



Joe Lombardo  
Governor

STATE OF NEVADA  
**BOARD OF OCCUPATIONAL THERAPY**

6170 Mae Anne Avenue, Suite 1  
Reno, Nevada 89523  
Phone: (775) 746-4101 / Fax: (775) 746-4105

Email: [board@nvot.org](mailto:board@nvot.org)

Website: [www.nvot.org](http://www.nvot.org)

Heather Hartley  
Executive Director

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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 caseloads. 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 an OTA attend an IEP without an OT present, and can they sign the IEP? Does he or she sign that they are representing OT or OTA/L?**

The OTA can attend an IEP with the OT, and sign using OTA/L. Technically an OTA can attend an IEP without the OT, but at that point the OTA 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 OTs 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 OTA in a potentially liable situation by attending the meeting without the OT. 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 an OTA 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 OTA is always able to provide/contribute to present levels with the OT. The OT 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 OT 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 members' information listed separately. The OT is responsible for linking proposed occupational therapy support to educational goals/modifications and intervention methods.

**Can an OTA carry their own caseload as long as they are supervised by  
an OT for 1 hour for every 40 hours worked?**

(NAC 640A.265 and NAC 640A.250) **NO**—An OTA is one member of the team, and does not have a caseload. The OT has the caseload and is responsible for all the students that are shared by the OT/OTA team. The OTA can be assigned to work with any student on that OT's caseload, but under the direction and treatment plan written by the OT. Best practice caseloads provide equal access to all students on the OT's caseload, which allows the OT to know each student and assign the OTA 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. OTA assignments to specific students are often based on IEP dates, referrals, re-evaluation schedules, illness or student needs as determined by the OT.

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 an alternative documentation method for supervision. Documentation that supports OT/OTA supervision on a specific student is up to the team and is essential in cases which are moving toward a due process hearing. Many OTs choose to remove the OTA from situations headed toward/in due process.

**Can an OTA 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 OTA is expected to provide the OT with information from their interventions. The OT is responsible for assessment, interpretation of intervention session data, treatment plans, modification of interventions in response to evidenced based practices, and present levels. The OT proposes intervention methods (style, frequency and location) at the IEP and the team discusses the proposal until a team agreement is reached.

**Can an OTA complete the goal page of the IEP?**

(NAC 640A.265) **NO**—Working with goal information involves interpretation of information and treatment planning. The OT meets with the teacher of record and discusses educational goals throughout the year. OT information is blended by the teacher into their data to determine progress on educational goals. IDEA requires occupational therapy 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. Occupational therapy related services support educational goals which are chosen and linked by the teacher to state curriculum standards.