

## Q AND A – Early Education

### **Is it required for OT's to do the testing (fine motor, sensory processing challenges) if it requires in adding OT services to the IFSP?**

While the past practice for many years has been that an Early Intervention "Motor Team" comprised of PTs, SLPs, Special Ed. teachers, Autism Specialists, and/or OTs, conducts the initial evaluations for determining eligibility for services, **our practice act states that only the OT can make the determination for adding OT services to the IFSP**. If the motor team DOES NOT have an OT on the team, and the team feels that there is the need for OT services, then an OT MUST be consulted and make the determination for OT services, including frequency and level of service. For testing, the OT can decide to go with the standardized results of the motor assessment for determining OT services or may elect to conduct a separation observation and assessment. In either case, the OT must be the one to determine what the OT services will look like for that child.

### **If a child is evaluated by our agency and is found eligible for services in general, but an OT is not on the evaluation team, does the OT who will be the service provider need to complete an evaluation prior to offering services?**

The answer is YES, the evaluation team cannot recommend OT services IF an OT is NOT part of the evaluation. An OT must evaluate the child to make a determination if OT services are needed. However, an evaluation DOES NOT have to involve **formal** assessment: the OT could choose to do a file review of prior evaluations/assessments given, conduct a brief observation of the child, or request permission to conduct a formal assessment depending on whether or not there is sufficient data available to determine the need for OT services. The type of "evaluation" for OT services is at the discretion of the OT, not the evaluation team or the administrator.

### **Does this vary if the services are a one-time general consultation vs more direct and continual services?**

No, there is no distinction between "types" of services provided - OT services are OT services, and the documentation needs to be there, regardless of if it is a one-time consult or services provided over a period of time. Clarification - the evaluation team (sans the OT) may feel that a one-time consult by the OT is all that is needed. However, BEFORE "OT Consult" is put on the IFSP, the team must confer with the OT that a one-time consult is **recommended**: the OT must be involved in the determination of services that goes on the IFSP (whether this is a one-time consultation, on-going consultation, or direct services). A team cannot limit the OT to a one-time consultation should the OT determine that the child needs services beyond the one visit.

### **Can an OTA attend an IEP meeting without the presence of the OT?**

It is entirely appropriate for an occupational therapy assistant (OTA) to attend an IEP meeting and present information concerning student progress and IEP goals to be addressed by occupational therapy, based on previous collaboration between the supervising occupational therapist (OT) and the OTA. If, at the IEP meeting, the IEP team requests additions or changes to the goals being addressed by occupational therapy, the supervising OT would need to review those recommendations and agree to any changes; the OTA cannot make that decision along, without additional collaboration between the OT and OTA. If, before the IEP meeting, the OT and OTA discussed and agreed upon potential changes in goals or amount or type of service, the OTA may make the changes during the IEP meeting.

### **Can an OTA review IFSP Goals and enter it into the IFSP if it is just a review or a present level of progress?**

As long as there are no "recommendations" or a change in goals, the OTA can draft the review. Best practice would be for the OTA to write up the review, and then have the OT look at it, and then have both names after the write-up (i.e. "submitted by Sally Smith, OTA and Joan Johnson, OTR").