Guidelines for Occupational Therapy Services in Early Intervention and Schools

The primary purpose of this document is to provide guidelines for the provision of occupational therapy services in early intervention (EI) and school settings. This document is intended for an internal audience (e.g., occupational therapists, occupational therapy assistants, students in occupational therapy programs) as well as external audiences (e.g., school staff and administrators, regulatory and policymaking bodies, accreditation agencies) who seek clarification of occupational therapy's role related to these settings. Occupational therapy practitioners[1] often are supervised by people unfamiliar with occupational therapy practices; the principles (e.g., level of expected performance) included in these guidelines and other American Occupational Therapy Association (AOTA) documents can be used to enhance their knowledge about the profession.

Approximately 25% of occupational therapists and 18% of occupational therapy assistants work in EI and school settings (AOTA, 2015a). Occupational therapy practitioners work with children and youth, parents, caregivers, educators, team members, and district and agency staff to facilitate children's and youth's ability to participate in their *occupations,* which are daily life activities that are purposeful and meaningful to the person (AOTA, 2014b). Occupations are based on meaningful social or cultural expectations or peer performance. Examples include social interactions with peers on the playground, literacy activities (e.g., writing, reading, communicating, listening), eating school lunch, opening locker combination to access books and coat, ability to drive car to school. Occupational therapy practitioners apply their knowledge of biological, physical, social, and behavioral sciences to evaluate and intervene with people across the life span when physical, adaptive, cognitive, behavioral, social, and mental health concerns compromise occupational engagement.

Occupational therapy practitioners provide services to young children and families in EI and to students, families, and educational staff in preschool and school settings to support engagement and participation in daily living activities (e.g., activities of daily living, instrumental activities of daily living, education, work, play, leisure, rest and sleep, and social participation; AOTA, 2014b). These guidelines provide information about occupational therapy practice in schools, including the influences (e.g., legislative, professional, environmental, contextual) and roles that occupational therapy practitioners may assume. Each section outlines guidelines related to these factors for occupational therapy practitioners. The variability in policy and practices across states and school districts results indifferences in how occupational therapy service delivery is implemented in each state.

Influences on Early Intervention and School Practice

Legislation and Regulatory Influences

Occupational therapy practitioners working in EI and schools must adhere to federal, state, and local education policies unless they conflict with occupational therapy state regulations (e.g., licensure). If

[1]*Occupational therapy practitioners* refers to both occupational therapists and occupational therapy assistants. The *occupational therapist* is responsible for all aspects of occupational therapy service delivery and is accountable for the safety and effectiveness of the occupational therapy service delivery process. *Occupational therapy assistants* deliver occupational therapy services under the supervision of and in partnership with an occupational therapist (AOTA, 2014a).

inconsistencies occur, practitioners must work with employment agencies or district administrators to align policies to eliminate conflict. To ensure adherence to legislation and regulatory requirements in providing occupational therapy services, practitioners in EI and schools have a responsibility to

- Make recommendations for services in accordance with federal, state, and local policies and procedures related to EI and school practice, in both general and special education (see Table 1 for examples of relevant legislation);
- Apply information from state occupational therapy practice acts and rules (licensure) to service delivery in EI and schools; and
- Understand state regulations for Medicaid cost recovery and other payment sources and adhere to professional codes of ethics and billing requirements.

Table 1. Legislative Influences on Occupational Therapy Practice in EI and Schools

Law	Influence on Occupational Therapy Services
Individuals With Disabilities Education Improvement Act of 2004 (IDEA), Parts B and C	Part B mandates access to occupational therapy as a related service for eligible students with disabilities ages 3–21 years if services are needed for a student to benefit from special education. Part B is administered through state education agencies. Part C is voluntary at the state level and lists occupational therapy as a primary service for infants and toddlers ages 0–3 years who are experiencing developmental delays or have identified disabilities. Part C services may be administered through state education agencies, state health and human services agencies, or a combination.
Every Student Succeeds Act of 2015 (ESSA), a reauthorization of the Elementary and Secondary Education Act of 1965	ESSA ensures equal opportunity for all students in Grades K–12 and builds on previous legislation focusing on educational achievement. Bill includes occupational therapy as "specialized instructional support personnel" (SISP). SISPs should be included in state, local, and schoolwide planning activities as well as certain school-wide interventions and supports. ESSA is administered through state and local education agencies.
Section 504 of the Rehabilitation Act Amendments of 2004; Americans With Disabilities Act Amendments Act of 2008 (ADAA)	These civil rights statutes prohibit discrimination on the basis of disability for places that are open to the general public (ADAA) or programs receiving federal funds (504). Disability is defined more broadly than in IDEA. Children who are not eligible for special instruction under IDEA may be eligible under Section 504 or the ADAA for services including environmental adaptations and other reasonable accommodations.
Medicaid (Title XIX of the Social Security Act of 1965)	Medicaid is a federal–state matching program that provides medical and health services for low-income children and adults. Occupational therapy is an optional service under state Medicaid plans but is mandatory for children and youth under the federal Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program. Although state Medicaid programs do not cover the costs of providing all services under IDEA in schools (e.g., services on behalf of the child), costs associated with providing medically necessary occupational therapy services provided directly to the child in EI and school settings can be reimbursed by Medicaid for students who are enrolled in the Medicaid program.
Family Educational Rights and Privacy Act of 1974 (FERPA) and Health Insurance Portability and Accountability Act of 1996 (HIPAA)	FERPA is a federal law that protects the privacy of education records, including health records, for children with disabilities in programs under IDEA Parts B and C. The law applies to all EI programs and schools that receive funds under an applicable program of the U.S. Department of Education. Service providers, school districts, and educational agencies billing Medicaid are also subject to HIPAA rules under protected health information provisions.
Improving Head Start for School Readiness Act of 2009	Head Start and Early Head Start are federal programs that provide comprehensive child development services to economically disadvantaged children ages 0–5 years, including children with disabilities, and their families. Early Head Start serves children up to age 3; Head Start serves children ages 3 and 4. Occupational therapy may be provided in these settings under the Head Start requirements or under IDEA.

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Table 1. Legislative Influences on Occupational Therapy Practice in EI and Schools *(cont.)*

Law	Influence on Occupational Therapy Services
Assistive Technology Act of 2004 (Tech Act)	The Tech Act promotes access to assistive technology to enable people with disabilities to more fully participate in education, employment, and daily activities.
Healthy, Hunger-Free Kids Act of 2010	The National School Breakfast and Lunch Programs are required to provide food substitutions and modifications of school meals for students whose disabilities restrict their diets, as determined by their health care provider.
State education codes and rules	In compliance with IDEA Part B, state education codes and rules must include policies and procedures for administration of instruction and for special education. Local education agencies further define these policies for their specific school communities.
State Part C EI	If state chooses to use federal funds for EI services (Part C), it must provide statewide, comprehensive, coordinated, multidisciplinary, interagency EI systems with a designated lead agency. The lead agency determines policies and procedures for implementation and monitoring within the state.
State practice acts and rules (licensure)	Practice acts and rules provide stipulations for occupational therapy service delivery, including evaluation, intervention, documentation, and supervision of occupational therapy assistants. Ethical and behavioral expectations for professional conduct are often included.

Note. EI = early intervention.

Navigating the nuances of the vast regulatory landscape and keeping up with changes to each law can be a daunting challenge, especially for practitioners new to EI or school practice settings. Practitioners must make educating themselves and keeping up with regulatory changes a priority. AOTA provides leadership and resources that can assist practitioners with staying current on legislation that affects practice.

Individuals With Disabilities Education Improvement Act (IDEA; Pub. L. 108–446) Part C programs, which serve infants and toddlers and their families, may seek reimbursement for occupational therapy services from Medicaid or Medicaid managed care programs available in their state and from the family's private insurance. States vary in their agreements with third-party payers for reimbursement of EI services. Some states require the family to pay a portion of the cost of Part C services, typically determined according to a sliding scale based on family income, whereas others (known as "birth mandate states") cover all costs except those that can be billed to Medicaid. In all cases, compliance with documentation requirements is critical for facilitating optimum reimbursement for Part C programs.

States provide public schools the opportunity to receive Medicaid reimbursement for the costs of providing occupational therapy services to eligible school-age children under Part B of IDEA. Reimbursable services typically include occupational therapy evaluations and services provided directly to the child. As in IDEA Part C programs, documenting services so that Medicaid requirements are met is essential to ensure that public schools realize available Medicaid revenue under state laws.

Professional Influences

In addition to adhering to state regulatory requirements (licensure), occupational therapy practitioners are guided by several professional documents (e.g., AOTA, 2013, 2014a, 2014b, 2015b, 2015c). The *Occupational Therapy Practice Framework: Domain and Process* (3rd ed.; AOTA, 2014b) articulates occupational therapy's distinct role and contributions to participation through engagement in occupation. Occupational therapy practitioners use the *Framework* to guide them in their practice, including service delivery (e.g., approaches to intervention may include creating skills, restoring movement, maintaining safe access, modification of the environment, prevention of back injury through backpack awareness). Providing client-centered delivery of services using evidence-based practices (EBP) is inherent to occupational therapy practice. In addition to providing individual services to the child or youth, the occupational therapy practitioner may focus on family structure and resources; specific groups or populations (e.g., co-teaching in general education classroom), the school system or district (e.g., serving on curriculum or playground committees), and the community (e.g., school health and wellness initiatives). Early intervention programs through

Part B of the IDEA and the school programs through Part C of the IDEA provide a structure to these effective practice guidelines.

Guidelines for ensuring consistency with professional practice are as follows:

- The occupational therapist and occupational therapy assistant must demonstrate professional role performance and conduct aligned with AOTA official documents, state occupational therapy regulations, and best available evidence.
- The occupational therapist conducts evaluations aligned with current evidence and best practices across the home, preschool, school, and community environments (e.g., evaluate child in natural environment using observation and input from parents and others; identify priorities, concerns, and resources from the family [Part C] or from the day care, education, or transition team [Part B].
- During the evaluation, the occupational therapist must identify the child's performance in his or her occupations, the affordances and barriers to successful engagement, and expectations for the child's development and participation and synthesize information to develop a working hypothesis.
- In collaboration with the team, the occupational therapist identifies the young child's current performance and identifies priorities and concerns of the parent or caregiver to develop family or child outcomes (Part C) or identify the priorities and concerns of parents and school staff to develop goals for the school-age child (Part B).
- The occupational therapist must determine service recommendations on the basis of individual need, as indicated by the occupational therapy evaluation and data shared during the team process.
- The occupational therapist, with input from the occupational therapy assistant, develops an occupational therapy intervention plan (e.g., occupation-based goals, intervention approach, methods of service delivery) that provides a framework for the implementation of the individualized education program (IEP) and individualized family service plan (IFSP).
- The occupational therapist and occupational therapy assistant demonstrate service delivery aligned with current evidence and best practices across the home, preschool, school, and community environments (e.g., provide intervention in the natural environment to facilitate child development and skill building [Part C] and in the least restrictive environment (LRE) to enhance the child's benefit from education [Part B]; provide assistance to teachers to enhance the participation of children in school activities and routines, including provision of strategies for improving performance in these activities; use assistive technologies (AT), universal design for learning (UDL) principles, and environmental modifications).
- The occupational therapist and occupational therapy assistant apply knowledge of risk factors affecting growth, development, learning, and engagement in meaningful occupations during interventions to support health and participation.
- The occupational therapist and occupational therapy assistant monitor and document progress toward annual goals in accordance with organizational and professional (e.g., state licensure regulations, AOTA) requirements and measure outcomes.
- The occupational therapist determines the need for ongoing or discontinuation of services or for referral to other professional.

Environmental and Contextual Influences

Services under the Every Student Succeeds Act of 2015 (ESSA; Pub. L. 114–195) are provided to educational staff and children in general education, whereas IDEA requires services to be provided in the natural environment for infants and toddlers (Part C) or in the LRE for children and youth (Part B). When providing services, occupational therapy practitioners must understand the climate, culture, beliefs, and values of the family or school (Frolek Clark, 2013). Occupational therapy service delivery is influenced by the environment (e.g., social and physical) and context (e.g., cultural, personal, temporal, virtual), including where children and youth live (e.g., homes), learn (e.g., community, day care, classroom, music room), play

(e.g., playgrounds, gymnasium), socialize (e.g., hallways, cafeteria), take care of needs (e.g., bathroom), and work (e.g., locations in the community). Exploring the dynamic connections among the student, occupations or activities, and the environment are critical during service delivery. Guidelines for addressing environment and context include the following elements:

- The occupational therapy practitioner must be knowledgeable about the systems that influence practice (e.g., state lead agency, education agencies, community organizations, medical providers) and establish access to community resources.
- The occupational therapy practitioner must understand the procedures and practices of the EI system, including those of the lead agency; the model of service delivery in the home; the definition of developmental delay; and the source of reimbursement (e.g., birth mandate state, third-party payer, payer of last resort; Part C).
- The occupational therapy practitioner must understand and apply principles of family-centered practice (e.g., empowering parents; building relationships; encouraging involvement in decision making; building on informal community support systems; being respectful of the family's culture, beliefs, and attitudes; Part C).
- The occupational therapy practitioner must understand the procedures and practices of the local education agency (e.g., multitier systems of support, UDL, bullying prevention), curriculum standards (e.g., developmental sequences, program of studies, standards of learning, adapted curricula, and high-stakes testing), and special education process (Part B).
- The occupational therapy practitioner must form effective partnerships with team members (e.g., parents, teachers) and the medical community to effectively identify children who may be at risk for a substantial developmental delay (Part C) or a child with a disability (Part B).
- The occupational therapy practitioner must provide interventions based on EBP for early intervention, school, and community settings (e.g., coaching families, social emotional development, safe transportation, driving).
- The occupational therapy practitioner must understand expectations at the district, classroom, and agency level (e.g., classroom routines, curriculum, literacy practices, AT, building rules; Part B).
- The occupational therapy practitioner must understand opportunities for students' postsecondary transition goals of function in education and employment, independent living, and social inclusion in communities.

Roles of Occupational Therapy Practitioners

Occupational therapy practitioners assume many roles during service delivery in EI and school settings. As described in the Professional Influence section, occupational therapy practitioners provide services to groups (e.g., students at risk for academic or behavior problems) and populations (e.g., general education classes in school; school district staff) as well as individuals.

With the passage of the ESSA, the role of specialized instructional support personnel (SISP), including occupational therapy practitioners, includes schoolwide interventions and supports. Additionally, IDEA's inclusion of early intervening services (EIS) allows SISPs to support general education children (kindergarten through grade 12) who are at risk in academic and behavioral areas and offer professional development and training to teaching staff. Contributions by occupational therapy practitioners to response to intervention (RTI) frameworks and multitiered systems of support (MTSS) demonstrate occupational therapy practitioners' role in working at the system level (e.g., school district, building, classroom levels). Table 2 provides examples of the roles for occupational therapy practitioners.

As service providers in EI and school settings under IDEA, occupational therapy practitioners fulfill role responsibilities including service provision to children and youth, families, teams, organizations, and communities. Table 3 lists the core responsibilities of all practitioners working in these practice settings;

Table 2. Examples of Occupational Therapy Practitioner Roles Under ESSA (General Education)

Role and Description	General
Consultation	• Stakeholders to be consulted regarding the development of State Accountability Plans, which are replacing the annual yearly progress (AYP). • Assist with information about assessment of schools and development of alternative academic achievement standards for students with the most severe cognitive disabilities.
Schoolwide systems of support	• Provide services to support at-risk students. • Improve student performance through schoolwide programs (e.g., positive behavioral interventions and supports, RTI, MTSS, antibullying strategies). • Implement schoolwide positive behavioral interventions and supports, including coordination with similar activities carried out under IDEA, in order to improve academic outcomes and school conditions for student learning.
Professional development and training	• Provide professional development, preparation, and training programs with teachers and other staff.

Note. ESSA = Every Student Succeeds Act of 2015; IDEA = Individuals With Disabilities Education Improvement Act; MTSS = multi-tiered systems of support; RTI = response to intervention.

Table 3. Examples of Occupational Therapy Practitioner Roles in Part C and Part B of IDEA

Role and Description	For Both Part C and Part B unless specified
Evaluator (primarily the occupational therapist role; under the supervision of the occupational therapist, an occupational therapy assistant may assist in data collection).	• Under IDEA Child Find, identify children who are suspected of having a disability. • Serve as an evaluator for the team to determine each child's eligibility under IDEA Part C or Part B (special education). • Serve as an evaluator under IDEA to determine each child's strengths and needs, including need for occupational therapy (Part C, as an EI service; Part B, as a related service). • Document referral source, reason for services, dates of services for data gathering and planning, and results of evaluation (report). • Serve as an evaluator for children's assistive technology needs • Conduct reevaluations to determine child's strengths and ongoing needs. **Part C: Early Intervention** • Identify the family's concerns, priorities, and resources during the evaluation of the child. • Gather relevant data to address the functional needs of the child related to adaptive development, adaptive behavior, and play and sensory, motor, and postural development. • Synthesize information and collaborate with family to identify possible outcomes and need for services. **Part B: Preschool and School** • Provide educational and behavioral evaluations, services, and supports to enhance general education instruction for students at risk (K–12). • Solicit input from child, family, school personnel, and others. • Gather relevant functional, developmental, and academic information (e.g., conduct interviews, review existing evaluation information; use assessment tools and strategies; observe child across relevant contexts) to obtain reliable information about what the child knows and can perform academically, developmentally, and functionally. • Synthesize information and collaborate with family and educational staff to identify goals and need for services.

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Table 3. Examples of Occupational Therapy Practitioner Roles in Part C and Part B of IDEA *(cont.)*

Role and Description	For Both Part C and Part B unless specified
Service coordinator for children and family (Part C) (only occupational therapist role)	• Demonstrate leadership by serving as service coordinator. • Collaborate with families to enable them to receive the services and rights under Part C. • Accurately interpret and communicate evaluation findings collaboratively with family members. • Coordinate all evaluations, the development and review of the IFSP, all services on the IFSP, any funding sources, and development of a transition plan within the established timelines and procedures. • Engage in collaborative decision making and problem solving with IFSP team.
Case manager for students (Part B) (only occupational therapist role)	• Demonstrate leadership by serving as case manager. • Synthesize evaluation findings and, in collaboration with the IEP team, identify and prioritize meaningful educational goals. • Engage in collaborative decision making and problem solving with IEP team. • Collaborate to develop and implement comprehensive transition plans.
Service provider	• Design and implement interventions that are congruent with expectations in the setting and culture. • Embed therapy interventions into the context of child's environments and routines. • Gather data to determine the effectiveness of the intervention and guide changes to the intervention. • Document performance changes and service provision (e.g., daily logs, progress notes, intervention plans, reports) in commonly understood and meaningful terms. • Use modifications, adaptations, and assistive technology, as needed, to enhance developmental, functional, or academic skills. • Document services ethically and accurately for third-party payers. • Provide mental health promotion, prevention, and intervention services to children and youth. • Demonstrate knowledge of evidence-based research in this area. • Use knowledge of current research when planning intervention approaches and strategies. **Part C: Early Intervention** • Actively participate with the team in the development of the IFSP in accordance with the priorities and preferences of the family and child (the occupational therapy assistant provides input under the supervision of the occupational therapist). • Occupational therapist designs the intervention to meet the stated IFSP outcomes; the occupational therapist or the occupational therapy assistant implements intervention and strategies. • Assist in the transition of child to community or Part B programs. **Part B: Preschool and School** • Actively participate with the team in the development of the IEP to document the child's strengths and needs, prioritize goals, and determine services (occupational therapy assistant provides input under the supervision of the occupational therapist). • Occupational therapist designs the intervention to meet the child's IEP goals; the occupational therapist or the occupational therapy assistant implements intervention and strategies. • Support student's achievement of postsecondary transition goals of function, education and employment, independent living, and social inclusion in communities.
Collaborative team member	• Form partnerships and work collaboratively with others to contribute to the understanding of the nature and extent of the child's strengths and needs. • Demonstrate effective communication and interpersonal skills (e.g., active listening, collaboration, coaching). • Actively participate in team decisions (e.g., eligibility, transition, behavior needs) using clinical reasoning (the occupational therapy assistant provides input under the supervision of the occupational therapist). • Promote inclusion of the child within the home, school and community settings.

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Table 3. Examples of Occupational Therapy Practitioner Roles in Part C and Part B of IDEA *(cont.)*

Role and Description	For Both Part C and Part B unless specified
Educator and trainer	• Build the capacity of relevant stakeholders and teams through instruction, technical assistance, and training. • Educate family, children, school staff, and administration (e.g., resources, inservice, presentations, serving on committee). • Conduct trainings addressing strategies to best support children in natural environments and to empower families. • Educate EI teams on family-centered principles that empower families and respect families' culture, beliefs, and attitudes. • Educate school personnel on schoolwide programs (e.g., UDL, mental health, self-regulation).
Resource (Consultant)	• Provide technical assistance to teams, family, and community as necessary. • Assist the EI team in identifying resources for families (e.g., transportation options, child development). • Promote the child's access to school environments, instruction, and social communities. • Promote national, state, and local priorities for the participation and education of all children and school improvement. • Serve on committees and teams to address school and community challenges (e.g., evidence-based curriculum, accessible community participation, social community engagement, mental health and fitness). • Assist administrators and policy makers with the development of systemwide educational supports and programs.
Advocate	• Advocate for schoolwide initiatives that promote learning, health, wellness, and engagement (e.g., multitiered systems of support, also known as RTI; playground safety; mental health; ergonomics; fitness). • Promote understanding of diversity. • Advocate for access to occupational therapy services, when appropriate, for children and families in EI; teachers and children in general education; and children in special education programs and educational staff. • Provide guidance on the developments in educational, social, and health care policy and research that affect EI and school therapy services.
Leader	• Supervise occupational therapy assistants (only an occupational therapist role). • Supervise professional students and school personnel who implement occupational therapy recommendations. • Participate in the mentorship process to build knowledge and skills in the practice area. • Address trends in occupational therapy service provision by gathering, synthesizing, and evaluating data (only an occupational therapist role). • Educate others on the role of occupational therapy in this setting. • Assume personal responsibility for professional development. • Promote development of job descriptions, recruitment, orientation, and professional development for occupational therapy practitioners. • Manage workload and needs related to the job description.
Researcher	• Conduct program evaluation to determine effectiveness. • Design or assist in research studies in this setting.

Note. EI = early intervention; IEP = individualized education program; IFSP = individualized family service plan; RTI = response to intervention; UDL = universal design for learning.

however, because of the difference in procedures and practices, the roles and responsibilities vary by state and school district. Because of the level of analysis and decision making required, only an occupational therapist may fill the evaluator, service coordinator, and case coordinator roles. Although agencies may create service coordinator or case coordinator positions and hire occupational therapy assistants in those capacities, such employees are not typically working as occupational therapy practitioners. The other roles may be filled by an occupational therapist or occupational therapy assistant in accordance with agency and state policy.

Summary

In EI and school settings, occupational therapy practitioners use their expertise to enhance participation in activities and occupations for children and youth. Occupational therapy practitioners also provide resources for and build the capacity of families, caregivers, and education staff. The guidelines presented in this document serve to empower occupational therapy practitioners working in EI and school settings with the resources to achieve positive outcomes and demonstrate the distinct value of their practice in these settings.

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Individuals With Disabilities Education Improvement Act of 2004, Pub. L. 108–446, 20 U.S.C. § 1400 et seq.

Rehabilitation Act Amendments of 2004, 29 U.S.C. §794.

Social Security Act of 1965, Pub. L. 89–97, 79 Stat. 286, Title XIX.

Resources

For information on rights and privacy rules related to IDEA, refer to the following sites:

- DaSy Center. http://dasycenter.org/category/privacyguidance/
- United States Department of Education. http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html
- United States Department of Health and Human Services. http://www.hhs.gov/hipaa/for-professionals/faq/513/does-hipaa-apply-to-an-elementary-school/index.html
- For EBP, refer to the following documents, which were designed to share current research:
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