Occupational Therapy in Oregon Schools – School-Based Health Services

Guidance provided by Oregon Department of Education and Oregon Health Authority for Oregon school districts required to provide health related services to children eligible for Individuals with Disabilities Education Act (IDEA) and to children needing 504 accommodations; also, see Medicaid in Education.

AUTHORITY	 Oregon Revised Statutes, Chapter 675 Oregon Administrative Rules, Chapter 339 (specifically: OAR 339-010-0050: Occupational Therapy Services for Children and Youth in Education and Early Childhood Programs regulated by federal laws) Occupational Therapy Licensing Board (See Occupational Therapy in Schools) 			
MEDICALLY- QUALIFIED INDIVIDUALS	Licensed Occupational Therapist (OT)	Licensed Occupational Therapist Assistant (OTA)	Occupational Therapy Aide (aide)	
SUPERVISION	OAR 339-010-0005 – Definitions Supervision is a process in which two or more people participate in a joint effort to promote, establish, maintain and/or evaluate a level of performance. The OT is responsible for the practice outcomes and documentation to accomplish the goals and objectives. (Telehealth is defined in OAR 339-010-0006(9).) Levels of supervision: Close supervision requires daily, direct contact in person at the work site; Routine supervision requires the supervisor to have direct contact in person at least every two weeks at the work site or via telehealth with interim supervision occurring by other methods, such as telephone or written communication; General supervision requires the supervisor to have at least monthly direct contact in person with the supervisee at the work site or via telehealth with supervision available as needed by other methods.			
	The supervising OT, in collaboration with the supervised OTA, is responsible for setting and evaluating the standard of work performed. The supervising OT is responsible for the practice outcomes and documentation to accomplish the goals and objectives.	Must be supervised by a licensed OT (see OAR-010-0035). Before assisting in the practice, the OTA must file with the Board a current statement of supervision of the licensed OT who will supervise the OTA.	Must be supervised by a licensed OT or OTA. The OT practitioner is responsible for the overall use and actions of the aides. During treatment-related tasks, the supervising practitioner must be	





specifically for services provided in schools to students eligible under the Individuals with Disabilities Education (IDEA), the Oregon Health Authority defines OT in OAR 410-133-0040. Is responsible for: Occupational therapy evaluation (OAR 339-010- 0050(2)(a)); Intervention (OAR 339-010- 0050(2)(b)); Outcomes (OAR 339-010- 0050(2)(c)); Delegation of therapeutic Nay assist in the practice of occupational therapy: Occupational the		An OTA abuses granulare at least			
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339-010-0050(3)); and activities, if appropriate (OAR therapy practitioner as 339-010-0050(4)). Documentation (OAR 339- Documentation (OAR 339-010- 0050(4)).		May assist in the practice of occupational therapy: o (OAR 339-010- on (OAR 339-	ers; patient's during the ment; well-established and/or ccupational ioner as		
Practitioner must document evaluation, goals, interventions, and outcomes if they not included in the services (program of services and supports to meet a child's developmental or educational needs under IDEA, specify to need for OT, and may include: individualized education programs (IEP); or 504 plans. • Documentation reflects the child's current status, progress towards goals, response to interventions, a strategies that were promising or ineffective. • Practitioner should utilize a method of data collection that allows for concise and accurate recording or intervention and progress. • Practitioner is responsible for the analysis of data collected to verify progress and the documentation own activities to accomplish the goals.		ices and supports to meet a child's developmental or educational needs under IDEA, so may include: individualized education programs (IEP); or 504 plans. Itation reflects the child's current status, progress towards goals, response to intervent that were promising or ineffective. er should utilize a method of data collection that allows for concise and accurate reconnand progress. er is responsible for the analysis of data collected to verify progress and the documental contents.	pecify the tions, and ording of		

Also see OAR 410-133-0320 Documentation and Record Keeping Requirements



