

School-Based Occupational Therapy Services during Health Emergencies – DOE Reference



Occupational Therapy Practice Considerations for Reopening of NJ Schools

- ★ use of PPE
- ★ access to sink
- ★ access to hand sanitizer
- ★ use of countertop plexiglass shields
- ★ use of disinfectant wipes
- ★ use of equipment and materials that can be wiped down or washed between students
- ★ time allowed to clean items and surfaces between students
- ★ use of containers for separate supplies assigned for students
- ★ designated therapy rooms
- ★ integrated models of service delivery
- ★ workload vs. caseload scheduling
- ★ options for telehealth sessions for students as needed
- ★ access to FERPA compliant technology to support telehealth sessions

Telehealth Guidance

Please refer to AOTA resources:

<https://www.aota.org/telehealth>

Provide/Utilize FERPA compliant platform for telehealth service delivery

Professional Development Considerations for the OT Department

OSHA standards (be sure up to date)

Providing intervention via a telehealth platform

Addressing children's mental health/dysregulation due to COVID-19 pandemic

Parent coaching models

Best Practice Resources/Evidence-Based Practice Resources

Please refer to AOTA resources:

AOTA (2020). *School based practice*. Retrieved from:

<https://www.aota.org/Practice/Children-Youth/School-based.aspx>

AOTA (2020). *Youth & children evidence-based practice resources*. Retrieved from:

<https://www.aota.org/Practice/Children-Youth/evidence-based.aspx>

Frolek, G., Rioux, J. E., Chandler, B. E., (2019). *Best practices for occupational therapy in schools*. Bethesda, MD: AOTA Press

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Assessment (general not, exhaustive list below)

Portions of standardized evaluations that can be modeled and observed can be administered via Telehealth for the purpose of clinical observation and gathering functional information ONLY due to inability to maintain standardization protocols. Links are provided for assessments that have provided guidance on using the assessment via telehealth.

All Ages:

Occupational Profile

<https://www.aota.org/~media/Corporate/Files/Practice/Manage/Documentation/AOTA-Occupational-Profile-Template.pdf>

Preschool:

The Pediatric Evaluation of Disability Inventory (PEDI) is a standardized parent interview tool that is used to evaluate children, ages 6 months to 7 years, in the area of ability to perform mobility, self-care and social function. This evaluation can be administered electronically using the PEDI CAT.

<https://www.pedicat.com/>

The Peabody Developmental Motor Scales (PDMS2) is a standardized assessment designed to assess motor skills in children from birth through 5 years 11 months. It is composed of 6 subtests divided into gross and fine motor categories. Clinical observations gained through having a child perform the motor tasks associated with the requisite skill utilizing the standardized materials provided. This assessment can be used in person. If used via telehealth it should be for the purpose of clinical observation and gathering functional information ONLY due to inability to maintain standardization protocols.

The Sensory Profile™ 2 family of assessments provides standardized tools to help evaluate a child's sensory processing patterns in children birth through 14:11 in the context of home, school, and community-based activities. The publisher allows for purchase of online forms which can be sent to parents/teachers/caregivers.

<https://www.pearsonassessments.com/content/school/global/clinical/us/en/professional-assessments/digital-solutions/telepractice/telepractice-and-the-sp2.html>

The Sensory Processing Measure – Preschool (SPM-P) is a criterion referenced set of rating forms that enables assessment of sensory processing issues, praxis, and social participation in children of preschool age (2 to 5 years old). The publisher allows for purchase of online forms which can be sent to parents/teachers/caregivers.

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The Miller Function & Participation Scales (M-FUN) is a norm referenced tool is designed to assess children ages 2 years 6 months through 7 years, 11 months who may have mild to moderate developmental delays in functional motor abilities pertaining to fine motor skills, gross motor skills, and visual motor skills. This assessment can be used in person. If used via telehealth it should be for the purpose of clinical observation and gathering functional information ONLY due to inability to maintain standardization protocols.

*However, it also contains a caregiver/teacher questionnaire in hard copy which can be sent to parents/teachers/caregivers.

The Vineland Adaptive Behavior Scales 3rd edition is a parent/caregiver/teacher rating scale used throughout the life span that can assess: Communication, Daily Living Skills, Socialization, Motor Skills, and Maladaptive Behavior (optional) throughout the lifespan. The domain scores yield an adaptive behavior composite. Teacher hard copy forms are provided for children above the age of 3.

<https://www.pearsonassessments.com/content/school/global/clinical/us/en/professional-assessments/digital-solutions/telepractice/telepractice-and-the-vineland-3.html>

Elementary:

Child Occupational Self-Assessment (COSA) is a client directed assessment tool that can be used to measure outcomes of a child's perceptions regarding occupational performance and importance. This questionnaire can be conducted via interview or with a hard copy provided in advance.

<https://www.moho.uic.edu/productDetails.aspx?aid=3>

The School Function Assessment (SFA) is a standardized assessment that examines a kindergarten through 6th grade student's ability to perform important functional activities that support or enable participation in academic and related social aspects of an educational program. The SFA is comprised of 3 parts: participation, task support and activity performance. Its content reflects the functional contents of elementary school environments. This can be conducted via collaboration with the classroom teacher with an online interview format or with a hard copy sent in advance.

The Sensory Profile™ 2 is a group of standardized assessments to help evaluate a child's sensory processing patterns in children birth through 14:11 in the context of home, school, and community-based activities. The publisher allows for purchase of online forms which can be sent to parents/teachers/caregivers.

<https://www.pearsonassessments.com/content/school/global/clinical/us/en/professional-assessments/digital-solutions/telepractice/telepractice-and-the-sp2.html>

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The Bruininks-Oseretsky Test of Motor Proficiency 2 (BOT2) is a standardized evaluation that uses engaging, goal directed activities to measure a wide variety of motor skills in individuals aged 4-21 years. It is designed to provide practitioners with a reliable and efficient measure of both gross and fine motor skills. Portions that do not require physical materials from the test such as bilateral coordination tasks can be used as part of a therapist's clinical observations. This assessment can be used in person. If used via telehealth it should be for the purpose of clinical observation and gathering functional information ONLY due to inability to maintain standardization protocols.

The Beery-Buktenica Test of Visual Motor Integration (VMI) is a standardized assessment, which assesses visual motor abilities in children ages 2 years to 18 years, 11 months. It is used to measure how well a child is able to translate onto paper what he visually perceives. Supplemental tests of motor coordination and visual perception are examined to narrow down areas of difficulty in those specific areas. Please refer to the link for advanced set up of materials and use of facilitator if administering via telehealth. <https://www.pearsonassessments.com/content/school/global/clinical/us/en/professional-assessments/digital-solutions/telepractice/telepractice-and-the-beery-vmi.html>.

The Sensory Processing Measure School Form (SPM) is a norm referenced set of rating forms that enables assessment of sensory processing issues, praxis, and social participation in children of school age (5-12 years old). The publisher allows for purchase of online forms which can be sent to parents/teachers/caregivers.

The Motor-Free Visual Perception Test (MVPT-4): This standardized assessment tests visual perceptual abilities in individuals from age 4-95 years of age. This assessment consists of 5 separate perceptual tasks including spatial relations, visual discrimination, figure-ground, visual closure and visual memory. This is a motor free test. This assessment can be used in person. If used via telehealth it should be for the purpose of clinical observation and gathering functional information ONLY due to inability to maintain standardization protocols.

The Test of Visual Perceptual Skills (TVPS-4) is a standardized test, which assesses 7 areas of visual perceptual skills in children ages 5 years – 21 years. It measures perceptual skills only without a motor component. This assessment can be used in person. If used via telehealth it should be for the purpose of clinical observation and gathering functional information ONLY due to inability to maintain standardization protocols.

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High School:

The Sensory Profile™ 2 family of assessments provides standardized tools to help evaluate a child's sensory processing patterns in children birth through 14:11 in the context of home, school, and community-based activities. The publisher allows for purchase of online forms which can be sent to parents/teachers/caregivers.

<https://www.pearsonassessments.com/content/school/global/clinical/us/en/professional-assessments/digital-solutions/telepractice/telepractice-and-the-sp2.html>

The Motor-Free Visual Perception Test (MVPT-4): This standardized assessment tests visual perceptual abilities in individuals from age 4-95 years of age. This assessment consists of 5 separate perceptual tasks including spatial relations, visual discrimination, figure-ground, visual closure and visual memory. This is a motor free test. This assessment can be used in person. If used via telehealth it should be for the purpose of clinical observation and gathering functional information ONLY due to inability to maintain standardization protocols.

The Test of Visual Perceptual Skills (TVPS-4) is a standardized test, which assesses 7 areas of visual perceptual skills in children ages 5 years – 21 years. It measures perceptual skills only without a motor component. This assessment can be used in person. If used via telehealth it should be for the purpose of clinical observation and gathering functional information ONLY due to inability to maintain standardization protocols.

The Roll Evaluation of Activities of Life (REAL™) is a standardized tool for children ages 2 through 18 years, 11 months which offers a useful screening instrument to help professionals assess children's ability to care for themselves at home, at school, and in the community. Hard copy forms can be completed by a parent or a caregiver or an interview can be conducted via telehealth.

The Bruininks-Oseretsky Test of Motor Proficiency 2 (BOT2) is a standardized evaluation that uses engaging, goal directed activities to measure a wide variety of motor skills in individuals aged 4-21 years. It is designed to provide practitioners with a reliable and efficient measure of both gross and fine motor skills. Portions that do not require physical materials from the test such as bilateral coordination tasks can be used as part of a therapist's clinical observations. This assessment can be used in person. If used via telehealth it should be for the purpose of clinical observation and gathering functional information ONLY due to inability to maintain standardization protocols.

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<https://www.pearsonassessments.com/content/school/global/clinical/us/en/professional-assessments/digital-solutions/telepractice/telepractice-and-the-beery-vmi.html>.

The Parent Transition Survey is a questionnaire designed to assist in understanding parents' needs and expectations for their child's future. It provides vital information that can lead to successful transition planning. A hard copy can be provided to parents or an interview can be conducted via telehealth.
<https://www.transitioncoalition.org/wp-content/uploads/2015/01/New-Parent-Transition-Survey-English.pdf>

The ARC Self Determination Scale is a student self-report measure designed for students with cognitive disabilities and used to identify strengths and areas of concern that may promote or inhibit self-determination skills needed for successful transition to adulthood. A hard copy can be provided to parents and students or an interview can be conducted via telehealth.
<https://www.ou.edu/content/dam/Education/documents/miscellaneous/the-arc-self-determination-scale.pdf>

Multi-Tiered System of Support Considerations for School-Based OT

Tier 1

- ★ participation on the Intervention & Referral Services committee
- ★ formal screening process
- ★ integrated time in targeted classrooms
- ★ lending library for teachers with commonly used teaching materials (i.e. pencil grips, slant boards, handheld fidgets)
- ★ collaboration opportunities for school initiatives related to coping, stress reduction and regulation
- ★ Teacher Consultation/Collaboration for whole class strategies related to attention, regulation and executive function

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Tier 2

- ★ Recommending alternative or adapted materials (easel for writing, use of a laptop, organizational materials/strategies etc.) to promote participation
- ★ Suggesting appropriate and applicable assistive technology (speech to text, text to speech, etc.)
- ★ Recommendations for seating modifications
- ★ Consultation with teachers and modeling differentiated instructional approaches in small group or classroom activities. Some areas might include:
 - Handwriting- demonstrating techniques or modifying paper
 - Self-help skills- recommending modifications for fasteners or clothing adaptations to improve independence
 - Fine motor tool use- demonstrating different pencil grips, slant boards
 - Attention- facilitating classroom movement break strategies
 - Executive function- facilitating classroom use of planners/checklists/visual reminders
 - Emotional Regulation-facilitate stress reduction for particular students in order to learn both on zoom and in person

Tier 3

- ★ Recommendation for sensory strategies/regulation strategies specific to student
- ★ Targeted organizational strategies specific to student
- ★ Child specific recommendations for handwriting remediation
- ★ Development of fine motor toolbox specific to a child to use throughout the day to build skills needed for optimal use of fine motor tools such as scissors, pencil etc.
- ★ Assessment

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References:

American Occupational Therapy Association. *AOTA Practice Advisory on Occupational Therapy in Response to Intervention*. Bethesda Md.

American Occupational Therapy Association. *Frequently Asked Questions (FAQ): Response to Intervention for School-Based Occupational Therapists and Occupational Therapy Assistants*. Bethesda Md.

Mental Health Resources

National Institute of Mental Health Education and Awareness

<https://www.nimh.nih.gov/health/education-awareness/index.shtml>

AOTA Resource for OT and Mental Health

<https://www.aota.org/-/media/corporate/files/practice/children/browse/school/mental-health/ot%20%20school%20mental%20health%20fact%20sheet%20for%20web%20posting%20102109.pdf>

Resources for Regression and Recoupment

Defining Regression and Recoupment for ESY as a starting point page 17

<https://www.f3law.com/downloads/Summertime-and-the-Livins-ESY-Final-ACSA-2013.pdf>

School Based Data Collection AOTA product

https://myaota.aota.org/shop_aota/product/OL7045?_ga=2.65573358.1197470598.1596079923-1256038416.1500419669

Additional Resources-Helpful Links

AOTA School Based Decision Guide for COVID-19

https://www.aota.org/~/_media/Corporate/Files/Practice/Health/COVID-Decision-Guide-School-Based-Early-Intervention.pdf?utm_source=COVID%2D19%20Email%20070120&utm_medium=email&utm_campaign=COVID%2D19%20State%20Updates%20as%20Cases%20Surge

State of New Jersey Department of Education Special Education Resources

<https://www.nj.gov/education/specialed/resources/>

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National Consortium of Telehealth Resource Centers
<https://www.telehealthresourcecenter.org/>

Center for Connected Health Policy
<https://www.cchpca.org/>

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