Additional Information

State and Federal Regulations

Individuals with Disabilities Education Improvement Act (IDEA) http://idea.ed.gov

Code of Maryland Regulations (COMAR)

www.dsd.state.md.us/comar/

Maryland State Department of Education

http://www.marylandpublicschools.org

OT and PT In Maryland Schools and Early Intervention Programs

Occupational and Physical Therapy Early Intervention and School-

Based Services in Maryland: A guide to practice

http://olms2.cte.jhu.edu/data/ck/sites/121/files/OT_PT_FullDoc

ument_December11_Final.pdf

Early Intervention and School-Based Occupational and Physical Therapy

http://marylandlearninglinks.org/15272

OT and PT Professional Organizations

American Occupational Therapy Association

www.aota.org

American Physical Therapy Association

www.apta.org





This is a working document of the Maryland State Steering Committee for OT/PT School-Based Programs in collaboration with the MSDE Division of Special Education/Early Intervention Services. The mission of the Steering Committee is to provide leadership supporting state occupational and physical therapy services on behalf of children/students from birth through age 21 by promoting strategic collaboration with families and other stakeholders, incorporating national trends and policies that impact practice, and partnering with higher education and professional organizations.

The views expressed herein do not necessarily reflect the views of the U.S. Department of Education or any other Federal agency and should not be regarded as such. The Division of Special Education/Early Intervention Services receives funding from the Office of Special Education Programs, Office of Special Education and Rehabilitative Services, U.S. Department of Education.











Birth through 21

Supporting the developmental and academic growth, personal success, and well-being of the child/student at home, school and in the community

The Maryland State Steering Committee for OT/PT School-Based Programs

What are Occupational and Physical Therapy?

Occupational therapy (OT) is a profession built on the principle of affirming the importance of engaging in meaningful daily life activities or "occupations" and to support health and well-being.

Physical therapy (PT) is a profession built on the principle of preserving, developing, and promoting independent physical function. OTs, OT Assistants, PTs, and PT Assistants are licensed through the Maryland Department of Health and Mental Hygiene.

What are OT and PT Roles?

Occupational and physical therapy services are based on appropriate evaluation and assessment, measureable outcomes, and data driven decision making with families as integral members of Infants and Toddlers Program and/or school teams.

In the Maryland Infants and Toddlers Program (MITP), OTs and PTs support parents to promote the child's awareness and interaction with the environment, facilitate the development of motor and sensory-processing skills, and help their child develop increased independence in mobility, feeding, sleeping, and play in preparation for entering preschool.

In school-based programs, OTs & PTs are related service providers who address performance skills where a child's disability impacts or compromises the ability to access, participate, and/or to make progress in his/her natural learning environment and in the general education environment.

Who is Eligible for Occupational and Physical Therapy through the MITP?

Your child and family may be eligible for El services through the MITP if your child is under three years of age <u>and</u> has at least one of the following:

- A delay of 25 percent or more in motor, cognitive, communication, social or selfhelp skills; or
- Is developing in a way that is considered "atypical" for most children his or her age; or
- A diagnosed medical condition that is likely to affect development, such as a genetic disorder.



Therapy-related decisions for qualifying infants and toddlers are based on identified child and family needs. The child will be assessed by the OT and/or PT. The need for services is decided jointly by the therapist, the family and other Infants and Toddlers Program team members through the Individualized Family Service Plan (IFSP) process.

How are Occupational and Physical Therapy Early Intervention Services Delivered?

Services through the MD Infants and Toddlers Programs are provided to families through a coaching model and directly to the child. The therapist will teach you or your childcare provider activities to include in your daily routines that will facilitate your child's development in gross motor, fine motor, self-help or regulatory skills. Services may be provided in your home, your child's daycare, or any community locations where families go for fun and support.

What Happens When My Child Turns Three?

Prior to your child's third birthday, two meetings will be scheduled.

- The first meeting is a transition planning meeting where options available to the child after the age of three will be presented and discussed with the family and transition outcomes are developed.
- The second meeting is to determine eligibility for services after the third birthday.

Children currently enrolled in the MITP and who are found eligible for preschool special education and related services will have the opportunity to continue services through an Extended IFSP or move to an Individualized Education Program (IEP).

To ensure a seamless transition, the family choice must be made by the time your child turns three. If your child is not eligible for services after the age of three, the Infants and Toddlers team will make recommendations for community services and resources.



When are Early Intervention (EI) Services Through the MITP Discontinued?

El Services may be discontinued when:

- The child has met the functional outcomes in the IFSP,
- The child is no longer eligible for El services, or
- The parent chooses to withdraw from El or specific services.

How is the Need for School-Based Occupational and Physical Therapy Determined?

In order to receive school-based OT and/or PT services, students must be identified as having a disability that meets the criteria under the Individuals with Disabilities Education Act (IDEA).

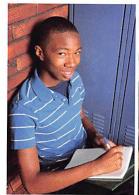
The school IEP team, which includes the parents/caregiver, establishes the child's present levels of academic achievement and functional performance and develops an Individualized Education Program (IEP).

The student's educational participation, not based solely on test scores, is the primary determining factor in identifying the need for the unique expertise of OT and/or PT services.

Some students who are not eligible for special education services may qualify under Section 504 of the Rehabilitation Act of 1973. The 504 Plan specifies the accommodations that are necessary for a student to access educational activities and may involve input from an OT or PT.

How are School-Based Services Delivered?

Services are provided to and on behalf of students. Strategies and interventions are embedded where possible into naturally occurring activities and routines within the educational program.





When are School-Based Services Discontinued?

Discontinuing services is warranted when the IEP or Section 504 team determines that the child no longer requires the unique expertise of the occupational therapist and/or physical therapist to achieve educational benefit. Factors in this decision include:

- · Child has met the functional goals.
- Deficits are no longer interfering with the child's ability to function within his/her educational program.
- Strategies can be implemented by the current educational team.
- Equipment and environmental modifications are in place and are effective.
- Level of participation is within expectation for the child's educational program.



How Does School-Based OT/PT Differ from Community Medical Therapy?

School-based OT and PT are not intended to replace community medical services, but are provided only when identified problem areas directly affect educational performance that indicates a child needs related services to benefit from special education. Many children can benefit from collaboration between school-based and community-based service providers.

A medical diagnosis or motor delay confirmed by evaluation results does not automatically indicate a need for school-based therapy. There must also be an adverse impact on the student's performance or access to his/her education.

