

**ST. LAWRENCE-LEWIS BOARD OF COOPERATIVE
EDUCATIONAL SERVICES**

OT/PT STUDENT CLINICAL AFFILIATION GUIDE



Revised June 2010

TABLE OF CONTENTS

Introduction to the St. Lawrence Lewis BOCES.....Section 1

Introduction to the OT/PT Department.....Section 2

Clinical Education Program.....Section 3

- 1. Weekly Schedule**
- 2. Policies and Procedures**
 - ~Dress code
 - ~Time off
 - ~BOCES handbook
- 3. Expected Knowledge Base**
 - ~Disabilities
 - ~Treatment approaches
 - ~Equipment
 - ~Assessments
- 4. Professional Behavior**
 - ~Confidentiality
 - ~Ethical Behavior/Codes of Ethics
 - ~Twelve Points on Attitude

Site Specific Requirements.....Section 4

- 1. Project/presentation**
- 2. Visit to one other therapist**
- 3. Disability awareness**
- 4. Contact one post-secondary option**
- 5. Contact one community support system**

Referral Process/Regulations/Forms.....Section 5

- 1. New York State Regulations**
- 2. Section 504**
- 3. Individual Education Programs (IEPs)**
- 4. Progress Notes**
- 5. Medicaid and student attendance**

Supervision.....Section 6

General Information.....Section 7

SECTION 1:

INTRODUCTION TO THE ST. LAWRENCE-LEWIS BOCES



SPECIAL EDUCATION PROGRAM

P.O. Box 231, 139 State Street Road

Canton, NY 13617

Phone: (315) 386-4504 Fax: (315) 379-0246

www.sllboces.org

Mission: All persons involved with our students will create quality educational experiences within a positive learning environment in which individuals achieve their fullest potential and contribute as members of their community.

SECTION 2:

INTRODUCTION TO THE OT/PT DEPARTMENT

The St. Lawrence-Lewis BOCES OT/PT department is supervised by a special education supervisor. The department is comprised of occupational therapists, physical therapists, and certified occupational therapy assistants. The department holds monthly staff meetings at our Main Office in Canton, New York. The department has a variety of working committees to conduct the business of our department.

The department has created several documents to assist the full department in all areas of service provision. These documents can be accessed via the St. Lawrence-Lewis BOCES website:
www.sllboces.org.

The St. Lawrence-Lewis BOCES OT/PT department provides evaluation and therapy services for children/students age birth to age 21. Therapists work within home settings, community settings, and public and parochial school buildings.

SECTION 3:
CLINICAL EDUCATION PROGRAM
WEEKLY SCHEDULES

PT: Week 1 & 2 or 1-3/OT: week 1-3

- Orientation to facility and supervisor(s)
- Review of BOCES policies and procedures
- Write up of disabilities (copies sent to BOCES supervisor)
- Shadow supervisor(s)
- Review caseloads
- Develop treatment plan for assigned students
- Participate in department and team meetings

PT: Week 3 & 4 or 4-6/OT: week 4-6

- Participate in at least one evaluation
- Complete site visits/contacts
- Review equipment list
- Assume partial caseload
- Weekly treatment plan for assigned students
- Participation in department and team meetings
- Review of mid-term evaluation

PT: week 5 & 6 or 7-9/OT: week 7-9

- Complete presentation or project
- Assume full caseload
- Treatment plans for assigned caseload
- Review equipment list
- Participation in department and team meetings

PT: week 7 & 8 or 10-12/OT: week 10-12

- Complete any therapist visit
- Complete evaluation of students independently
- Participation in department and team meetings
- Review final evaluation

The student will meet at least once per week with the supervisor(s). At that time, treatment plans for the week will be due and reviewed. Weekly calendars/schedules will be developed. Session notes will also be reviewed. A weekly clinical goal sheet could also be completed at the discretion of the CI (see attached sample form).

Additional scheduled times will be provided to allow for discussion of caseload and to address any questions or concerns. Discussions may include equipment justifications, progress reporting, Medicaid, evaluations, or other paperwork.

SAMPLE: Weekly Clinical Goal Sheet

STUDENT: _____ DATE: _____

CI: _____ WEEK #: _____

1. This was a: _____ good week _____ so-so week _____ challenging week
2. Were objectives met from last week? Why or why not?
3. What 2 experiences stand out in your mind from this week?
4. List 2 areas you feel you demonstrated improvement this week?
5. List 2 areas that you feel you still need to improve upon.
6. Write 2-3 measurable objectives to be achieved in the coming week.

SIGNATURE OF CI: _____

SIGNATURE OF STUDENT: _____

POLICIES AND PROCEDURES

DRESS CODE:

Many treatment sessions are performed on mats on the floor. Therefore, this facility requires students to wear clothing that is loose fitting, durable, and comfortable. Short skirts, spaghetti strap tank tops, low-cut tops, and jeans are not recommended. Students should wear a watch. Students should wear their hair neatly, consistent with professional appearance. Long hair should be pulled back from the face so it does not interfere with student care and treatment. Excessive jewelry, make-up, and perfumes are to be avoided to be consistent with professional appearance, safety regulations, and student allergies and sensitivities.

Students should be aware of the dress code and code of conduct of each host school district. The BOCES and district codes of conduct will be made available to all students. Students should follow these established codes of conduct while on the premises.

SAFETY STATEMENT:

The occupational and physical therapists at this facility feel that maintaining children's safety during their treatment sessions is the most important objective to be met by the physical/occupational therapy student. A child's safety and well-being should never be compromised during a treatment session.

Comprehensive knowledge of medical history, precautions, and behavioral needs prior to treatment is essential to enable physical/occupational therapy students to determine the amount of supervision needed to each child:

- ~Constant visual supervision with the child
- ~Degree of close guarding/hands-on assistance needed
- ~Physical supports needed to ensure the child's safety

TIME OFF:

Students are encouraged to limit time off during their affiliation. This facility will allow a one day absence during the affiliation. If it becomes necessary for a student to be absent for more than one day, the supervisor, academic site, and clinical coordinator MUST be notified. Time should be made up as soon as possible. Students should be aware of their college/university's requirements regarding time off.

Students will follow the school schedule and calendar. In the event of a snow day, students do not report to the facility to which they are assigned. They should contact their supervisor to determine alternate activities. Activities may include completion of paperwork, projects, site-specific requirements, or others as deemed appropriate by the supervisor. The supervisor will also contact the college/university.

BOCES HANDBOOK:

All students are expected to review and become familiar with the BOCES Special Education handbook. A hard copy will be provided to each student. In addition, information can be accessed via the St. Lawrence-Lewis BOCES website: www.sllboces.org. Students can only gain access through their CI.

EXPECTED KNOWLEDGE BASE

DISABILITIES:

By the end of the affiliation, all students will be expected to have become familiar with several of the most common disabilities in the pediatric population. Students will learn:

- ~the characteristics of the disability
- ~the primary implications of the diagnosis
- ~standard treatment approach(es) utilized
- ~treatment contra-indications

Students are referred to the following resources for additional information:

PT: Various Disabilities Binders
The Handbook of Pediatric Physical Therapy by Toby Long & Holly Lea Cintas

OT: Occupational Therapy for Children-4th Edition by Jane Case Smith
Copyright 2001: Mosby Inc 11830 Westline Industrial Drive St. Louis, MO 63146

COMMON DISABILITIES IN THE PEDIATRIC POPULATION:

- Attention Deficit Disorder (ADD)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Autism and Autism Spectrum Disorder
- Cerebral Palsy (spastic quadriplegia; hemiplegia; ataxia; hypotonia)
- Down Syndrome
- Fetal Alcohol Syndrome
- Hydrocephalus
- Learning Disabilities
- Muscular Dystrophy (MD)
- Pervasive Developmental Disorder (PDD)
- Spina Bifida
- Traumatic Brain Injury (TBI)

In addition, students are expected to become familiar with sensory integration and other disabilities that are found on the assigned caseload.

Information regarding other disabilities can be accessed via:

National Organization for Rare Disorders
PO Box 8923
New Fairfield, CT 06812-8923
(203)746-6518
Fax: (203)746-6481
Email: orphan@nord-rdb.com
Website: www.NORK-RBD.com/orphan

TREATMENT APPROACHES:

Our department utilizes a variety of treatment approaches when conducting therapy. These include, but are not limited to:

1. **SENSORY INTEGRATION:** The goal of intervention is to provide a “just-right” environment that will help the child with sensory processing deficits become better at interpreting and organizing sensory information.
2. **NEURODEVELOPMENT TREATMENT:** A therapeutic approach to the assessment and management of persons with neurological disabilities. It analyzes the physical challenges that impact posture and movements. It emphasizes therapeutic handling, including facilitation of desired movements and inhibition of undesired movements. It incorporates sensory input to produce a desired motor response. It aims to promote active, efficient, automatic movements during functional activities.
3. **MYOFACIAL RELEASE:** the application of local sensory input in the form of sustained, gentle pressure and traction or light traction without pressure via the therapist’s hands to slowly elongate/release fascia superficially or deeply that has been restricting active movement and/or causing discomfort.
4. **DEVELOPMENTAL:** Facilitating improved functional movement and strength in a developmentally delayed child by progressing them along the developmental sequence: (i.e. gross motor: head up in supine/prone; rolling; commando crawling; sitting; creeping; pull to stand; cruising; walking; etc)
5. **COMPENSATORY:** A therapeutic approach designed to educate the student/patient regarding their disability and methods of compensating for weaknesses to increase functional level (i.e. teach a child with visual field deficits to turn head to view the area).
6. **FUNCTIONAL:** Treatment goal is to permit the student to manage personal needs and to permit freedom of movement in the classroom and school with minimal physical assistance and with or without the use of adaptive equipment or assistive technology.
7. **THERAPEUTIC EXERCISE:** Strengthening and/or range of motion enhancing exercises for the trunk, neck, or extremities to address specific deficit areas in order to keep children as functionally independent as possible and enable them to participate optimally within the school setting.
8. **THERAPEUTIC PLAY:** A type of therapeutic intervention for the purpose of increasing social interaction between children with and without disabilities in an integrated classroom setting. Through therapeutic play, children should access three types of play on a daily basis: construction, symbolic, and sensorimotor. Depending upon the child’s age or developmental level, children spend different amounts of time engaging in each type of play.
9. **INTEGRATED THERAPY:** The therapist, as part of the child’s team, is responsible for incorporating the IEP goals into the regular education setting. The therapist acts as a resource to the team that meets on a regular basis. The therapist consults with classroom staff and conducts assessments as needed.

ADAPTIVE EQUIPMENT FOR POSITIONING, MOBILITY, COMMUNICATION, AND ADLs:

By the end of the affiliation, all students will be expected to have become familiar with several of the most common types of equipment that are encountered in the pediatric population. Students will learn:

- The indications/contraindication for use
- The prerequisites needed for use
- The goals that are to be achieved by the use of the equipment
- Methodology for using the equipment (how to use it, frequency of use, etc)
- Guidelines for ensuring proper fitting equipment

The following are types of equipment that may be found in our programs:

PT Equipment:

- Various types of walkers
- Various types of standers: upright, prone, and supine
- Side lying boards
- Positioning wedges
- Various positioning chairs
- Adapted tricycles
- Orthoses: AFOs, knee immobilizers, etc
- Various types of mechanical lifts

OT Equipment:

- Hand or arm splints
- Scoop dishes
- Adapted eating utensils
- Various types of scissors
- Easels
- Pencil grips
- Reachers

Both PT and OT Equipment:

- Switch access for computers or toys
- Power link
- Intellikeys or intellitools
- Write Outloud or Cowriter
- Voice output devices
- Alphasmarts
- Adaptive toileting/bathing equipment
- Sit and move cushions
- Bolsters
- Therapy balls
- Therapy swings
- Theraputty
- Sliding boards
- Dressing aids

PHYSICAL THERAPY ASSESSMENTS:

Prior to participation in the affiliation with our agency, it is expected that the student will become familiar with the following pediatric assessment tools:

Bruininks-Oseretsky Test of Motor Proficiency, 2nd Edition (BOT-2)	<p>The Bruininks-Oseretsky Test of Motor Proficiency, 2nd Edition (BOT-2) is an individually administered test that assesses the motor functioning of children from 4 to 21 years of age. The Complete Battery (eight subtests comprised of 53 separate items) provides a comprehensive index of motor proficiency as well as separate measures of both gross and fine motor skills. The Short Form provides a brief survey of general motor proficiency.</p> <p>This test was developed to provide educators, clinicians, and researchers with useful information to assist them in assessing the motor skills of individual students, in developing and evaluating motor training programs, and in assessing serious motor dysfunctions and developmental disabilities in children. Normative data, based on the performance of a carefully selected sample of subjects tested in the standardization program, include scale scores for each age group, percentile ranks, and standard scores. Age equivalents are also provided for each of the eight subtests.</p>
Peabody Developmental Motor Scales, 2nd Ed. PDMS2	<p>The PDMS-2 is a standardized assessment, determined both reliable and valid. It is composed of six subtests (reflexes, stationary skills, locomotion skills, object manipulation, grasping, and visual-motor integration) that measure interrelated motor abilities that develop early in life. It was designed to assess the motor skills in children from birth through 6 years of age. The normative sample consists of 2,003 persons residing in 46 states.</p> <p>Physical therapists, occupational therapists, early intervention specialists, diagnosticians, adapted physical education teachers, psychologists, and others who are interested in examining the motor abilities of young children can use the PDMS-2. The results of the PDMS-2 can be used to estimate a child's motor competence relative to his or her peers, identify specific skill deficits, develop individual goals and objectives, and to evaluate a child's progress over time.</p>
Pediatric Evaluation of Disabilities Inventory (PEDI)	<p>The Pediatric Evaluation of Disability Inventory (PEDI) is a comprehensive clinical assessment instrument that samples key functional capabilities and performance in children from the ages of 6 months to 7.5 years. The PEDI measures both capability and performance of functional activities in three content domains: 1) self-care, 2) mobility, and 3) social function. Capability is measured by the identification of functional skills for which the child has demonstrated mastery and competence.</p>

<p>School Functional Assessment (SFA)</p>	<p>The School Function Assessment (SFA) is used to measure a student’s performance of functional tasks that support his or her participation in the academic and social aspects of an elementary school program (grades K-6). It was designed to facilitate collaborative program planning for students with a variety of disabling conditions. The instrument is a judgment-based (questionnaire) assessment that is completed by one or more school professionals who know the student well and have observed his or her typical performance on the school-related tasks and activities being assessed. Items have been written in measurable, behavioral terms that can be used directly in the student’s Individual Educational Plan (IEP).</p>
<p>Sensory Profile – Short Form</p>	<p>The Sensory Profile provides a standard method for professionals to measure a child’s sensory processing abilities and to profile the effect of sensory processing on functional performance in the daily life of a child. The profile is most appropriate for children 5-10 years of age. See Chapter 5 for information on how to use it with 3 and 4 year olds.</p>
<p>Sensory Profile – Long Form</p>	
<p>Movement Assessment Battery for Children (ABC)</p>	<p>The Movement ABC identifies and evaluates the movement problems that can determine a child’s participation and social adjustment at school and to plan programs for remediation and management. It is a unique assessment battery specifically designed to identify and evaluate movement problems that can determine a child’s social integration at school. This evaluation tool can be used for children ages 4-12 years.</p>
<p>Test of Gross Motor Development-2</p>	<p>The Test of Gross Motor Development was published to fill a void in assessing the motor behavior of children ages 3 through 10. Gross motor skills are defined as skills that use the large, force producing muscles of the trunk, arms and legs. Gross motor skills are also used to achieve a movement task or goal such as throwing a ball to a friend or jumping over a mud puddle. Gross motor development includes movement behaviors that are used to transport the body from one location to another and to project and receive objects, most commonly balls. Therefore, locomotion and object control behaviors form the nucleus of the general domain measured by the TGMD-2. The TGMD-2 measures how children coordinate their trunks and limbs during a movement task performing rather than assessing the end result. For example, it does not assess how fast they run or how far they threw the ball. The test measures 12 gross motor skills that may be taught to children in the preschool, early elementary, and special education classes.</p>
<p>Gross Motor Function Measure (GMFM) (GMFM-66 & GMFM-88)</p>	<p>The GMFM is a standardized observational instrument designed and validated to measure change in gross motor function in children with cerebral palsy. Items on the GMFM span the spectrum from activities in lying and rolling up to walking, running, and jumping skills.</p>

Miller Function and Participation Scales	<p>Children taking the test engage in tasks that sample functional preschool and school fine motor activities (e.g., drawing, writing, and cutting with scissors) and gross motor activities (e.g., catching a ball, balancing, and jumping). The test items are presented as natural and fun “games” that are typical of a child’s daily leisure and school activities. M-FUN is designed to assess children who exhibit mild, moderate, or severe motor delays, incorporating elements of body function, activity, and participation. M-FUN was developed for use with children ages 2 years 6 months to 7 years 11 months.</p>
The Sensorimotor Performance Analysis	<p>The Sensorimotor Performance Analysis (SPA) is a criterion-referenced assessment intended to provide a qualitative record of individual sensorimotor performance. The primary focus of this analysis is the underlying sensorimotor components of performance. This includes determining the persistence of primitive postural mechanisms. Information is also obtained about sensory processing, developmental lags, postural muscle tone, and bilateral integration problems. The SPA is most appropriately used as a pre- and post-testing tool. As a pre-test, the SPA identifies problem areas that assist the therapist in treatment planning. As a post-test, the SPA measures change following intervention.</p> <p>The SPA is not standardized or correlated to chronological age. It was developed for educable, trainable, and profoundly retarded children, adolescents, and young adults ages 5 to 21 years who cannot be tested adequately with standardized tests and who perform new motor skills slowly.</p>

OCCUPATIONAL THERAPY ASSESSMENTS:

Prior to participation in the affiliation with our agency, it is expected that the student will become familiar with the following pediatric assessment tools:

Peabody Developmental Motor Scales-2nd Edition (PDMS-2)

The PDMS-2 is a standardized assessment, determined both reliable and valid. It is composed of six subtests (reflexes, stationary skills, locomotion skills, object manipulation, grasping, and visual motor integration) that measure interrelated motor abilities that develop early in life. It was designed to assess the motor skills in children birth through 6 years of age. The normative sample consisted of 2,003 persons residing in 46 states.

Physical therapists, occupational therapists, early intervention specialists, diagnosticians, adapted physical education teachers, psychologists, and others who are interested in examining the motor abilities of young children can use the PDMS-2. The results of the PDMS-2 can be used to estimate a child's motor competence relative to his or her peers, identify specific skill deficits, develop individual goals and objectives, and to evaluate a child's progress over time.

Developmental Test of Visual-Motor Integration and Visual Perception/Motor Coordination Supplemental Tests (VMI)

The VMI is a 27 item assessment consisting of a developmental sequence of geometric forms to be copied with paper and pencil that can be administered in a group or individually in approximately 10-15 minutes. Typically, the test is used with preschool children through young adults (3-17 years of age). The VMI is designed to specifically assess integrated visual and motor abilities while the supplemental tests are used to determine whether the difficulty the individual is having is either visual perceptual or motor coordination. These two new supplemental subtests use the same stimulus forms as the VMI in order to statistically compare an individual's VMI results with relatively pure visual and motor performance.

In terms of reliability, the VMI and its supplemental Visual and Motor tests had overall average reliabilities of .92, .91, and .89 respectively. The content validity of the VMI and its supplemental tests are strongly supported. Generally, researchers have found the VMI to be a valuable predictor when used in combination with other measures.

Test of Visual-Perceptual Skills: non motor (TVPS)

The TVPS is a well-accepted, normed, standardized test that is highly regarded and widely utilized among occupational therapists, psychologists, learning specialists, optometrists, educators, remedial specialists, and other professionals. Through a collection of subtests, this instrument assesses a subject's visual-perceptual skills. The subtests include visual discrimination, visual memory, visual spatial relationships, visual form constancy, visual sequential memory, visual figure-ground, and visual closure.

Standardization for this instrument has been done on approximately 1,000 subjects. Test results from the field study have been converted to perceptual ages, standard scores, scaled scores, percentiles, and stanines for each of the seven subtests. This instrument is best utilized with children ages 4 through 13 years.

Low functioning in any one of the above seven categories could suggest that a subject may have difficulty in learning to read and in learning to spell. It is thought that in order for a subject to read and

spell adequately, he or she needs to have well developed visual-perceptual skills and auditory perceptual skills.

Developmental Test of Visual Perceptual Skills -2nd Edition (DTVP)-2

The DTVP-2 is a standardized assessment tool used to evaluate an individual's visual perceptual and visual-motor abilities. The DTVP-2 is composed of eight subtests: eye-hand coordination, position in space, copying, figure-ground, spatial relations, visual closure, visual-motor speed, and form constancy. The DTVP-2 can be administered to children between the ages of 4-10 years old.

Occupational therapists, psychologists, educator, diagnosticians and other individuals who are interested in a child's visual perceptual abilities can administer this assessment tool. The DTVP-2 can be administered in 30 to 60 minutes. The DTVP-2 normative sample consisted of 1,972 children in 12 states. Content, criterion-related, and construct validity were all established for the DTVP-2.

Evaluation Tool of Children's Handwriting (ETCH)

The ETCH is designed to evaluate manuscript and cursive handwriting skills of children in grades 1 through 6 who are experiencing difficulty with written communication. The primary focus of the ETCH is to assess a child's legibility and speed of handwriting in writing tasks which are similar to those required of students in the classroom. The ETCH also examines specific legibility components of the child's handwriting, such as letter formation, spacing, size, and alignment, as well as a variety of sensorimotor skills related to the child's handling of the writing tool and paper.

Children to be evaluated with the ETCH range in chronological ages from 6 years, 0 months to 12 years, 5 months, typical of students from grades 1 through 6 in the United States schools. The ETCH continues to be under construction within the test development process. The need to publish the ETCH at this stage of test development was greater than the need to withhold its publication until test development was complete secondary to the scarcity of comprehensive handwriting assessments and the steadily increasing number of occupational therapy referrals in this area.

The Print Tool

The Print Tool is a non-standardized assessment tool used to evaluate and remediate handwriting. It assesses capitals, numbers and lowercase letter skills. The Print Tool can be administered to students age six and older. Teachers and therapists can administer the Print Tool. The Print Tool assesses eight basic components of handwriting: memory, orientation, placement, size, start, sequence, control and spacing. The Print Tool can be used to assess a variety of handwriting curriculums.

Sensory Profile

The Sensory Profile is an assessment tool for measuring an individual's sensory processing abilities and their effect on the individual's occupational performance. The Sensory Profile also has a variety of family products Infant/Toddler Sensory Profile, Adolescent/Adult Sensory Profile, and the Sensory Profile School Companion to assess an individual's sensory processing difficulties from birth through geriatric. The Sensory Profile itself is appropriate to use with children between the ages of 5-10 years old. The Sensory Profile is a judgment based caregiver questionnaire. The Sensory Profile is composed of 125 items that are grouped into three main sections: Sensory Processing, Modulation, and Behavioral and Emotional Responses.

The Sensory Profile offers a research-based and family centered approach to sensory processing. Occupational therapists, teachers, psychologists, speech-language pathologists, and physicians are able to administer the Sensory Profile to gain an understanding of a child's sensory processing needs. Content, construct, convergent and discriminant validity was established for the Sensory Profile. Research on the Sensory Profile was conducted on more than 1,200 children with and without disabilities between the ages of 3 and 14 years old.

PROFESSIONAL BEHAVIOR:

CONFIDENTIALITY:

The St. Lawrence-Lewis BOCES has put into practice various procedures to insure the confidentiality of student information. These procedures can be accessed via the BOCES' website: www.sllboces.org.

All students are expected to adhere to these standards throughout their affiliation with our agency.

ETHICAL BEHAVIOR/CODES OF ETHICS

Physical therapy students are referred to the American Physical Therapy Association's Code of Ethics for guidance regarding professional conduct. Physical therapy students are directed to the APTA website for additional information: www.apta.org

Occupational therapy students are referred to the American Occupational Therapy Association's Code of Ethics for guidance regarding professional conduct. Occupational therapy students are directed to the AOTA website for additional information: www.aota.org

TWELVE POINTS ON ATTITUDE

1. Your attitude at the beginning of a task will affect its successful outcome more than anything else.
2. Your attitude toward life determines life's attitude toward you.
3. Your attitude toward others will determine their attitude toward you.
4. Before you can achieve the kind of life you want, you must think, act, walk, talk, and conduct yourself in all of your affairs as would the person you wish to become.
5. The higher you go in any organization of value, the better attitude you'll find.
6. Hold successful, positive thoughts in your mind.
7. Always make people feel important, needed, and accepted, and they will return the same to you.
8. Part of a good attitude is to look for the best in new ideas and look for good ideas everywhere.
9. Look for the best in everyone. There is good in the worst of us and bad in the best of us. What you look for is what you see.
10. Don't talk about your health unless it is good.
11. Radiate the attitude of well-being, of competence, of knowing where you're going.
12. Treat everyone with whom you come in contact as the most important person on earth.

SECTION 4:

SITE SPECIFIC REQUIREMENTS

Each student is expected to complete the following site-specific requirements during their affiliation with the St. Lawrence-Lewis BOCES:

1. **PROJECT/PRESENTATION**

The student in collaboration with his/her supervisor will select a topic on which to develop a project/presentation that they will share with the BOCES OT/PT department at a scheduled staff meeting or staff development day.

2. **VISIT TO ONE OTHER THERAPIST**

The student in collaboration with his/her supervisor will be expected to visit one other BOCES therapist to gain additional experience that will allow for exposure to different disabilities, equipment, treatment procedures, or assessments.

3. **DISABILITY AWARENESS**

The student will be expected to complete a one page typed summary for each disability/diagnosis that they are exposed to during the affiliation. These will be copied for current staff members and future students. In the event that there are more than 10 different disabilities/diagnoses on the caseload, the student and the supervisor will determine which 10 to focus upon.

4. **CONTACT TO ONE POST-SECONDARY OPTION**

Each student is expected to make at least one contact (i.e. visitation, phone contact, etc) to a post-secondary option during his/her affiliation. Options may include sheltered workshops, day rehabilitation, ICFs, IRAs, and Independent Living Centers.

5. **CONTACT TO ONE COMMUNITY SUPPORT SYSTEM**

Each student is expected to make at least one contact (i.e. visitation, phone contact, panel participation, etc) to a community support system during his/her affiliation. Options may include NYSARC, UCP, Independent Living Centers, VESID, Sunmount DDSO, Parent-to-Parent Network, Early Childhood Direction Center, Public Health Department, and Social Services.

**THESE REQUIREMENTS CAN BE ADAPTED AS DEEMED
APPROPRIATE BY THE CI.**

SECTION 5:

REFERRAL PROCESS/REGULATIONS/FORMS

REFERRAL PROCESS:

In New York State, the Part 200 and 201 Regulations of the Commissioner of Education, dictate special education services. The full regulations can be referenced via:

www.vesid.gov/speced/publications/lawsandregs

- **Evaluations:**

- ~Students must be identified by the Committee on Special Education (CSE), the Committee on Preschool Special Education (CPSE), or the 504 Committee prior to referral for an OT or PT evaluation

- ~Parents, classroom teachers, other related service providers, physicians, or administrators can make referrals for evaluations

- ~The CSE/CPSE/504 Committee is responsible for obtaining consents from parents/guardians prior to the completion of an evaluation

- ~Evaluations should be completed, a report written, and services initiated within 60 days of the signed request

- ~If the student is eligible for Medicaid, a physician's prescription must be obtained prior to completion of the evaluation

- ~A physician's prescription must be obtained for all evaluations or preschool/CPSE students prior to the completion of the evaluation

- **Recommendations for Services:**

- ~If as a result of an OT or a PT evaluation, OT or PT services are recommended, an Individual Education Program (IEP) or 504 plan must be written, including annual goals and present levels of performance

- ~A physician's prescription must be obtained by the home school district prior to initiation of either OT or PT services

- **13 Categories to Identify School-Aged Disabled Students:**

1. Autism
2. Deafness
3. Deaf-blindness
4. Emotional disturbance
5. Hearing impairment
6. Learning disability
7. Mental retardation
8. Multiple disabilities
9. Orthopedic impairment
10. Other health impairment
11. Speech or language impaired
12. Traumatic brain injury
13. Visual impairment

- **Eligibility Criteria for CPSE:**

In order for preschool students to be eligible for special education services under the CPSE, the following functional areas need to be assessed:

- ~cognitive
- ~language and communication
- ~adaptive
- ~social-emotional
- ~motor

In order for special education services to be initiated, the child must meet one of the following criteria:

- ~12 month delay in one or more functional area **OR**
- ~33% delay in one functional area or 25% delay in 2 functional areas **OR**
- ~2.0 standard deviations below the mean in one functional area or 1.5 standard deviations below the mean in each of two functional areas

- **Definitions:**

1. Individualized education program means a written statement, developed, reviewed and revised in accordance with section 200.4 of this Part, which includes the components specified in section 200.4(d)(2) of this Part to be provided to meet the unique educational needs of a student with a disability.
2. Occupational Therapy means the functional evaluation of the student and the planning and use of a program of purposeful activities to develop or maintain adaptive skills, designed to achieve maximal physical and mental functioning of the student in his or her daily life tasks.
3. Physical Therapy means a related service provided in accordance with section 6731(a) of the Education Law.
4. Related Services means developmental, corrective, and other supportive services as are required to assist a student with a disability and includes speech-language pathology, audiology services, interpreting services, psychological services, physical therapy, occupational therapy, counseling services, including rehabilitation counseling services, orientation and mobility services, medical services as defined in this section, parent counseling and training, school health services, school nurse services, school social work, assistive technology services, appropriate access to recreation, including therapeutic recreation, other appropriate developmental or corrective support services, and other appropriate support services and includes the early identification and assessment of disabling conditions in students.

- **Section 504 of the Rehabilitation Act:**

Some students that receive OT or PT services will do so under Section 504 of the Rehabilitation Act. Additional information on this program can be accessed via:

www.hhs.gov/ocr/civilrights/resources/factsheets/504.pdf

- **New York State Learning Standards:**

Information regarding New York State Learning Standards can be accessed via:

www.emsc.nysed.gov/nysatl/standards.html

- **BOCES OT and PT Curriculum Maps:**

The St. Lawrence-Lewis BOCES OT/PT department has developed curriculum maps to assist in the provision of therapy.

A copy of the OT curriculum map and the PT curriculum map is attached.

- **Writing Individualized Education Programs (IEPs) in New York State:**

Our local school districts utilize computer generated IEP programs. The IEP Direct and Clear Track systems are utilized. Students will be trained on their use during the course of their affiliation with our BOCES.

For additional information regarding writing IEPs in New York State, students are referred to: www.vesid.nysed.gov/speced/formsnotices/IEP/memo-jan10.htm

- **Progress Notes:**

Daily progress notes must be kept on all students who receive OT or PT services. Sample formats can be accessed via the BOCES website or via the attached.

SECTION 6:

SUPERVISION

SUPERVISION:

1. Purpose
2. Role of the fieldwork educator
3. Role of the student
4. Evaluation process tools: AOTA evaluations; APTA evaluations; feedback forms
5. Time management
 - ~Importance of time management
 - ~Suggested tools (daily calendar, daily progress notes, monthly calendar)
 - ~Weekly schedule guidelines

Students should note that the requirements for supervision are dictated by both the college/university program and either the AOTA or the APTA. Each college/university will provide program specific guidelines. These guidelines are typically dependent upon which affiliation is being completed (Level I, Level II, etc).

The expectation during the affiliation is that students will progress from fulltime monitoring and cues to independent performance with consultation by the end of the affiliation.

SECTION 7:
GENERAL INFORMATION

1. Directions to school and maps of the area and schools will be provided
2. Work hours:
 - ~Students are to follow the host school or schools' daily schedule
 - ~General work hours for all BOCES staff are 7:45-3:15 daily
 - ~Work hours will be determined between the supervisor and the college/university
 - ~Students follow a public school calendar
3. ID badges/name tags:
 - ~Most school districts require an ID badge/name tag
 - ~The supervisor will make arrangements for the students
4. Telephone use:
 - ~The supervisor will detail the phone policy of the host school district and the BOCES
5. Educational Resources:
 - ~The supervisor and the BOCES OT/PT department will share educational resources with the student
6. Housing:
 - ~Students are responsible for securing their own housing
 - ~Clinical supervisors and BOCES staff will assist with housing if requested
7. Transportation:
 - ~Students are responsible for securing their own reliable transportation
8. Cell phones and electronic devices:
 - ~Students should not utilize personal cell phones or electronic devices during working hours
 - ~Students should be aware of BOCES and district policies on the use of electronic devices via the individual Codes of Conduct