



STATE OF NEVADA BOARD OF OCCUPATIONAL THERAPY

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Challenges in School Based Practice

The Public School systems are facing budget shortfalls and challenging economic conditions which can lead to lower staffing levels and larger case loads. When faced with providing adequate OT services; administrators may be considering alternatives measures to providing OT activities. The following questions and answers provide guidelines to the OT practitioner in school based practice.

Can a COTA attend an IEP without an OTR present and can she sign the IEP? Does she sign that she is representing OT or COTA/L?

The COTA can attend an IEP with the OTR, and sign using COTA/L. Technically a COTA can attend an IEP without the OTR, but at that point the COTA risks being out of compliance with their license in the area of treatment planning. Some school districts are beginning to document use of the IEP as the treatment plan or plan of care. The IEP meeting is a team planning meeting, where goals are developed and services are determined at the meeting. (Treatment planning). Prior to the IEP, most OT's meet with the teacher of record to discuss the teacher's proposed educational goals. Often during this discussion, the OT formulates a recommendation or proposal of OT intervention methods, which includes service type, duration, and location. As the IEP meeting is based on team agreement on individualized educational programming, plans are often adjusted, added or deleted. There is no reason to place the COTA in a potentially liable situation by attending the meeting without the OTR. Best practice is that the team would attend IEP's together, but it is difficult to support with large caseloads while maintaining intervention schedules.

Can a COTA do the present level of performance as long as it is not an initial evaluation or a 3 year re-evaluation?

(NAC 640A.265) **NO**—The COTA is always able to provide/contribute to present levels with the OTR. The OTR then takes this information, combines it with their informal assessment/present levels/interventions and interprets this information for placement in present levels. It is up to the OTR and teacher of record to determine what information goes into the IEP document. Best practice suggests that all team members information/present levels are blended together, rather than each discipline/team member information listed separately. The OT is responsible for linking proposed OT support to educational goals/modifications and intervention methods.

Can a COTA carry her own caseload as long as she is supervised by an OTR for 1 hour for every 40 hours worked?

(NAC 640A.265 and NAC 640A.250) **NO**—A COTA is one member of the team, and does not have a caseload. The OTR has the caseload and is responsible for all the students that are shared by the OTR/COTA team. The COTA can be assigned to work with any student on that OTR's caseload, but is it under the direction and treatment plan written by the OTR. Best practice caseloads provide equal access to all students on the OTR's caseload, which allows the OTR to know each student and assign the COTA as needed to cover any student on the caseload. Teams may choose to rotate weekly, biweekly, or monthly so that treatment interventions are evidenced based (data) and adjusted. COTA assignments to specific students are often based on IEP dates, referrals, re-evaluation schedules, illness or student needs as determined by the OTR.

Supervision of 1.0 hour per 40.0 hours worked —This is the minimum amount of time required for supervision, and more is expected with high caseloads and involved students. Teams may choose to use two documentation methods for supervision, the required log which is more general and one that is student specific. Documentation that supports OT/COTA supervision on a specific student is up to the team, and is essential in cases which are moving toward a due process hearing. These notes might be in specific student files, not listed on the general log, so that student information is confidential. Many OTR's choose to remove the COTA from situations headed toward/in due process.

Can a COTA determine the frequency of service?

(NAC 640A.265) **NO**—Determining intervention frequency is linked to OT related services support of educational goals and treatment planning. The COTA is expected to provide the OTR with information from their interventions. The OTR is responsible for assessment, interpretation of intervention session data, treatment plans , modification of interventions in response to evidenced based practices, and present levels. The OTR proposes intervention methods (style, frequency and location) at the IEP and the team discusses the proposal until a team agreement is reached.

Can a COTA complete the goal page of the IEP?

(NAC 640A.265) **NO**—Working with goal information involves interpretation of information and treatment planning. The OTR meets with the teacher of record and discusses educational goals throughout the year. OT information is blended by the teacher into her data to determine progress on educational goals. IDEA requires OT as a related service to the educational program, which supports access to educational programs. Most districts have moved away from earlier models (1980-1990's) and no longer use isolated goals. OT related services support educational goals which are chosen and linked by the teacher to state curriculum standards.