



OCCUPATIONAL THERAPY PROGRAM GUIDELINES

Definition of Occupation Therapy

Occupational therapy is the “use of purposeful activity or interventions designed to achieve functional outcomes which promote health, prevent injury or disability and which develop, improve, sustain, or restore the highest possible level of independence of any individual who has an injury, illness, cognitive impairment, psychosocial dysfunction, mental illness, developmental or learning disability, physical disability or other disorder or condition.” (Taken from the Missouri Board of Occupational Therapy Practice Act and Rules)

Role of the Occupational Therapist

In an educational setting, occupational therapy is a related service that is provided to enable an identified exceptional student to benefit from special education in the least restrictive environment. The areas may include activities of daily living in the school environment, play skills, task organization/completion, handwriting, visual perception, and sensory integration. Occupational therapists plan and implement activities that will support the functional goals and objectives of the student’s educational program (IEP or 504 plan). The role of the occupational therapist may include:

1. **Identification, Referral, and Request for Assessment:** May participate in the initial screening, special education referral process or facilitate the assessment request process for OT services.
2. **Assessment:** Completes the educationally related OT assessment, which includes student observation, record review, interview, standardized/nonstandardized testing procedures in the areas of suspected disability.
3. **Student Program Planning:** Reviews the OT assessment findings and identifies student abilities and educational, developmental, or functional needs of the student with the IEP team. Develops goals and objectives for the IEP and coordinates the implementation of those goals with the team to provide integrated services.
4. **Intervention Planning and Implementation:** Develops and implements therapy intervention plan that supports IEP goals and objectives which may include the adaptation or modification of the student’s environment, materials, and curriculum if appropriate and classroom intervention strategies. Provides for pullout services only when more inclusive strategies are insufficient to meet the student’s needs.
5. **Documentation:** Documents findings, actions taken, and/or recommendations regarding involvement in the special education process.
6. **Collaboration:** Communicates with all involved staff, coworkers, administration, and parents to ensure timely and efficient service delivery as designated by the IEP.

7. **Staff Development:** Develops and implements training opportunities and services for educational staff, parents, and administrators. Attends and shares continuing education information with coworkers to foster professional growth and educationally related practice.

Referral for Occupational Therapy

Occupational therapy may be recommended when:

1. Difficulty in learning new motor tasks
2. Poor organization and sequencing tasks
3. Poor hand use (including writing and tool use)
4. Difficulty in accomplishing tasks without the use of adaptive equipment, environmental modification, or assistive technology
5. Unusual or limited play patterns
6. Deficits in adaptive self-help or feeding skills in the educational setting
7. Poor attention to task
8. Notable overreaction or underreaction to textures, touch, or movement

Considerations

When referring students for an occupational therapy assessment, please consider the following:

1. **Prime Age:** Therapy is more effective for children from birth through the age of eight to ten years.
2. **Acute Trauma:** Therapy may be advisable for older children following an acute trauma which leads to long-term disability
3. **Previous Therapy:** Alternative programs should be considered for children who have received previous therapy.
4. **Priorities:** Students should have their support services carefully prioritized for the maximum utilization of time spent in school.

Intervention

As a related service, occupational therapy can be part of a student's IEP when it is essential to meet appropriate special education goals developed by the IEP team. Occupational therapy service frequency and duration are dictated by the current and ongoing needs of the student. Factors involved in determination of frequency and duration include but are not limited to the following:

- Educational placement (self-contained, resource, inclusion)
- Amount of personal assistance provided
- Adaptive equipment
- Cognitive and behavioral factors
- Previous therapy received
- Assistive technology
- Functional performance at school
- Consultation needs of staff

Program Completion

The IEP team may consider the following conditions when determining that the student no longer needs occupational therapy to benefit from their educational program:

1. The student is functional within the educational environment, and therapy services are no longer indicated.
2. Other educational personnel are able to assist the student in areas of concern previously addressed by OT.
3. Student performance remains unchanged despite multiple efforts by the therapist to remediate the concerns or to assist the student in compensating.
4. The student continues to make progress in the area being addressed by the OT consistent with developmental progress in other educational areas despite a decrease in OT services.
5. Therapy is contraindicated because of the change in medical or physical status.