

Part 7: THERAPY AND RELATED SERVICES

DEFINITION OF RELATED SERVICES

Related services are "those services which are supplementary and complementary to the instructional program". They are required to assist a student in benefitting from special education. The services may be developmental, corrective, or supportive in nature and are generally provided by persons other than the teacher to whom the student is assigned. The case conference committee makes the determination that the student requires a related service in order to benefit from special education. Services that are provided for rehabilitation or that are medical are not the responsibility of the school. Related services may be provided as direct services by qualified professionals or as integrated services by a teacher or paraprofessional under the guidance of a qualified professional.

Related services include, but are not limited to:

Audiological services provided by a licensed audiologist in order to determine a hearing loss and provide necessary services to the student;

Counseling of students to assist them in coping with a disability or improving behavior;

Early identification and assessment of disabilities in children; Interpreting services for deaf or hard of hearing;

Medical services provided by a licensed physician for the purpose of diagnosis and evaluation; **Occupational therapy (OT)** provided by a certified OT or certified OT assistant to help a student with gross and fine motor functions that are interfering with their functional performance and adaptive skills, as well as designing or adapting materials or the environment for the student;

Orientation and Mobility;

Parent counseling and training to provide information and assistance;

Physical therapy (PT) provided only upon the referral or recommendation of a licensed physician and provided by a licensed PT or certified PT assistant to help a student in the development and maintenance of their physical motor (primarily gross motor) abilities;

Psychological services provided by a licensed psychologist to administer evaluations, interpret assessment results, provide counseling, and work with the case conference committee to plan the student's educational program;

Recreation to assess a student's leisure time usage and provide leisure or recreation services; **Rehabilitation counseling** to assist a student in overcoming vocational barriers and being successful in the world of work;

School health services provided or coordinated by a licensed school nurse to assist the student with health care issues or medical needs;

Social work services provided by a licensed school social worker to gain information for assessment purposes, provide counseling, and assist in accessing community resources;

Transportation to, from and between educational settings, including any specialized equipment needed; and

Other supportive services such as **paraprofessionals, peer tutoring, and artistic and cultural programs.**

Related services do not include a medical device that is surgically implanted, such as a cochlear implant, optimization of a surgically implanted device's functioning, such as mapping for a cochlear implant, or maintenance or replacement of a surgically implanted device. However, the school is responsible for appropriately monitoring and maintaining medical devices that are needed to maintain the health and safety of the student, including breathing, nutrition, or operation of other bodily functions while the student is transported or is at school. The school is also responsible for routine checking of a surgically implanted device to assure it is functioning properly.

TYPES OF THERAPY MODELS

There are different types of therapy models which can be used to provide the related service to the student. **The case conference committee makes the decision whether therapy is appropriate for the student.** The type of therapy model to be used with a student is an LRE placement issue. As such, pull out therapy is the last resort because it is the most segregated model of therapy. The first assumption of the appropriate therapy model for the student is to be in the company of nondisabled peers in the classroom.

Direct Therapy means that the licensed therapist or licensed therapy assistant provides the direct service of implementing the student's IEP goals and objectives for the related service. Some methods of delivering direct therapy are as follows:

Integrated Therapy means that the therapy is integrated with the student's overall educational goals and program. The student does not leave the class activities in order to receive therapy. Instead, the **direct** therapy is provided within the context of the instructional setting using class activities. Therapy objectives are not separate and distinct from the learning outcomes defined by the IEP. Learning outcomes in the form of goals and objectives are determined by the case conference committee. The expertise of each related service professional is applied to the accomplishment of the learning outcomes.

This model is often preferred because it promotes a more unified, cohesive, relevant educational program for a student. Professionals share the same goals for a student, but each has a different part to play in the student's accomplishment and achievement of these goals.

Individual Therapy means that a student works one-on-one, alone with a related service professional on the IEP goals and objectives.

Group Therapy means that a student is part of a group of students, usually a small group, working with a professional on their IEP goals and objectives.

Indirect Therapy/Consultation means the licensed therapist's primary role is to work directly with the student's teacher(s) or parent versus with the student. The licensed therapist or licensed therapy assistant:

- observes the student in the instructional setting;
- provides technical assistance to the student's teacher and teaching assistants for the purpose of addressing related services needs;

trains the classroom staff on activities and procedures to be done with the student via modeling and demonstration; and monitors staff implementation and student progress.

OBTAINING RELATED SERVICES

An evaluation must be conducted within fifty (50) instructional days upon receipt of written parental consent and prior to a student receiving related services. After the evaluation, the case conference committee convenes to consider the results of the evaluation for the purpose of determining if the student requires the related service in order to benefit from special education services. When the IEP contains goals and objectives that require a related service for their accomplishment, the case conference should recommend the related service as part of the placement decision. The related

services to be provided must be recorded in the IEP. The case conference committee relies on the therapist's recommendation for the intensity and type of service. If a related service is to be terminated or if a student/parent wishes to withdraw from the related service, there must be a case conference committee meeting to make the decision and document it on the IEP.

The related service/therapy begins as soon as arrangements can be made. If the proposed placement is within the last twenty instructional days of the spring semester, placement may occur the first day of the following semester. **A student's IEP is in effect as of the first day of school, therefore, therapy and other related services should commence when school begins unless notation of a different duration of services is listed.**

Students served through Section 504 plans receive OT and PT services at the expense of the local school corporation.

PHYSICAL THERAPY

Physical therapy, as a related service, is provided to students with disabilities to assist them to benefit from the educational process. The appropriateness and extent of therapy services is related to the educational needs rather than the medical needs of a student with a disability. Therapy services contribute to the development, improvement, or maintenance of the functional level of the student within the educational environment. An identifiable therapy need that does not affect the student's ability to learn and profit from the educational experience is not the responsibility of the local school or ROD.

Students served through Section 504 plans receive PT services at the expense of the local school corporation.

Article 7 defines the services of the physical therapist to include, but not be limited to: evaluating developmental levels, gross motor function, reflex levels, range of motion,

muscular strength, and respiratory function;
designing and implementing activities to prevent, correct, treat, or alleviate impairments;
evaluating, designing, and recommending adaptation of assistive devices and equipment;
consulting with parents, teachers, paraprofessionals, and other related services personnel
regarding activities which can assist in meeting the goals of therapy.

The case conference committee, teacher, parents, therapists, school psychologists, or educational consultants may make a referral for the student. In order for the physical therapist to perform an evaluation or to provide services, it is necessary for the PT to have a referral or order from any of the following: physician, podiatrist, psychologist, chiropractor or dentist.

The Identification Checklist for Physical Therapy is completed prior to pursuing a formal physical therapy assessment. The physical therapist will give the form to the teacher who will **FAX it to ROD upon completion.**

The reason for referral may include, but is not limited to, an impaired ability to function in the educational setting in one or more of the following areas: mobility, positioning for optimum function, self-help skills, static and dynamic balance tasks, assistive technology needs, range of motion, and/or muscular strength.

Parental permission for assessment is required. The PT will secure permission if assessment is warranted. Within 50 school days upon receipt of the signed parental permission, the physical therapist performs the evaluation and completes a report of the findings to the case conference committee.

Preschool assessments which include comprehensive motor assessments may be used to identify a need for physical therapy.

The PT meets as a member of the case conference committee to discuss the evaluation and recommend appropriate services. Goals and objectives are developed by the case conference for the related services needed. Each student's program is reviewed annually.

OCCUPATIONAL THERAPY

Occupational therapy, as a related service, is provided to students with disabilities to assist them to benefit from education. The appropriateness and extent of therapy services must be related to the educational needs rather than the medical needs of a student with a disability. Therapy services contribute to the development, improvement, or maintenance of the functional level of the student within the educational environment to enhance the benefits of educational programming.

Consult the school OT prior to referring a student. The OT will provide an identification checklist to be completed and may complete an observation.

Students served through Section 504 Plans receive OT services at the expense of the local school corporation.

Article 7 defines the services of the occupational therapist to include, but not be limited to:

evaluating developmental levels, gross and fine motor functioning, and self-care skills; designing and implementing interventions to develop, improve and restore impaired gross and/or fine motor functions and the student's ability to perform tasks in the educational environment as independently as possible, or to prevent further impairment or loss of function;

designing or adapting materials, equipment and/or the educational environment to meet a student's needs; and consulting with parents, teachers, paraprofessionals and other related services personnel regarding activities which can assist in meeting the goals of therapy.

The Identification Checklist for Occupational Therapy is completed prior to pursuing a formal occupational therapy assessment. The occupational therapist will give the form to the teacher who will FAX it to ROD upon its completion.

Within 50 school days upon receipt of the signed parental permission, the occupational therapist completes the evaluation and prepares a report of the findings to the case conference committee.

Preschool assessments which include comprehensive motor assessments may be used to identify a need for occupational therapy services.

COUNSELING/SOCIAL WORK

ROD Social Workers provide counseling to students with the primary focus of therapy being the development, improvement, and maintenance of appropriate behavioral skills so that students are not suspended or expelled. The appropriateness and extent of therapy services is related to the educational needs of the student. Emotionally disabled students are the primary focus for social work services. The school counselor or teacher of record should consult with the school social worker before discussing a

referral. Multi-disciplinary assessments, which include the comprehensive evaluation of emotional status, may be used to identify a need for social work services.

The ROD Social Worker meets as a member of the case conference committee to discuss the evaluation and recommend appropriate services. Goals and objectives are developed by the case conference committee for the services needed. Each student's program is reviewed at least annually.

TRANSPORTATION

Transportation is provided as a related service when it is required to provide a student with access to educational programming. It may include, but is not limited to:

travel to and from school and between school buildings;
travel in and around school buildings;
specialized equipment, including seat restraints and special seat belts; travel to and from related services provided outside the school travel to and from

participation in nonacademic and extracurricular activities if transportation is provided to nondisabled students; and a paraprofessional on the bus, if indicated to assure health and safety of a student.

Transportation as a related service is provided through the IEP. Each student's need for transportation as a related service and the type of transportation to be provided is discussed during the case conference and the transportation agreements are included in the IEP. If transportation is being provided solely to enable the student to access the educational program, goals and objectives are not required. The transportation plan is forwarded to the corporation's transportation director immediately.

Transportation needs should not be determined by disability, but rather by the individual student's need. Transportation must meet LRE requirements.

If transportation includes instruction that is provided to enable the student to increase independence, increase socialization, or improve behavior during transportation, goals and objectives must be included in the IEP to address these individual needs.

Students with special needs may need to be appropriately. Students in wheelchairs are to be in forward facing positions, secured with four-point tie-downs which attach to the frame of the wheelchair. The wheelchair is then attached to the frame of the bus and is secured with separate

Use of a wheelchair during transportation is documented in the IEP. Whenever possible, remove the student from the wheelchair and use appropriate restraint during transportation.

The *Transportation Review Checklist* should be completed for students using wheelchairs.

A parent is not required to provide transportation. If a parent does transport the student through agreement with the school for "special transportation", the parent is reimbursed at the rate at which employees of the school corporation are reimbursed.

SCHOOL HEALTH SERVICES

Students with some health care needs may require services to enable them to attend school or to benefit from the educational program. In this event, the school nurse is included in the case conference and a *Health Care Plan* is prepared for the student. The nurse should obtain a medical history with information being provided by the student's parent(s) or physician. In many instances, a paraprofessional, when appropriately trained and supervised, may attend to the student's health care needs. Administration of medication complies with local school policy.

The medical care of the student with a disability is the responsibility of the physician chosen by the family or guardian to attend that student. No student with a disability is excused from attending school unless the attending physician certifies that attendance would be injurious to the student. The educational program in no way alters the medical care prescribed by the proper medical authority.

Medication:

The policy for administering medications to students with disabilities is the responsibility of the local school district.

Obtain written and dated consent, effective for one year, from the parent before administering the medication. One of the following must be provided by the parent and maintained in the student's file: original prescription; a physician's prescription, or the pharmacy label. Medication is maintained in a secure location, administered in accordance with the physician's prescription and administered according to the procedures of the local school. Written and dated consent, or withdrawal of consent of the parent, is required before medication is terminated prior to the

termination date on the prescription. The school posts a listing of individuals who are authorized to administer medication. Documentation of any special training provided to persons authorized to administer medication is placed in the student's file. A copy of individuals who attended the training is forwarded to ROD. Teachers and other school personnel may consult or share classroom based observations with a parent regarding the student's academic and functional performance, school behavior, or need for evaluation for special education and related services. No school personnel may require a parent to obtain a prescription for medication for a student as a condition for attending school, receiving an educational evaluation, or receiving special education and related services.

ASSISTIVE TECHNOLOGY

Assistive technology is any service, item, device, or piece of equipment that is used to increase, maintain, or improve the functional abilities of an individual with disabilities. Often, the technology needed is quite evident and no special help is needed in choosing or acquiring the needed technology or equipment.

Assistive technology service means:

- Evaluation of the needs of a student with a disability;
- Purchasing, leasing, or providing for the acquisition of assistive technology devices for student with disabilities;
- Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
- Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans/programs; and

Training or technical assistance for the student and/or the student's family; or Training or technical assistance for professionals or others who provide services or who are otherwise substantially involved in the major life functions of students with disabilities.

During a case conference committee meeting:

- Discuss the need for consultation with the assistive technology coordinator;
- Document the discussion in the IEP;

Obtain parent consent for the observation and forward the written consent to ROD;
ROD will observe the student, contact the teacher of record, obtain written parental consent for evaluation, and complete the evaluation;
Re-convene the case conference to discuss recommendations.

SERVICE DOGS

Inclusion of a service dog in a student's educational environment is an accommodation provided by the IEP or 504 team. A service dog is trained to accompany its owner or handler for carrying items, retrieving objects, pulling a wheelchair, alerting the owner or handler or other individuals to medical concerns, or other activities of service or support necessary to mitigate a disability. A service animal is personal property and cannot be brought onto school property without prior approval. If a problem arises, the dog will remain with the child until the parent/guardian removes the dog from school property.

Service dogs must be healthy and safe. Schools are dedicated to the health and well-being of their community. Parents must be cautioned that some students are highly allergic to some animals. Animals can also spread disease or behave in dangerous or unpredictable ways that can cause injury to individuals with whom they come into contact. The school does not discriminate on the basis of disability. They strive to make reasonable accommodations for a disabled person's use of a service dog on school property.

The procedures for evaluating whether and how to request to bring a service dog on school property are determined on a case-by-case basis.

The dog must be a "trained service dog". It is trained to be a hearing dog, guide dog, assistance dog, seizure alert dog, mobility dog, psychiatric service dog, or an autism service dog.

The service dog must have a health certificate provided by a licensed veterinarian that evidences the dog is currently in good health, free from parasites, and has received all recommended vaccinations.

Guide dogs for totally or partially blind persons and hearing dogs for deaf or hearing impaired or otherwise disabled persons must wear a harness, backpack, or vest identifying the dog as a trained service dog.

The service dog and its primary handler must be certified for public access. Assistance Dogs International, Inc. uses a standardized Public Access Test that results in the dog and its handler receiving a certificate. Having "Public Access" is an important, objective measure of the dog's ability to behave appropriately in public and the handler's ability to handle the dog in public. Costs associated with the certification are the responsibility of the parent(s).

The dog will be denied access to school property if at any time Assistance Dogs International, Inc. "Minimum Standards for Assistance Dogs in Public" are not maintained.

Dog is clean, well-groomed, and does not have offensive odor.

Dog does not urinate or defecate in inappropriate locations.

Dog does not solicit attention, visit, or annoy any member of the student body or school personnel.

Dog does not vocalize (bark, growl, whine) unnecessarily.

Dog shows no aggression toward people or other animals.

Dog does not solicit or steal food or other items from the student body.

The service dog must not in any other way interfere with the educational process of any student. The service dog must not pose a health or safety threat to any student, personnel, or other persons.

The building administrator determines if the service dog meets the school corporation's standards.

The school will consider and establish where and when the dog will rest, emergency evacuation plan, fire drill plan/participation, tornado or weather plan/participation, pre-treating the school to reduce dogborne allergens, an alternate accommodation if the dog's primary handler cannot accompany the dog, training for any aides who may handle the dog, and school-wide educational programs to educate others about the dog.