

Related Services Physical & Occupational Therapy

In the special education world of Alphabet Soup, these services are often abbreviated P.T. for physical therapy and O.T. for occupational therapy. Physical therapy generally concerns itself with a child's gross motor skills and the development of skills that are age appropriate. These skills involve such activities as throwing and catching a ball, balancing on a beam, and jumping on one foot. Knowing where one's body is in space is also a gross motor activity. Fine motor skills involve the use of the muscles in the hands and fingers for such activities as writing, cutting with scissors, and drawing. Being able to complete tasks such as "crossing midline," i.e., being able to move one's arms or hands from one side of the body to another or to draw a line across a page, is important to achieving educational success in such areas as reading and math.

When a child is initially assessed for special education services, gross and fine motor skills evaluations are conducted. If a child is one year or more below the average skill level in either of these areas as measured by specific subtests, the child may be eligible for P.T. or O.T. services through the school district. The question that is asked is: Do these delays affect the child's ability to learn and benefit from the educational program?

A child who requires P.T. or O.T. services to benefit from the educational program should have the need to improve fine or gross motor skills identified in the "Needs" section of the IEP. The actual services should be identified in the section of the Individual Education Plan (IEP) titled "Characteristics of Service." There should also be at least one gross or fine motor goal with related objectives in the section of the IEP titled "Goals and Objectives."

The amount, frequency and duration of the services should be stated in the Characteristics of Services section. For example, a child may require 30 minutes of physical therapy and 20 minutes of occupational therapy twice per week. This requirement would be written:

| <i>Characteristics of Services</i> | |
|---|-------------------------|
| <u>Description of Service</u> | <u>Range of Minutes</u> |
| Physical Therapy | 30 minutes 2x week |
| Occupational Therapy | 20 minutes 2x week |

This section of the IEP should also include a description of the manner in which the service is delivered. Depending upon the child's needs, these services may be provided on a direct, pull-out basis in which the therapist takes the child to a separate room for the activity. The child may be seen in this manner individually or in a group. These services may also be provided to a student within the classroom or to the student's teachers on a consultative basis. The manner in which these services are to be delivered should be identified on the IEP as well as the amount, frequency and duration of the services.

A related service that is sometimes needed in addition to these two services is adaptive physical education. A child may receive adaptive physical education services either in addition to regular physical education or in place of regular physical education depending on the child's individual needs. Adaptive physical education is a modified form of physical education that focuses on the development of specific motor skills that a child needs to have to succeed educationally. If a student requires adaptive physical education, this service should be identified on the IEP under Characteristics of Service in the same way as P.O. and O.T., i.e. the amount,

frequency and duration of the service should be stated. Adaptive physical education services are generally delivered to students in a group situation.

Private physical and occupational therapists often have information about the child's level of functioning, progress and goals in private therapy that may be helpful to share at the child's IEP meeting. This sharing can be accomplished through written reports or the therapist's attendance at the IEP meeting. A child's educational goals in P.T. and O.T. may differ from the goals established in private therapy, but oftentimes these goals will be similar and can be reinforced in both the school and private therapy setting.