

# P

## Related Services

### **Section P Forms**

Conference Summary Form – AWSSC website

Occupational Therapy Screening Form

Occupational Therapy Screening Form - Preschool

Physical Therapy Screening Form

Referral for Observation/Consultation Form – AWSSC website & C - 3

Social Work Intervention – Short Term Form



## **Related Services - Guidelines**

“Related services” means transportation and developmental, corrective, and other supportive services that are required for a student to benefit from special education. The public agency must provide related services to a student if the student’s case conference committee determines that related services are necessary for the student to benefit from special education.

Related services may be provided as direct services by qualified professionals or integrated services by teacher or paraprofessionals acting in accordance with the instructions of qualified professionals.

As detailed in Article 7, related services may include other developmental, corrective, or supportive services if the services are required for a student to benefit from special education:

If the case conference committee determines that the student only needs a related service, but not special education, the case conference committee must determine that the student is not eligible for any services under special education law.

Eligibility for special education does not mean automatic eligibility for related services. The final determination to include related services in a student’s IEP is made by the case conference committee. This decision is based upon the unique learning needs of the individual student in relationship to his/her ability to benefit from his/her special education services.

Some related services are provided through the Joint Service and Supply Fund Cooperative Agreement. As such, procedures exist to describe the communication and functionality between districts and Adams Wells Special Services Cooperative to serve students who require related services in order to derive meaningful benefit from his or her special education.

**Specifically, occupational therapy, physical therapy, and school social work services are addressed in this section.**



## **Related Services – Procedures for Adding OT/PT**

Some related services are provided through the Joint Service and Supply Fund Cooperative Agreement. As such, procedures exist to describe the communication and functionality between districts and Adams Wells Special Services Cooperative to serve students who require related services in order to derive meaningful benefit from his or her special education.

Specifically, occupational therapy and/or physical therapy are addressed in this section.

Occupational therapists and certified occupational therapy assistants help students participate in the things they want and need to do through the therapeutic use of everyday activities (occupations). Occupational therapy services typically include: an individualized evaluation, customized intervention to improve the student's ability to perform daily activities and reach the goals; and an outcomes evaluation to ensure that the goals are being met and/or make changes to the intervention plan. School-based occupational therapy is designed to enhance the student's ability to improve access and be successful in the learning environment.

Physical therapists and physical therapy assistants enable students with disabilities to participate in educational activities and access programs and campus facilities. Their knowledge in ergonomics, biomechanics, safe physical management, lifting, positioning, transfers, and transfer training is essential in school practice, especially for students with physical, multiple and/or complex disabilities.

1. Teacher of Record (TOR) or administrator completes a **Referral for Observation/Consultation Form** from the Adams Wells Special Services website or C – 3 from the Adams Wells Special Services Handbook. After securing parent/guardian signed consent, the TOR will email the completed form to [testing@awssc.k12.in.us](mailto:testing@awssc.k12.in.us).
2. The TOR completes the appropriate screening tool(s): **Occupational Therapy Screening Form**; **Occupational Therapy Screening Form – Preschool**; and/or **Physical Therapy Screening Form** and forwards this information to the [testing@awssc.k12.in.us](mailto:testing@awssc.k12.in.us).
3. AWSSC data manager provides occupational therapist and/or physical therapist (OT/PT) with access to student's records in Special Programs as a team member and provides copies of the above completed forms.
4. The OT/PT will complete an observation of the student and consult with the TOR. Feedback regarding OT/PT recommendations will be made directly on the applicable screening form and forwarded to the TOR.
5. Based upon the results of the observation and consultation, if the student passes the screening, the TOR will communicate the findings to the parent informally. No further action is necessary.



6. Based upon the results of the observation/consultation, if the student does not pass the screening, the TOR will schedule a case conference to discuss the potential need for reevaluation.
7. At the case conference, the TOR presents the data to support consideration for a reevaluation to determine if occupational therapy and/or physical therapy are related services that are required for the student to benefit from his or her special education.
8. At the case conference, the IEP shall indicate that the school is recommending a reevaluation to determine related service needs. Discussion regarding the recommendation must be documented in the notes section of the IEP. Additionally, this recommendation will occur inside of a case conference as a recommendation even if parents/guardians do not express support.
9. After finalizing the IEP, the TOR will enter the referral data and create the **Notice of Reevaluation** inside Special Programs. The **Notice of Reevaluation** will be completed and provided to parents even if the parent/guardian does/did not express verbal support. This serves as the district's documentation of a formal recommendation for a reevaluation.

**See Section F – Evaluation/Reevaluation for further information**



### **Related Services – Procedures for Dismissing OT/PT**

Some related services are provided through the Joint Service and Supply Fund Cooperative Agreement. As such, procedures exist to describe the communication and functionality between districts and Adams Wells Special Services Cooperative to serve students who require related services in order to derive meaningful benefit from his or her special education.

Specifically, occupational therapy and physical therapy are addressed in this section.

1. Occupational therapist and/or physical therapist (OT/PT) initiate the discussion to consider dismissal from occupational therapy and/or physical therapy as a related service in the student's IEP. Dismissal of occupational therapy and/or physical therapy occurs when one or more of the following conditions are met:
  - a. The student is functional within the present educational environment and direct therapy services are no longer needed.
  - b. The classroom staff/educational personnel can be adequately trained to provide the support needed to enable the student to master IEP goals without the support of therapy services.
  - c. The student's needs will be better served by an alternative program, device, and/or service.
  - d. The student has mastered the IEP goal(s) supported by the therapy services.
  - e. Therapy services are contraindicated because of a change in medical or physical status.
2. Evaluated against the above criteria, OT/PT will develop a discharge summary based upon student data and enter the data into the present levels and update goals and provisions in the student's draft IEP. OT/PT will also communicate the recommendation to the student's TOR.
3. If the OT/PT is unable to attend the case conference, he/she will contact the parent/guardian **in advance** of the case conference to provide summary data, discuss potential service recommendations for a case conference, and log the communication.
4. The discharge summary data will be presented at either the next annual case review or a reconvene case conference. This meeting will be scheduled by the TOR and coordinated with the OT/PT schedule. Based upon scheduling, the discharge summary may be presented by the OT/PT or TOR at the case conference.
5. If the student is dismissed from related services, the TOR will include this information on the **Conference Summary Form** and provide it to the data managers at both the district and AWSSC.



**OCCUPATIONAL THERAPY SCREENING**  
**Teacher Observation Form**

Student: \_\_\_\_\_ Elig.: \_\_\_\_\_ Teacher of Record: \_\_\_\_\_

Date: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

**Teacher Instructions:** Please check all items in which the student shows difficulty beyond the majority of his/her peers. Please return the completed screening form to [testing@awssc.k12.in.us](mailto:testing@awssc.k12.in.us)

**Fine Motor Skills:**

- \_\_\_ difficulty opening containers
- \_\_\_ slow/difficult manipulation of objects
- \_\_\_ poor hand/finger/arm strength
- \_\_\_ awkward/unusual grasp/pinch
- \_\_\_ lack of integrated hand preference
- \_\_\_ poor or illegible handwriting
- \_\_\_ difficulty with computer use

Other \_\_\_\_\_

**Sensory Processing:**

- \_\_\_ does not like to touch certain textures
- \_\_\_ exhibits self-stimulating behavior
- \_\_\_ poor motor planning
- \_\_\_ sensitive to sounds
- \_\_\_ inattentive

Other \_\_\_\_\_

**Visual Motor Skills:**

- \_\_\_ awkward pencil/crayon grip
- \_\_\_ difficulty copying material
- \_\_\_ difficulty using scissors
- \_\_\_ unable to attend to tasks requiring visual motor coordination

Other \_\_\_\_\_

**Self-Care Skills in School Environment:**

- \_\_\_ difficulty with dressing/clothing fasteners
- \_\_\_ difficulty accessing items in environment

Other \_\_\_\_\_

**Results**

\_\_\_ Screening Information does not warrant further evaluation. Screener to be placed in file.

\_\_\_ Screening information indicates the need for further evaluation for Occupational therapy services.

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Student Name:

School District:

**Occupational Therapy Preschool Checklist**

Preschool Teacher:

Preschool Start Date:

*Check the box if it relates to the student (typically student needs to have been in preschool for at least 9 weeks in order to adjust to school)*

| <i><b>Fine Motor Skill</b></i>                                          | <i><b>Check</b></i> | <i><b>Comments</b></i> |
|-------------------------------------------------------------------------|---------------------|------------------------|
| Difficulty with copying pre-writing shapes (  , -, O, X, cross, square) |                     |                        |
| Difficulty writing name                                                 |                     |                        |
| Scribbles only                                                          |                     |                        |
| Difficulty cutting along a straight line                                |                     |                        |
| Difficulty with fine motor manipulation skills (beads, etc.)            |                     |                        |
| Difficulty remaining in the boundaries when cutting                     |                     |                        |
| Difficulty forming letters                                              |                     |                        |
| Unusual grasp                                                           |                     |                        |
| Too much/little pencil pressure                                         |                     |                        |

| <i><b>Visual Perceptual Skills</b></i>           | <i><b>Check</b></i> | <i><b>Comments</b></i> |
|--------------------------------------------------|---------------------|------------------------|
| Difficulty matching or sorting objects           |                     |                        |
| Difficulty with building blocks, puzzles, lacing |                     |                        |

Return completed form to [testing@awssc.k12.in.us](mailto:testing@awssc.k12.in.us)



**Student Name:**

**School District:**

| <i>Visual Perceptual Skills (continued)</i>           | <i>Check</i> | <i>Comments</i> |
|-------------------------------------------------------|--------------|-----------------|
| Difficulty with I SPY, hidden pictures                |              |                 |
| Unable to complete simple patterns                    |              |                 |
| Unable to complete simple mazes/dot to dot activities |              |                 |
| Unable to differentiate letter and numbers            |              |                 |

| <i>Sensory Processing Skills</i>                  | <i>Check</i> | <i>Comments</i> |
|---------------------------------------------------|--------------|-----------------|
| Difficulty remaining still (majority of the time) |              |                 |
| Difficulty with transitions                       |              |                 |
| Inability to tolerate loud settings               |              |                 |
| Unable to follow simple instructions              |              |                 |
| Mouths object frequently                          |              |                 |
| Clumsy/ bumping into things                       |              |                 |
| Impulsive/Lacks carefulness                       |              |                 |
| Large outbursts of anger/ frustration             |              |                 |

Return completed form to [testing@awssc.k12.in.us](mailto:testing@awssc.k12.in.us)





**PHYSICAL THERAPY SCREENING**  
**Teacher Observation Form**

Student: \_\_\_\_\_ Elig.: \_\_\_\_\_ Teacher of Record: \_\_\_\_\_

Date: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Teacher Instructions: Please check all items in which the student shows difficulty beyond the majority of his/her peers. Please return the completed screening form to [testing@awssc.k12.in.us](mailto:testing@awssc.k12.in.us)

**PHYSICAL THERAPY**

**Gross Motor Skills:**

- \_\_\_ poor sitting balance in chair, on floor
- \_\_\_ fatigues easily/shortness of breath
- \_\_\_ weak/poor posture
- \_\_\_ complaints of pain
- \_\_\_ stiff/inflexible
- \_\_\_ difficulty on playground equipment
- \_\_\_ difficulty with transfers (toilet, floor, bus/car)
- Other \_\_\_\_\_

**Equipment:**

- \_\_\_ difficulty propelling wheelchair
- \_\_\_ difficulty transferring in/out of wheelchair
- \_\_\_ requires equipment for standing/walking
- \_\_\_ requires equipment for support/positioning
- Other \_\_\_\_\_

**Gait:**

- \_\_\_ difficulty with stairs or curbs
- \_\_\_ frequent falls
- \_\_\_ difficulty walking
- Other \_\_\_\_\_

**Results**

- \_\_\_ Screening Information does not warrant further evaluation. Screener to be placed in file.
- \_\_\_ Screening information indicates the need for further evaluation for Physical therapy services.

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **Related Services – Procedures for Adding Social Work**

Some related services are provided through the Joint Service and Supply Fund Cooperative Agreement. As such, procedures exist to describe the communication and functionality between districts and Adams Wells Special Services Cooperative to serve students who require related services in order to derive meaningful benefit from his or her special education.

Specifically, social work services are addressed in this section.

1. Teacher of Record (TOR) or administrator completes a **Referral for Observation/Consultation Form** from the Adams Wells Special Services website or C – 3 from the Adams Wells Special Services Handbook and email the completed form to [testing@awssc.k12.in.us](mailto:testing@awssc.k12.in.us).
2. AWSSC data manager provides social worker with access to student's records in Special Programs as a team member and provides a copy of the above form.
3. Social worker will provide parent, TOR and any other closely involved staff with BioEdSocial Assessments to complete.
4. Social worker consults with the TOR; reviews the information provided; and scores the BioEdSocial Assessments to determine if short term social work intervention services are recommended as a direct student service.
5. Based upon the results summarized above, if short term social work intervention services are not recommended, the social worker may continue in a consultation role or supportive resource on the student's team for a period up to one year from the date of signature on the **Referral for Observation/Consultation Form** unless written revocation is received by Adams Wells Special Services Cooperative from the parent/guardian of the student. Involvement may include:
  - a. Serving as a member of the educational evaluation multidisciplinary team.
  - b. Working, in partnership with parents and others, on problems that affect the student's adjustment in the educational setting.
  - c. Mobilizing school and community resources to enable the student to learn.
  - d. Assisting in developing positive behavioral intervention strategies.
6. Based upon the results summarized above, if short term social work intervention services are recommended as an intervention, social worker will provide the **Social Work Intervention – Short Term Form** to the parent and obtain signed consent prior to initiating any direct student services. TOR may assist with this requirement.
7. Once written consent for short term social work intervention services is obtained, the social worker will coordinate with school personnel to provide direct student services. Typically, this will include 6-10 sessions, but may be altered based upon the professional judgement of the social worker. During the intervention period, the social worker will assess student's needs.



8. At such time that the social worker is ready to make a formal recommendation, the TOR will schedule a case conference to discuss the potential need for social work as a related service in the student's IEP. The social worker shall be included in the plans for the case conference.
9. At the case conference, the social worker will update the case conference committee on the results of the short-term social work intervention and make a recommendation. Discussion regarding the recommendation must be documented in the notes section of the IEP.
  - a. If direct social work services are recommended as a related service, the social worker will make a recommendation of service provisions based upon the information obtained during the short-term social work intervention. The social worker will enter service provisions in the IEP.
  - b. If direct social work services are not recommended as a direct service, the social worker may recommend and enter service provisions to continue on a consultation basis for the student's team to address:
    - i. Serving as a member of the educational evaluation multidisciplinary team.
    - ii. Working, in partnership with parents and others, on problems that affect the student's adjustment in the educational setting.
    - iii. Mobilizing school and community resources to enable the student to learn.
    - iv. Assisting in developing positive behavioral intervention strategies.
  - c. The social worker may also determine that no further services are warranted and the case conference meeting will complete the therapeutic relationship between the student and social worker.



## **Related Services – Procedures for Dismissing Social Work**

Some related services are provided through the Joint Service and Supply Fund Cooperative Agreement. As such, procedures exist to describe the communication and functionality between districts and Adams Wells Special Services Cooperative to serve students who require related services in order to derive meaningful benefit from his or her special education.

Specifically, social work is addressed in this section.

1. Social worker initiates the discussion to consider dismissal from social work as a related service in the student's IEP. Dismissal of social work services occurs when one or more of the following conditions are met:
  - a. The student is functional within the present educational environment and direct therapy services are no longer needed
  - b. The students' needs will be better served by an alternative program, support, or service to enable the student to master IEP goals without the support of social work services.
  - c. The student has mastered the IEP goal(s) supported by the therapy services.
  - d. Therapy services are contraindicated because of a change in circumstances or status.
  - e. There is a natural end to the therapeutic relationship (ex. Graduation, school transfer, etc.)
2. Evaluated against the above criteria, social worker will communicate the recommendation to discontinue services to the student's TOR. Social worker will enter a statement in the present levels of the student's draft IEP and update provisions.
3. A case conference will be held to discuss the proposed discontinuation of social work services. The meeting will be scheduled by the TOR and coordinated with the social worker's schedule so that he/she is a case conference participant.
4. The discussion regarding the decision to discharge services is documented in the notes of the IEP. The case conference committee will outline why the support is no longer needed; what will happen next; and how progress will be monitored.
5. When dismissed from social work as a related service, the TOR will include this information on the **Conference Summary Form** and provide it to the data managers at both the district and AWSSC.



### **Social Work Intervention - Short Term**

The related service of social work services is recommended when it is necessary for the student to benefit from his or her special education. Social work, as a related service, may include:

1. Serving as a member of the educational evaluation multidisciplinary team
2. Working, in partnership with parents and others, on problems that affect the student's adjustment in the educational setting
3. Mobilizing school and community resources to enable the student to learn
4. Assisting in developing positive behavioral intervention strategies
5. Group or individual counseling (i.e. direct student services)

**This form shall be utilized subsequent to the AWSSC [Referral for Observation/Consultation](#) form. It is required to be completed for circumstance (5) - to provide group or individual services.**

**IQ at or above 70** - There are several approaches to psychotherapy and our approach as Special Education Therapists is the use of cognitive-behavioral, interpersonal, and other kinds of talk therapy to help individuals work through their issues. In order to ethically provide psychotherapy, students must have the cognitive capability to participate in the approved methodologies.

**Functional Behavior Assessment (FBA) completed and Behavior Intervention Plan (BIP) in place** - The purpose of psychotherapy is not behavior management; however, externalizing behaviors may communicate a deeper need. Behaviors requiring team member support must be addressed through positive behavior intervention strategies in the student's IEP (individual education program).

### **AND/OR**

**Evaluation includes clinically significant scores for anxiety and/or depression** - The presence of clinically significant internalizing behaviors may also indicate the need for social work intervention in the absence of externalizing behaviors.

**Outside counseling/community resources** - It is beneficial to be aware of mental health and other community resources that the student is utilizing. In order to coordinate the care of the student, the TOR is responsible for obtaining the contact information for any outside providers and communicating this information directly to the social worker. The social worker will communicate with the outside provider to determine the appropriateness of initiating interventions at school. Per the NASW Code of Ethics 3.06, "When an individual who is receiving services from another agency or colleague contacts a social worker for services, the social worker should carefully consider the client's needs before agreeing to provide services. To minimize possible conflict, social workers should discuss with potential clients the nature of the client's current relationship with other service providers and the implications, including possible benefits or risks, of entering into a relationship with a new service provider."



**Permission for Social Work Intervention - Short Term**

|                                   |                          |               |
|-----------------------------------|--------------------------|---------------|
| <b>Student Name:</b>              | <b>DOB:</b>              | <b>Grade:</b> |
| <b>Corp. of legal settlement:</b> | <b>Corp. of Service:</b> |               |

- Consultation between TOR and Social Worker has occurred
- Student's IQ is at or above 70
- One or both of the following:
  - BIP is incorporated into active IEP
  - Student has clinically significant scores for anxiety and/or depression
- Social Worker has been provided contact information for outside providers

What IEP goal(s) would social work services support? Add goal statement(s) from active IEP.

|  |
|--|
|  |
|  |
|  |

|                                |              |
|--------------------------------|--------------|
| <b>Staff Member Signature:</b> | <b>Date:</b> |
|--------------------------------|--------------|

Psychotherapy is a collaborative treatment based on the relationship between an individual and the therapist. Grounded in dialogue, it provides a supportive environment that allows one to talk openly with a specialist who is objective, neutral, and nonjudgemental. The client and the therapist must work together to identify and change thought and behavior patterns.

**Short Term Social Work Interventions are Recommended at this time**

|                                                                                                                                                                                                           |              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <ul style="list-style-type: none"><li>• Yes, I give permission for short term sessions with a social worker</li><li>• No, I do not give permission for short term sessions with a social worker</li></ul> |              |
| <b>Parent/Guardian Signature:</b>                                                                                                                                                                         | <b>Date:</b> |

Send completed form to [testing@awssc.k12.in.us](mailto:testing@awssc.k12.in.us)