

# Occupational Therapy



## Serving Children Birth to Age 21

Occupational therapy services provided by Heartland AEA occupational therapists assist students from birth to age 21 to develop and improve and/or maintain functional independence in the least restrictive educational setting.

### Services From Birth to Age 3

Children from **birth to age 3** are typically served in their home or in a childcare setting, as having the AEA occupational therapist visit a child in their natural environment helps ensure that the child has access to toys and materials that are available on a regular basis. Heartland AEA occupational therapists work collaboratively with families and caregivers to develop a plan to address family concerns. Families and caregivers play a crucial role in the therapeutic process by ensuring their child has opportunities to regularly practice targeted skills.

### Services From Age 3 to 21

Occupational therapists provide services for students from **ages 3 to 21** years who have been determined to be eligible for special education and have an Individualized Education Plan (IEP), which is a plan to address their educational needs. Occupational therapists may collaborate and consult with teachers and educators, in addition to providing direct service, so students can participate in and have access to their educational program.

### Occupational therapists:

- Review the classroom and school expectations (Iowa Core and district standards/benchmarks), as well as the classroom instruction that has been provided to a student.
- Work collaboratively with the educational staff and family to develop daily programs to enhance performance, as well as work with students to improve the skills needed to meet educational goals. High importance is placed on daily practice within the school and/or home environments.
- Share responsibility alongside teachers, parents, classroom associates and others to support students in meeting their educational goals.

### Occupational Therapy in Schools

Areas that occupational therapists may address in schools include:

#### Self-help skills

- Putting a coat on and taking off
- Handling backpack

- Self-feeding
- Fastening clothing fasteners

### Use of fine motor skills to manage classroom tools

- Writing utensils (pencils, crayons, markers)
- Scissors
- Prerequisite motor skills for writing

### Collaborating with AEA team members to support students with sensory needs and other areas of concern

### Problem-Solving Support

Heartland AEA occupational therapists also problem solve with general and special education teams to address issues that require rare and incidental support. An occupational therapist may visit a student in their classroom environment on a short-term, or occasional basis, to offer strategies and/or suggestions to enhance a student’s performance. An IEP is not required for a student to receive problem-solving support.

### Educational vs. Medical Occupational Therapy Services

School-based occupational therapy services are related services under the Individuals with Disabilities Educational Act (IDEA) of 2004. To receive related occupational services, a student must be eligible for an IEP and require the service to benefit from his/her educational program. There are distinct differences between occupational therapy in the medical setting versus the educational setting. This can be somewhat confusing, and it is important to understand some key differences.

School-Based OT Services	Medical-Based OT Services
Services are determined based on a child’s ability to access educational programming.	Services are determined based on medical diagnoses, impairment or developmental delay.
Services may occur in the home or other natural setting for students from birth to age 3. After age 3, educational occupational therapy services will be delivered in a school or daycare environment.	Services are delivered in a hospital, outpatient clinic, private therapy clinic or in a home.

School-Based OT Services	Medical-Based OT Services
<p>Services are initiated by instructional staff. The educational team collaborates to determine the focus of services as well as frequency and duration, based on a student's educationally-related needs.</p>	<p>Services are initiated by a referral from a physician or therapist. Focus, duration and frequency are determined by the medical team.</p>
<p>Services focus on the student's ability to access and participate in his or her educational programming and are not focused on remediation. The student may have motor concerns, but if the concern is not interfering significantly with his or her ability to learn and access the educational program, then he or she may not receive occupational therapy services at school. Additionally, services may focus on appropriate accommodations and/or supports to allow students to function well within the classroom and school environment.</p>	<p>Treatment is to alleviate or cure specific underlying medical problems. Services may include a range of motion exercises, core strengthening, reconditioning and other specialized services.</p>
<p>Services may be provided as direct services by qualified occupational therapy personnel or as integrated services by teachers or paraprofessionals acting in accordance with instructions provided by an occupational therapist.</p>	<p>Services are provided by a licensed therapist.</p>
<p>Discharge from services may occur when the student is no longer eligible for special education services, other members of the IEP team can implement the interventions, when a student no longer benefits from the services or has reached a plateau or when the student can perform all school tasks functionally without therapeutic intervention.</p>	<p>Discharge from services may occur when goals have been met, progress has been limited, insurance denies services and/or the maximum number of visits has been reached.</p>