House Bill 2618: School-Based Occupational Therapy, Physical Therapy, and Speech-Language Pathology Workload Methodology

A Report to the Oregon Legislature

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DEPARTMENT OF EDUCATION

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House Bill 2618: School-Based Occupational Therapy, Physical Therapy, and Speech-Language Pathology Workload Methodology

Contents

Executive Summary

Occupational Therapists, physical therapists, and speech-language pathologists play pivotal roles in the school setting, contributing significantly to the holistic development and well-being of students. Their collaborative efforts contribute to an inclusive environment that supports diverse learning needs and a comprehensive support system for students. As a result, students experience improved academic outcomes, enhanced social skills, and increased confidence, laying the foundation for their overall success and well-being. These services, required for students under the Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act of 1973, not only address individual student needs but also promote a positive and inclusive learning environment for all students.

In 2023, HB 2618 directed the Oregon Department of Education (ODE) to conduct a study to identify the best methodology for determining the appropriate number of students on a workload for occupational therapists, physical therapists, and speech-language pathologists:

> *SECTION 1. (1) The Department of Education shall conduct a study to identify the best methodology for determining the appropriate number of students on a workload for a school-based health practitioner who is a speech-language pathologist, occupational therapist, or physical therapist.*
>
> *(2) For the purpose of conducting the study under this section, the department shall:*
>
> *(a) Examine workload metrics for speech-language pathologists, occupational therapists and physical therapists used in other states; and*
>
> *(b) Develop, or recommend the adoption of, a workload metric for speech-language pathologists, occupational therapists, and physical therapists for use in this state*
>
> *(3) The department shall submit a report in the manner provided by ORS 192.245, and may include recommendations for legislation, to the interim committees of the Legislative Assembly related to education no later than January 5, 2024.*

Each Oregon school district is reflective of their community and is unique in physical structure, staffing, geographic location, student demographics, and size. School districts employ licensed practitioners directly, utilize practitioners hired and supervised by their local education services districts, and/or rely on contracting for therapy services, either in-person or via telehealth. ODE found significant variability in how occupational therapists, physical therapists, and speech-language pathologists are used in Oregon Schools. This includes a wide variety of caseload assignments, prioritization of services, age range of students served, assignment of other duties, ability to provide direct in-person service, reliance on consultation and training of other staff, and an increase in the prevalence of telehealth therapy.

The ODE study employed a mixed methods research design to identify a workload recommendation. The study combined group engagements, surveys, interviews, and a review of literature and available workload methodologies. ODE focused on understanding current workload conditions and its impact on practitioners' effectiveness, job satisfaction, and student outcomes.

Workload Methodology Recommendation: Oregon should adopt and make available a workload methodology that reflects the practitioner's role in the school or program, includes the entirety of the tasks asked of the individual, and accounts for the variable service level needs of students. To that end, ODE recommends the North Carolina Department of Public Instruction's workload methodology as a starting point for further analysis to ensure alignment with Oregon's education system.

Introduction

The Oregon Department of Education (ODE) recognizes the critical role of school-based health practitioners, specifically occupational therapists (OTs), physical therapists (PTs), and speech-language pathologists (SLPs) in ensuring the overall well-being and academic success of students. These professionals play a pivotal role in addressing students' diverse needs to access and participate in their education, including those related to communication, sensory-motor skills, motor skills, and mental and physical health. The Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act of 1973 require that school districts provide these services if needed by a student to access their public education. The requirement for school districts to ensure every student access to a Free Appropriate Public Education (FAPE), ensures that students with disabilities have access to an education that is both free of charge and designed to meet their unique learning requirements. These allied health professionals are medical professionals who can help not only with students receiving special education but also with the general student population and school- and district-wide education initiatives.

In recent years, the Oregon educational landscape has witnessed an increasing demand for school-based health practitioners, which has raised important questions about workload management. Determining the appropriate number of students on a workload for these practitioners is essential to maintain a high standard of care while meeting the growing needs of the student population. For many students, health services are required to access their public education.

ODE initiated a study to identify the best methodology for determining the appropriate student caseload for school-based occupational therapists, physical therapists, and speech-language pathologists. The study included review of the following components outlined in HB 2618:

- The number of students eligible for services provided by the school-based health practitioner;
- The level of need of the students eligible for services provided by the school-based health practitioner;
- The recommended frequency of visits for students eligible for services provided by the school-based health practitioner;
- The number of schools served by the school-based health practitioner;
- The amount of time spent by the school-based health practitioner preparing documentation for an individualized education program or participating in meetings for an individualized education program; and
- Any other workload metrics for a speech-language pathologist, occupational therapist or physical therapist that are identified by the department.

This report presents the findings and recommendations of this study.

Background

Terminology

For the purposes of this study, the term "workload" refers to the total set of responsibilities, tasks, and caseload that OTs, PTs, and SLPs manage in their roles within an educational setting. The term workload encompasses all the activities and commitments, both direct and indirect, that a person must manage in their role. This can include tasks like assessments, providing health services, travel, SLP case management, documentation, School Medicaid billing, collaboration with colleagues, professional development, and administrative responsibilities.

The term "workload" is different than "caseload." Caseload focuses on the number of clients or cases and may not necessarily capture the diversity or complexity of the tasks associated with each case nor other responsibilities or tasks assigned. It is critical that the severity and complexity of student need (including the frequency and duration of services) is considered in establishing practitioner caseloads and workloads.

The Role of Occupational Therapists, Physical Therapists, and Speech-Language Pathologists in Schools

Occupational therapy, physical therapy, and speech-language pathology services in schools are integral to addressing the needs of students eligible for special education and helping identifying students who may be eligible. These services are often required to ensure students who experience disabilities have equitable access to education, enabling their full participation in school activities and the curriculum in compliance with the Individuals with Disabilities Education Act (IDEA), Section 504 of the Rehabilitation Act of 1973, and Oregon's special education laws.

Occupational Therapy Services

Occupational Therapists (OTs) provide a broad array of services and supports to help students access and engage in occupations for the purpose of enhancing or enabling educational participation. The primary occupations that OTs support in schools include education, activities of daily living (ADLs), play, social participation, health management, leisure, and the pursuit of vocational/work skills. Occupational therapists are considered Qualified Mental Health Professionals (QMHPS) in Oregon and support the development and implementation of school and district wide positive behavior interventions and supports (PBIS), as well as multi-tiered systems of support (MTSS). OTs collaborate to support behavior support plans, Individualized Education Programs (IEPs) and Section 504 plans. Examples of the assessments and interventions that occupational therapists may perform are as follows:

- **Comprehensive Assessments:** OTs conduct holistic evaluations of students' occupational participation in school and their educational environment. School-based OTs assess student skills such as: attention, sensory processing, self-regulation & social participation as well as executive function, leisure, play, seating and positioning, need for assistive technology, environmental & task modifications, and vocational skills. OTs often assess student skills like visual perception & visual motor, coordination, balance, and fine motor dexterity. They look at a student's ability to perform self-care tasks including hygiene, dressing, feeding, and sleep. OTs assess the students' access to their school environment including playgrounds, classrooms, cafeterias, and bathrooms, etc. They look closely at sensory and environmental barriers and supports that may impact the students' access, independence, and participation in their educational activities.
- **Interventions**: OTs create individualized intervention plans specific to the child and the needs identified through assessments. OTs collaborate with the school team creating goals and accommodations to enhance or enable students' educational access & participation. Intervention varies based on the needs of the student and can be through direct and indirect support including consultation, collaboration, telehealth, and staff training. Occupational therapists support the emotional, physical, and mental health well-being of students.

Physical Therapy Services:

Physical Therapists (PT) support students' access to their education by accommodating and improving functional skills in a variety of school and community settings, including the classroom, gym, and playground, bathroom, library, music, after school activities, community field trips, and outdoor school.

PT services support students to move as independently as possible in the school environment. Their role is to help facilitate safe students' access to educational activities, promote physical well-being, and enhance overall student participation in the school environment. Some examples of the assessments and interventions, collaborative consultation and training that physical therapists may perform are as follows:

- **Motor Skills Assessment and Intervention**: School-based PTs conduct comprehensive assessments to evaluate students' physical abilities, focusing on mobility, balance, strength, and motor coordination. Based on these assessments, PTs help school teams determine students IEP eligibility, student-based goals, the need for adult assistance and support and the need for school-based PT related services. They create individualized treatment plans, deliver evidence-based interventions to improve students' physical skills, support school and district administration with emergency evacuation plans, promote concepts of accessible and inclusive campuses and playgrounds, and identify barriers for safe campus access.
- **Collaborative Consultation and Training**: School-based PTs actively collaborate with students, school staff, educators, community PTs and parents to ensure that students with physical challenges receive the necessary support and accommodations. They provide consultation and training to help the educational team understand and implement strategies that foster students' physical development, independence, safe access, and inclusive participation in school activities. This collaboration could also involve adapting classroom environments, providing adaptive equipment to promote independence with mobility and enhanced participation, and adapting activities to accommodate the unique needs of students while promoting inclusive participation.

Speech-Language Pathology Services:

Speech-Language Pathologists (SLP) provide a broad array of services and supports in the school setting. Speech-Language Pathologists (SLPs) in schools assess, evaluate, recommend, and provide intervention services to address speech sound and social and functional communication and language disorders in students. They also provide case management, prevention services, specially designed instruction, collaborate with other school staff, and support the development and implementation of school and district wide positive behavior interventions and supports (PBIS) and multi-tiered systems of support (MTSS). Some examples of the assessments and interventions that speech-language pathologists may perform are as follows:

- **Assessment and Evaluation:** SLPs in schools are responsible for conducting comprehensive assessments of students with speech and language concerns, in close collaboration with the Individualized Education Program (IEP) team. They use a variety of standardized tests, informal observations, and consultations with teachers and parents to evaluate a student's communication abilities. These assessments help SLPs evaluate communication disorders, including speech sound disorders, language disorders, voice disorders, fluency disorders, and pragmatic language disorders.
- I**ndividualized Intervention and Therapy:** Once an eligibility determination is determined, SLPs design individualized intervention plans tailored to each student's specific needs and challenges, in alignment with the goals set by the IEP team. These plans incorporate evidence-based therapy techniques and strategies to address the identified communication disorder. SLPs work with students one-on-one, in small groups, and in classrooms to provide therapy sessions aimed at improving speech articulation, language comprehension, expressive language skills, voice quality, fluency, and social communication. Furthermore, they collaborate with teachers and other school staff to integrate speech and language goals into the classroom environment,

ensuring that students receive consistent support and accommodations to help them succeed academically and meet their IEP objectives.

Study Methodology

The Oregon Department of Education (ODE) utilized a mixed methods research design to identify a workload methodology for Occupational Therapists (OTs), Physical Therapists (PTs), and Speech-Language Pathologists (SLPs), working in Oregon schools. The research methodology consisted of a multifaceted approach that included a literature review and an examination of available workload tools, engagement sessions, interviews, and practitioner and school administrator surveys.

Literature Review and Examination of Available Workload Tools

ODE reviewed literature and workload tools to improve our understanding of workload management in education and therapy services. A collaborative effort between the American Speech-Language-Hearing Association (ASHA), the American Physical Therapy Association (APTA), and The American Occupational Therapy Association, Inc. (AOTA) has resulted in a document titled "Workload Approach: A Paradigm Shift for Positive Impact on Student Outcomes," highlighting the significance of workload considerations for enhancing student success (ASHA, APTA, AOTA, 2014). Furthermore, ASHA has provided a tool through the ASHA Workload Calculator, offering practical assistance for speech-language pathologists in optimizing their caseloads (ASHA, n.d.). To gain insights into best practices in Maryland, ODE referred to the comprehensive guide "Occupational and Physical Therapy Intervention and School-Based Services" (Burton et al., 2008). The Caseload Ratio Study conducted in Ohio by Carlin et al. (2013) provided further depth in a final report to the Ohio Department of Education, on caseload considerations within the state's educational framework. Lastly, The North Carolina Department of Public Instruction has been instrumental in providing a suite of resources, including guidance documents, calculators specific to occupational therapy, physical therapy, and speech-language pathology, as well as informative slide decks and videos to aid professionals in managing workloads effectively (North Carolina Department of Public Instruction, n.d.).

Based on this review, a comprehensive workload methodology for school-based OTs, PTs, and SLPs involves tools such as calculators, collaborative approaches emphasizing positive student outcomes, and state-specific guides and resources tailored to the unique needs of each educational setting. The methodologies underscore the importance of considering factors beyond caseload numbers to ensure effective and impactful therapy services for students.

Engagement Sessions, Expert Interviews, and Practitioner and School Administrator Surveys

Engagement sessions and interviews were conducted to facilitate qualitative discussions, allowing participants to share their perspectives, experiences, and insights related to workload challenges. These sessions provided ODE with a more in-depth understanding of the nuanced factors impacting these professionals' workload. Simultaneously, surveys were distributed to school OTs, PTs, SLPs, and school district and education service district administrators across Oregon. These surveys were designed to gather quantitative data on the daily tasks, caseloads, and time allocations of these practitioners. Using data from surveys, engagement sessions, and expert interviews, the study aimed to offer a holistic understanding of workload issues faced by OTs, SLPs, and PTs in Oregon schools, resulting in a recommendation for a workload methodology as required by HB 2618. Lastly, ODE formed a review committee comprising three practitioners—an OT, a PT, and a SLP—alongside three school district

administrators representing a small district, a large district, and an education service district. This committee reviewed the entirety of this report and provided feedback and recommended edits.

HB 2618 Survey Data

Oregon schools are experiencing significant staffing shortages across all school health service providers, including OTs, PTs, and SLPs. This shortage has led to increased workload concerns. The Oregon Department of Education (ODE) conducted a survey of licensed school practitioners and school district and education service district administrators. ODE received 98 responses from administrators, with representation from 53 school districts and 9 education service districts. Additionally, ODE received 548 responses from licensed practitioners, with representation from 68 school districts and 17 education service districts:

- Occupational Therapists: 111
- Certified Occupational Therapy Assistants: 4
- Physical Therapists: 33
- Physical Therapy Assistants: 2
- Speech-Language Pathologists: 369

While each school district and Education Service District experienced their own unique circumstances, there were some common themes reflected throughout the survey results. Commonalities include:

- Passion and dedication for serving Oregon students and families
- Feeling like students are not receiving the services that they deserve
- Staffing shortages and difficulties retaining staff, including instructional assistants
- Inability to work to full potential
- Feeling overburdened by paperwork and legal requirements
- Using a consultation model and/or telehealth when direct in-person service may be more beneficial to students
- Feeling like Oregon's education system is at a breaking point

When asked about their future in the education field, only 52% of administrators and 38% of licensed practitioners definitively indicated that they were planning to stay in the education field (see Figure 1).

Figure 1
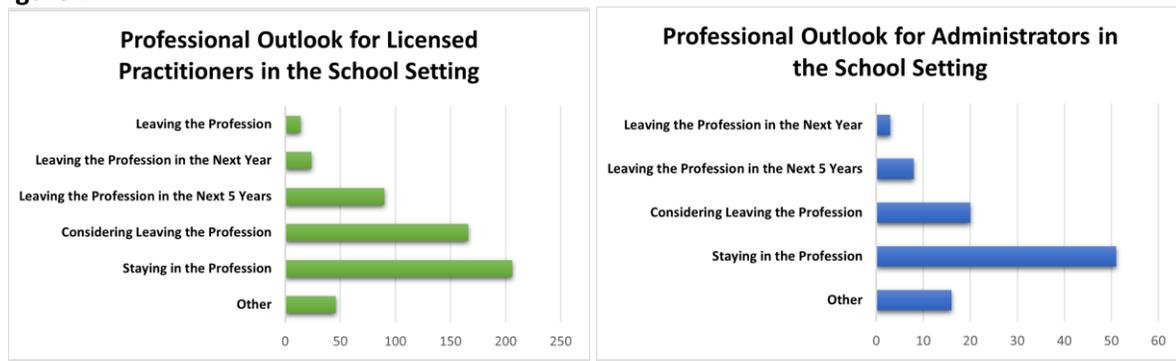
Source: ODE Survey Conducted October 2023

When asked whether their workload impacted their ability to provide services to students, 83% of licensed practitioners responded affirmatively. Approximately 67% of the licensed practitioners serve over 50 students with IEPs and Section 504 plans (see Figure 2). These high numbers are compounded when practitioners travel to multiple locations to serve students. Only 32% of the licensed practitioners

that responded to the survey work at a single location, with numbers ranging from one location all the way up to 81.

Figure 2
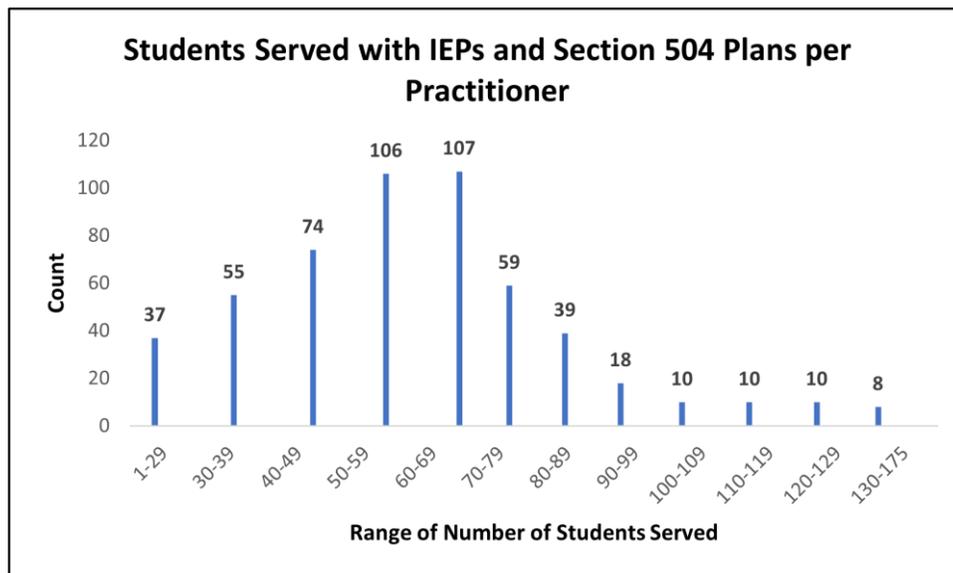
Source: ODE Survey Conducted October 2023

Findings

The Oregon Department of Education (ODE) reviewed occupational therapy (OT), physical therapy (PT), and speech-pathology (SLP) workload models used in some of Oregon's school districts and from other states. Based on this review, findings from practitioner and administrator surveys and engagement, and a meeting with the North Carolina Department of Instruction, ODE identified North Carolina's model as the most comprehensive and applicable to Oregon's need. In addition to commonly understood workload components such as documentation, service minutes, planning time, meeting time, material preparation, etc., the North Carolina methodology also includes workload elements that were highlighted by Oregon practitioners:

- Assistive technology/augmentative communication devices
- Additional time for translation services
- Additional time for serving historically underserved students and families
- Supervision of assistants
- Time for education initiatives
- A placeholder for time worked outside of contract hours
- Student acuity and variations of student and family needs

North Carolina's OT, PT, and SLP Workload Calculator and associated guidance supports building and district-level administrators on determining full-time equivalent (FTE) and workload allocation for OT, PT, and SLP staff in North Carolina schools. North Carolina has a legislated caseload cap of no more than 50 students per practitioner. The workload calculator must be completed when school districts request a waiver from this requirement from the North Carolina Department of Public Instruction (NCDPI). Otherwise, use of this tool is optional, but highly recommended by NCDPI. Representatives on behalf of the NCDPI emphasize the benefit of school districts using the staffing tool as it creates more equitable distribution of practitioner workloads when completed with fidelity. The NCDPI highlighted the importance of IEP minutes accurately reflecting student need.

In North Carolina's OT, PT, SLP Workload methodology, the FTE calculation is driven by the collective service delivery time on Individualized Education Programs (IEPs), Section 504 plans, and behavior support plans where services are indicated. In addition to direct service minutes, the FTE calculation includes various other workload components often performed by OTs, PTs, and SLPs. The North Carolina model incorporates a non-exhaustive list of components that may be part of a practitioner's workload (Table 1).

Table 1. North Carolina Workload Components and Examples of Activities

Workload Component	Examples of Work Activities
Direct services for students with a plan (e.g., IEP, 504, BSP, IHP)	• Direct intervention • Pull-out/therapy room • Virtual (synchronous, live audio/video): ○ Direct intervention, data collection, observation, screening, evaluation
Evaluation	• Evaluation activities examples: Record review, interviews, observations, testing
Report Writing	• Time spent scoring assessments, writing reports

Services on behalf of students with a plan (Supplemental Aids/Services, Technical Assistance, Assistive Technology)	• Plan and prepare.
	   ○ Therapy plan of care/lesson plans, plan/collaborate with others, schedule/adjust therapy plan, create materials/visual aids, clean/set up for sessions
	• Staff/Parent Collaboration
	   ○ Problem-solving, direct training, preparing, and delivering professional development, coaching
	• Communication/collaboration
	   ○ School, district, and community partners
	• Consultation
	   ○ Students, parents, caregivers, staff
	• Equipment (May include assistive technology, augmented communication systems, durable medical equipment, adaptive equipment, therapy items/materials)
	   ○ Acquisition (gathering data, letters), maintenance, set-up/Adjustment, training
	• Environmental adaptation
	• Data Review/Discussion
	• Virtual (asynchronous):
	   ○ Create/prepare materials, resources, or recorded videos

Workload Component	Examples of Work Activities

Involvement in Multi-Tiered System of Supports (MTSS)	• Universal screenings
	• School wide initiatives/programs
	• Professional learning provided to school staff, students, and others
	• Consultation/coaching/modeling Instructional staff
	    o Interventionists and other staff
	    o Observation in class
	    o Data analyses/progress monitoring
	• Whole class instruction
	• Group level (Tier 2)
	    o Selection/design of standard protocols, interventions, accommodation, adaptation, and consultation
	• Individual student-level (Tier 3)
	    o Individualized interventions, individualized accommodations, consultation
	    o Problem-solving teams and committee involvement/Student Assistance Team meeting

Documentation and Requirements to Comply with Federal, State and District Mandates and Licensure	• Meetings
	    o IEP development or review/program adjustment
	• Staff
	    o Professional Learning Community
	• Documentation
	    o Recommendations for IEP development or adjustment, drafts, score/write evaluation reports, progress reports, plans of care, service logs, letters of medical necessity, communication logs.
	• Other case management tasks
	    o Monitor caseload
	• Supervision of personnel/students
	    o Assistants, clinical fellows, supervised experience year clinicians, fieldwork/externship students
	• Participation in continuing education/professional development
	    o Participate in professional learning, attend/present at conference, development of/observation for work/job appraisal, participate in research study, presenting at job fair or vocational classes

Travel Between Assignments	• Travel between schools and/or school districts
Other Activities	• School duties • Ordering test protocols and therapy materials • Car duty, bus duty, cafeteria duty, hall monitoring • Time in excess of your work week/contracted hours

Workload Recommendation and Key Considerations

Workload Methodology Recommendation: Oregon should adopt and make available a workload methodology that reflects the practitioner's role in the school or program, includes the entirety of the tasks asked of the individual, and accounts for the variable service level needs of students. The Oregon Department of Education (ODE) recommends North Carolina Department of Public Instruction's workload methodology as a starting point for further analysis to ensure alignment with Oregon's education system.

It is important to consider that the context in North Carolina is different than in Oregon. North Carolina has a caseload cap, contractors assigned to training and review of the workload methodology, and a different geography and population. Due to time constraints and the fact that the work for this report was absorbed by existing ODE staff, the ODE was unable to complete a full analysis of adaptations needed for this methodology to work in Oregon. Implementation of this workload model would benefit from additional time and resources to ensure adaptation to suit Oregon needs and context. Throughout our engagement, ODE heard key information that an Oregon-based methodology should consider:

1. **The inclusion of Early Intervention/Early Childhood Special Education (EI/ECSE) practitioners.** Oregon's EI/ECSE contractors provide a seamless system to support the developmental and educational needs of children aged from birth to five and their families. EI/ECSE programs ensure that children who qualify for special education receive a Free and Appropriate Public Education (FAPE), as required in the Individuals with Disabilities Act (IDEA). These programs also support student transitions to kindergarten. ODE received immediate input from licensed practitioners that the workload methodology should include practitioners working in the EI/ECSE setting. Some additional workload components for EI/ECSE include: the home visiting model, the co-therapy model, increased travel time, and practitioners that work in both the EI/ECSE and school age setting. The workload methodology that Oregon adopts should include any additional workload elements and considerations that are specific to the EI/ECSE setting.

2. **School Medicaid billing as a workload component.** School Medicaid billing was articulated as a workload component that Oregon should include. However, School Medicaid is not explicitly listed in the North Carolina workload methodology. School Medicaid billing is a way to bring additional federal funds into Oregon schools. These funds are flexible and may be used to fund additional health services staff, purchase health supplies and assistive technology, teaching materials, etc. The tasks associated with School Medicaid billing should be appropriately addressed in the workload methodology to help ensure that school districts and EI/ECSE contractors have the capacity to do the billing. The workload methodology that Oregon adopts should explicitly reference School Medicaid billing to support increased Medicaid revenue being brought into Oregon schools.

3. **The significant shortage of licensed practitioners in Oregon schools.** The shortage of licensed practitioners in the school setting has far-reaching consequences that impact the quality of education and student well-being. The shortage of licensed practitioners also affects the overall mental health and well-being of both students and staff, as the workload and stress on existing personnel is high. This shortage needs to be addressed if Oregon wants to support a successful and sustainable workload methodology in the school setting. In turn, the implementation of a successful and sustainable workload methodology may help with recruitment and retention of practitioners working in Oregon schools.

4. **State-level infrastructure, training and support for school districts, education service districts, and EI/ECSE programs plays a pivotal role in the successful implementation of a workload methodology.** A cohesive and well-structured framework ensures that school district, education service districts, and EI/ECSE programs have the necessary resources and guidance to effectively

    manage and distribute workloads. This infrastructure facilitates standardized practices, promotes consistency, and fosters collaboration across education institutions. It is also important to note that some school districts, education service districts, and EI/ECSE programs already have a workload methodology in place. This must be taken into consideration and will necessitate additional engagement. Oregon should ensure proper state-level support for successful and sustainable implementation of a statewide workload methodology in the school setting.

5. **Investment in statewide technology systems.** Technology plays an integral role in the documentation of school health services. The absence of statewide technology systems (e.g., student information system, Individualized Education Program (IEP) system, documentation system for health services staff, and a Medicaid billing submission platform) add to workload constraints, particularly for practitioners who work across school districts and programs. They often must use multiple systems, in addition to the technology platforms their employer utilizes, which is time consuming and can lead to double entry. District technology must be aligned and integrated to support staff and district processes related to tracking student information and data, service provision per the IEP/Section 504 Plan, and health service provider documentation.

Conclusion

In conclusion, the development and implementation of a workload methodology for occupational therapists (OTs), physical therapists (PTs), and speech-language pathologists (SLPs) in a school setting is imperative for promoting sustainable and effective educational practices. This report has highlighted the critical role these professionals play in supporting students' physical, developmental, and communication needs. By establishing a transparent and evidence-based workload methodology, schools can ensure that their OTs, PTs, and SLPs are optimally utilized to meet the diverse needs of students. This approach enhances the quality of services provided and contributes to the well-being of these practitioners. As educational institutions strive to create inclusive and supportive environments, a thoughtful workload methodology becomes an essential tool for maximizing the impact of OTs, PTs, and SLPs, fostering the holistic development of students in the school setting. As required by HB 2618, ODE recommends adopting a workload methodology that reflects the practitioner's role in the school or program, includes the entirety of the tasks asked of the individual, and accounts for the variable service level needs of students. To that end, ODE recommends the North Carolina Department of Public Instruction's workload methodology as a starting point for further analysis to ensure alignment with Oregon's education system. If the legislature determines to move forward with adopting a statewide workload methodology, it is important to consider funding to support ODE, school districts, and practitioners in designing, implementing, training, and monitoring the program.

Appendix A

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