
Occupational Therapy Services in Early Intervention and School-Based Programs (2004)

Occupational therapy plays an important role in early intervention and school-based programs. This document is written to explain that role to persons outside the occupational therapy profession.

Occupational therapists and occupational therapy assistants work in early intervention and school-based programs with children, parents, caregivers, educators, and other team members to facilitate the child's ability to engage in meaningful occupations. These occupations are activities that are meaningful for the child and are based on social or cultural expectations or peer performance. For example, a middle-school-aged child with physical limitations may have difficulty completing written work. The occupational therapist or the occupational therapy assistant under the supervision of the therapist collaborates with the student, parents, and educators to identify the skills of the student, the demands of the environment, and appropriate solutions for interventions. Another example is the family of a newborn baby with poor feeding skills. The occupational therapist may provide training and support for the family to enhance the baby's ability to drink from a bottle. Occupational therapy practitioners provide services that enable people to organize, manage, and perform their daily life occupations and activities. Occupational therapy services support a child's participation in activities of daily living, education, work, play, leisure, and social interactions.

Federal Legislative Influence on Service Delivery

Although the Individuals With Disabilities Education Act (IDEA) is the key federal law supporting occupational therapy services in early intervention and school-based settings, there are several other federal laws that influence occupational therapists and occupational therapy assistants working in these settings (see Table 1). The American Occupational Therapy Association (AOTA, 1999b) provides further information about these laws.

Occupational Therapy Domain and Process

Occupational therapy addresses engagement in occupations to support participation in context(s) (AOTA, 2002). Occupations are "activities . . . of everyday life, named, organized and given value and meaning by individuals and a culture" (Law, Polatajiko, Baptiste, & Townsend, 1977, p. 34). Occupational therapists and occupational therapy assistants focus on the following occupations: activities of daily living, instrumental activities of daily living, education, leisure, play, social participation, and work. The occupational therapy service delivery process includes evaluation, intervention, and outcomes. During the evaluation, the occupational therapist must gain an understanding of the client's priorities and his or her problems engaging in occupations and activities. Evaluation and intervention address factors that influence occupational performance, including

- Performance skills (e.g., motor, process, and communication/interaction skills);
- Performance patterns (e.g., as habits, routines, and roles);
- Context (e.g., physical and social environments);
- Activity demands (e.g., required actions and body functions); and
- Client factors (e.g., the mental, neuromuscular, sensory, visual, perceptual, digestive, cardiovascular, and integumentary systems).

Desired outcomes are identified to determine future actions with the client and as a means for evaluating the effectiveness of occupational therapy services.

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. . . . The occupational therapy assistant delivers occupational therapy services under the supervision of and in partnership with the occupational therapist. (AOTA, 2004, p. 6)

Table 1. Summary of Federal Laws and Their Influence on Occupational Therapy Services

Law	Influence on Occupational Therapy Services
Individuals With Disabilities Education Act—Part B (IDEA)	Mandates occupational therapy as a related service for those children with disabilities, 3–21 years old, who need it to benefit from special education.
Individuals With Disabilities Education Act—Part C (IDEA)	Allows for occupational therapy as a primary early intervention service for children up to 3 years of age who are experiencing developmental delays or who are at risk of having a delay.
Section 504 of the Rehabilitation Act of 1973, as amended (504)	Prohibits discrimination on the basis of disability by programs receiving federal funds. Disability here is defined more broadly than in IDEA. Children who are not IDEA-eligible may be eligible for 504 services, such as environmental adaptations to help them access the learning environment.
Americans With Disabilities Act of 1990 (ADA)	Extends Section 504’s anti-discrimination provisions to all services and activities of state and local governments (which provide education and early intervention programs), whether or not they receive federal funds. As with Section 504, children who are not IDEA-eligible may be eligible for services as a reasonable accommodation to help them access the learning environment.
No Child Left Behind Act of 2001 (NCLB)	Requires public schools to raise the educational achievement of all students, particularly those from disadvantaged backgrounds, students with disabilities, and those with limited English proficiency. Holds states and local education agencies accountable for high standards for teaching and student learning.
Head Start Act, as amended	Provides comprehensive health, education, and social services to infants, toddlers, and preschoolers and their family members, including children with disabilities. Occupational therapy may be provided in these settings under the Head Start requirements or under IDEA.
Assistive Technology Act of 1998 (Tech Act)	State grant program that promotes access to assistive technology for persons with disabilities and universal design of information technology for persons with disabilities.
National School Lunch Program (NSLP)—USDA Regulations 2003	Provides free and reduced meals for income-eligible children. Any school receiving monies through this program must provide food substitutions at no extra charge for a child with a disability when the disability prevents the child from eating the regular school meal, as determined by a doctor.

Service Provision

Early Intervention

(IDEA Part C; Birth Through 2 Years Old)

Early intervention occupational therapy services may be provided to infants and toddlers with diagnoses of physical or mental conditions, with developmental delays, or who are at risk for having a developmental delay. Part C of IDEA focuses on five areas of development: physical, cognitive, communication, social-emotional, and adaptive. When evaluating infants or toddlers, the occupational therapist considers their strengths and needs with respect to these areas of development and their ability to participate in the environment at home, school, day care, and community. IDEA requires that services be developed in collaboration with the child's caregivers, educators, and community agencies. These services become part of the individualized family service plan (IFSP). Some examples of occupational therapy services for each of the five specified areas of Part C are listed below:

- *Physical development*—promoting movement for environmental exploration, facilitating use of the hands, designing and modifying technology to enhance interaction with environment, training family and caregivers in handling and positioning techniques, fostering the ability of the child to tolerate and use sensory information to perform daily life tasks
- *Cognitive development*—introducing activities that promote attention to tasks, teaching sorting and classifying of objects, promoting skills for listening and following directions, and modifying the environment so that distractions are minimized
- *Communication development*—facilitating oral-motor skills for sound production and for efficient intake of food and teaching operation of communication devices or sign language
- *Social-emotional development*—fostering self-regulation and social play skills, promoting interactions with peers and adults, training family and caregivers on methods for eliciting positive interactions and decreasing inappropriate behaviors, and modifying environments to promote positive interactions
- *Adaptive development*—helping the child develop skills for eating and drinking independently, teaching dressing and grooming tasks, training parents in safe positioning techniques, and modifying food textures to enhance eating.

In early intervention programs, occupational therapists may also act as service coordinators to monitor the implementation of the IFSP and coordinate services with other agencies. Occupational therapists and occupational therapy

assistants also are important members of the team when the transition plan is developed for children as they approach 3 years of age.

School-Age Children (IDEA Part B; 3–21 Years Old)

The local school district is responsible for determining whether children with disabilities between the ages of 3 and 21 qualify under IDEA Part B as a “child with a disability . . . and [who] needs special education and related services” [IDEA, Section 602 (3)(A)(ii)]. A full and individual evaluation is conducted, and an individualized education program (IEP) is developed if the student is eligible for services. There are 10 disability categories by which a student with a disability might be eligible for IDEA services. They include the following:

- Mental retardation
- Hearing impairments (including deafness)
- Speech or language impairments
- Visual impairments (including blindness)
- Serious emotional disturbance
- Orthopedic impairment
- Autism
- Traumatic brain injury
- Other health impairment
- Specific learning disabilities [IDEA, Section 602(3)(A)].

Occupational therapy is one of the related services that may be provided to an IDEA-eligible student who is receiving special education in schools, homes, hospitals, and other types of settings, including juvenile justice and alternative education settings. When an occupational therapy assessment is required under IDEA, data collection is focused on identifying student strengths as well as what may be interfering with learning and participation in the context of his or her educational activities, routines, and environments. Observations are made where difficulties are occurring at school at times and in the location in which the student would normally be engaged in the activities or evidencing the behaviors that are of concern. These locations include the classroom, hallways, cafeteria, restrooms, gym, and playground. The student's work, participation, and behaviors are compared with other students in the same environments and situations. Curricular demands and existing task and environmental modifications are reviewed. Interviews with instructional personnel, the student, and family members are conducted to determine their impressions of the student's performance. Cultural differences that may exist between home and school are explored. Existing special education supports and services, including strategies utilized to improve performance, are reviewed. Standardized testing may be conducted when needed to gather additional data.

Occupational therapists collaborate with the IEP team regarding the educational need for occupational therapy services. Based on assessment data, the student's skills and abilities, the therapist's professional judgment, and the student's goals and objectives to be achieved, the IEP team decides whether occupational therapy services are needed. The development of the IEP is a collaborative process with participation from all team members. The IEP team determines when the student goals and objectives need the expertise of occupational therapy, as well as the time, frequency, duration, and location of those services. According to Nolet and McLaughlin (2000), the IEP indicates needed accommodations, modifications, and instructional strategies to access the general education curriculum and other educational supports for behavior skills, social skills, or skills needed for activities of daily living.

Intervention can be targeted toward individuals (including teachers and other adults working with the child), groups and environmental factors, and programmatic needs. According to Brannen et al. (2002), "consultation, collaboration, and teamwork are essential to effective implementation." Education and training of other team members is essential. Interventions provided in natural settings during daily routines are most likely to be applied consistently. Intervention methodologies using curriculum content and classroom materials are most likely to achieve maximum contextual integration and replication.

Outcomes are measured by student achievement of the IEP goals and other educational objectives, including participation on state and district-wide assessments that are supported by services from the occupational therapist and occupational therapy assistants. Data collected on targeted outcomes is reviewed by the IEP team and is important to the required annual IEP review.

Occupational Therapy Services Under Section 504

Section 504 of the Rehabilitation Act of 1973 (Section 504) prohibits discrimination on the basis of disability for any program receiving federal funds. Children with disabilities who do not qualify for services under IDEA may qualify under Section 504. Examples include children who have AIDS, asthma, arthritis, attention deficit disorder, traumatic brain disorder, conduct disorder, or depression. Occupational therapists may be asked to help local school district teams determine student eligibility under 504 and to assist in the identification of services and development of the 504 plan. Occupational therapy services may be provided directly to a child or as a necessary accommodation.

Pre-Referral Services and Supports

As a member of a school's student support or resource team, occupational therapists may assist in the identification and provision of appropriate pre-referral services and supports to support a student's learning and behavior in the general education environment. These preventative, early intervention strategies are designed to minimize the occurrence of behavior and learning problems and reduce the need for more intensive services later. Occupational therapists can be significant contributors to this team-based problem-solving model. A brief, informal meeting may be held, attended by the child's teacher and any other professionals who may be able to offer general suggestions for overcoming difficulties with learning and participation. Occupational therapy suggestions might include the use of wide-lined paper or a pencil grip to support improvements in handwriting, modification of the classroom environment to increase accessibility, use of elastic-waist pants for a child unable to fasten clothing after toileting, strategies to deal with a child who hits others on the playground when he or she becomes frustrated, or general strategies for breaking down steps for jumping rope so that a child struggling with this skill can be successful in physical education.

Supervision of Other Personnel

Many early intervention programs, schools, or community agencies employ paraprofessionals to assist in the classroom or to provide direct support to some children. The occupational therapist may utilize these individuals, as allowed by state law and regulation. The paraprofessionals must be properly trained and supervised to assist with the provision of selected exercises or programming that will enhance the student's ability to achieve his or her IEP goals or IFSP outcomes. Paraprofessionals should perform only those tasks that can be safely performed within the child's routine and do not require the expertise of an occupational therapist. The tasks delegated to a paraprofessional should be documented. A plan to train and supervise the paraprofessional must be developed by the occupational therapist. An occupational therapy assistant may train and supervise a paraprofessional in specifically delegated tasks; however, the occupational therapist is ultimately responsible for monitoring programs carried out by paraprofessionals and occupational therapy assistants.

Conclusion

Occupational therapists and occupational therapy assistants provide services to children, families, caregivers, and educational staff within a variety of programs and settings.

Regardless of where the evaluation and intervention services are provided, the ultimate outcome is to enable the child to participate in activities of daily living, education, work, play, leisure, and social interactions.

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