



Today's Objectives

- How to develop and maintain a positive collaborative relationship.
- What the legal and educational mandates say regarding intervention services including inclusive therapy practices in the classroom.
- What the benefits and drawbacks of the collaborative models between therapist and teacher are.
- How the models for inclusive therapy practices will be applied on your campus to decrease LRE and improve student outcomes.





They don't care how much you know until they know how much you care.

Now you try!

At your table, please introduce yourselves and include personal details such as:

- what you enjoy
- what is important to you
- what you find fulfilling about working in the schools
- what "success" in your work means to you
- what makes you feel "proud" either personally or professionally





1	2
0% - 15%	16% - 40%
3	4
41% - 65%	66% - 100%



Tied up with a bow!

• Region 13 Inclusive Practices for School-Based Therapists- Resources

<u>https://goo.gl/a0bBw9</u>

- Handout in a digital version
- Inclusive Practices FAQ's
- Specific Ideas and Examples for Inclusive Practices
- APTA-ASHA-AOTA Joint Document on Workload Approach
- Planning Checklists
- And more

Inclusion at a glance

What does inclusion mean?

"... inclusion secures opportunities for students with disabilities to learn alongside their non-disabled peers in general education classrooms."

http://www.specialeducationguide.com/pre-k-12/inclusion/



	Individual					Initiator
	Pull-Out	Away from the regular class	Directly on child functioning	Not present	Different from the rest of the class	Specialist
٨	Small Group Pull- Out	Away from the regular class	Directly on functioning by child(ren) with special needs	One to six peers present	Different from the rest of the class	Specialist
	One-on-One in Classroom	In the classroom, but away from the rest of the class	Directly on child functioning	Not involved in therapy	Different form the rest of the class	Specialist
	Group Activity	In the classroom, small or large group	On all children in group an on peer interactions, emphasis on meeting special needs of children	All or some of peers present	Within the context of the class	Specialist
V	Individual During Routine	In the classroom, wherever the focal child is	Directly but not exclu- sively on the focal child	Usually present	Within the context of the class	Child
	Consultation	In or out of the classroom	Teacher, as related to the needs of the child; can vary from expert to	Present, if co- curring in class	May occur within or out- side of the	Teacher or specialist



	tudy				
Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:00-8:15 a.m.	Team Meeting	Claire's evaluation- interview with teacher	LaDamion transitioning off bus	Report writing: Claire	Bobby in PE
8:30-8:45 a.m.	Feeding training for classroom staff	Claire's evaluation- observation	Share LaDamien's transition strategies with teacher	Report writing: Claire	Feeding training for classroom staff
8:45-9:00 a.m.	Travel to next site	Claire's evaluation	Travel to next site	EIS/Rtl activities in Mr. Smith's class	Case management
9:00am-9:15 a.m.	Michael in Language Arts	Set-up for preschool motor group	Ellen during pre- school snack time	EIS/Rtl activities in Mr. Smith's class	Data analysis on Bobby's progress
9:15-9:30 a.m.	Ms. T's 1st grade writing group	Preschool motor group	Join campus Prob- lem-solving Commit- tee Meeting	Katie for preschool snack time	Data analysis on Bobby's progress
9:30-9:45 a.m.	Ms. T's 1st grade writing group	Jacob's IEP meeting	Campus Problem- solving Committee Meeting	Katie for preschool snack time	Travel to next site
9:45-10:00 a.m.	Documentation	Jacob's IEP meeting	Travel to next site	Mooting with Katie's mom to discuss feeding issues	Training/supervision of Billy's aide











AOTA, APTA, & ASHA

AOTA, APTA, and ASHA recognize that with the passage of IDEA 2004, the work of schoolbased therapists has evolved. IDEA mandates that students with disabilities participate in, have access to, and progress in the general curriculum or natural environments.

IDEA §612(a)[5]

Least Restrictive Environment

"To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled, and special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability of a child is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily."

Educational Benefit



Can our services provide meaningful educational benefit if we do not:

- •Know what curriculum is being presented and tie into it?
- Know how students achieve with current instruction and what supports are most effective?
- Know how students are relating to their peers?





Paradigm Shift

The World Health Organization now defines disability in the following manner:

- For persons with chronic disabilities, a shift from assuming what is disabling lies within *the person*, to
- Assuming what is disabling is just as likely to result from *the activity/task design, the environment* or some combination of all these elements.



Ten Benefits of Integrated Therapy

1.Students learn the skills they need in the setting in which they will use them.

Ten Benefits of Integrated Therapy

2. Students have increased practice opportunities.

Ten Benefits of Integrated Therapy

3. Students' relationships with peers are fostered.

Ten Benefits of Integrated Therapy

4. Students do not miss out on classroom instruction and activities.

Ten Benefits of Integrated Therapy

5. Teachers learn therapeutic strategies that will be used to support all students even once the therapist has left.

Ten Benefits of Integrated Therapy

6.Therapists gain new context to know whether strategies are effective and/or feasible. Ten Benefits of Integrated Therapy

7. Therapist/teacher teams are able to focus on skills that are immediately needed.

Ten Benefits of Integrated Therapy

8. Therapist/teacher teams can make quick adjustments and address needs as they arise.

Ten Benefits of Integrated Therapy

9. Therapy assessments are more informed and accurate.



e;	DAY	Michael	MINUTES	David	MINUTES
n mor	MON			During morning story, bit stocher care bits to use specific vocabulary During and, bits hadrer andeld histopech target and give approximations for him to repeat. In the hunch line, he is supported as requesting herm using complete sentences. At records, they are initiated the scheder's cares to model accurate productions. During end of day routine, teacher supports him in telling about his day.	21 MIN 25 MIN 5 MIN 5 MIN 10 MIN
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≶	TOTAL TIME		1 HOUR		5.5 HOURS

"Well, yeah, isn't that the 'O' in OT?"



Strengths based Assessment → SDI

"Ben has below-age-level skills in the areas of bilateral motor coordination and speed of completing fine motor tasks. His task persistence is poor, as he tends to give up on challenging tasks easily. He struggles to maintain focus on tasks that are not of significant interest to him, and teachers report that he is extremely limited in his production of written work."

Strengths based Assessment → SDI

"Ben demonstrates the necessary dexterity to complete a variety of fine motor tasks when they are untimed and he is not feeling rushed. He has a great many interests (history, model cars, biking, cooking, video games, and more), and when academic tasks incorporate these interests, he is able to gather his focus to participate, persist, and complete tasks. Ben is able to produce handwritten work, although he finds this challenging. However, he is able to articulate his knowledge quite well orally. His strong social skills, creative thinking, and ability to generate ideas make Ben a welcome member of any group where children work together to participate in learning activities and are allowed to use individual strengths to produce an assignment or project. In one example, Ben provides ideas, a peer organizes and expands on these ideas, and another is able to write these ideas down on paper. Together these children are able to use individual strengths to learn and demonstrate their knowledge while developing 21st century skills of communication, collaboration, and problem solving."





Planning considerations?

- 1. Are there any skills that might not be best taught in the classroom?
- 2. Is there a level of mastery that might be required before moving into the classroom?
- 3. Any other considerations when deciding setting of intervention?



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Planning for collaboration

Starting off on the Right Foot

Collaboration and co-planning starts with knowing each other's strengths.

Primary Expertise of the Teacher

- · Curriculum and instruction
- Classroom management
- Typical student knowledge • Appropriate scope and
- sequence pacing



- Primary Expertise of the Therapist Knowledge of developmental norms and sequence of acquisition
- · Knowledge of learning processes
- Individualization and knowledge of specially designed instruction
- Documentation and other accountability paperwork
- · Goal mastery work and progress
- Defining Our New Role CHALLENGE ACCEPTED • Write collaborative goals that tie in to the classroom curriculum · Plan with teachers to design routines-based supports · Observe the student in the classroom setting to identify communication, movement, sensory, and environmental demands · In collaboration with the teacher, provide supports
 - within the classroom
 - · Collaborate with teachers so both professionals develop new skills in the other's area

Principles of Collaboration

- Parity
- Partnership is based on equity.
- Mutual Respect
- Each person is respected for knowledge and shills he or she brings to the partnership.

Specific Mutual Goals

- The partnership shares common student-focused goals.

Shared Accountability for Outcomes

- Co-teachers share instructional and behavioral accountability for all students.

Shared Resources

- Co-educators openly share ideas, materials, methods, strategies, and approaches.





- ☑ Reach out to your partner
- $\ensuremath{\boxtimes}$ Meet with your administrator to present your plan
- $\ensuremath{\boxtimes}$ Share one another's non-negotiables and preferred communication styles
- ☑ Develop collaborative therapy goals and schedule for ARDC consideration
- Make a plan for how you will both be introduced to the class and parents
- Create a lesson plan for the first day with students
- \boxdot Plan out the first week of lessons
- ☑ Discuss the "what ifs"
- \boxdot Talk grading, accommodations, modifications, grouping, and report cards/progress reports
- Set regularly scheduled times to meet and plan



- ☑ The teacher will explain upcoming curriculum.
- $\ensuremath{\boxtimes}$ Both educators will establish minimum level of mastery and identify potentially challenging concepts.
- \boxdot Both educators will discuss individual student needs and analyze data. \boxdot The therapist will review needed accommodations and
- modifications.
- \boxdot Both educators will plan collaborative instruction model approaches for the upcoming lessons.
- \blacksquare Both educators will develop action steps to create necessary materials.

















- Reduces the overall # of goals to be measured
- Reduces the complexity of data to be collected to monitor progress
- Establishes the teacher as the primary service provider with the support of the related service provider
- Provide clarity to how the related service will actually support the student to progress in the instructional program

Benefits of Collaborative Goal Writing

- •Encourages team ownership of goals
- Underscores the connection between skills (i.e. language, motor, sensory) and academics
- Increases accountability for all service providers
- Increases interpretability of the student's progress/benefit from the services provided

Approaches to Collaborative Goal Writing Might Include:

- Real-time collaboration while developing goals
- Aligning related services to previously developed instructional goals (ex: It's not a shopping trip for goals consider saying "I had in mind a similar goal, I'd really like to provide support on this goal... what do you think about adding ______ as a condition?"
- Designating instructional services as coimplementors/progress monitors
- Identifying the support of the related service as a condition to the implementation of the instructional goal

True or False?

• All IEP goals supported by related services must be integrated.

• False

- A student's IEP goal should be focused on the student's function, not the OT, PT or SLP.
- Sometimes an integrated goal is best, sometimes a traditional goal is best, sometimes both!

True or False?

• At the IEP meeting, SLP, OT, PT staff should review goals developed by other team members and select which goals to integrate into.

• False

• This is not a shopping opportunity. If you think an integrated goal will work, all collaborators should discuss (via email, phone or meeting) what the goal, data collection and progress reporting may look like and present a draft to the team.

True or False?

• True

- •IEP goals should be student-centered, not discipline specific.
- IEP goals are based on student need, are meaningful, and are educationally relevant.
- Sometimes an integrated goal is best, sometimes a traditional goal is best, sometimes both!

Curriculum Alignment

- 1. <u>TEKS</u>
- 2. STAAR Alt 2 Vertical Alignment
- 3. Pre-K Guidelines
- 4. TX Early Pathways

Do's and Don'ts of Goal Development

DO!

Involve students, caregivers, and teachers in identifying goals and priorities.

DON'T!

Attempt to identify or prioritize student goals without collaboration.

Do's and Don'ts of Goal Development

DO!

Design goals and schedules that actively engage students in the learning that has been identified as important by the student, their caregivers, and the teachers.

DON'T!

Design goals and schedule that only engage students in activities that are important to the therapy alone.

Do's and Don'ts of Goal Development

DO!

Facilitate collaboration of the student, teacher, and therapist to establish appropriate supports and strategies.

DON'T!

Develop supports and strategies in isolation from students and teachers.

Do's and Don'ts of Goal Development

DO!

Maintain regular communication between students, teachers, and therapist to discuss progress and make needed adjustments.

DON'T!

Provide a progress report at the end of the grading period that reflects only therapist data without other sources of input.



By the end of the 17-18 school year, Dean will *write an expository essay* using a **keyboard** with **spell check** and a **graphic organizer** by including all of the necessary elements in 80% of opportunities.

	Paulo (Continued)				
	Encoded Grade Level Standard				
Sample	13 Test Stat 23. A (2017) Test State local Level Benefation For State 12. State (2017) Test State local Level Benefation resolutions of order local state local Level Benefation communicate walk conclusions suggesterable by the data through methods such as lake reports, tabled be data order, greater local states, jourday, strates, and angets, and test holdings based reports. <u>Amount Great</u> By Parkly 13:02 Leven Add Dugets and Level Based and Level Add Dugets and Add Dugets By Parkly 13:02 Leven Add Dugets and Level Based and Level Add Dugets By Parkly 13:02 Leven Add Dugets and Level Based and Level Based and Level Add Dugets By Parkly 13:02 Leven Add Dugets and Level Based and Level Add Dugets By Parkly 13:02 Leven Add Dugets and Level Based and Level Add Dugets By Parkly 13:02 Leven Add Dugets and Level Based and Level Add Dugets By Parkly 13:02 Leven Add Dugets and Level Based and Based and Dugets By Parkly 13:02 Leven Add Dugets and Level Based and Dugets By Parkly 13:02 Level Add Dugets By P				
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Sample Goal - 1



Using his strategies of self advocacy and time management, Jason will move from his homeroom to science class using his power wheelchair within the allotted 3 minutes before the bell rings at least 3 days each week.







(ii) To ensure access of the child to the general curriculum, so that the child can meet the educational standards within the jurisdiction of the public agency that apply to all children.

IDEA Part 300(A)300.39,

Specially Designed Content

Substance of knowledge, skills, abilities, and dispositions (KSAD) taught is different than general education, for example:

- Personal care instruction
- Written language remediation
- Social skills training
- May directly link to standards, or
- May be an underlying/prerequisite KSAD needed to meet standards but not specifically articulated in them

Specially Designed *Methodology*

Instructional strategies used with SWD are different than strategies typically used in general education, for example:

- Pre-teaching social expectations for assemblies
- Breaking down sequence/steps of a restroom transfer
- Repeated/guided practice of spatial organization for long division calculation
- Modeling self-advocacy at work site
- Applying multisensory approach to teach number and letter formation

Specially Designed *Delivery*

Instructional context used with SWD is different than contexts used in general education, for example:

- Co-teaching written language lesson
- Small group joint movement instruction in general education science classroom
- Small group study skills instruction in resource setting
- Whole class mealtime instruction in separate setting
- One-on-one engagement training in home



Student:	Jane Doe		Date:	Sept. 15, 2003
Teacher:	Mr. Johnson		Environment:	School snack bar
	ctivity Inventory	Skill Inventory	Discrepancies	Instructional Strategies/ Adaptations
Planned A Steps:	ctivity: Purchasing snack			
	ther items (\$, wallet, purse)	× .	Got purse, but not wallet	Teach skill
2. Go	from class to smack bar	2	Turned down wrong hall	Use electric wheelchair with adapted switch, teach school layout
3. W	it in line appropriately	+		
4. Sci	in snack items	-	Needed prompting to scan shelves	Preselect items in class, teach locating skills
5. Re	piest desired item		Needed point prompt	Voice output device with pictures
6. Ha	ad money to student worker		Needed physical prompt	Use precounted \$ placed in envelope
7. Wa	it/receive change		Needed physical prompt	Teach skill
8. Wa	attreceive item	+		
9. Sa	"thanks"	+	Needed point prompt	Voice output device with pictures
10. Go	back to class		Turned down wrong hall	Use electric wheelchair with adapted switch











Want/Need	What Student Does	Desited Response
Hungry		
Thirsty		
Hot		
Cold		
Diaper change		
Position change		
Social attention		
Tired		-
Sleepy		
Happy Frontrated		
Sad		
Pain Other:		
Other:		



How Can I Improve? Nome: Date:	
I need to improve My goal is to	
List ways to reach your goal:	
J	



















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Planning	100°C of OT services are "pell-oot" with little	Teachers profer "pub- cot"	Assess bandwe weeks is 1	Effective communication skills	1" grade teacher - interested in esilaborating
	to we consultation or collaboration with teachers. Teachers expect Of to yell students from class beause it gives them a "break" and time to focus on other students.	No time in Of schoole for consultation with teachers	Refer to charave of a sector of the sector o	Establish a sharad vision	ADTA resources and community
	OF's schedule is packed full of direct sensions with RUTE times to water with trachers. 100°C of RF goals are discipline specific.	Administration is summer of best practice (adjateration)	Emplete Sea state	Time management	Speech language pathologist - also water to redefine scheduling
		Teachers/admin are not aware that goals can be shared		Self-Corfidence	
		Legistical inners with sharing goals - disctrowin IDP software	With set thereing a start of a set.		







