation or separation. The steps are mandatory prior to departure and to assist with the continuity of services for DCPS students. These actions are required in order to leave DCPS and the Occupational and Physical Therapy Program in "good-standing" and is part of an OT or PT's professional obligation (refer to DOH Ethics section regarding abandonment). These offboarding procedures are applicable to the following scenarios: 1) planned medical/family leave; 2.) maternity leave; 3.) retirement; and/or 4.) resignation during the school year.

- Complete weekly documentation through the agreed upon date of leave must be submitted into SEDS by COB (3:30 PM).
- Finalize service tracker notes for all students by COB (3:30 PM) on the last date of leave for all services rendered during the month.
- Submit DCPS missed session form to capture services missed between the beginning of school through the separation date.
- Complete information in SEDS for upcoming IEP meetings (Present Levels of Performance, Goals, Service Duration/frequency) for students on your current caseload for up to two weeks post the date of your intended leave/departure.
- Send a letter home to the parents to notify them of the departure/upcoming leave.
- Make arrangements with program manager to return DCPS issued assessment kits, intervention materials and laptop that were loaned during the time of your hire. This only applies to providers who are resigning or retiring.
- Complete and close out open assessment reports for assigned students. In addition, provide the PLAAF, goals and recommended IEP duration and frequency to LEA Representative Designee or case manager.
- Provide the current therapy schedule and caseload roster information to program manager.
- Submit formal letter of resignation to manager
- Two weeks prior to separation date, complete DCPS resignation / retirement form via the following link: https://octo.quickbase.com/db/bgr42iqs8?a=dbpage&pageID=34#/

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Special Education Reference Information

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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. Please find a link to the Special Education Reference Guide below:

https://dcps.instructure.com/login/ldap

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). In order to qualify for services a student, due to his/her disability, 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
- Intellectually 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

Autism Spectrum Disorders (ASD)

A developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3.

Common Associated characteristics:

- Exhibit a condition characterized by severe communication and other developmental and educational problems such as extreme withdrawal, self-stimulation, repetitive motoric behavior and inability to relate to others
- Diagnosed by a psychologist or physician as autistic

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Traumatic Brain Injury (TBI)

The term TBI included open or close head injuries resulting in mild, moderate or severe impairments in one or more of the following areas:

- Cognition
- Language
- Memory
- Attention
- Reasoning
- Abstract thinking
- Judgment
- Problem solving
- Sensory, perceptual and motor abilities
- Psychosocial behavior
- Physical functions
- Information processing
- Speech

Intellectually Deficient (ID)

Consideration of a disability classification of ID requires review of the following:

- The ability of a person's brain to learn, think, solve problems, and make sense of the world (called IQ or intellectual functioning); and
- Whether the person has the skills he or she needs to live independently (called adaptive behavior or adaptive functioning).

Intellectual functioning is usually measured an IQ test. The average score is 100. Scores ranging from below 70 to 75 are within the intellectually deficient range. To measure adaptive behavior, professionals look at what a student can do in comparison to other student of his or her age. Certain skills are important to adaptive behavior. These are:

- Daily living skills, such as getting dressed, going to the bathroom, and feeding one's self;
- Communication skills, such as understanding what is said and being able to answer;
- Social skills with peers, family members, adults, and others.

Both IQ and adaptive behavior limitations are required in the definition and identification of ID.

Emotional Disturbance (ED)

Exhibit one or more of the following characteristics over a long period of time and to a marked degree that adversely affects educational performance:

- An inability to learn that cannot be explained by intellectual, sensory or health factors
- Have a history of difficulty in the educational setting in relating to adults and / or peers as reflected by a diminished capacity to learn, and the inability to comply with school rules due to a limited frustration tolerance level

Specific Learning Disability (SLD)

The student must exhibit a disorder in one or more of the basic psychological processes involved in understanding or in sign language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, speak or to do mathematical calculations.

Speech Language Impairment (SLI)

To be eligible for SLI, a student must:

- Exhibit a communication disorder, such as stuttering, impaired articulation, a language impairment or a voice impairment that adversely affects educational performance
- Be diagnosed by a speech language pathologist
- Be certified by the MDT as qualifying and needing special education services

Speech and Language Only IEPs (SLP as a Primary and a Related Service)

Speech and language services can be provided either as a primary service or as a related service. A primary service consists of speech language services as the specialized instruction needed by a child with a disability of SLI to benefit from special education. When speech is the primary service, the student's disability classification must be SLI (Speech Language Impaired). **Occupational and Physical therapy services should not be automatically added to Speech and Language only IEPs.** If it is found that an additional disability is suspected, the IEP team should be consulted and additional assessments considered.

Hearing Impairments including Deafness / Hard of Hearing (HI)

To be eligible as a student with deafness, a student must meet the following criteria by an MDT:

- An assessment by an audiologist or otolaryngologist who determines that there is a bilateral impairment in excess of 71 dB and connected speech is not understood at any intensity level
- Communication must be augmented by signing, lip reading, cued speech and / or other methods

To be eligible as a student hard of hearing, a student must meet the following criteria by a MDT:

- An assessment by an audiologist or otolaryngologist who determines that the hearing loss is greater than 20dB
- Hearing acuity can be improved through amplification to maximize usage of residual hearing
- Evidence of both articulation and delayed language development associated with hearing loss

Visual Impairment (VI)

To be eligible as a student with blindness, a student must be certified by a MDT to:

- Exhibit a visual capacity of 20/200 or less in the better eye with the best correction or a peripheral field so contracted that the widest diameter of such field subtends an angular distance no greater than 20 degrees

To be eligible as a partially signed student, a student must be certified by a MDT to:

- Exhibit a visual acuity between 20 / 70 and 20 / 200 in the better eye with best correction or other dysfunctions or conditions that affect the vision

Orthopedic Impairment (OI)

To be eligible for special education as a student with orthopedic impairment, a student must:

- Exhibit a severe orthopedic impairment, including impairments caused by a congenital anomaly, disease or other causes that adversely affects educational performance
- Be diagnosed by a physician as orthopedically impaired

Other Health Impaired (OHI)

Other health impairment means having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that is due to chronic or acute health problems such as asthma, attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, an sickle cell anemia; and adversely affects a student's educational performance.

Multiple Disabilities (MD)

Concurrent impairments (such mental retardation-blindness or mental retardation-orthopedic impairment), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments **MD does not include deaf-blindness**

Developmental Delay (DD)

To be eligible for special education as a student with a developmental delay, a student must:

- Be aged three to seven
- Experiencing development delays and measured by appropriate diagnostic instruments and procedures, in one or more of the following areas:
  - Physical development
  - Cognitive development
  - Communication development
  - Social or emotional development
  - Adaptive development
- Be certified by the MDT as qualifying and needing special education services

MTSS and General Education Interventions

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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/RtI 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 on the student to determine what 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/RTI 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/RtI 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/RtI would delay obviously needed special education services. In these cases, the MTSS/RtI process may occur concurrently during the special education referral/assessment process.

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Multi-Tiered Systems of Support (MTSS)

Introduction to Multi-Tiered Systems of Support (MTSS)

Prior to a referral being submitted for assessment for special education, response to intervention efforts should be employed. Pre-referral interventions are a part of the Multi-Tiered Systems of Support (MTSS) process. The MTSS/RtI team should meet to discuss the student and determine what interventions will be implemented to assist in meeting the individual needs of the student.

Response to Intervention (RTI) is a prevention-oriented approach to linking assessment and instruction that can inform educators' decisions about how best to teach their students. A goal of RTI is to minimize the risk for long-term negative learning outcomes by responding quickly and efficiently to documented learning or behavioral problems and ensuring appropriate identification of students with disabilities" (National Center on Response to Intervention 2010, 4). RTI is emerging nationally as an effective strategy to support every student. It is cited in the reauthorization of the Individuals with Disabilities Education Act (IDEA) of 2004 related to the determination of a specific learning disability and in 34 Code of Federal Regulations sections 300.307, 300.309, and 300.31.

Response to Instruction and Intervention (RTI) is a methodical, data-driven approach to instruction that benefits every child. RTI is intended to speak to the full range of instruction, from the general core curriculum, to supplemental or intensive instruction, to meet the academic and behavioral needs of children (34 CFR § 300.226).

Documenting Pre-Referral Interventions

RSPs must document pre-referral interventions in the Provider Management Application (ACCELIFY). RTI treatment notes should contain the same components required for all service tracker notes:

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

The OT and PT Role in RTI and RTI strategies

Among the strategies used to prevent students from negative learning outcomes is one called Response to Intervention (RTI). OTs and PTs have emerging roles in the RTI process.

DCPS uses a three-tiered model (Figure 2): 1) Universal prevention and promotion, 2) Targeted or early intervention, and 3) Intensive intervention to implement mental health services across the continuum.

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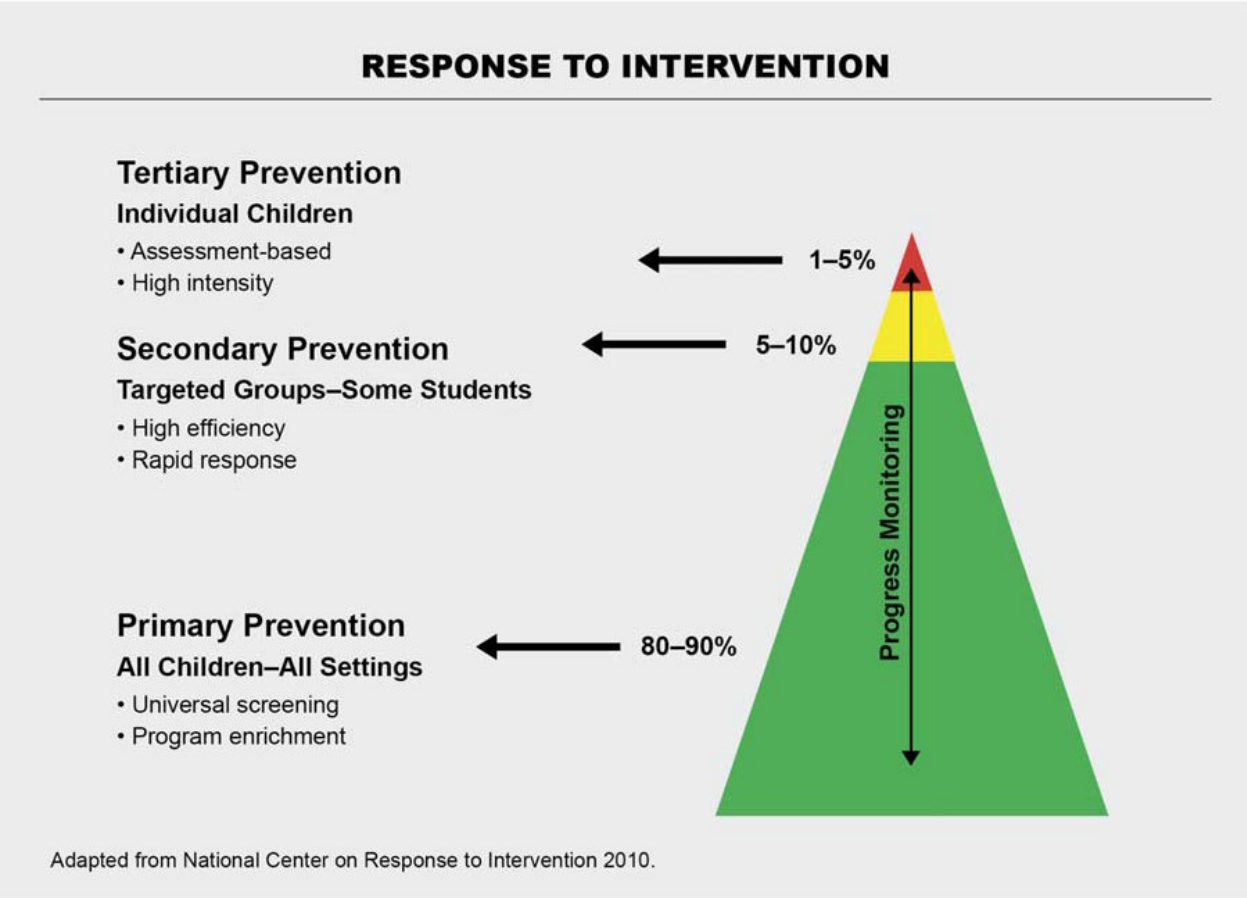

Response to Intervention Three Tier Model

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 in order 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)

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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. Screenings must not involve any activity that removes a child from regular school activities. Screenings may include observation (please see form in APPENDIX and CANVAS) 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 classroom accommodations.
- 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 (RTI) or other general education process for RTI.

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 time frame 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 is. Upon review of the data, the RTI determines whether the intervention was successful and further intervention is necessary. If the child did not make adequate progress, the RTI modifies the intervention method and may refer the child for a special education assessment for all areas of a suspected disability.

Tier III Activities may also include**:**

- Participate on the RTI or other general education processes for RTI.
- Develop and monitor measurable goals.
- Assist the RTI in providing systematic monitoring of the child's progress by reviewing the data.

Throughout all of these phases, progress is continuously 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 RTI team), a referral for a special education evaluation should be

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made. If RTI activity is not successful in addressing the identified difficulties the student should be referred for an assessment.

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.) in an attempt 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 order the Audiological Assessment in the Special Education Data System (SEDS)
- Contact the Audiology Department at (202) 698-8011 or send an email to the Educational Audiologist assigned to your school.
- See CANVAS for the Audiologist school assignments.

Special Education Referral Process

Once strategies implemented through the RTI 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 EasyIEP is completed.

Analyzing Existing Data

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 required members of an IEP Team.

1. Review existing evaluation data
    - Information provided by parent
    - Classroom-based observations (please see required form in APPENDIX and SharePoint)
    - Response to Intervention in the General Education setting
    - Information provided by teachers
    - 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:
    - Attendance
    - Behavior or Incident reports
    - Classroom observations (please see required form in APPENDIX and SharePoint)
    - Class work samples
    - Current grades
    - Discipline reports

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- Documentation of academic and behavior interventions
- Evaluations and information provided by parents
- Health records and medical reports
- Report cards
- Standardized test scores

3. Identify the data that is needed to be determined
   - Category of disability
   - Present level of performance
   - Special education and related services
   - Modifications to allow child to meet IEP goals and participation in general education
   - The student's progress

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

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OT/PT Services and the Special Education Process

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Special Education Process

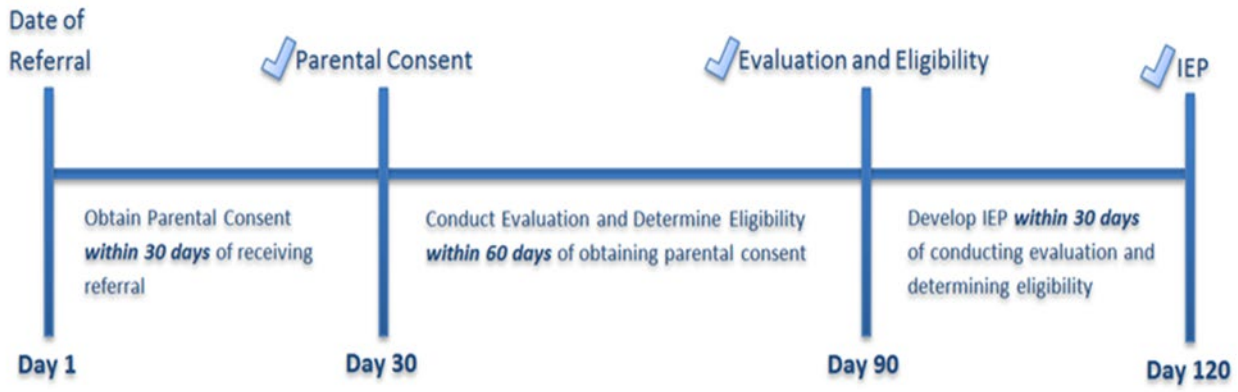
Eligibility refers to the meeting of specific criteria for receiving special education and related services. A student may not receive special education and related services as defined in IDEA unless they have been determined to be eligible by the MDT. The chart below illustrates how the identification and eligibility process which 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 SEDS.
- After gaining parental consent, the LEA has 60 days *(adjusted from 120 days)* to conduct an evaluation 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:



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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 ***within 48 hours*** of Obtaining Parental Consent	10 days	
If Assessment IS NOT Needed: Prepare for Eligibility Meeting and Send Eligibility materials for discussion to parent ***at least 10 days in advance***	10 days	≤ 60 days
If Assessment IS Needed: Conduct Assessments, Prepare for Eligibility Meeting, and Send Eligibility materials for discussion to parent ***at least 10 days in advance*** **Note:** After the IEP Team orders an assessment, providers have 45 days to conduct it	45 days	
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

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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.

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 EasyIEP and the respective provider begins the assessment process

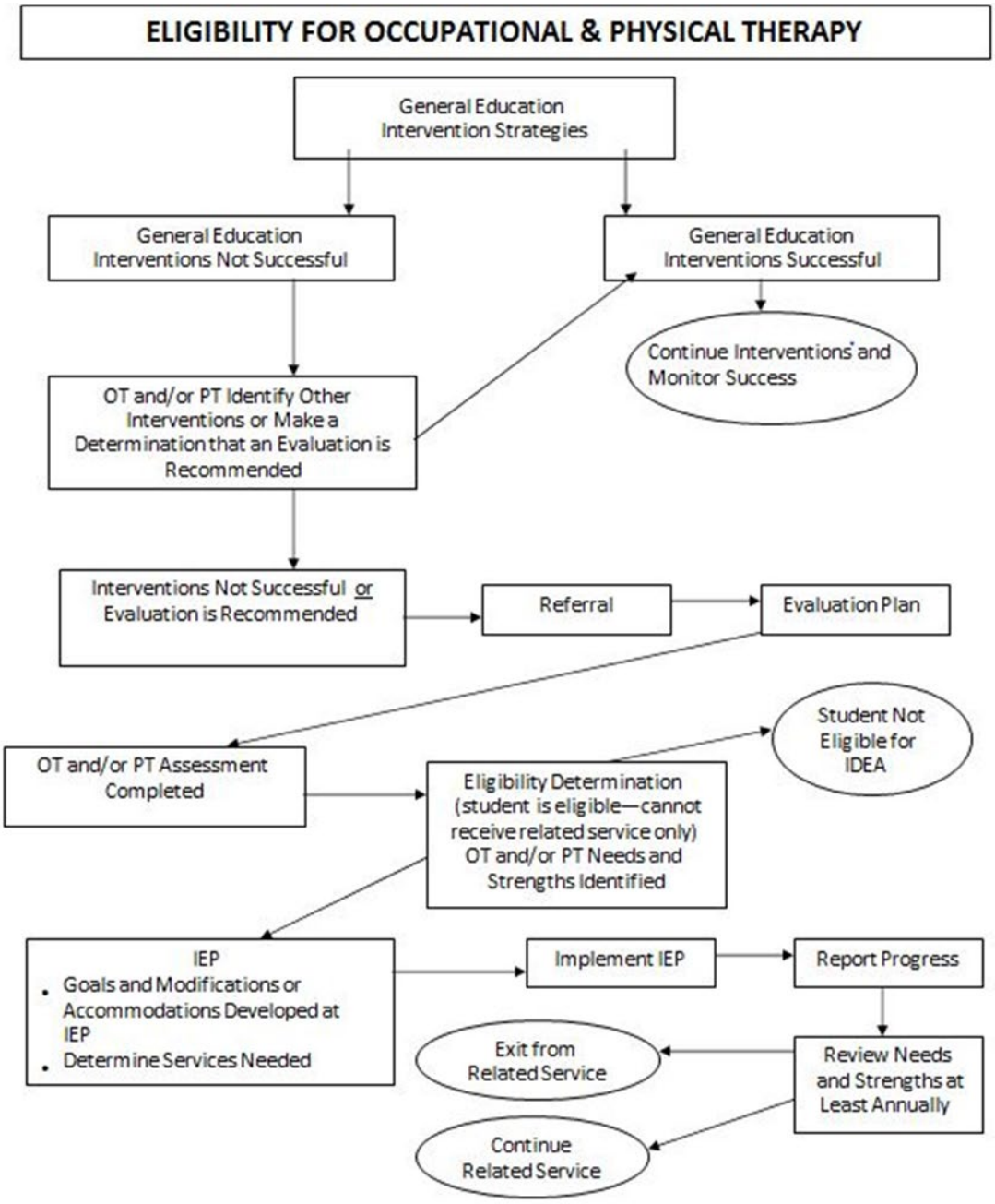
***Per the DCPS guidelines, all evaluations must be completed within 45 days of parental consent.**

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 rests, while the service provider is responsible for choosing appropriate assessment methods, and intervention strategies.

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.



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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 student's special education eligible 5 years, 11 months, 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. Re-assessments 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 Response to intervention (RTI)/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
Minnesota Avenue Center
(202) 698-8037
www.earlystagesdc.org

Students enrolled in a DCPS school between the ages of 3 and 5 years, 10 months are assessed by special education team at the local school. To support the DCPS schools, a district-wide multidisciplinary team, Early Childhood Assessment Team (ECAT), will complete assessments for initial special education referrals for DCPS students between the ages of 3 and 5 years, 10 months, with the exception of 20 selected schools whose school-based provider will conduct the assessments. ECAT was designed as a temporary unit to help schools by providing assessment assistance but also to build the capacity for local schools to inherit the work in the coming years. ECAT will provide tiered support to schools which include assessment, training and support. The goal is to transition all phases of PK child find to the local schools.

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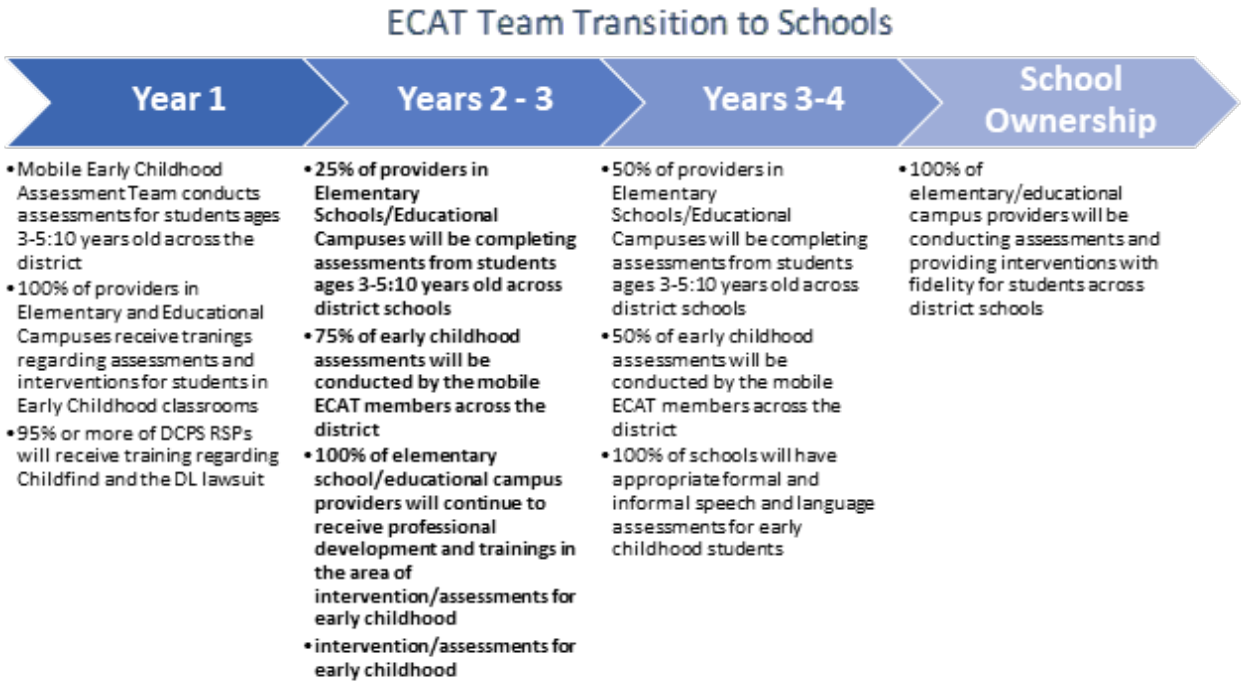

Student's transitioning from IFSPs to IEPs

Student's transitioning from an IFSP (Part C) to IEP (Part B) may not be re-evaluated by Early Stages providers. This process takes into account 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. E arly 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

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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 his/her special educational program as a related service.

The Collaborative Relationship Between Schools and Early Childhood Assessors

Related Services supports DCPS' child find efforts for students ages 3 through 21. There is a focus on early childhood child find through early identification, aggressive intervention and progress monitoring to support individualized exit recommendations.

Students enrolled in a DCPS school between the ages of 3 and 5 years, 10 months are assessed by the special education team at the local school. To support the DCPS schools, a district-wide multidisciplinary team, the Early Childhood Assessment Team (ECAT), will complete assessments for initial special education referrals for DCPS students between the ages of 3 and 5 years 10 months. ECAT was designed as a temporary unit to help schools by providing assessment assistance but also to build the capacity of local schools to inherit the work. ECAT will provide tiered support to schools which include assessment, training and support. The goal is for a systematic and gradual to transition all phases of PK child find to the local schools.

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The assessments conducted by Early Childhood Assessors (Early Stages and ECAT) plays an integral part in the shaping of the students receiving Occupational and/or Physical Therapy services within the schools. The early identification of students is intended to reduce future educational impact and adverse effects the student may experience throughout his/her educational career. In order to ensure that the needs of our students are adequately met, it is imperative that the Early Childhood Assessors and School-based RSPs collaborate as it relates to identification, recommendations, and determination of services and service delivery.

On many occasions, Early Childhood Assessors require input from the student's potential school teachers and/or related service providers. To ensure greater collaboration that educational impact is captured Early Childhood Assessors may complete the following methods of contact with providers at elementary schools and educational campuses:

- Share findings from assessment reports regarding students that may enroll in their assigned schools.
- Provide recommendations and/or determinations of service delivery models/types and frequency.
- Collaborate with the school-based provider regarding upcoming IEP meeting (goals, IEP frequency) for students assessed, so the school-based provider may attend if their schedule allows.
- Share outcomes from the IEP meeting as it relates to service delivery recommendations and frequency.
- Discuss current service delivery interventions that are being implemented within the school setting for greater alignment when making recommendations/formulating goals.

Determination of Settings for Interventions

When making the determination regarding the setting for the recommended service, the Early Stages clinician will seek the input of the school-based clinician in order to align current models of service deliveries being implemented. However, 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 to into SEDS 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	60 min/month
Occupational or Physical Therapy	Inside General Education Setting	2/27/2020	2/26/2021	60 min/month

OR

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Service	Setting	Begin Date	End Date	Time Frequency
Occupational or Physical Therapy	Outside General Education Setting	2/27/2020	6/20/2020	120 min/month
Occupational or Physical Therapy	Inside General Education Setting	6/21/2020	2/26/2021	60 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 followings:

- **Objective 4 – Demonstrates traveling 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

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- 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 the Early Childhood Population

For occupational therapy, educational impact is defined as decreased ability to apply, use, and generalized foundation 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 safely and functionally access the school environment and accessing materials needed for academic and social success.
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.

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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 3 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 into SEDS by relabeling a miscellaneous cover sheet.

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

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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. 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, 3rd ed.*, Evaluation occurs during the initial and all subsequent interactions with a student. The evaluation consists of two steps: the occupational profile and an analysis of occupational performance.

1. **Create a Student's Occupational Profile:** The occupational profile is a summary of a student's occupational history and experiences, patterns of daily living, interests, values, and needs. Developing the occupational profile provides the occupational therapy practitioner with an understanding of a student's perspective and background. The evaluation process is focused on finding out what a student wants and needs to do; determining what a student can do and has done; and identifying supports and barriers to health, well-being, and participation.

   Using a student-centered approach, the practitioner gathers information to understand what is currently important and meaningful to the student (i.e., what he or she wants and needs to do) and to identify past experiences and interests that may assist in the understanding of current issues and problems. During the process of collecting this information, the student, with the assistance of the occupational therapy practitioner, identifies priorities and desired targeted outcomes that will lead to the student's engagement in occupations that support participation in life. Only students can identify the occupations that give meaning to their lives and select the goals and priorities that are important to them. By valuing and respecting students' input, practitioners help foster their involvement and can more efficiently guide interventions. This is why parents/guardian, teacher/educator and student interviews are so important.

2. **Create an Occupational Performance Profile:** Occupational performance is the accomplishment of the selected occupation resulting from the dynamic transaction among the student, the context and environment, and the activity or occupation. In the analysis of occupational performance, the student's assets and problems or potential problems are more specifically identified through assessment tools designed to observe, measure, and inquire about factors that support or hinder occupational performance. The analysis of occupational performance involves one or more of the following activities:
   - Synthesizing information from the occupational profile to focus on specific occupations and contexts that need to be addressed

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- Observing a student's performance during activities relevant to desired occupations, noting effectiveness of performance skills and performance patterns
- Selecting and using specific assessments to measure performance skills and performance patterns, as appropriate
- Selecting and administering assessments, as needed, to identify and measure more specifically the contexts or environments, activity demands, and student factors that influence performance skills and performance patterns
- Selecting outcome measures
- Interpreting the assessment data to identify supports and hindrances to performance
- Developing and refining hypotheses about the student's occupational performance strengths and limitations
- Creating goals in collaboration with the student that address the desired outcomes
- Determining procedures to measure the outcomes of intervention
- Delineating a potential intervention approach **or approaches based on best practices and available evidence.**

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 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

NEW CHANGES BY AOTA as of 2017

- The definition follows the approach to evaluation in the Occupational Therapy Practice Framework: Domain and Process (3rd ed.; AOTA, 2014). The Framework will be referenced throughout this document, as it provides important direction for conducting appropriate, best-practice evaluations.
- The new descriptions in CPT® 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 evaluation 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 ~~impairments of~~* body structure or body function (e.g., balance, mobility, strength, endurance, fine or gross motor coordination, sensation, dexterity).*** *** AOTA regards "impairments of" as a typographical error and will be seeking revision because skills are not impairments.**
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.**

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Again, the Framework is a reference. The terms in the CPT® relate to the Performance Skills described in Table 3 of Framework

AOTA Performance Skill Areas	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 link with 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 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 Assessment; OT Re-Assessment; OT Classroom Observation; OT Independent Assessment Review
4. Student Identifying Information
    a. Student Name
    b. Date of Birth
    c. Student Identification Number
    d. Chronological Age
    e. Grade

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    f. School (Home/Attending)
    g. Date of Evaluation/Assessment
    h. Date of Report/Review
    i. Teacher
    j. Examiner
5. Reason for Referral
6. History/Background/Record Review
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 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. Summary
    a. Overall statement
    b. Strengths
    c. Areas of Growth
    d. Impact on Learning and Participation
20. Recommendations
    a. Recommendations for educational staff
    b. Recommendations for parents/caregiver
21. Signature (electronic signature)
22. Title/Credentials/DC DOH License Number
23. 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	**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

REASON FOR REFERRAL

This section must state that the assessment was ordered by the IEP 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 his/her 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*

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HISTORY /BACKGROUND / RECORD REVIEW

- Pertinent birth, medical, and academic history and information from student file
- Current academic program (general education, special education, PARCC or academic data, instructional hours on IEP, current RTI 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 RTI initiated, completed; progress with RTI
-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 are 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

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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 assure 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: t*he 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 his/her 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

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

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.

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- 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 the 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. Example statement: *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

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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 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 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
5. Reason for Referral
6. History/Background/Record Review
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 (eg, 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
15. Recommendations and Clinical Decision Making
   a. Recommendations for educational staff
   b. Recommendations for parents / caregiver
16. Signature (electronic signature)
17. Title/Credentials/ DC DOH License Number
18. Date

Please see further information on each mandatory element and section

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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:

REASON FOR REFERRAL

This section must state that the assessment was ordered by the IEP 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

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- Current academic program (general education, special education, PARCC or academic data, instructional hours on IEP, current RTI 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 RTI initiated, completed; progress with RTI
-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 are 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 assure 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 supports in the classroom? Description of trial equipment used during assessment. Did the IEP team considered at 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 affecting 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 the 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) Date

Title/Credentials

DC DOH License Number

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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 utilize consistent gender-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.
- The report should consistently contain scores, a description of all the tools used and their results, and include a statement describing 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 his/her 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.
- Finally, the report should include, in accessible language, practical strategies that school staff and families can use to help improve the student's academic 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

When 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
- Child is bi-lingual and needed an interpreter when the assessment was administered
- Special seating needed

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- 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 its 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, teachers and/or parents). All tests were administered in the student's primary language or through an interpreter 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:
▪ *Focuses more on numerical outcomes* ▪ *Focuses on average performance, comparison with peers* ▪ *More of an objective interpretation*	▪ *Focuses more on contextual data* ▪ *Focuses more on individual performance and progress* ▪ *Considers performance outcomes based on exposures with environmental filters* ▪ *Subjective interpretation* ▪ *More time consuming*

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 his/her 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 are 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

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- Parent/Teacher Interview (probing to determine level of demands within the communicative environment;
- Questionnaires and/or inventories that provide information regarding the student's communication abilities within the home and school settings, such as making request, length of MLU, joint attention, etc…(to be completed by the parent and/or teacher)
- A criterion-referenced assessment which compare 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.
- Dynamic assessment places emphasis on a student's learning potential rather than test performance by capturing the potential change in a student's performance on a task in response to specific facilitation techniques
- Play-based assessment uses free and structured play opportunities to observe and document the student's behavior as he/she interacts with toys and people.

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 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 individualized educational programs/services re-evaluated every three years to determine continued eligibility. 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.

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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 deciding if new assessments are needed to address the above bulleted questions. The Analyzing Existing Data section of SEDS 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.

Occupational and Physical Therapy assessments are not always necessary for re-assessments. The need for a formal assessment should be reviewed and discussed by the IEP team/MDT. Examples of when a formal Occupational Therapy or Physical Therapy assessment is not warranted for a triennial assessment, include:

- Standardized testing would not provide any additional relevant information.
- The student has demonstrated little change in functional skills.
- There is sufficient anecdotal and informal assessment information to provide an accurate assessment of a student's needs and current levels of performance as documented in the Analyzing Existing Data section and under the Information Reviewed fax cover sheet.
- There is no change in eligibility or location of services.

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

- Informed parental consent should be sought with due diligence by the school before any new assessments take place. The school division may proceed with new assessment if the school can show that it has taken reasonable measures to obtain this consent and the parents have failed to respond. These attempts must be documented in SEDS.
- A triennial assessment must include new assessments if the parent requests it.
- A triennial assessment should include new assessments, if:

    1. Additional information is needed for continued placement and/or delivery of services.
    2. The IEP committee is considering a change of placement, disability, or eligibility.
    3. The evaluator determines that 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-assessment template.

*****All students must be re-assessed in order to exit occupational or physical therapy services.**

Independent Evaluations (IEEs)

There are times when an outside assessment is submitted to the District of Columbia 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. There are two types of IEEs: 1) DCPS issued and funded and 2) Parentally funded. It should be understood by parents and private services providers alike that determining student eligibility for an exceptional education program is more than administering a battery of tests. As it relates to the District of Columbia Public Schools, a multidisciplinary assessment

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team (MDT) is required to review all relevant documentation and decide if the provided data is sufficient for determining eligibility/need for services or if additional information is needed. Among the procedures to produce additional information the reviewer could include parent conferences notes, student observations, current educational functioning, and interviews (including the student's educational staff, parents and other service providers) before eligibility is determined.

All available information, assessment results, and results from independent evaluations are used by the team in the decision-making process regarding the student's participation in special education and related services, including occupational therapy. Information from independent evaluations has no greater weight than any other team evaluation. **A strong independent evaluation (IEE) addresses the student's performance in the educational setting considering the least restrictive (LRE) mandate. A credible evaluation includes, at minimum, observation of the child at school, interview of relevant team members, and consideration of past and/or current services.**

- When completing an IEE providers must complete:
  - The Independent Assessment Review form (Please see the new fillable form on SharePoint)
  - The Record Review Report (e-signature and PDF report)
  - Once complete the practitioner will upload both documents into SEDS using an "OT assessment" or "miscellaneous" cover sheet and then change the label to "IEE Review Report-OT" Or "IEE Review Report – PT".

In addition to completing a review of an independent occupational or physical therapy assessment, the provider must complete the "Independent Assessment Review", which is found on SharePoint.

An assessment by a person not employed by The District of Columbia Public School does not eliminate the need to ensure that all procedures are followed prior to eligibility determination.

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 Report

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, case manager, and school staff. Include reference to any communication that the LEA or school staff has made to the parent regarding this matter.
- Title your report as **"Occupational Therapy Data Review Evaluation" or "Physical Therapy Data Review Evaluation".**

In the absence of new test data, your report should emphasize a robust summary of existing data based on records review and interviews with all school staff who interact with the student are available and parents/guardians. You should place emphasis on:

- 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)
- Classroom observation (if possible)

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 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 ameliorated.

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Closing Out Assessments

Upon completing an assessment, the report must have an e-signature, saved as a PDF, uploaded and close out in SEDS on the same date as the SEDS report completion date. The following steps should be completed to enter and submit assessment results.

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 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 "ESignature" so you're able to find it for future uses)

Adding Your Signature to Assessment Reports (prior to uploading report into SEDS)

- 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

Entering Assessments Results

- To enter results for a completed assessment, click the "Results" button in the appropriate assessment type column.
- You will be taken to a separate details page for the assessment type you selected.
- Enter the date assessment completed.
- If applicable, you may indicate which tools you used as part of the assessment by selecting from the drop down menu and clicking the "Add Assessment Tool" button.
- In the areas addressed by this assessment section, select the appropriate areas being considered for the student (ex. Motor Development).
- For each area selected, complete a statement of strengths and concerns identified by the results of the completed assessments.
    - TIP: The list of areas that appears is based upon what was selected on the Analyzing Existing Data page as an area where more information was needed.

Submitting Assessment Reports

- Assessment reports must be submitted in SEDS by uploading a PDF version of the report. Reports should not be faxed or copied and pasted in SEDS.
- For the fax option, you will be able to create an EasyFax cover sheet by clicking the "Create Occupational Therapy or Physical Therapy Assessment Report Cover Sheet" button.
- The cover sheet will appear in a separate document table. Fax your assessment report into the system with this cover sheet.
- When the system receives the fax, a data will appear in the Fax Received column along with a link to the faxed document in the EasyFax column.
- To submit assessment results, click the "Submit Assessment Results" button.
- After you submit the results, you will no longer be able to edit the information on the page.

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Emailing the Case Manager

- Click the "Email Case Manager" button to access the **Send Email** composition page.
- The *To* and *From* address fields are pre-populated based on the user information available in the system.
- The subject link will be "Assessment Completed".
- In the body of the email, the text will indicate the type of assessment (SLP) that has been completed, along with the *Date of Request, the Date Due and the Date Completed*.
- Add additional comments in the text field if applicable.
- Click the "Save & Continue" button to send the email and return to the previous page.

It is expected that all providers upload e-signed PDF assessment reports. Completed assessments must be uploaded and closed in SEDS 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 SEDS. 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 SEDS

Scenario One: Staff orders assessments and the correct provider was not at the table to say assessment was warranted. If 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 SES

Deleting Assessment Reports Uploaded in SEDS

Scenario One: Assessment was uploaded for the wrong student by the provider.
Response: The provider should upload new assessment report with correct student's name and inform the upload. Provider should escalate to spedoda.dcps@dc.gov, 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 wrong information. Report is uploaded into SEDS.
Response: Help Desk will instruct the provider/user to upload new report and keeps the old one in there. The provider must title the report "Updated" and same name as other report.

Scenario Three: The provider states report was faxed into SEDS 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 SEDS Help Desk staff.

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Please refer to your SEDS manual for additional information located at the following website: https://osse.pcgeducation.com/dcdcps

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 his/her native language, the Special Education Coordinator will forward a referral package for a bilingual assessment. It is still necessary for all of the pre-referral steps, including intervention, to be completed prior to the referral package being forwarded to the Bilingual Team.

Currently DCPS does not have an OT or PT as part of the Bilingual 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 google 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 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: (https://forms.office.com/Pages/ResponsePage.aspx?id=7kagKk6zM0qSt5md8rwKMgoYF525eB5LhdoLQ3f1ATFUNjNNODRCQTdFNTVDQVVaVlFLN0pIOFJWSi4u)

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 SEDs and assigns the assessment to the school's assigned provider
2. Provider completes the Interpreter Request form using the following link: https://forms.office.com/Pages/ResponsePage.aspx?id=7kagKk6zM0qSt5md8rwKMgoYF525eB5LhdoLQ3f1ATFUQTRQVzdJSTA0RTJIR0VCUTg3RDhQR1JGTS4u
3. The DSI point of contact will identify a vendor to complete the interpreter services and

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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 BRIGID CAFFERTY, 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.

Refer to the DCPS Bilingual Assessment Referral Guidelines.

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 student, 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
   - Examine the language sample. Discuss excerpts with transcription as necessary to illustrate critical elements of student's language usage

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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 either the student's learning. The student's response to evidence-based, pre-referral interventions, and applicable outside reports should be reviewed in the process of making this determination. To avoid the inappropriate identification of students requiring OT or PT services, the IEP team must determine this needs and include the parents/guardians and either an occupational or physical therapist.

When considering occupational and physical therapists, the IEP team should start with the basic question, "What does the child need to do in order to be successful in his/her 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. In order 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:

- 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.
- Student requires OT or PT as a related service in order to benefit from his or her special education program.
- Student does 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.
- Student's 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.
- Student graduates 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 for a particular episode of care.
- When based upon the therapist's judgment it is determined that the student will no longer benefit from therapy.

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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 of their reports are available to be sent to parents by the appropriate dates and following up with LEA Rep to make sure that their reports were included and Communications log entry was made).

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

1. Send parents all documents that will be discussed during that 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. After all documents have been provided to parents, Pre-Meeting Checklist must be completed and faxed into SEDS. Use "Miscellaneous Cover Sheet" and rename "Pre-Meeting Materials Checklist".
3. A Communications Log entry must be completed after providing parents with documents.
4. 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 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.

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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.

Middle School and High School Transition During IEP Meeting

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."

· **Initial Evaluation**: 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."

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)

Traditionally, IEPs have focused on helping students develop basic academic and functional skills with little connection to a specific academic area or grade-level expectations. In contrast, standards-based IEPs 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 purpose of the PLAAFP is to describe the problems that interfere with the student's progress in the general education classroom and with 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 as well as any necessary accommodations and/or modifications, related service, or supplementary aides and supports to address any identified area of weakness.

Academic Achievement	Functional Performance
▪ Reading ▪ Written Language ▪ Mathematics	▪ 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

In order 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	

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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 to access the general education curriculum, 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 **progres**s in the general education curriculum	Describe how the disability affects the student's progress 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 as a result of the 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. When writing the present levels section, teachers should have access to formal assessment results, and the classroom data – both quantitative and qualitative – that has been collected over the course of a year.

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 are written in a S.M.A.R.T. format:

S Specific
M Measurable

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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 Social Worker 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 Social Worker 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 Social Worker should ask the question "Is this goal meaningful to the student?"

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

Annual goals and objectives are required for students that are 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 employed by the Social Worker (per e.g. Ohio Scales, CPSS,SDQ) which can provide very 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 Easy/IEP for review and can be provided to the provider by the student's school or by the caregiver[8].

[8] 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

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

- CCSS DCPS Link
  - 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

- 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**
  - Here's a link to a recorded webinar for related service providers: https://goo.gl/3AiYUX

- For a user account, email dcps.relatedservices@dc.gov

Extended School Year (ESY)

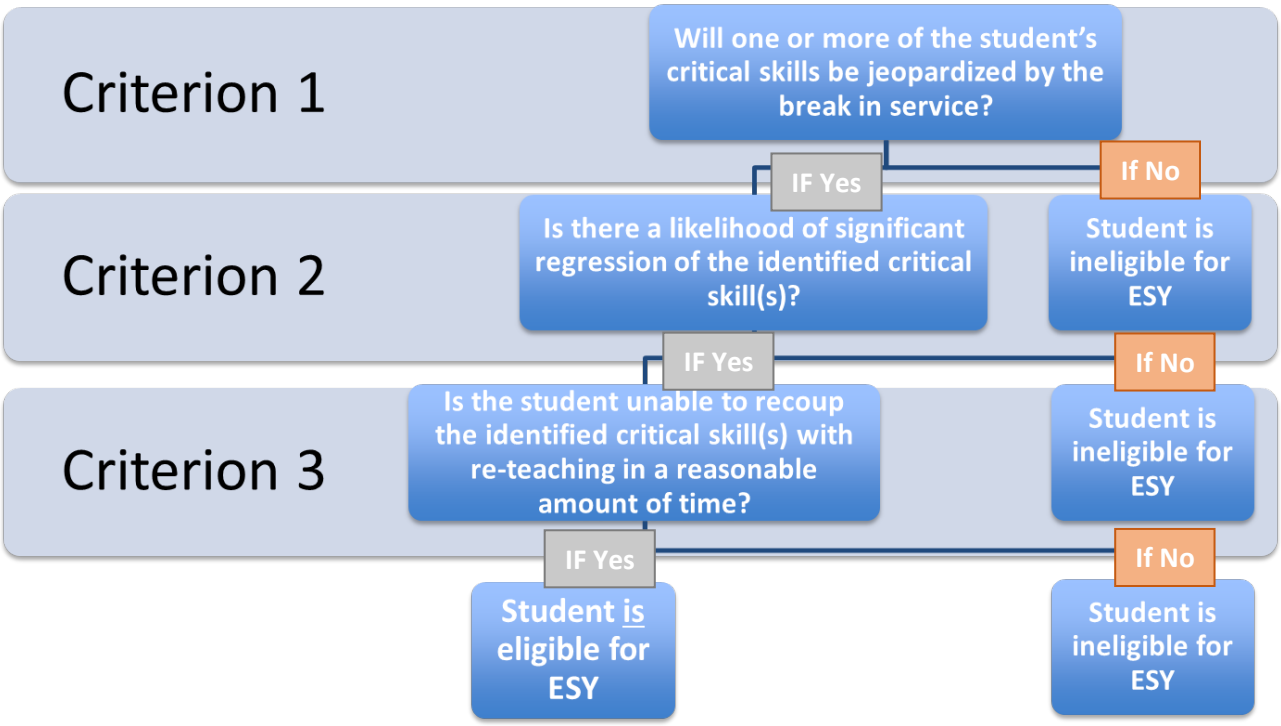
Definition of ESY

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

Analysis of Existing Data ESY Eligibility Determination Criteria Decision Tree



** For more information regarding ESY Related Services, please refer to the DCPS ESY Guidelines on CANVAS.*

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 therefore be determined on an individual basis.

Prior to a reduction or exit recommendation for services you need to prepare your IEP team, parents and teachers to support. 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 data sampling forms to support your consultation sessions.

- Parent buy-in
  - Send carryover activities to the parents on a regular basis.
  - Invite the parent to observe your session.
  - Send progress notes home. Ex. Note from the OT

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's time to develop a transition plan:

- Alter service delivery:
  - Increase group size
  - Modify the location of the services
  - 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 tracker 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 his/her educational performance in the general education or special education program, is functional within the educational environment, and therapy services are no longer indicated.
- Student no longer requires OT or PT as a related service in order to benefit from his or her special education program.
- Student consistently demonstrates 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.
- Student's 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.
- Student graduates 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 upon the therapist's judgment it is determined that 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.

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Required steps and documentation for exiting students

1. Complete OT or PT Re-Assessment Report
2. Hold IEP meeting
3. Complete completion of services form.
4. Parent and IEP team approve changes during IEP meeting.

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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

Monthly IEP Services

Per a student's IEP, occupational and physical 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.

All IEP related services are suggested to be written using a monthly frequency. While services are written in a monthly format, delivery throughout the month should reflect the student's need.

- Make monthly selection in SEDS.
- 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 <u>must</u> match the frequency, duration and setting (inside general education setting or outside the general education setting) on the current IEP.

Occupational Therapy Intervention

AOTA's Practice Framework: Domain and process 3rd ed. states that the intervention process consists of the skilled services provided by occupational therapy practitioners in collaboration with students to facilitate engagement in occupation related to health, well-being, and participation. 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.

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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 social interaction demands?
- 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 table in follow page.

Occupational Therapy Intervention[9]

[9] AOTA- Practice Framework: Domain and Process, 3rd Ed.

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Evaluation		Intervention			Targeting of Outcomes
Occupational Profile ⟷	Analysis of Occupational Performance	Intervention Plan	Intervention Implementation	Intervention Review	Outcomes
Identify the following: • Why is the client seeking service, and what are the client's current concerns relative to engaging in activities and occupations? • In what occupations does the client feel successful, and what barriers are affecting his or her success? • What aspects of the contexts or environments does the client see as supporting and as inhibiting engagement in desired occupations? • What is the client's occupational history? • What are the client's values and interests? • What are the client's daily life roles? • What are the client's patterns of engagement in occupations, and how have they changed over time? • What are the client's priorities and desired targeted outcomes related to occupational performance, prevention, participation, role competence, health and wellness, quality of life, well-being, and occupational justice?	• Synthesize information from the occupational profile to focus on specific occupations and contexts. • Observe the client's performance during activities relevant to desired occupations. • Select and use specific assessments to identify and measure contexts or environments, activity and occupational demands, client factors, and performance skills and patterns. • Select outcome measures. • Interpret assessment data to identify supports for and hindrances to performance. • Develop and refine hypotheses about the client's occupational performance strengths and limitations. • Create goals in collaboration with the client that address desired outcomes. • Determine procedures to measure the outcomes of intervention. • Delineate a potential intervention based on best practices and available evidence.	1. Develop the plan, which involves selecting • Objective and measurable occupation-focused 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 who will provide the intervention, types of intervention, and service delivery models. 2. Consider potential discharge needs and plans. 3. Recommend or refer to other professionals as needed.	1. Determine and carry out occupational therapy intervention or interventions, which may include the following: • Therapeutic use of occupations and activities • Preparatory methods and tasks • Education and training • Advocacy • Group interventions 2. Monitor the client's response through ongoing evaluation and reevaluation.	1. Reevaluate the plan and implementation relative to achieving outcomes. 2. Modify the plan as needed. 3. Determine the need for continuation or discontinuation of occupational therapy services and for referral.	1. Early in the intervention process, select outcomes and measures that are • Valid, reliable, sensitive to change, and consistent with outcomes; • Congruent with client goals; and • Based on their actual or purported ability to predict future outcomes. 2. Apply outcomes to measure progress and adjust goals and interventions. • Compare progress toward goal achievement to outcomes throughout the intervention process. • Assess outcome use and results to make decisions about the future direction of intervention.
		⟵ Continue to renegotiate intervention plans and targeted outcomes. ⟶			
⟵ Ongoing interaction among evaluation, intervention, and outcomes occurs throughout the process. ⟶					

Exhibit 3. Operationalizing the occupational therapy process.

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.

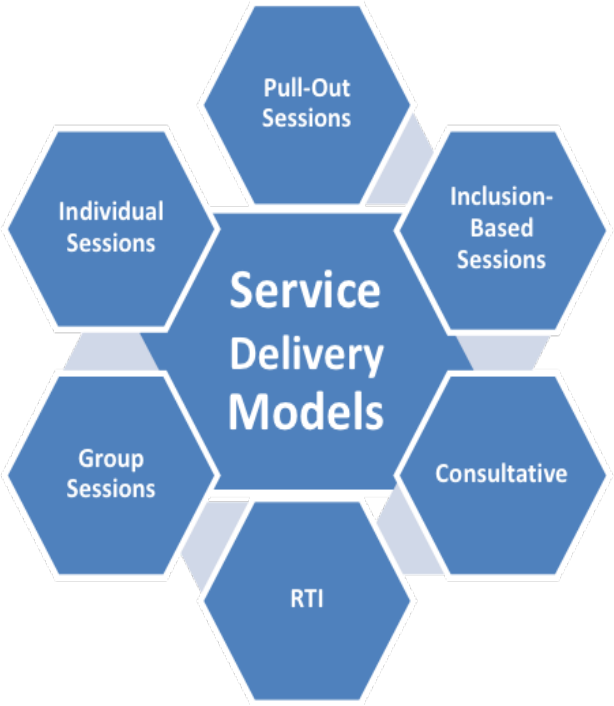
Decisions about the physical therapy interventions selected are based on the physical therapist's assessment of the individual's current condition and are contingent on the timely monitoring of the individual's response and the progress made toward achieving the goals. In prescribing interventions for an individual, the physical therapist includes parameters for each intervention (egg, method, mode, or device; intensity, load, or tempo; duration and frequency; and progression).

Choosing Interventions

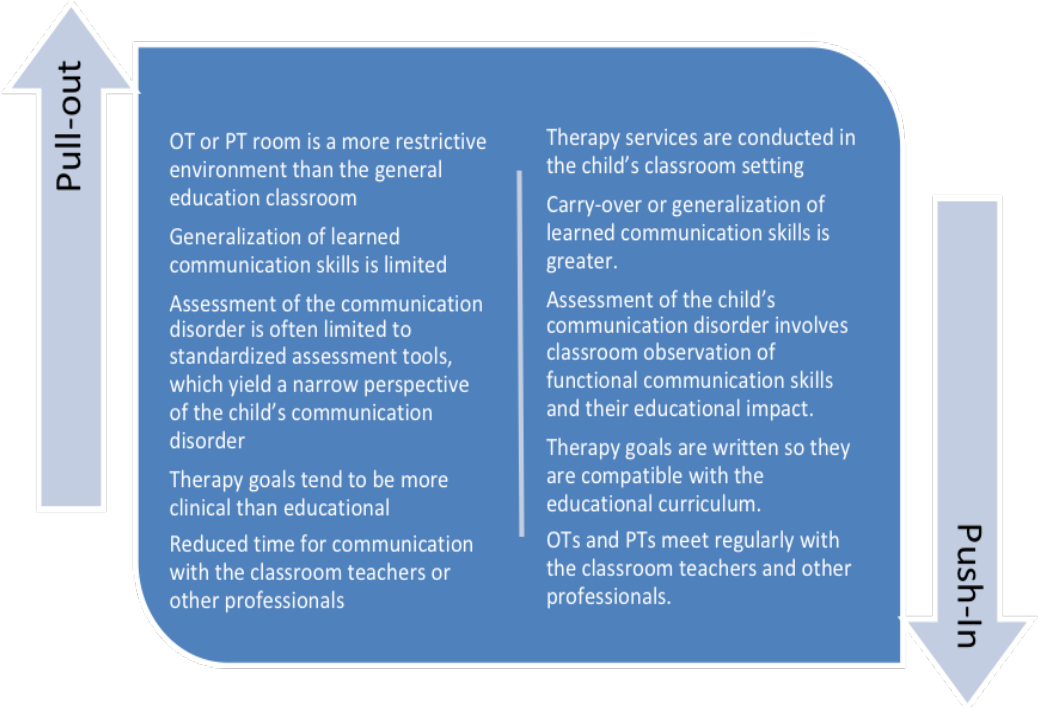
- School-based PTs use activity-focused motor interventions for children in preschool and school-based settings. Activity-focused interventions involve structured practice and repetition of functional actions and are directed toward the learning of motor tasks that will increase the student's participation 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 of the student's level of dependence. Providers should be mindful that the purpose of services is to assist the student with generalizing his/her skills to the classroom setting. These service delivery models can be implemented separately and/or in combination.



Traditional ("Pull-out" or "Outside of General Education Setting") vs. Inclusion ("Push-in" or "Inside General Education Setting") Models of Service Delivery



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Advantages to Inclusion-based Interventions

- Increased communication between the disciplines
- Improved knowledge about the relationship between language 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 are able to 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
- Additional support within the classroom for the teacher and the students
- Exposes strategies and techniques regarding memory and organization for other students not on the speech/language caseload
- Clinician 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 Co-Teaching Is **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

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- Facilitating stations or groups
- Explaining new concepts
- Considering modification needs

Support Role

- Modeling note-taking on the board/overhead.
- Writing down instructions on board.
- Checking for understanding with small heterogeneous group of students.
- Providing direct instruction to 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 subsequently 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 lesson for the group so that the students will be able to 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 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 so as 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 SLP assists with a communication system. Similarly, the occupational therapist may work on handwriting while the physical therapist assists with positioning (ASHA, n.d.).

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 of the students on their caseload assigned to them in SEDS.
- Add students to their caseload using their EasyIEP access.
- If the OT or PT provider has difficulty engaging their LEA Representatives in this process, they should contact the OSSE SEDS (EasyIEP) Call Center (202-719-6500 - Monday – Friday, 7:30am – 6:00pm) for assistance in appropriately assigning students to their caseload and immediately notify their program manager via email.
- Identify any program manager Supervisor immediately to ensure they are aware of the capacity issue at that school.
- **By second Friday of the school year**- Complete and submit a **typed** copy of the intervention schedule to:
  - Their LEA Representatives and Principal(s).
  - Program Manager
- Note:
  - All submitted copies of the original schedule and updated schedules must be signed by the principal at the assigned school(s).
  - 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 below elements 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
  - Time for Case Management
  - Indirect/Consultative services
  - Time for collaboration and planning
  - Time for make-up sessions
  - Time for lunch
- Room # or location of where the service is provided (you may also indicate if you are proving 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 **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 SEDS.

Once a Part C to B transition student enrolls (ASPEN level 4) in a school, the principal and LEA Representative Designee are notified via email. This Quickbase email alert includes the student information, IEP services and reminds the LEA Representative Designee to add the respective school-based RSP in SEDS as the assigned provider.

RSPs will receive an email alert from Quickbase once a Part C to B transition student registers (APSEN level 5) in their school with their respective IEP related service. The email correspondence will include the deadline to deliver the services (direct and/or consultation). The school LEA Representative Designee will also be included on the correspondence.

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 his/her 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 communications log of each student in SEDS.

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

DSI's goal for all related service providers is to achieve 95% monthly documentation and minimum of 85% service delivery rates each of student for each month. Newly hired providers/contractors must register and complete SEDS training. The website for EasyIEP is: https://osse.pcgeducation.com/dcdcps.

Progress Notes / Medicaid

Each intervention or consultation service listed on the IEP that is provided to a student must be documented in the Special Education Data System (SEDS) EasyIEP. This includes services to students with in 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. To capture consultations, the RSP should enter the information (date, with whom, and type of contact) in the Communication section in SEDS. **Assessments and consultations should never be listed as a direct service in the service tracker notes.**

Service Trackers

Each service tracker note must include the following information:

1) Identification of the intervention activity / activities
2) Description of the student's response to the intervention (quantitative and qualitative information)
    a. Quantitative includes – accuracy percentage, number of trials/opportunities, etc…
    b. Qualitative includes – level of prompting/dependence (i.e., moderate verbal prompts, tactile cues, hand-over-hand etc...), behaviors impacting/contributing to progress, etc….
    c. Descriptions aligned and relevant to the current OT or PT IEP goals
3) Explanation of the relevance of the activity to the IEP goal

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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.

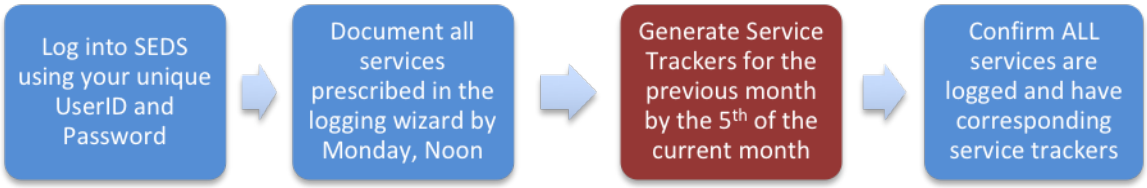
Definitive Due Date for Documenting Services Logs: All services provided in a school week **must** be documented by **noon on the Monday of the following school week**. If school is closed on Monday, then documentation is due by noon of the next school day. For example, 60 minutes of speech/language services provided on Friday from 2 to 3 p.m. should be documented by noon that upcoming Monday. Refer to the Documenting Services Guidance memorandum dated November 2009 in the Appendix.

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.

Definitive due date for documenting service trackers. Service tracker must be generated or **finalized no later than the fifth (5th) of the following month**. For example, September notes must be generated or finalized by October 5th. If the fifth of the month falls on a weekend or holiday, the deadline moves to the next workday.

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 SEDS, 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 SEDS under this unique combination.

To document services per DSI guidelines, please adhere to the following steps:



Quarterly IEP Progress Reports

Quarterly IEP progress reports must be completed in EasyIEP/SEDS for each student on the occupational and physical therapist's caseload. This IEP 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 to know the specific due dates for you to complete these reports.**

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Each IEP Progress Report must include the following information:

- Baseline data on all IEP goals
- Current performance on all IEP goals, in measurable terms. *Please see the table below for definitions for each drop-down menu option*
- Information on **each** goal must be noted on the IEP progress report
- Special Factors important to treatment/instruction sessions (Examples: cooperative, student often refuses to participate and requires significant encouragement from teacher and therapist to attend therapy sessions, etc.)
- 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
- If an IEP goal was not addressed during the quarter, state that the goal was not addressed during the reporting period and indicate why that was the case.
- Services missed during the quarter secondary to provider gap
- Status of make-up services secondary to provider gap
- Plan for make-up services secondary to provider gap

Progress Report definitions for drop-down menu options:

Not introduced	Goal was never introduced to the student during *this or previous* 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.

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.

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When documenting indirect services in SEDS, consultations should never be listed as a direct service in the service tracker 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 his/her curriculum. Therefore, the student should transition from consultation-only services and dismissed through a comprehensive occupational or physical therapy assessment.

Service Delivery Requirements

DSI's goal for all related service providers is to **achieve 95% monthly documentation** and **a minimum of 85% service delivery rates** for each student for each month. The IEP is a legally mandated document that includes goals, specialized instruction, services, and frequency/duration in order for a student to access their curriculum. RSPs should 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 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 occupational or physical therapy 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 occupational or physical therapist.

If there are too many missed service hours to be made up during the school day, compensatory education hours may be awarded through 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.

DSI Related Services: Responding to Provider Vacancies

Process for covering service delivery due to RSP resignation or extended leave (more than 2 weeks).

AUDIOLOGY, OCCUPATIONAL THERAPY, PHYSICAL THERAPY & SPEECH-LANGUAGE PATHOLOGY

Action Item	Due Date	Responsible Person
Notification of resignation or extended leave is provided to the DSI Program Manager	Immediately	DSI RSP or Vendor
DSI Program Manager provides notification of resignation or extended leave to the Principal, LEA RD and Accountability Manager.	Immediately	DSI Program Manager
Review schedules, caseloads, and outstanding assessments of existing discipline providers. Based on availability and capacity, designate one or more providers to cover the gap.	Within one (1) week of RSP notification	DSI Program Manager
If there is no availability or additional capacity, solicit help from vendors to recruit for a contractual provider. **based on available contract funding*	Within one (1) week of RSP notification	DSI Program Manager
Provide a status update to the Principal, LEA RD and Accountability Manager. Request LEA RD to inform parents of affected students about the staffing gap and current status of securing a replacement.	Within one (1) week of RSP notification	DSI Program Manager School LEA RD
Provide a status update to the Principal, LEA RD and Accountability Manager.	Weekly	DSI Program Manager
If services are delayed for more than 3 weeks, LEA RD notifies affected families in writing the expected positioning of a new provider and how make-up services will occur. LEA RD documents the written communication in the SEDS communication log for each student. DSI Program Manager will supply the parent letter for the LEA RD.	During week 3 of staffing gap	DSI Program Manager School LEA RD
Once replacement provider (temporary or permanent) is identified, inform Principal, LEA RD and Accountability Manager. LEA RD informs affected families in writing of the replacement's start date. LEA RD documents the written communication in the SEDS communication log for each student. DSI Program Manager will supply the parent letter for the LEA RD.	Before the start of the replacement provider	DSI Program Manager School LEA RD
Replacement provider sends an introduction letter to the parents with information. Language includes provider will develop and provide a make-up plan for their student within 2	At the start of second week of work	Replacement DSI RSP

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to 4 weeks.		
Replacement provider contacts each parent via email to provide a copy of the make -up plan. Provider documents the written communication in the SEDS communication log for each student. Provider uploads a copy of the plan into SEDS. Once the make-up hours are completed, the provider updates the plan with the completion date and uploads into SEDS	Within 2 to 4 weeks of the parent introduction letter.	Replacement DSI RSP

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-hospital instruction program. An assigned OT and/or PT goes into the home or hospital setting to deliver Occupational or Physical therapy services per the student's IEP. Parents must enroll and submit supporting medical documentation to acceptance into HHIP. If there is a HHIP student showing on your SEDS caseload, document the scheduled services as student absent. Email hip.dcps@dc.gov and copy DCPS manager to determine if the student has been accepted to HHIP.
**Please refer to CANVAS for HHIP Guidelines and Documents*

OT/PT Services at Youth Service Center (YSC)

Background and Overview:
The documentation of all related services provided to students attending Youth Services Center (YSC) is required by District of Columbia Public Schools, (DCPS), and the Office of the State Superintendent for Education (OSSE), and the *Jerry M*. Consent Decree. In accordance with applicable federal and state requirements, documentation of related services is analyzed and monitored by the Division of Specialized Instruction (DSI) to ensure services are delivered as set forth in the students' individualized education programs (IEPs). The lack of service documentation confirms services have not been provided and/or a potential interruption of services has occurred. Accordingly, related Service Providers must document all services delivered, or attempts to deliver services, pursuant to the student's IEP.

Process/Procedure:

Step	*Action*	*Description*
1	**Dedicated Service Delivery Time**	YSC must provide all related service providers with 3-4 hours of dedicated time for service delivery daily. YSC must provide a minimum of 1 hour daily to document services. Full-time providers will create an intervention and testing schedule and provider to administration and teachers.
2	**Notification of students with related services**	DYRS notifies YSC registrars immediately of new students.

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3	**Recording of Service**	All related service providers will document their services, or attempt to render services, on the YSC service logs. The related service provider will note the type, of service, the duration of service, and whether the service is a make-up session. The related service provider will also note if the student is unavailable or refuses services and the reason therefore. Documentation of services rendered or attempted service delivery will be contemporaneous with the delivery or attempted delivery of those services. Providers must document school closure on the YSC service logs including extended breaks such as winter and spring break.
4	**District-Wide SEDS Access**	All related service providers assigned to YSC will be granted district-wide SEDS access. If a provider cannot log for a student, the provider should email dcps.relatedservices@dc.gov to request SEDS access to the student.
5	**Service Trackers are Placed in Student Files**	All related service providers will provide the YSC service logs to YSC administrative staff upon completion of the service. YSC staff will place each service log in the student's folder within 24 hours of service delivery or attempted delivery.
6	**All Files are in SEDS**	Related service providers will services provided during the week into the SEDS caseload logging wizard copy by Monday at 12:00 of the following week.
7	**SEDS-Generated Service Trackers**	Related service providers will finalize SEDS-generated service logs by the last day of each month. If the student transfers from YSC before the end of the month, the provider will finalize any outstanding SEDS service logs once notified of the transfer.
8	**File Auditing**	DCPS and DYRS will conduct regular audits of students' paper and SEDS files to ensure that all related services were appropriately provided and documents. These audits will take place on the 2nd and 4th Mondays, with that audit data submitted to the Related Services Supervisors. The audit will include: review of sample of YSC files for each discipline and SEDS analysis of documentation, delivery and missed services for the current month. YSC file audit and SEDS audit will be completed by RS Analyst. Results will be given to the RS supervisors to follow up with the providers. Related Service Providers will have until Wednesday of that week to complete outstanding documentation.
9	**Exit from YSC**	LEA will print student history page from SEDS to add to the file.

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Assistive Technology

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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 Canvas 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 necessary** to determine if a student should access assistive technology and **are not required** during the initial eligibility or re-evaluation process. 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- **F**ind 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 or our AT Consideration Guide for available resources based on the area of concern and our AT Canvas page for potential Tier 1 AT tools.

*Step 2- **A**nalyze 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- **C**onsider 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 supports. 504 students may also benefit from assistive technology

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accommodations. During this process, the school-based team uses the SETT framework to facilitate the discussion. Please see our section below, Assistive Technology Consideration, for more information.

*Step 4- **T**rial Assistive Technology Tools*
If the SETT discussion determines that the student may benefit from additional supports, 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- **S**upplement 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 Canvas.

Provision of Additional AT Tools

School-based teams are responsible for ensuring that students have access to assistive technology supports 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 supports, 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 or our AT Consideration Guide for available resources based on the area of concern and our AT Canvas 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.
- 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 loner program.
- Direct purchase of the assistive technology tool.

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- Schools may also purchase assistive technology supports, including adaptive and programmatic AT supports 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 supports and best practices for implementation based on student need in addition to the inventory section of the AT Canvas page for potential AT tools.

Collaboration with the AT Team

Per IDEA, school-based teams are responsible for the assistive technology decision making process and provision of assistive technology supports. 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.

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 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.

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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 Canvas Resource page for more information.

Implementation Support

Teams may also request implementation support from the AT team. Implementation support may consist of virtual and live trainings and support with developing an implementation plan. Teams may request implementation support for Tier 1 assistive technology tools, student owned communication devices, and loaner devices. Prior to receiving implementation support, the AT tool must be documented appropriately within the appropriate AT sections of the IEP. Teams must submit a completed SETT form at the time of request. In addition, on demand training resources are available on our Canvas and Streams pages.

Device Loans

The AT team may provide specialized loaner AT equipment based on documentation within the IEP. This loaner equipment may include trial and dedicated devices, as documented within the special considerations or services and supplemental aids sections of the IEP. The AT team only provides loaner supports for specialized, student specific equipment and supports.

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.

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 SEDS within 24 hours. Formal AT evaluations are a collaborative process that contain 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 Canvas 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 SEDS. 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

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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 for updating relevant section of the IEP on Canvas.

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 on our AT Canvas or SharePoint pages. Implementation and technical training modules are located on our AT Canvas Page and Microsoft Stream.

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504 Plan OT/PT Services

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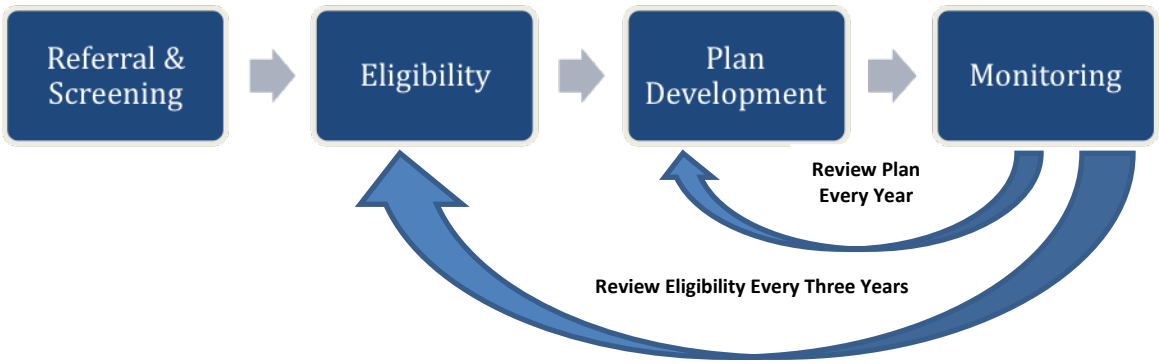
It is the intent of the district to ensure that students who are disabled within the definition of Section 504 of the Rehabilitation Act of 1973 are identified, assessed, and provided with appropriate educational services. Under this policy, a student with a disability is one who (a) has a physical or 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.

The Section 504 Process in DCPS



What are the eligibility requirements for Section 504 accommodations?
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* mean 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 annually.

If a student qualifies for services under the 504 Plan the OT or PT will do the following:

- Provide accommodations/modifications to the classroom and/or special education teacher
- Provide direct, indirect and/or consultative services

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- 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

If you have any questions regarding the 504 Process, you may contact the identified 504 Coordinator at DCPS.504@dc.gov. Please refer to CANVAS for 504 Guidelines - https://dcps.instructure.com/courses/2025/pages/student-support-section-504-program-main-page.

Documenting 504 interventions:
Documentation for students receiving direct or indirect services via a 504 Plan is entered into the provider management application at DPCS (ACCELIFY). 504 service notes are due in Accelify by Monday at noon following the delivery of services.

Providers 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 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.)

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Evidence-Based Practice

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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". [10]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".[11] 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". [12]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 in order 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 in order 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 Practice[13]

Evidence-based practice follows a five-step process designed to gather quality research evidence[14]:

- 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 directly 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

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

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[10] Whitehurst 2002

[11] 20 USC §§ 1401 and 6301

[12] Sackett et al. 2000, 1

[13] Adapted from the guidelines for occupational therapy and physical therapy in California public schools, 2012

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

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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.[15] 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.[16]

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.[17] The evaluation process documents the outcomes of intervention and can uncover new areas of educational concern.[18] 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.

[15] Kellegrew 2005
[16] Sackett et al. 1996
[17] Tickle-Degnen 2000b
[18] Rappolt 2003

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Training and Support

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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 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 evidenced-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, mastery 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.

Refer to DCPS school calendar for District wide scheduled training dates -
https://dcps.dc.gov/page/dcps-calendars

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Types of Trainings and Professional Development

Professional Development Days (PD)

Reserve professional development dates on your calendar. Attendance on professional development days is MANDATORY. 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. All interested employees and contractors must register using DCPS current professional development registration system.

Refer to DCPS school calendar for District wide scheduled training dates -
https://dcps.dc.gov/page/dcps-calendars

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Appendices

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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
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
SEA	State Education Agency
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 worker, psychologist, guidance counselors, or other qualified personnel.

- Early identification and assessment of disabilities in children. Early identification and assessment means 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 means services provided by a qualified physical therapist.

- 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.[19]

- School health and school nurse. These health services that 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 other 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.

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- 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.

Employment Information Form

SCHOOL YEAR _____

EMPLOYMENT INFORMATION FORM
(Please type or print information)

_____
Name (LAST, FIRST, MI)

_____
Address (Include City, State and Zip Code)

_____ _____
Home Telephone Cellular Telephone

_____ _____
Date of Birth (Month and day) Email Address

DCPS Employee ☐
Contract Staff ☐ Name of Contract Company _____

Any ailment(s) you would like on record, or would like for us to consider if so please list:
_____
_____
_____
_____
_____

In case of emergency, please contact:

_____ _____
Name Relationship

_____ _____
Contact Number (work) Contact Number (cell)

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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)**_____

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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: ☐wait time ☐repetition ☐visual supports ☐graphic organizers ☐rephrasing ☐manipulatives ☐positive reinforcement ☐re-direction ☐teacher ☐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 SEDS using a miscellaneous cover sheet.
Re-label the coversheet "Early Childhood Observation – DISCPLINE MONTH / YEAR"

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Occupational Therapy Initial Parent Letter

SAMPLE INTRODUCTION PARENT LETTER

Dear Parent,

I am excited about the opportunity to work with your child on addressing his/her occupational therapy (OT) 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). If you should have any questions about any of the activities sent home, please don't hesitate to 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 want to invite you to observe your child in his/her occupational therapy (OT) session at any time during the year.

Once again, welcome to a 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

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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 **(√)** 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*

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- ****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 very 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.

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

I would like training on:

_____

_____

_____

Teacher signature **Date**

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Occupational Therapy Screening Report Template

CONFIDENTIAL
OCCUPATIONAL 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

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

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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

REASON FOR REFERRAL

This section must state that the assessment was ordered by the IEP 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 his/her 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*

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HISTORY /BACKGROUND / RECORD REVIEW

- Pertinent birth, medical, and academic history and information from student file
- Current academic program (general education, special education, PARCC or academic data, instructional hours on IEP, current RTI 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 RTI initiated, completed; progress with RTI
-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 are 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

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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 assure 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: t*he 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 his/her 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
Is the student currently using equipment or supports in the classroom? Description of trial equipment used during assessment. Did the IEP team considered at Assistive Technology during the last IEP meeting? Is equipment recommended? Has the IEP team consulted with the Assistive Technology team for support/ equipment options?

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.

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- 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 the 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. Example statement: *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

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Occupational Therapy Assessment Descriptions

OT ASSESSMENT DESCRIPTIONS

SENSORY ASSESSMENTS	
▪ SPM/SPM-P	page 1
▪ SP2/Adolescent-Adult SP2	pages 2-4
HANDWRITING ASSESSMENTS	
▪ ETCH	page 5
▪ MHA	page 6
▪ THS	page 7
FINE MOTOR ASSESSMENTS	
▪ BOT-2	page 8
VISUAL-MOTOR/VISUAL-PERCEPTUAL ASSESSMENTS	
▪ Beery VMI, VP, MC	page 9
▪ WRVMA	page 10
▪ DTVP-3/DTVP-A	pages 11-12
▪ MVPT-4	page 13
ECE ASSESSMENTS	
▪ PDMS-2	14
▪ DAYC-2	15
SCHOOL FUNCTION ASSESSMENT	16
MOVEMENT ABC-2	17
GOAL	18

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Sensory Processing Measure (SPM)

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 is a subjective questionnaire appropriate for students K-6 that evaluates the frequency of a child's responses to various sensory experiences. It measures sensory processing in 7 areas and yields an overall score of a child's sensory processing ability. The SPM 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 form of the SPM was completed by (teacher name), (relationship to child). The results are listed in the tables below:

SPM: Main Classroom Form				
Behavioral Category	T-Score	Typical Performance (T-score: 40-59)	Some Problems (T-score: 60-69)	Definite Dysfunction (T-score: 70-80)
Social Participation *Student's ability to get along with peers and participate in classroom activities.*				
Vision *Student's ability to process and interpret visual input.*				
Hearing *Student's ability to process auditory information without over/under-responsiveness or perceptual difficulties.*				
Touch *Student's ability to process tactile stimulation and respond appropriately.*				
Body Awareness *Student's ability to sense the position in space of limbs, fingers and other body parts.*				
Balance and Motion *Student's ability to execute and control coordinated body movements.*				
Planning and Ideas *Student's ability to conceptualize, plan and organize movements in order to complete unfamiliar motor tasks.*				
Total Sensory Systems				

OBSERVATIONS AND INTERPRETATION:

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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 *(Seeking and Registration)*	/65					

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School Factor 2 *(Awareness and Attention)*	/50					
School Factor 3 *(Tolerance of Sensory input)*	/60					
School Factor 4 *(Availability for Learning)*	/45					

OBSERVATIONS AND INTERPRETATION:

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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 18-64						
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			
DICTATION			
	Word/Code Legibility %		Letters/Numbers Legibility %
Letters and numerals			

OBSERVATIONS AND INTERPRETATION:

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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)				
Grade:				
Category	Score	Performing Like Peers	Performing Somewhat Like Peers	Performing Well Below Peers
Rate				
Legibility				
Form				
Alignment				
Size				
Spacing				

OBSERVATIONS AND INTERPRETATION:

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Test of Handwriting Skills (THS):

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:

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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:

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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			
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.			

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 (WRVMA):

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:

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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
Eye-Hand Coordination			
Copying			
Figure-Ground			
Visual Closure			
Form Constancy			
	Quotient	Percentile	Performance
Visual-Motor Integration			
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:

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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
Copying			
Figure-Ground			
Visual-Motor Search			
Visual Closure			
Visual-Motor Speed			
Form Constancy			
	Composite Index	Percentile	Performance
General Visual Perception			
Motor-Reduced Visual Perception			
Visual-Motor Integration			

* 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:

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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:

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PDMS-2 (Peabody Developmental Motor Scales, 2nd edition)

The PDMS-2 is a norm-referenced and standardized assessment of fine and gross motor skills for children from birth to 5 years of age. The fine motor composite of the PDMS-2 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:

2020-FOIA-06794 DCPS 000969

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	

OBSERVATION AND INTERPRETATION (only report on domain areas you assessed):

2020-FOIA-06794 DCPS 000971

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
Manual Dexterity			
Aiming & Catching			
Balance			
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.

2020-FOIA-06794 DCPS 000972

Goal-Oriented Assessment of Lifeskills (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
Fine Motor			
Gross Motor			

Fine Motor Domain: Fine motor tasks within this domain included 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):

2020-FOIA-06794 DCPS 000973

Physical Therapy Initial Parent Letter

SAMPLE INTRODUCTION PARENT LETTER

Dear Parent,

Welcome to School Year 20XX-20XX! I am excited about the opportunity to work with your child on addressing his/her 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 his/her physical therapy (PT) session at any time during the year.

Once again, welcome to a 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

2020-FOIA-06794 DCPS 000974

Physical Therapy Screening Report Template

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	2-3	Toss a 4- to 5-inch ball into the air and catch it with hands,	

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Extremity Coordination		five times consecutively, with hands only	

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

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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:

REASON FOR REFERRAL

This section must state that the assessment was ordered by the IEP 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

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- Current academic program (general education, special education, PARCC or academic data, instructional hours on IEP, current RTI 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 RTI initiated, completed; progress with RTI
-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 are 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 assure 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 supports in the classroom? Description of trial equipment used during assessment. Did the IEP team considered at 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 affecting 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 the 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) Date

Title/Credentials

DC DOH License Number

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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 service that are being considered)

SERVICE	Goals/ Obj. Completed	Results of Evaluation	Date
☐ Speech-Language Therapy	☐Y ☐N		
☐ Orientation & Mobility	☐Y ☐N		
☐ Occupational Therapy	☐Y ☐N		
☐ Physical Therapy	☐Y ☐N		
☐ Counseling	☐Y ☐N		
☐ Adaptive PE	☐Y ☐N		
☐ Audiology	☐Y ☐N		
☐ Transportation	☐Y ☐N		
☐ Other (specify)	☐Y ☐N		
☐ Specialized Instruction	☐Y ☐N		
☐	☐Y ☐N		
☐	☐Y ☐N		
☐	☐Y ☐N		

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REASON FOR 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 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)

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Independent Assessment Review Report Template

INDEPENDENT OCCUPATIONAL/PHYSICAL THERAPY ASSESSMENT REVIEW 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

Caregivers/Legal Guardian Telephone Number:_____

Record Reviewed (please select as it applies):

□ Independent Assessment □ DCPS Assessment □ IEP
□ Progress Report □ Service Log □ Other:_____

Date of Document Reviewed: ____/____/____

Name of Independent Assessor (Name, Title and Company/Organization): _____

Date of Review:____/____/____

DCPS Reviewer's Name and Credentials: _____

SECTION II. FINDINGS AND RECOMMENDATION OF THE INDEPENDENT ASSESSOR:

SECTION III. DCPS STUDENT CLASSROOM OBSERVATIONS AND INTERVIEWS:

SECTION IV. DCPS CONSIDERATIONS AND RECOMMENDATIONS:

_____
Reviewer Signature, Title and Date
DC DOH License Number

2020-FOIA-06794 DCPS 000984

Untimely Assessment and Due Diligence Guidelines

April 2017

Missed Related Services and Untimely Assessment Guidelines

Submitted by: Regina Grimmett, Director, Division of Specialized Instruction
Deitra Bryant-Mallory, Director, Division of Student Wellness

Approved by: Kerri Larkin, Deputy Chief, Division of Specialized Instruction
Heidi Schumacher, Deputy Chief, Division of Specialized Instruction

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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 service session. It also deliver the 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).[20] 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 addressed[21]. 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 provide 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.

[20] 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).
[21] 61 DCR 222

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II. Missed Related Service Sessions Scenarios and Due Diligence Procedures

A. Provider Unavailable

1. Provider not available for schedule 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 SEDS 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 SEDS communication log;

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- 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 SEDS 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 SEDS. **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 his/her service session).

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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 8-247[22] and DC Municipal Regulations Title V Ch. 21[23] 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 parent, make a home phone call ***(if the absence is excused, there is no need to contact the student's parent)****;*

d) Document the contact with the student's guardian in the SEDS **Communication Log**;

e) Document each missed session in an entry the Service Log in SEDS (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;

[22] D.C. Law 8-247, § 2(a), 38 DCR 376, D.C. Law 20-17, § 303(a), 60 DCR 9839

[23] 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 SEDS 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) 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 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 his/her 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 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).

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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:

a) The setting for the Individual Alternative Educational Setting (IAES);
b) The services that will be provided to the student at the IAES in order for the student to meet the student's IEP goals;
c) If additional services are necessary to ensure the misbehavior does not continue into the IAES; and
d) 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 SEDS

If the school registrar has completed the steps to withdraw a student from ASPEN but the student is still showing in SEDS, 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 SEDS.

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).

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III. Documentation for Missed and Make-Up Sessions

A. Missed Service Sessions

1. SEDS Service Log Procedures

For all missed service sessions, the RSP must complete the SEDS Service Log as follows:

a) Include detailed information to identify the missed service section and the student's 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 SEDS 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. SEDS Service Log

a) The RSP must log all delivered or attempted make-up service sessions in the SEDS Service Log as follows:
   - Include detailed information to identify the missed service section and the student's 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 SEDS Service Log:

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- 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. SEDS 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 SEDS as follows:

a) Any failed attempt prior to the third scheduled make-up session should be logged in the SEDS Communication Log, including:
   - Attempted date and time of service session; and
   - Which attempt it was (e.g., first, second, third, etc.).

b) Upon the third failed attempt the scheduled missed make-up service session should be logged in the SEDS 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).

c) When documenting the third failed attempt, complete the "Comments" box in the SEDS 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.

d) 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.

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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 SEDS communication log; and
   - Document contacts, attempted contacts, and outcomes in the SEDS 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 SEDS 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.

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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 SEDS 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.

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Appendices

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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 ➢ *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. ➢ AC/AD submits 5-day letter to nurse to: ✓ 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 ➢ 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; ➢ *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		

1

*****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"	***Elementary and middle schools and educational centers (ages 5 – 13):*** *a.* If attendance interventions have been executed and documented in STARS,; ➢ AC/AD will complete CFSA educational neglect referral form and email to CFSA.EdNeglect@dc.gov and include Attendance Specialist on email *b.* Document referral in STARS adhoc field ***High school students (ages 14 and up):*** c. AC/AD refers student to SST for follow-up. SST meets to review student's progress and revise the Student Attendance Support Plan d. SST will notify administrators of **all** students reaching 10 unexcused absences	a. OYE will monitor CFSA referral compliance rate b. OYE will notify MPD & OSSE of all students with 10+ unexcused absences	✔
15 (Unexcused)	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)** b. Document submission to OYE in STARS adhoc field	a. OYE will approve and send court referral to OAG/CSS b. OYE will monitor court referral compliance rate	✔
16+ (Unexcused)	a. Continue to monitor student's progress and modify Student Support Plan		
20* (Unexcused Consecutive)	b. AC/AD mails letter to student's home to notify parent/guardian that the student is eligible to be withdrawn from school ➢ School must have executed all the above interventions before withdrawal	a. Attendance Specialists will review list of students that have been withdrawn and will refer dropped students to Student Placement Team	✔

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

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Appendix B: Glossary

Communication Log
Tab in in SEDS where all communications with parents should be documented in detail. Log entries should include date, mode of outreach (i.e. phone call, e-mail), 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 SEDS 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.

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Electronic Signature

DISTRICT OF COLUMBIA PUBLIC SCHOOLS

QUICK REFERENCE GUIDE

Adding Signature & Uploading Assessments in SEDS

Scan Your Signature to Email

1. Using a Blank Sheet of Paper – Sign your Signature to the sheet of paper.
2. Go to a copy/fax machine with scanning capabilities. Scan the document.
3. Enter the destination email. ex. Janice.Joplin@dc.gov
4. Once the scanned signature has been received in email. Save it as a JPG or Picture file.

Note **The fax or copier must have scanning capabilities.**

Adding Your Signature to Documents

1. Open your document or assessment in Microsoft Word.
2. Go to the signature line of the document.

Direct instruction in the rules that govern spelling is an important way to help Darryl improve his spelling. Teaching spelling rules, such as adding endings to words with a silent e (e.g., take, taking), or adding a suffix to closed syllables ending in a single consonant (e.g., fit, fitting), as well as building knowledge about root words and affixes, gives Darryl a means to spell words without relying solely on memorizing how words look.

The five-step spelling strategy is an effective, multisensory approach to improving spelling performance. The strategy should be taught explicitly to insure that Darryl understands the strategy and can implement it independently. A cue card presenting the five steps of the strategy is provided to the student. The five steps are (1) Say the word, (2) Write and say the word, (3) Check the spelling, (4) Trace and say the word, and (5) Write the word from memory and check it.

Explicit instruction in the mechanics of writing may improve Darryl's fluency with writing tasks. His writing fluency may improve if he can spell words phonetically, can spell high-frequency sight words correctly, and has legible writing. In addition, when Darryl's focus is on the ideas being expressed rather than on the underlying basic skills, the quantity of his

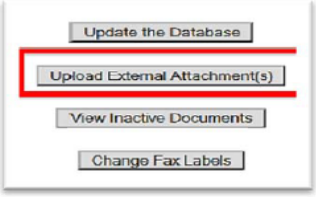
Signature of Provider

3. Click Insert Picture.
4. Select the file containing your signature and Click Insert.

Upload Document in SEDS

Note The Upload Document feature can be accessed from both the documents tab and the associated section of SEDS.

1. Click on the Documents tab and scroll to the bottom of the page.
2. Click on the Upload External Attachment(s).



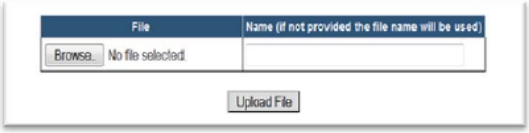
3. Click the button next to the document you want to associate a file with

Upload Attachments for Uke Eyewalker

Permitted file extensions are: PDF, DOC, XLS, TXT, RTF, PPT, TIF, JPG, PNG, XLSX, PPTX, and DOCX
No file may be greater than 3.00 MB in size.

	Doc ID	Date Generated	Document
	2243240	12/16/2013	Transportation Criteria Cover Sheet
	2243151	12/06/2013	Disability Worksheet - Multiple Disabilities - Revised 2011
	2243152	12/06/2013	Disability Worksheet - Autism Spectrum Disorder - Revised 2011

4. Scroll to the bottom of the page and browse to locate the document.
5. Click the Upload File button.



File	Name (if not provided the file name will be used)
Browse... No file selected.	

Upload File

Please note the acceptable file types for upload are: PDF, DOC, XLS, TXT, PPT, TIF, JPG, XLSX, PPTX and DOCX.

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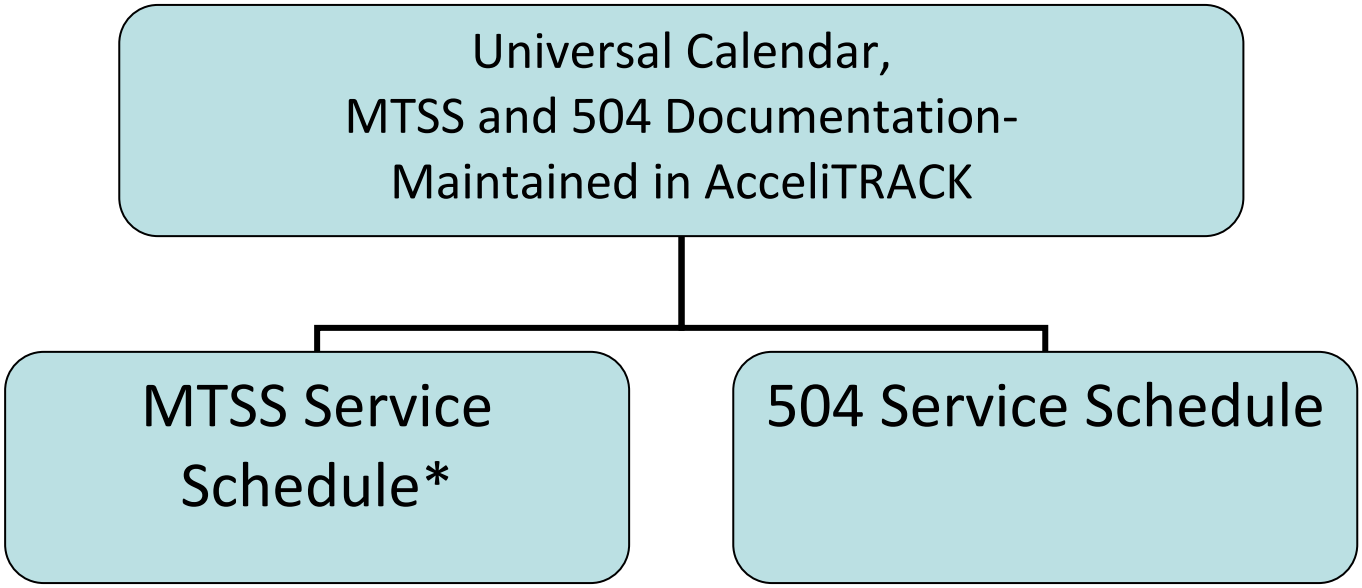
Accelify Documentation Requirements for DSI RSPs



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 RTI AcceliPLAN (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 Aspen RTI Plan.
- 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

For How-To instructions of system functionality, browse knowledgebase articles at support.acceliplan.com.

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DC DOH License

Providers should maintain an updated copy of their DC Department of Health license in Accelify.

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 Create and fill out all required fields on the Provider Certificate Details form and click Save.
- To upload a license, click Upload License, select the desired file, and then click Save.
- 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 - Accelify

I will have access to confidential student data provided by the District of Columbia Public Schools (DCPS) via the Accelify 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.

ϒ I agree to the terms and conditions of use. E-Signature_____

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