EVALUATION SYSTEM USER GUIDE

For Wisconsin Occupational Therapists and Physical Therapists

Wisconsin Department of Public Instruction

Carolyn Stanford Taylor, State Superintendent

Wisconsin Occupational Therapists and Physical Therapists

AN EVALUATION SYSTEM USER GUIDE

Wisconsin Department of Public Instruction
Carolyn Stanford Taylor, State Superintendent
Madison, Wisconsin

This publication is available from:

Special Education Team
Wisconsin Department of Public Instruction
125 South Webster Street
Madison, WI 53703
608-266-8960

December 2019 Wisconsin Department of Public Instruction

Foreword

Evaluations of Occupational Therapists and Physical Therapists are aligned to Wisconsin's belief that all professional evaluations should be growth-centered and must move beyond accountability. While occupational therapists and physical therapists are not mandated to use the Educator Effectiveness (EE) System, their roles support administrators and teachers.

The Occupational Therapist and Physical Therapist Evaluation System is parallel in format and rigor to the EE system, is profession-specific, and has been created and aligned to national standards. The system is designed around the unique needs of occupational therapists and physical therapists to support their professional growth and development.

Occupational therapists and physical therapists provide supports for children and youth for academic achievement, physical and mental well-being, and social and emotional wellness. We in education are aware that highly effective professionals are at the heart of learning and that lifelong learning is at the heart of a functioning democracy.

Carolyn Stanford Taylor
State Superintendent

Acknowledgements

Writing Work Group

Kellie Collins
Physical Therapist
Board-Certified Clinical Specialist in Pediatric Physical Therapy
Middleton-Cross Plains Area School District

Michelle Huber
Physical Therapist
Edgerton School District

Kelly Norton
Occupational Therapist
Wauwatosa School District

Laura Ruckert
Education Consultant
Educator Development and Support Team
Wisconsin Department of Public Instruction

Suzan Van Beaver
School Administration Consultant
Special Education Team
Wisconsin Department of Public Instruction

Stacy Wickershiem
Physical Therapist
Program Lead-Therapy and Specially Designed Physical Education
Appleton Area School District

Special thanks to:

The Wisconsin Occupational Therapist and Physical Therapist Evaluation Rubric was developed using the *Appleton Area School District (AASD)* Occupational Therapist and Physical Therapist Evaluation Rubric as a foundation and guide. We give special thanks to the AASD for generously offering the use of their evaluation rubric and other district resources.

Table of Contents

Foreword i

Acknowledgements ii

Section 1 **Introduction** 1

Section 2 **Five Principles of Growth-Centered Evaluation** 3
Foundation of Trust 3
An Evaluation Rubric Focused on Effective Practice 4
Data-Driven, Individually-Developed Goals 4
Continuous Improvement Supported by Timely Feedback 5
Integration with District and School Priorities 5

Section 3 **Overview of the OT and PT Evaluation System** 7
The Evaluation Rubric 7
Levels of Performance 9

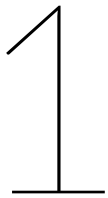
Section 4 **Evaluation Cycle of Continuous Improvement** 11
Overview of Evaluation Cycles 11
Starting the Evaluation Cycle 13
Developing the OT and PT Evaluation Plan (EP) 14
Professional Practice Goal (PPG) 14
Student or Program Goal (SPO) 15
Planning Session and Ongoing Conversation 23
Cycle of Improvement Evidence 24
Brief Consultation 27
Mid-Year Review and Ongoing Conversations 27
Reflection and Revision 29

Section 5 **Summarization of the Evaluation Cycle Results** 31
Evidence Collection 31
Completing the SPO 31
End-of-Cycle Conference and Conversation 32
Reflection and Next Steps 33

Section 6 **Appendices** 35
Appendix A: OT and PT Evaluation Rubric 36
Appendix B: 57
Resource 1: Component-related Skills Description, Evidence, and Sources 57
Resource 2: Possible SPO Evidence Sources 63
Data Tracking Resources 70
Assessment Tools 70
Appendix C 73
Resource 1: SPO Quality Indicator Checklist 73
Resource 2: SPO Scoring Rubric 75

Appendix D: SMARTE Goal Additional Notes 77
Appendix E: Type and Frequency of Observations and Artifacts 79
Appendix F: References 81
Research Informing the Wisconsin Occupational Therapist and Physical Therapist Evaluation System 81
Evaluation of School-Based Therapists 81
Goal Setting 81
Observation/Evaluation Training 81
Coaching, Support, and Feedback 81
Collaboration 82
Consultation 82
Best Practice 82
Other 83
National and State Organizations 83

Introduction



Wis. Admin. Code sec. PI 8.01(g) requires district boards to establish specific criteria and a systematic procedure to measure the performance of licensed school personnel. While Wisconsin Act 166 sec. 19(115.415) requires the use of the Wisconsin Educator Effectiveness (EE) System for the evaluation of teachers and principals, the evaluation of all other roles, including occupational and physical therapists, remains at the discretion of the district.

The Wisconsin Occupational Therapist (OT) and Physical Therapist (PT) Evaluation System has been developed by Wisconsin therapists, aligned to national professional standards, and is an optional set of tools to facilitate collaboration, coaching, and professional growth. School districts may use the suggested system presented in this guide, choose another system, or develop and utilize a system created locally.

The Wisconsin OT and PT Evaluation System has been developed by Wisconsin therapists, aligned to national professional standards, and is an optional set of tools to facilitate collaboration, coaching, and professional growth.

This User Guide was created to help OTs and PTs and their evaluators to plan and carry out evaluations that are specific to their unique professional roles.

- The first section briefly describes five principles of Wisconsin's OT and PT growth-centered evaluation approach.
- The second section provides an overview of the Wisconsin OT and PT Evaluation System and key evaluation process milestones.
- The third section illustrates how to leverage the evaluation process as a cycle of continuous improvement across the year.
- The last section summarizes how to use end-of-cycle conversations to plan for the coming year and improve practice.

The guide's four sections provide a foundational understanding of Wisconsin's OT and PT Evaluation System. Throughout the guide, readers may access additional information from the appendices (referenced throughout). Districts may augment this guide with additional local, regional, or state professional development and training opportunities in order to continuously improve the quality and efficacy of the Wisconsin OT and PT Evaluation System.

Five Principles of Growth-Centered Evaluation

2

Evaluation systems implemented in isolation as an accountability or compliance exercise will not improve therapy practice or student outcomes. The Wisconsin OT and PT Evaluation System has the potential to improve practice when five conditions are in place:

1. a foundation of trust between the OT or PT and the evaluator;
2. an evaluation rubric designed to focus on researched-based and effective practice;
3. regular application of professional goals based on data;
4. cycles of continuous improvement, guided by timely and specific feedback through ongoing collaboration; and
5. an integration of evaluation processes to complement school and district improvement strategies.

Creating and maintaining these conditions help move an evaluation system from an accountability and/or compliance exercise to a growth-centered, continuous improvement process.

Foundation of Trust

Effective schools develop and maintain trust between therapists, educators, administrators, students, and parents. Within the evaluation context, creating conditions of trust first occurs during an orientation session, where the OT or PT and the evaluator discuss the following openly:

- the evaluation criteria (i.e., the rubric that the evaluator will use to evaluate the therapist);
- the evaluation process, including how and when the evaluator will observe the therapist's professional practice;
- the use of evaluation results; and
- remaining questions or concerns.

Within schools, administrators should encourage professional growth among OTs and PTs. Evaluators should cultivate a growth mindset through open conversations that help therapists build on strengths and gain new skills. No one should settle for an expedient route using easily achieved goals.

An Evaluation Rubric Focused on Effective Practice

Historical overview that established best and effective practices.
The Wisconsin OT and PT Evaluation Rubric was originally developed in response to Wisconsin school districts' request for specific OT and PT evaluation tools that assess their distinct roles within the education system. In March 2016, the Wisconsin Department of Public Instruction (DPI) special education team brought together OTs, PTs, and special education directors to begin the process of developing an OT and PT evaluation rubric aligned to national standards. From the larger group's foundational work, a smaller group committed further time, energy, and expertise to creating the current evaluation rubric.

The smaller workgroup focused on three main tasks: 1) identify OT and PT evaluation rubrics developed by Wisconsin districts and other states; 2) examine these rubrics, align the content to standards established by the American Occupational Therapy Association (AOTA) and American Physical Therapy Association (APTA), and select the most relevant components and features; and 3) create a Wisconsin-specific best practices OT and PT evaluation rubric. After the review of various rubrics, the workgroup selected the Appleton Area School District Evaluation Rubric as a foundation for developing the Wisconsin OT and PT Evaluation Rubric.

The rubric consists of domains of practice, components, descriptive elements, and examples, all of which are based on AOTA and APTA standards and best practices from OT and PT research. Through an ongoing feedback process, the rubric was revised multiple times, including a pilot year before finalizing it for the field.

The use of the Wisconsin OT and PT Evaluation Rubric and evaluation processes is intended to reflect the unique and important contributions that OTs and PTs have on student success and to create a more meaningful professional evaluation experience for both OTs and PTs and their evaluators. This guide provides an explanation of the Wisconsin OT and PT Evaluation Rubric and related evaluation processes. The evaluation rubric is found in Appendix A.

Data-Driven and Individually-Developed Goals

As active participants in their own evaluations, therapists set performance goals based on their analysis of student, school, and community data, as well as assessments of their own practice. These goals address self-identified needs for individual improvement of practice [referred to as the Professional Practice Goals or PPGs] and the positive impact of individual or team practices on student outcome priorities. The goals have the greatest impact when they are connected and mutually reinforced (e.g., "I

will ____ so that students can ____"). Evaluators, OTs and PTs, school staff, and parents may offer information relevant to the goals and provide feedback to strengthen them.

Continuous Improvement Supported by Timely Feedback

A growth-centered evaluation approach facilitates ongoing improvement through regularly repeated continuous improvement cycles. Improvement cycles represent intentional instruction that involves goal-setting, collection of evidence related to goals, reflection, and revision. Each step in a continuous improvement cycle seamlessly connects to the next step and is repeated as needed.

Professional conversations, coaching, and timely feedback from knowledgeable evaluators strengthen continuous improvement cycles. Evaluators and therapists can establish a shared understanding and common language regarding best practice, as well as consistent and accurate use of the Wisconsin OT and PT Evaluation Rubric when selecting evidence, identifying levels of practice, and facilitating professional conversations to move practice forward.

Integration with District and School Priorities

Evaluation based on self-identified goals helps personalize the evaluation process and creates ownership of the results. The evaluation process becomes strategic when it also complements school and district priorities. Drawing on the clear connections between the principal, teacher, and the OT and PT evaluation processes help to strategically leverage the evaluation system.

Overview of the OT and PT Evaluation System

3

The Wisconsin OT and PT Evaluation System is an optional professional evaluation system created by and for Wisconsin OTs and PTs that is parallel in format and rigor of Wisconsin (WI) Educator Effectiveness (EE) System. The systems are aligned in order to provide consistency for evaluators while offering specificity for each profession. The similarities between the OT and PT and EE teacher evaluations are presented in Table 1.

Table 1: Similarities between the OT and PT evaluation system and the WI EE Teacher System processes.

OT and PT Professional Evaluation Cycle	Teacher Evaluation Effectiveness Cycle
Self-review based on OT and PT state and national standards (OT and PT Evaluation Rubric)	Self-review based on teaching standards
Professional Practice Goal (PPG)	Professional Practice Goal (PPG)
Student or Program Outcomes (SPOs)	Student Learning Objectives (SLOs)
Evidence collection	Evidence collection
Observations and Brief Consultations	Observations
Professional conversations and feedback	Professional conversations and feedback
Goal review and assessment	Goal review and assessment
Measures of professional practice and SPOs	Measures of professional practice and SLOs

The Evaluation Rubric

The Wisconsin OT and PT Evaluation Rubric is intended to provide a common language that helps to define the roles and responsibilities of an OT or PT. Therapists should use the rubric as a guide to plan and apply appropriate strategies and to reflect on their practice that further advances their skills. Evaluators should use the rubric domains, components, leveled descriptors, elements, and examples to provide detailed feedback and coaching to the individual therapist, as well as to guide collaborative professional conversations.

The rubric is designed to represent all aspects of a therapist's responsibilities. The domains are sequenced to illustrate how OTs and PTs plan and apply therapy strategies, and reflect on practice to further advance skills. Each of the three domains is defined by five or seven components and contain elements under each component that reveal distinct skills. The therapist collects evidence on specific elements used to focus on improving their practice. The evaluator provides the therapist formative feedback throughout the Evaluation Cycle and summative feedback in the Summary Year on specific elements the therapist was focused on improving within the domains. Refer to Appendix A for the OT and PT Evaluation Rubric.

Table 2: Three rubric domains represent all aspects of OT or PT roles and responsibilities.

Wisconsin OT and PT Evaluation Rubric
Domain 1: Planning and Preparation **Component 1a**: Demonstrating Knowledge of Content and Theory of OT or PT Interventions **Component 1b:** Demonstrating Knowledge of Students **Component 1c:** Individualizing Student Assessments **Component 1d:** Setting Student Outcomes **Component 1e:** Designing Meaningful Intervention Strategies
Domain 2: Therapy Intervention **Component 2a:** Delivering Effective Direct Therapy Services **Component 2b:** Communicating with and Engaging the Student in Learning **Component 2c:** Managing Student Behavior **Component 2d:** Functioning as a Consultant **Component 2e:** Creating an Environment Conducive to Learning and Promoting Independence
Domain 3: Professional Responsibilities **Component 3a:** Communicating with Families, Staff, and Community Partners **Component 3b:** Adhering to National and State Laws, and Local Guidelines **Component 3c:** Reflecting on Therapy **Component 3d:** Maintaining Accurate Records **Component 3e:** Showing Professionalism **Component 3f:** Growing and Developing Professionally **Component 3g:** Participating in the Professional Community

Levels of Performance

The levels of performance provide a proficiency description for each component and offer a roadmap for growth and improvement of the therapist skill levels. Each component and element contains leveled descriptors and possible examples of what those skills look like across each level of performance. The descriptors provide guidance to identify the differences between the levels of performance. Identifying practice related to a specific level aids in goal development, progress monitoring, and lends itself to a consistent structure for conversations between the therapist and the evaluator. OTs and PTs and evaluators should study the full rubric.

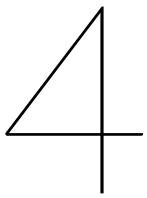
Table 3: Levels of Performance defined.

Emerging Level 1	Developing Level 2	Proficient Level 3	Distinguished Level 4
Descriptors at this level describe practices which are consistent with an early OT or PT career or practices which have not been targeted for improvement in the past.	Descriptors at this level describe practices which demonstrate the necessary knowledge, skills, and attitude to be effective, but do not reflect the experience and flexibility that is reflected at the Proficient level.	Descriptors at this level refer to successful OT or PT professional practice. The therapist at the Proficient level consistently provides services at a high level. It is expected that most experienced therapists will frequently perform at this level.	Descriptors at this level refer to professional practice that helps to improve the professional practice of other therapists. OTs or PTs performing at this level are leaders in the field, both inside and outside of their school.

OTs and PTs typically demonstrate varying degrees of proficiency across the components. This variation is expected. Therapists new to their practice may perform within the Emerging or Developing levels of performance. Most therapists with additional years of experience should practice at the Proficient level most of the time, however, they may demonstrate proficiency at the Distinguished level in some areas. Therapists who achieve the Distinguished level demonstrate persistence and commitment to student growth, professional development for themselves and colleagues, is a distinguished therapist in the school and community, and a leader in the field.

When focusing on growth and improvement, an evaluator should provide feedback to OTs and PTs at the component and element descriptor levels. This is more likely to contribute to constructive dialogue. The therapist may utilize specific information to identify strengths across other domains and components. In addition, the therapist is able to define current practices that focus on growth, compare and contrast practices within the current level to the desired level, and make a specific plan to improve to the desired level. Consistently applying this approach helps provide richer dialogue and actionable feedback relative to the components, which lead to continuous improvement planning. The feedback also informs adjustments to current strategies during the year, as well as to future goals at the end of the year.

Evaluation Cycle of Continuous Improvement



Overview of Evaluation Cycles

Wisconsin designed its growth-centered OT and PT Evaluation System as a cycle of continuous improvement that includes goal development, regular progress monitoring, reflection on goals, strategy adjustments, and action planning across the year. An OT or PT may complete a one-year, two-year, or three-year process, known as the evaluation cycle. District administration determine the length of an evaluation cycle. It is best practice that a therapist new to a district or new to the profession complete a one-year cycle.

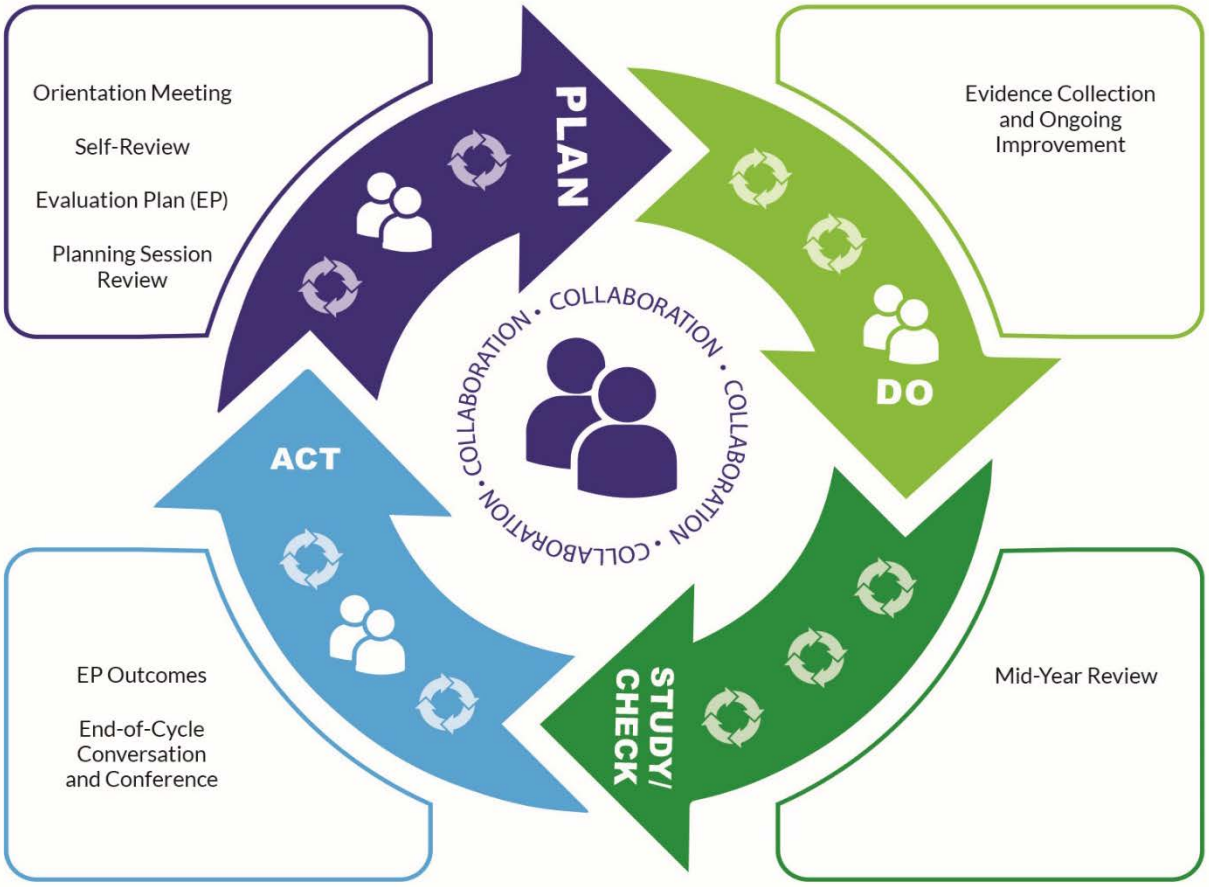
The final year of the evaluation cycle (or the only year, if a one-year cycle) is called the Summary Year, because the therapist and evaluator collaboratively summarize practice across all years. The one or two years prior to the Summary Year (depending on whether a two- or three-year cycle) are called Supporting Years. Supporting Years emphasize collaborative discussions with a peer around performance planning and improvement. These discussions should include measures of practice based on the rubric, as well as measures of student progress and the quality of the processes used to impact student progress. In Summary Years, such discussions occur formally with the therapist's evaluator and informally with a peer. Discussions with evaluators during the Supporting Years are optional.

Each evaluation cycle includes formal check-ins in the form of beginning, middle, and end-of-year conferences with evaluators and/or peers or coaches. Although the formal check-ins provide a concrete step to keep the evaluation process on track, an informal process of regular and collaborative data review, reflection, and adjustment characterizes sound professional practice.

Lessons learned from each evaluation cycle inform the planning and development for the therapist's next cycle. Using data from all years within an evaluation cycle, the OT or PT and evaluator and/or peer may identify trends in student data and the therapist's practice data to identify and set high-level, long-term goals for the duration of the subsequent evaluation cycles. These high-level goals will inform the development of annual goals within the yearly improvement cycles. Or, progress of annual goals should move progress toward the high-level cycle goal. Note: an OT or PT Evaluation Cycle goal(s) may change during the cycle if data suggests and may not relate to a previous goal or follow a broad progression.

Each evaluation cycle includes formal check-ins in the form of beginning, middle, and end-of-year conferences with evaluators and/or peers or coaches.

OT/PT Evaluation Milestones: Annual Cycles of Improvement



AUG - OCT

Orientation Meeting: Overview of the system measures and processes, identify who can provide support, discuss timelines and schedules.

Self-Review: OT/PTs analyze student, school, and personal data to determine areas of strength and those for improvement.

Evaluation Plan (EP): OT/PTs create their Evaluation Plan (EP).

Planning Session: Review EP, discuss goals and adjust if necessary, identify evidence sources, actions, and resources needed.

NOV - APR

Evidence Collection and Ongoing Improvement: Ongoing improvement occurs throughout the year based on collected evidence, observations, reflection, and adjustment.

Mid-year Review: Review PPG and SPO, adjusting goals as necessary to achieve planned outcomes.

MAY - JUNE

Review EP Outcomes: Determine degree of success in achieving SPO and PPG based on evidence. OT/PTs self-score the SPO. Evaluators assign a holistic SPO score in Summary Years.

End-of-Cycle Conversation and Conference: Receive feedback on achievement and PPG, discuss results on components of OT/PT Evaluation Rubric and SPO results. Identify growth areas for upcoming year.

Starting the Evaluation Cycle

Orientation

The orientation provides an opportunity for evaluators to build a foundation of trust. Administrators should provide an orientation for the OT or PT new to a district or entering a Summary Year. The orientation allows the opportunity for the therapist and their evaluator to transparently discuss:

1. the evaluation criteria or rubric;
2. the evaluation process or the ongoing continuous improvement cycles informed by evidence of therapist practice collected during observations;
3. the use of evaluation results; and
4. any remaining questions or concerns. Evaluators should encourage the therapist to engage in experiences that foster professional growth.

During the orientation, the evaluator should also identify any school or district supports available to assist therapists with Summary Year processes (e.g., DPI user guide, district handbooks, district training, or knowledgeable staff) and to use the Wisconsin's OT and PT growth-centered evaluation approach to continuously improve (e.g., ongoing and embedded structures for regular and collaborative data review, reflection, action planning, peers and/or coaches).

Self-Review

Completing a yearly self-review using the Wisconsin OT and PT Evaluation Rubric is considered best practice. Self-reflection may assist to focus the goal-setting process within the Evaluation Plan.

Therapists who analyze and reflect on their own practice understand their professional strengths as well as the areas that need further development. They combine analysis and reflection with peer collaboration to identify opportunities and challenges in their day-to-day work with students, as well as with their roles of coordinating therapy, communication, and documentation. Reflection also allows the therapist to consider how the needs of some students can and do, connect to the larger goals of the school. A growth mindset is as important for the adults in the school as it is for the students, and applying goal-setting as part of an evaluation cycle can help to align priorities and maximize student and/or program impact.

Developing the OT and PT Evaluation Plan

The Evaluation Plan (EP)

Therapists create an EP at the beginning of ***every*** school year. The EP contains two goals: 1) the Professional Practice Goal (PPG) that focus on area(s) of desired growth aligned to the roles and responsibilities outlined in the OT and PT Evaluation Rubric, and 2) a Student or Program Outcome (SPO) goal that focuses on measuring the positive impact of OT and PT practices on student or program outcomes/growth.

Therapists develop both goals after self-reflection, analysis of student needs and/or past program success, and professional practice data (i.e., their self-reflection and evidence of their own prior performance from past evaluations, if applicable). The OT or PT should develop goals distinctive to their practice and relevant to the needs of the students on their caseload. As with any continuous improvement or inquiry cycle, data analysis and goal development serve as the initial steps. The EP is discussed and revisited in formal conferences with evaluators and in ongoing, informal conferences with peers and/or coaches during the Evaluation Cycle. Based on data review and feedback, the therapist monitors and adjusts EP goals, as appropriate, to best meet the needs of students and/or a program.

Professional Practice Goal (PPG)

The PPG goal serves as the basis for focused, individualized professional development as the therapist relates their PPG goal to areas of further development within their practice. The PPG is a goal written to address a specific practice area that the therapist wants to improve. It can be aligned to a rubric component(s) the therapist self-identifies as an area of further development.

The OT and PT develop PPGs around an area of improvement identified during their self-review and/or feedback from the evaluator and/or peer. When writing a PPG, the therapist will develop a year-long plan for goal attainment that includes activities and needed resources. The PPG may link to the strategies used to improve impact on Student or Program Outcomes (SPO). This allows the therapist to examine data, determine the area of focus, and then identify that the type of professional learning necessary to meet the improved outcomes.

Once developed, the therapist shares the PPG with an evaluator for reflective discussion. In collaboration, they continue to monitor PPG progress through evidence collection and reflection during the year. The processes and conversations related to the PPG may also serve as evidence of the therapists practice, as measured using the rubric.

Questions to ask when developing a PPG.

- Where is my professional practice strong? What appears to be working?
- Where does my professional practice need to improve? What might be causing this?
- What are my strengths and areas of growth as an OT or PT?
- What am I interested in learning, doing, or learning?
- Does it make sense to me to connect my PPG to my goal for student or program outcomes? Are there strategies to learn that will support progress toward improved student or program outcomes?
- Where can I build-in meaningful networking and collaboration with colleagues?

Student or Program Outcome (SPO)

The SPO process represents a continuous improvement process similar to other inquiry/ improvement cycle processes (e.g., data-teams). A Student or Program Outcome (SPO) goal focuses on measuring the positive impact of OT and PT practices on either student progress or program outcomes/ growth. Therapists write at least one SPO each year. The SPO guides the therapist to move student progress and/or program outcome/growth in one identified area closer to an objective.

The SPO process mirrors practices already in place within colleague groups, data teams, or similar inquiry and improvement processes. The ongoing SPO process of setting goals, monitoring process, and adjusting practice in response to data embedded with existing structures, eliminating duplicative practices.

Within the SPO process, therapists work collaboratively with evaluator and/or peers or coaches to:

- determine an essential target for the year (or interval);
- review student and/or program data to identify starting points and targeted change associated with the target for the year;
- review personal professional practice data (e.g., self-reflection and feedback from prior years' growth-centered evaluations) to identify strong practices to leverage, as well as those to improve, in order to support meeting the targeted change;

The SPO process mirrors practices already in place within colleague groups, data teams, or similar inquiry and improvement processes. The ongoing SPO process of setting goals, monitoring process, and adjusting practice in response to data embedded with existing structures, eliminating duplicative practices.

- determine authentic and meaningful methods to assess progress toward the targets, as well as how to document resulting data;
- review evidence of progress, as well as evidence of professional practices;
- reflect and determine if evidence of professional practices point to strengths which support progress toward the targets or practices which need improvement;
- adjust accordingly; and
- repeat regularly.

OTs and PTs discuss their SPOs collaboratively with an evaluator to regularly reflect and gather feedback. At the end of each year, the therapist reflects on student progress or program growth across the year using the SPO Scoring Rubric (see Appendix C). The therapist draws upon this reflection to inform student, program, and practice goals for the coming year.

In the Summary Year, the evaluator reviews all SPOs completed and the corresponding evidence collected in that evaluation cycle using the SPO Scoring Rubric and provides feedback to inform areas of strength, as well as a strategic plan for improving any areas needing growth.

Writing a Meaningful SPO: Student or Program Focus?
It is not enough to strive for growth in knowledge, strategies, and/or improved implementation of practice. Growth in practice is meaningless unless it leads to improved impact on student success. The method used to measure impact on student success should be aligned to the local context of the therapist.

District administrations and evaluators should determine the method used to measure positive impact in consideration of the roles and responsibilities of the OT or PT, the needs of the students, the availability for therapist collaboration, and the ability to function as a cohesive program. Therapists should have a voice in the decision-making process used to determine the method of measurement of positive impact. Districts or employers who employ more than one OT or PT should determine if the method used to measure positive impact will be uniformly implemented for all therapists or vary for therapists.

Writing an SPO Goal Using IEP Goal Achievement as the Measure of Impact
Successful achievement of IEP goals may be used as the targeted growth measure for an SPO within an intentional, holistic, big picture structure of student growth. Upon review, analysis, and reflection on the IEP

information and other baseline data, the therapist identifies trends and determines a focus on specific students based on their similar skill levels and needs and/or use of similar therapeutic strategies to meet their needs.

This targeted focus on a group of students provides a big picture of the effectiveness of professional practice and therapy. (Note: the student population of the SPO would be grouped by skill, but not necessarily receive therapy together as a group.) Assessment and other data collected as part of the IEP progress monitoring would be used as evidence toward the SPO goal. The targeted growth of the SPO could be expressed as a tiered goal, with each student of the target group having a different present level and different target outcome, while still focusing on the same skill and need (e.g., throwing accuracy, motor planning, force generation).

It would *not* be best practice to write an SPO goal stating that a specific percentage of students on a caseload would achieve their individual IEP goal(s). All IEP goals should be ambitious and achievable. The overarching goal is always to ensure that *each and every* student achieves their IEP goals.

Team SPOs
Sometimes teams of OTs or PTs from the same school or district may choose a common focus for their SPOs. This allows the team to collect and discuss data as well as the effectiveness of various professional strategies in an ongoing, collaborative way. In the end, there is no right or wrong answer about team SPOs, however the SPO rationale is based on data (student or program) that leads each therapist to focus on their SPO. Importantly, therapists must then collect baseline data from the students or program and set their own change targets based on the data.

SPOs and New Therapists
Therapists new to working in the school-based environment are faced with certain disadvantages, because they have not established prior data relative to their practice and current assignment that may help them to narrow the focus of their SPO. These therapists may reflect on their prior fieldwork/intern experiences of supporting students in their fieldwork experiences.

Writing the SPO
Creating a meaningful *and* achievable SPO is a challenging task. The SPO writing process involves addressing the following key considerations:

- Baseline data
- Rationale (or finding your focus)
- Student population or targeted program

- Targeted growth or change
- Time interval
- Evidence sources
- Professional strategies and supports
- Implementation
- Monitor and adjust

Therapists will find it helpful to reference the SPO Quality Indicators (see Appendix C: Resources) as they write and monitor the SPO across the interval. They may also use this document to support collaborative conversations regarding the SPO across the interval.

Baseline Data
Near the beginning of the interval, the therapist gathers data on the targeted group of students or program for the SPO. This data is called the "baseline" and it is reported in your SPO documentation. The baseline marks the starting point for the population group or program.

Rationale
In this part of the process, therapists explain through narrative and data displays, how data analysis and review led to identification of a specific focus for student or program change. Analysis and reflection of data (when available) is intended to help OTs and PTs identify their own strengths and challenges related to improving student success. By 'looking backward,' an OT or PT may identify trends. Reviewing trends allows the OT and PT to make connections between their own professional practice and recurring trends regarding student progress or program change.

Questions to ask when determining rationale.

- What types of data (both qualitative and quantitative) are available?
- How have past students I have worked with progressed?
- How effective are the programs I have helped to implement
- Taken together, what story or stories do the data tell?
- Are there particular groups of students who typically have more or less success than others? Are there equity issues to consider?
- Where do I see trends over time or as patterns across assessments?
- What improvement goals do I have for my students or program?

Questions to ask when determining rationale (cont'd)

- What strategies have I implemented?
- What successes or what barriers have I encountered in my attempts to improve student or program success?

Student Population or Targeted Program

An OT or PT professional's ability to set and achieve goals for student success closely align to experience and professional expertise, and the OT or PT will find themselves uniquely equipped to engage in this process. A thorough data analysis will almost always point to more than one potential area of focus for the SPO population. Ultimately, the OT and PT has discretion to choose the student population or targeted program for the SPO. An OT or PT narrows the focus to an area of professional practice to ensure that with focus and persistence a student's success increases. There is no one right answer.

An evaluator should advise an OT or PT struggling with writing an SPO to get started, reflect on what is working and what is not, and adjust accordingly. The therapist's SPO and the associated processes will improve with practice. The main thing to remember is that therapists must support any choice made in developing an SPO based on data. Evaluators will provide feedback regarding the accuracy and appropriateness of the data analysis, reflection, and resulting SPO decisions. This feedback will help the therapist not only become better at developing SPOs, but also at using the same skills (i.e., data collections, analysis, reflection, and action planning) to drive student or program success forward as part of the SPO and other school improvement goals.

*Qu*estions to ask when id*entifying the student population.*

- Does the data point to a particular student group(s), identify as the target population for this SPO?
- If this group is very large, is there a way to narrow the population contained in this SPO to make it more manageable?
- If this group is very large, do I have the knowledge and expertise to write a tiered SPO?
- If this group is very large, is the best and most effective approach to create universal programming or strategies for all students? Note: this approach necessitates involving other therapists in your school, including building leadership.

Targeted Growth or Change

OTs and PTs use the baseline data to set an end goal, called the target, for projected student outcomes or program change. The change in the identified student group or program must be measured. The target identifies the amount of change anticipated in the identified student group or program.

For OTs and PTs new to goal-setting based on student outcomes or program change over time, setting the target may seem like an educated guess. Conversations with other OTs and PTs may provide insight into how much change may be realistically possible in a focus area in a year or other interval. The therapist who struggles to set the SPO target should be reassured by the fact that the goal can be adjusted at mid-interval if it becomes apparent that it was set too high or too low.

The therapist who struggles to set the SPO target should be reassured by the fact that the goal can be adjusted at mid-interval if it becomes apparent that it was set too high or too low.

Questions to ask when determining the target.

- Does the target I have set for students push me outside my comfort zone and stretch all learners (i.e., the students and me)?
- Will the target I have set for program change result in better student outcomes?
- How have I determined whether a single or tiered SPO is appropriate?
- Have I set thoughtful targets for students with different starting points if I am writing a tiered SPO?

Time Interval

The length of the SPO, called the interval, should extend across the entire time of the change focus that the SPO occurs. For many OTs and PTs, the interval will span an entire school year. For others, the interval might last a semester or possibly another length of time. Therapists will do well to consider the reality that a longer interval provides more time to apply, monitor, and adjust strategies to achieve higher levels of student or program success.

Evidence Sources

OTs and PTs may find it difficult initially to identify the evidence sources in the SPO process. However, they may find it helpful to consult with peers and/or coaches to identify one or more ways to monitor student outcomes or program change throughout the interval. Examples of OT and PT specific evidence sources can be found in Appendix B.

Questions to ask when thinking about evidence sources:

- Do I currently have a method to measure a given focus area?
- If not, can I, or my team, design a method to measure it?
- For every potential method: Is it…
  - Valid: How accurately does it measure the focus area?
  - Reliable: Will this method ensure consistent results are made in student outcomes or program change?
- How will I monitor student outcomes or program change along the way to measure the impact of the strategies without waiting for the middle or end of the interval?
- When will I analyze the student or program data, in relationship to evidence of my practice, to know whether my strategies are working?
- Who will I involve in this ongoing analysis and reflection?

Professional Interventions, Strategies, or Supports

OTs and PTs should view interventions, including strategies and supports, as the key ingredient to SPO success. This calls upon the therapist to be thoughtful and develop a plan of interventions that will improve practice. It is important to understand that improved student or program outcomes will not occur if the therapist is not also learning (e.g., strategies and skills). Simply identifying new strategies without supporting the therapist's ability to learn how to effectively use the strategies will not result in changes to student or program outcomes.

It is critical to identify a few key strategies that will lead to better results. Too many strategies are guaranteed to be lost in the day-to-day business of a school. Too few or the wrong strategies will not have any impact at all. Strategies that fit one context may not work well in another. OTs and PTs must remember that even the most carefully thought out and crafted strategies may need adjustment (or to be discarded) as the year goes on as part of continuously improving practice.

Questions to ask when determining interventions, strategies, or supports.

- What am I doing or not doing that is leading to changes in student or program outcomes?
- What evidence do I have to support my answers to the question above?
- What actions can I take to improve student or program outcomes? What do I need to start or stop doing?
- Do I have a colleague or mentor who could help me identify ways I might improve practice?
- What kind of learning do I need and where can I get it?

Implementation

Even the most thoughtful, well-written SPO will not be successful if the OT or PT does not implement the identified strategies. Some strategies are straightforward while others are more complicated and will require multiple steps. Therapists who collaborate in an ongoing way about an unfolding SPO process will benefit from mutual accountability as well as the feedback and support that such collaboration provides.

Once developed, the OT or PT share the PPG and SPO with an evaluator and/or peer or coach for reflective discussion. In collaboration, they continue to monitor PPG and SPO progress through evidence collection and reflection over the course of the year. The next section discusses the processes and conversations that support the therapist's EP.

SPO Goal Statement (SMARTE Criteria)

A SMARTE goal is simply a type of goal statement written to include specific components. They are:

- **Specific**: Identify the focus of the goal; leave no doubt about who or what is being measured.
- **Measureable**: Identify evidence sources (those used at the beginning, middle, and end of the interval that establishes baseline and measure). Examples found in Appendix B.
- **Attainable**: Requires reflection and judgement. The goal should be attainable but also rigorous and speaks to high standards of achievement for all students.

- **Results-based**: The goal statement should include the baseline and target for all students/groups/program covered by the SPO. This may be included as a table or even in an attachment that clearly spells out what the starting point and expected ending point is for each student, groups of students, or program.
- **Time-bound**: The goal is bound with a clear begin and end time. For the SPO, restate the interval (e.g., September 2019 – May 2020).
- **Equitable**: Goals ensure all students who can benefit from a strategy, intervention, or program will have the opportunity to participate regardless of demographic characteristics.

Those new to SMARTE goal writing may find it helpful to underline each component in the goal to ensure all parts are included. Refer to Appendix D for more details on using the SMARTE goal criteria.

Planning Session and Ongoing Conversation

Collaborative Conversations

Wisconsin's growth-centered evaluation provides multiple opportunities for collaborative conversations. Formal collaborative conversations occur in the beginning, middle, and end of the year, but these conversations should continue informally throughout the year. Collaborative conversations can and should occur with the evaluator, OT and PT peers and/or coaches, and other relevant school staff.

Whenever possible, it is highly beneficial for OTs and PTs to be engaged in formative, collaborative conversations with therapists from their same professional background, as they understand the unique roles and responsibilities within a school system and can provide feedback that will enhance their capabilities as a therapist.

The planning session serves as the first formal check-in with the evaluator that allows for conversations around goal development and goal planning. At the planning session, therapists receive support, encouragement, and feedback regarding their SPO and PPG processes. Collaborative conversations, such as those that happen as part of the planning session, encourage reflection and promote a professional growth culture.

The OT and PT prepare for these collaborative conversations by sharing their PPG and SPO with their evaluator. When preparing for a planning session, therapists reflect on all of the questions they addressed as they developed their goals and identify where they need support.

Evaluators preparing for these collaborative conversations review the PPG and SPO, develop feedback related to each goal, and identify questions that will foster a collaborative conversation. The Wisconsin growth-centered process stresses the need for collaborative conversations that will stretch thinking and foster professional growth. Evaluators may foster such conversations by using a Coaching Protocol that has three key elements: (1) validate, (2) clarify, and (3) stretch and apply.

Validate: What are the strengths of the SPO or PPG? What makes sense? What can be acknowledged?

Clarify: This involves both paraphrasing (to show that the message is understood and check for understanding) and asking questions (to gather information, clarify reasoning, or eliminate confusion).

Stretch and Apply: Raise questions or pose statements to foster thinking, push on beliefs, and stretch goals and/or practices.

During the Planning Session, the evaluator and therapist discuss and agree upon evidence sources for both the SPO and PPG goals. During a Summary Year, the evaluator and OT or PT discuss and plan possible observation opportunities and related artifacts that will provide adequate evidence for the areas of practice included in the Summary Year evaluation.

Districts should use a coaching protocol to support discussions and any other method to document evidence from the discussions that best meet their needs.

For those interested in additional coaching resources, see the Wisconsin DPI coaching website at https://dpi.wi.gov/coaching. This page includes a Coaching Competency Practice Profile to support coaching conversations as well as additional coaching videos, resources, and networking opportunities.

Reflection and Refinement

Following the Planning Session, OTs and PTs reflect further on their goals, make refinements to the EP as needed, and then begin to implement the EP strategies as part of ongoing mini- or rapid improvement cycles. The therapist revisits the goals reflected in the EP over the course of the year as part of the evaluation annual cycle of improvement.

Cycle of Improvement Evidence

Both the evaluator and OT or PT collect evidence of practice and student growth or program improvement throughout the year. The therapist and their evaluator should have discussed, agreed upon, and planned for evidence collection at the Planning Session.

Artifacts

Artifacts contain evidence of certain aspects of professional practice that may not be readily visible through an observation. The evidence identified in artifacts demonstrate levels of professional practice related to the components of the OT and PT Evaluation Rubric. Evaluators and OTs, and PTs will use evidence from individual artifacts to inform goal monitoring and feedback, as well as discussions about levels of performance, for related rubric components. See Appendix B for examples of evidence sources.

SPO Evidence

The OT and the PT plan for and execute practices to ensure that the SPO is maintained as an organic, living document across the year (or appropriate SPO interval) by monitoring student or program progress and revising strategies as needed. It is critical that therapists collect data related to the SPO within improvement cycles across the SPO interval through the formative methods identified within the SPO. At the midpoint of the SPO interval, the therapist administers the identified, interim assessment (as appropriate).

It is equally critical that time is set aside to analyze and reflect on the ongoing data results and identify ways to appropriately adjust practice accordingly to improve student or program outcomes. In instances of team SPOs, where the assessment is developed and administered collaboratively, all team members should engage in analysis and reflection on results. These conversations can help identify what is working, and what is not (to adjust).

Observations

Observations are a shared experience between an OT and PT and their evaluator or peer/coach. Observations allow evaluators to see therapists in action and provide the most direct method of obtaining evidence of practice. Examples of appropriate observational opportunities include: direct therapy session with a student, small group therapy sessions, staff training sessions with or without the student present, IEP or evaluation meetings, and consultation and collaboration with school staff.

Observations are encouraged over the course of the evaluation cycle. During a Summary Year, multiple observations occur to allow for a comprehensive window into professional practice and opportunities for ongoing feedback. Ideally, a therapist receives regular and ongoing feedback from peers and/or coaches within each mini-improvement cycle across the annual evaluation process, regardless of year within a cycle.

"Data" refers to any fats gathered for reference or analysis. This refers to any evidence of student or program progress in any format, as long as it is accurate, appropriate, and authentic.

Districts have the option to complete required observation minutes through more frequent, shorter observations. Conferencing and feedback are still required but may look different.

Announced Observation

The announced observation provides a comprehensive picture of practice and opportunities for formative feedback at the rubric descriptors level. It should be noted that unannounced observations are difficult when evaluating an OT or PT due to the highly variable nature of their positions and the frequent unpredictability of their schedules and travel. The inclusion of this evidence collection process in the evaluation processes may need to be predetermined, as appropriate, and based on the local context.

Holding pre- and post-conferences will support the announced observations. A minimum of one formal announced observation generally occurs in the Summary Year. This is typically one 45 to 60-minute observation, but can also be comprised of two 30-minute observations. Refer to Appendix E for Type and Frequency of Observation & Artifacts.

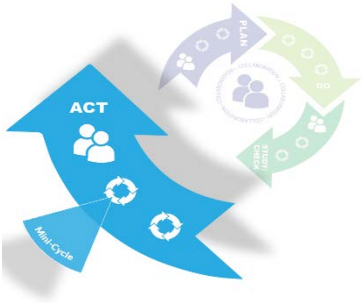
Pre-conference—The pre-conference allows the OT or PT to provide context for the observation and what the evaluator should expect to see and hear. It provides essential evidence related to a therapist's skill in planning and preparation. The pre-conference discussion allows the OT or PT to identify potential areas that might benefit from feedback, and sets the stage for the evaluator to better support the OT or PT.

Post-conference—The post-conference also plays an important role in the observation process as it provides immediate, actionable feedback to the therapist. Wiggins (2012) defines actionable feedback as neutral and judgement free, goal-related facts that provide useful information. The discussion enables the evaluator to learn about the therapist's thinking about the observed activity, what went well, and how it could be improved. The Coaching Protocol can help the evaluator or peer to plan questions that both support the OT and PT in the type of reflective practice that will support continuous improvement.

Mini-Observation

Mini-observations are short observations, typically spanning about 15 minutes each. Three to five mini-observations occur over the course of a full evaluation cycle and at least two occur during a Summary Year. Mini-observations, combined with the announced observations, allow for a more detailed and timely portrait of practice and offer multiple opportunities for feedback and improvement. Mini-observations may be announced or unannounced.

Figure 2: Mini-Improvement Cycles within an Annual Cycle



Brief Consultation

Evaluators, in particular principals, may have many natural opportunities to observe the therapist in the course of providing consultation services. These occasions may be utilized to collect additional observation evidence and provide growth-oriented feedback for the therapist. These opportunities to observe consultation skills are not limited to and may include IEP meetings, team meetings with teachers, consultation check-ins with parents, and/or brief meetings/discussions over student concerns.

It is recommended that the evaluator remain engaged in the purpose of the consultation or meeting and not allow evaluation evidence collection to divert their focus. However, the evaluator may choose to collect notes on evidence observed during those interactions and add that information to the evaluation documentation in the form of a mini-observation. This evidence and post-event feedback should be shared with the therapist within the same timeframe as other types of observations.

Mid-Year Review and Ongoing Conversations

Professional conversations continue regularly and informally throughout the Evaluation Cycle. The Mid-Year Review is one of three formal check-ins built into the Wisconsin OT and PT Evaluation System during which professional conversations occur. At the Mid-Year Review, therapists converse with their evaluator about evidence of professional practice and student growth or program improvement collected/observed, as well as resulting reflections and strategy adjustments to date.

OTs and PTs prepare for the Mid-Year Review by reviewing progress towards goals (i.e., SPO and PPG) based on evidence collected, assessing strategies used to date, and identifying any adjustments to the goal and/or strategies used, if necessary. They then provide their evaluator a mid-year progress update. The professional conversation should include an authentic discussion regarding the therapist's learning process and practice.

Questions to ask when preparing for the Mid-Year Review.

- What does the evidence I have collected tell me about the progress of my goals?
- Am I on track to achieve my goals?
- Do I need to adjust my strategy so that I can achieve my goals?
- What evidence can help identify which strategies need adjustment?
- What support do I need to achieve my goals?

Evaluators prepare for the Mid-Year Review by reviewing the therapist's progress towards goals, including evidence collected and strategies used to date, as well as developing formative feedback questions related to the goals.

Evaluators are encouraged to use a Coaching Protocol to structure middle-of-the year conversations. For example, an evaluator may say:

Validate—"Your strategy consistently details how you expect to monitor student progress or program improvement."

Clarify—"What are some ways you have incorporated what you are learning from your monitoring processes into your practice?"

Stretch and Apply—"Have you considered collaborating with other OTs and PTs to ask about how they are able to use data to inform their practice?"

During the Mid-Year Review, the OT or PT and their evaluator also collaboratively review collected evidence in order to center their growth-centered, practice-focused conversation around the components of the OT and PT Evaluation Rubric and the SPO scoring rubric.

To support ongoing and continuous improvement, feedback must not only be specific and comprehensive, but also regular and timely, so that the therapist can adjust strategies and practice according to data and evidence. Growth-centered conversations are transparent and supportive, thereby building trust in the process and enhancing results. OTs and PTs who are in a supportive culture that embraces continuous growth will excel in advancing their professional practice. Evaluators and colleagues help to establish a supportive culture by being thoughtful and purposeful in the types of coaching questions they ask, by providing timely and relevant feedback, and by working collaboratively with therapists.

Conversations to Support PPG Goals
Therapists and evaluators base conversations about professional practice on collected evidence from observations and artifacts aligned to the OT and PT Evaluation Rubric. Collaborative conversations grounded in the OT and PT Evaluation Rubric increase the possibility for authentic and meaningful professional growth. For example, when a therapist and evaluator reflect on collected evidence, review the Evaluation Rubric together, and agree upon the level of performance, they can jointly identify strategies for moving practice to the next level for areas in which they are relatively weak. Descriptors in the evaluation rubric provide direction for improving practice.

Effective feedback related to practice is actionable feedback. It is most helpful when evaluators focus conversations at the descriptor level of the Evaluation Rubric to provide the most meaningful, specific, and actionable feedback. Feedback should focus on practice and its impact on students, not the person. General feedback at the domain or component level is less helpful than feedback specific to performance competencies at the descriptor level. The descriptor level feedback informs adjustments to current strategies during the year, as well as informs future goals at the end of the year, leading to continuous improvement planning.

Conversations that Support Student or Program Outcomes (SPO) Goals
Mid-Year SPO feedback addresses evidence collected to date that demonstrates student growth or program improvement, as well as the therapist's practices related to the SPO process. Evaluators and therapists use the SPO Rubric and associated Quality Indicator Checklist (Appendix C) as a collaborative tool to help assess learning and progress and strategically plan next steps. Data collected from observations yield important insights into practices that influence the progress and success of the SPO and help identify practice adjustments needed to meet the SPO goal. Strategies that an OT or PT have utilized to work toward SPO achievement can and should be used as evidence of professional practice.

Reflection and Revision

Throughout the Evaluation Cycle, OTs and PTs regularly reflect on their practice and assess their goal progress. After having any collaborative conversations and reviewing the evidence, the therapist should reflect, identify strengths and areas for growth/improvement, and select appropriate strategies to move forward.

The evaluation process is not intended to label practice and then identify relevant professional development at the end of the year, rather to guide professional development by identifying and informing needs in real-time to allow for specific adjustments to improve practice and impact student success. For this to occur, the evaluation processes must become part of the best practices and integrated into regular mini-improvement cycles during which the therapist regularly monitors and reflects upon data and receives input/feedback from evaluators or peers and/or coaches (when available).

Summarization of the Evaluation Cycle Results

5

Evidence Collection

At the end of each year, OTs and PTs review the evidence collected during the cycle that supports their PPG and SPO goals and that represents professional practice related to the OT and PT Evaluation Rubric. OTs and PTs in all years of the cycle, ensure they have collected evidence that demonstrates their progress and successes in achieving both their PPG and SPO goals. SPO evidence will include the final, interim assessment/data in the SPO as well as the results. OTs and PTs in their Summary Year will have additional evidence related to the Evaluation Rubric domains and components, and should ensure they have collected evidence related to each of the components of the OT and PT Evaluation Rubric that are aligned to improving their practice.

There is no requirement related to the number of artifacts for each component. Therapists should strategically identify high-leverage evidence sets that relate to more than one component, and fill in gaps with other evidence as needed, to illustrate practice.

Completing the SPO

After collecting and reviewing evidence, OTs and PTs self-score each of the criteria of the SPO Scoring Rubric (Appendix C). Assessing the SPO requires a therapist to reflect on student or program outcomes data collected and can provide insight about ways to move forward. This self-assessment becomes evidence of their professional ability to accurately reflect on their practice and its impact on student or program outcomes, which the evaluator will use in the Summary Year.

In a Summary Year, the evaluator reviews all available SPOs (three in a typical three-year cycle, only one for a first-year therapist) and identifies the level of performance for each of the six SPO criteria using the SPO Scoring Rubric and Quality Indicators Checklist (Appendix C) which best describes practice across years. Evaluators may assign a single holistic score by identifying the level of performance selected for most of the SPO criteria. The evaluator prepares notes for the End-of-Cycle Conference to support conversations and reflections at the SPO criteria in order to provide the most specific and actionable feedback to inform changes in the therapist's practice.

End-of-Cycle Conference and Conversation

The End-of-Cycle Conference provides an opportunity for deep learning, reflection, and planning for next steps. The conference provides the therapist and evaluator an opportunity to align future goals and initiatives. The foundation of trust that is developed over the course of the ongoing, collaborative processes is rewarded as the OT or PT and their professional leader both grow professionally.

The therapist prepares for the End-of-Cycle conference by sharing the results of their PPG and SPO with their evaluator. In a Summary Year, they also share the OT and PT Evaluation Rubric evidence and reflections on their growth.

Questions to ask when preparing for the End-of-Cycle Conference.

- What does the evidence I have collected tell me about the results of my goals?
- Did I achieve my goals?
- If not, why did I not achieve my goals?
- If yes, why did I achieve my goals?

Evaluators prepare for the End-of-Cycle conference by reviewing goal results including evidence collected and developing formative feedback related to the goals. In a Summary Year, the evaluator also assigns a holistic SPO score. As previously noted, it is likely that documents and evidence supporting the PPG and SPO processes will also provide evidence of professional practice and can support conversations and feedback associated with OT and PT Evaluation Rubric components. The evaluator may prepare notes that align feedback to goals and feedback for professional practice to more effectively and efficiently structure the End-of-Cycle conference.

Drawing upon the evidence and prepared feedback, evaluators also develop questions that will promote a collaborative conversation. Again, the coaching protocol can be used to structure the End-of-Cycle conversation. For example, an evaluator may say:

Validate—"You have done a lot of specific reflecting about your SPO."

Clarify—"Your thinking and discussion about your SPO has substantially evolved over the semester."

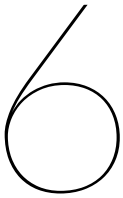
Stretch and Apply—"You have talked about the challenges you faced by using the post-intervention assessment as an outcome measure for your SPO. What might you have done differently?"

During the conference, the evaluator and therapist collaboratively review evidence, goal results, and possible next steps. Preparing ahead of time will help the evaluator to align feedback related to goals and professional practice to more effectively and efficiently structure the end of cycle conference. In a Summary Year, the evaluator shares levels of performance for the SPO and the OT and PT Evaluation Rubric components. By discussing feedback at the descriptor level, the evaluator and OT or PT not only identifies a few areas of focus (components) for the coming Evaluation Cycle, but also develops a strategic plan based on actionable changes (strengths to leverage and areas to improve) informed by the descriptors within the identified components. As the therapist collaboratively reflects on their Evaluation Cycle during the conference, they can use the lessons they have learned to discuss and begin to plan for a new cycle.

Reflections and Next Steps

Reflection includes identifying performance successes and areas for performance improvement. OTs and PTs should review performance achievements to identify factors that contribute to success, which factors they can control, and then take steps to continue the controllable factors in the next cycle. Therapists should also reflect upon areas that need improvement to identify potential root causes and possible practice strategies to overcome the identified root causes. Reflections should not only occur within the context of what is needed for individual growth, but also within the context of school and district program improvement strategies.

Appendices



A. OT and PT Evaluation Rubric

B. Evidence Resources

   Resource 1: Component-related Skills Description, Evidence, and Sources

   Resource 2: Possible SPO Evidence Sources

C. SPO Resources

   Resource 1: SPO Quality Indicator Checklist

   Resource 2: SPO Scoring Rubric

D. SMARTE Goals

E. Type and Frequency of Observations and Artifacts

F. References

Appendix A: OT and PT Evaluation Rubric

Domain 1 ♦ Planning and Preparation

Component 1a: Demonstrating Knowledge of Content and Theory of Occupational or Physical Therapy Interventions

In order to achieve student progress toward goals, therapists must have a thorough understanding of the occupational or physical therapist's role in the educational environment. They are also aware of and can dispel the misconceptions between the educational and medical models of therapy, in order to advance a student's sensory and motor skills within the school setting. Distinguished therapists have comprehensive knowledge of sensory and motor development, and know which concepts and skills are prerequisites to the development of others that ultimately guide and inform evaluation, treatment expectations, and therapeutic outcomes.

Level of Performance				
Elements	Emerging—Level 1	Developing—Level 2	Proficient—Level 3	Distinguished—Level 4
Knowledge of sensory and motor development and therapy practice in the school environment. ----- ----- ----- ----- Therapist understands prerequisite skills in sensory and motor development. Therapist understands the difference between the educational and the medical models of therapy and knows how to effectively deliver school-based therapy services.				

Level of Performance (cont'd)				
Elements	Emerging—Level 1	Developing—Level 2	Proficient—Level 3	Distinguished—Level 4
	Therapy addresses only medical conditions and impairments (with no thought to what function is affected at school). *Therapist is unable to articulate what the difference is between school and outpatient therapy.*	*Therapist understands there are differences between how services are delivered in the school vs the clinic, but is not always able to demonstrate this knowledge.*	*Therapy addresses access to special education and school environment.* *Therapist can accurately explain the difference between school and outpatient therapy services to parents during a meeting.*	*Therapist educates staff, parents, and community members about the benefits of school-based therapy services and how it can be used in conjunction with medically-based services.*

Domain 1 ♦ Planning and Preparation

Component 1b: Demonstrating Knowledge of Students

In order to ensure that students learn, therapists must not only know sensory and motor skill development, they must also know the students they teach. While there are patterns in motor, cognitive, social, and emotional developmental stages typical of various age groups, students learn in their individual ways and may have skill gaps or misconceptions that the therapist must uncover in order to plan appropriate learning activities. Further, students have lives beyond school that a therapist needs to consider—lives that may include extracurricular or recreational activities, neighborhood gatherings, and family and cultural traditions. When planning therapeutic interventions and identifying resources so all students have access to instruction, the therapist also needs to consider students with disabilities whose first language is not English.

Level of Performance				
Elements	Emerging—Level 1	Developing—Level 2	Proficient—Level 3	Distinguished—Level 4
Knowledge of the student's learning process, interests, culture, and disability-related needs. ----- ----- ----- ----- Therapy is specific to the student's performance level, learning style, and culture. Therapist makes accommodations for task and environmental characteristics.	Does not take into consideration the student's learning style, culture, task, and/or environment. Takes no responsibility to learn about student medical or sensorimotor abilities. ----- ----- ----- ----- ----- ----- *Does not use visuals with a student who relies on visuals.* *Plans a fine motor activity that involves a student making a Christmas tree despite the fact that the student practices another religion.* *Does not seek out updated medical information from the student's primary medical doctor or outpatient therapist.*	Is aware of individual learning styles, but inconsistently or ineffectively applies that knowledge. Recognizes that students have different interests and cultures, yet minimally draws on their contributions or differentiates materials to accommodate and differences in learning. Is aware of the medical issues and sensorimotor abilities of students, but does not seek to understand the implications of that knowledge. ----- ----- ----- ----- ----- ----- *Uses too many verbal cues when student is clearly unable to process the verbal directions.* *States the only therapeutic intervention that will work is surgery, and the family may not believe in surgery.*	Addresses the individual learning styles of each student and applies that knowledge. Is knowledgeable about a student's interests and culture, and incorporates this knowledge into the therapeutic intervention plan. Understands each student's disability and addresses the student's unique medical needs. ----- ----- ----- ----- ----- ----- *Plans therapeutic activities using their knowledge of individual student learning styles.* *Asks students, staff, and parents about the student's interests.* *Examines previous year's progress notes and IEP goals to determine if the student is making progress.*	Has extensive understanding of individual learning styles of each student, and appropriately applies it to interventions using multiple strategies and tools. Not only understands each student's disability, but actively seeks new information to provide safe and effective therapy services. ----- ----- ----- ----- ----- ----- *Collaborates with team members to utilize appropriate cuing, technology, and/or materials to promote generalization and student independence during routines.* *Knows the student is on an adaptive baseball team and incorporates a baseball theme into interventions.* *Maintains a system of updated student records.*

Domain 1 ♦ Planning and Preparation

Component 1c: Individualizing Student Assessments

Proper assessment of students is critical for many purposes. In order to develop successful intervention strategies, a thorough initial assessment must be performed that evaluates all areas of student need, including functional ability and limitations, the underlying causes of those limitations, and personal and/or environmental factors that contribute to limitations. Accurate ongoing assessments allow the therapist to objectively determine if the student is making progress towards IEP goals. The therapist must use assessment results to modify or adapt the intervention to ensure student understanding and success.

Level of Performance				
Elements	Emerging—Level 1	Developing—Level 2	Proficient—Level 3	Distinguished—Level 4
Use of appropriate tests and measures for assessments. ----- ----- ----- ----- Therapist collects data on students using all levels of the International Classification of Functioning, Disability and Health (ICF) model: body function and structure, activity, participation, personal, and environmental factors. Therapist tracks progress on IEP goals using informal assessments and outcome measures. Results of assessment guide future planning.	Assessments lack criteria or connection to student needs. Does not recognize when assessment tools should be utilized. ----- ----- ----- ----- ----- ----- *Does not ensure the student is capable of safely going up the stairs holding onto the rails before taking them to the open steps that do not have a railing.* *Collects data on how often the student can independently spoon feed themselves when the IEP goal is about completing legible written work.* *Evaluates handwriting, but works on reading skills.* *Does not use any evaluation tools other than observation to determine why the student is having difficulty on the stairs.* *Notices a student is tripping more, but does not take action.*	Some student needs are addressed in the planned assessments, but assessment criteria are vague or incomplete. Only evaluates one or two areas of student need [using the ICF model]. Performs a basic assessment and describes a student's performance using formal test results only. Assessment results are inconsistently used to address student needs. ----- ----- ----- ----- ----- ----- *Asks teacher to record trips in the classroom, but does not collect data in other places.* *Uses a section of the School Function Assessment (SFA) to look at how the student is able to use classroom tools, but is unsure how to administer the test or interpret the data.* *Only looks at participation and does not determine underlying cause of dysfunction.*	Includes assessments matched to student needs to guide the evaluation process. Evaluates multiple areas of student need, looking at how participation and skill competence are affected by underlying impairments. Actively involves staff in collecting information. The therapist uses objective data and assessments to determine progress towards IEP goals. ----- ----- ----- ----- ----- ----- *Creates data sheets for assessing the efficacy of handwriting strategies and teaches staff how to record data.* *Uses a "Dressing Rubric" to determine a student's ability to meet their IEP dressing goal.* *Plans multiple visits so that they can assess the student's ability on the stairs in different school environments at different times throughout the day.* *Uses the 6 Minute Walk Test to compare the student's endurance to typical peers and track progress with intervention.*	Uses clinical reasoning to choose between standardized tests that assess similar content to choose the most appropriate for that individual student's needs. Has knowledge and familiarity of a wide repertoire of standardized tests and objective outcome measures. ----- ----- ----- ----- ----- ----- *Therapist has clear clinical reasoning when choosing between similar gross motor tests (e.g., BOT-2, PDMS-2, BDI-2, TGMD-2) for a student with deficits in PE class.* *Has different ways to assess students who have autism and students with intellectual disabilities.* *Using the SFA, the therapist determines the student has difficulty navigating the stairs at the same speed as peers. They perform the Timed Up and Down Stairs test to quantify the speed and compare to established norms, then tests strength, range of motions, and observes environmental factors.*

Domain 1 ♦ Planning and Preparation

Component 1c: Individualizing Student Assessments (cont'd)

Level of Performance				
Elements	Emerging—Level 1	Developing—Level 2	Proficient—Level 3	Distinguished—Level 4
Analyzes student abilities and performance in the school environment. ----- ----- ----- ----- Therapist looks at how a student's basic sensory and motor skills and adaptive behavior either provides a foundation for or impedes learning and support or interferes with academic tasks. Therapist observes the student in the environment where the target behavior occurs and determines the support that will facilitate learning and the barriers that interfere with or impede learning.	Does not observe the student. Does not analyze the student's performance in the school environment. ----- ----- ----- ----- ----- ----- *Uses reports from teachers and other professionals to evaluate the student, but does not do direct observations.*	Identifies some student strengths, functional problems, but does not connect to educational outcomes. Observes the student in the therapy room only or in the natural environment, but not in a natural context (e.g., during a time when the rest of the class is out of the room). Analyzes some elements of the student's school environment and, in some cases, imposes personal bias on observations. ----- ----- ----- ----- ----- ----- *Completes a standardized gross motor test, but does not observe the student in the classroom to see how the student is functionally using the skills.* *Evaluates the student's recess participation when the playground is empty.*	Assesses and describes student performance in the school using observation and objective test results. Has a thorough understanding of how intervention will improve a student's academic and other areas of performance. Observes how the student interacts in the environment within a naturally occurring context. Analyzes all elements of the student's school environment, but the assessment could be better structured. ----- ----- ----- ----- ----- ----- *Completes standardized testing, then observes the student using those skills in PE class to determine the effect of skill deficit on participation.*	Expertly assesses and describes student performance in specific areas of the school using observation in natural environments, and objective test results. Demonstrates extensive knowledge and skill in identifying student strengths, functional problems, and educational outcomes. Analyzes all elements of the student's school environment and keeps observations neutral, systematic, and structured. ----- ----- ----- ----- ----- ----- *Evaluates student mobility during all aspects of the school day (e.g., transitions, recess, lunch, PE, transportation).* *Uses a checklist or ecological evaluation form to structure observations and keep data collection as objective as possible.*

Domain 1 ♦ Planning and Preparation

Component 1d: Setting Student Outcomes

Establishing appropriate and collaborative IEP goals is essential to school-based therapy practice. Skilled therapists have an understanding of the importance of a collaborative process for developing IEP goals, and a thorough understanding of the purpose of the Individuals with Disabilities Education Act (IDEA) when discussing student outcomes. Therapeutic interventions are purposeful activities, and even the most imaginative activities are directed toward certain desired learning outcomes. Therefore, establishing appropriate IEP goals requires identifying exactly what students will be expected to learn, and how their independence, academic, vocational, or functional abilities will improve as a result of that learning. Distinguished therapists are able to work with the team to determine student outcomes that are achievable and highly meaningful to the student.

Level of Performance				
Elements	Emerging—Level 1	Developing—Level 2	Proficient—Level 3	Distinguished—Level 4
Participates in collaborative IEP goal writing and creates a therapy-specific treatment plan. ----- ----- ----- ----- Therapist collaborates with the IEP team in writing clear and measurable goals that identify expected student educational progress. Therapist creates a treatment plan that outlines student information including diagnosis, precautions, current functional abilities, sensory and/or motor skills, and physical status.	Therapist does not participate in collaborating with team members regarding IEP goals. Does not write treatment plans or modify the plan when needed based on student performance. ----- ----- ----- ----- ----- ----- *IEP goals support a medical model of therapy rather than an educational model. For example, the student will improve his core strength by sitting on a therapy ball for 2 minutes without loss of balance.* *Recommends consultation only for all or most students on caseload.*	Writes OT/PT-specific IEP goals that include medical jargon and are inconsistent with respect to collaboration, specificity, measurability, and attainability. Plan and treatment techniques correlate with each other, but some techniques do not fit with the broader IEP goals. ----- ----- ----- ----- ----- ----- *Suggestions made during the IEP team meeting are unclear to the members.* *Plans activities for the whole year using a guidebook for developing fine and gross motor skills. They continue the activities in the sequence provided from the book with limited modifications.*	All IEP goals are written collaboratively, and are specific, measurable, attainable, relevant, and timely (SMART). Treatment plans are clearly aligned to the IEP and are relevant to the student's school needs. ----- ----- ----- ----- ----- ----- *Service delivery times and methods are an accurate representation of student needs and progression towards IEP goals.* *Creates classroom/school goals using some resources as evidence to support treatment.*	Guides an interactive discussion with IEP team members to develop IEP goals that include student outcomes. Educates colleagues regarding best practice for collaborative goal-writing. Uses evidence-based practices to guide treatment plan strategies. ----- ----- ----- ----- ----- ----- *Contributes to the IEP team meeting discussion with clear and understandable explanations.* *Example Goal: The student will keep up with her classmates when walking from her classroom to the lunchroom (150') on even surfaces and stairs, opportunities.* *Goals are consistently monitored and adjusted to maximize student performance outcomes.*

Domain 1 ♦ Planning and Preparation

Component 1e: Designing Meaningful Intervention Strategies

Designing meaningful intervention strategies requires knowledge of sensory and motor development, current functional abilities and challenges of the student, the IEP goals, and available resources. Such planning requires therapists to have a clear understanding of the state, district, and school expectations for student learning and the skill to translate these into a coherent plan. It also requires therapists to understand the different characteristics of student disabilities and the active nature of student learning. Therapists must determine how best to structure and sequence instruction in a way that will advance functional ability and participation in the school environment. Furthermore, such planning requires the thoughtful construction of therapeutic activities including cognitively engaging motor activities and use of appropriate resources and materials. Proficient practice lends itself to a well-designed therapeutic intervention plan that addresses the learning needs of each individual student.

Level of Performance				
Elements	Emerging—Level 1	Developing—Level 2	Proficient—Level 3	Distinguished—Level 4
Designs coherent and well-structured intervention strategies that address individual student needs. ----- ----- ----- ----- Instruction engages students and advances sensory and motor skill development. Therapist intentionally organizes activities to meet IEP goals.	Therapy activities are not aligned to the IEP goals. Therapeutic interventions are not structured or sequenced and are unrealistic in their expectations and time allocations. Therapist does not embed therapy in the natural environment and only works with students in the therapy room. Therapist is not able to determine the least restrictive environment for students. Service dosage is not appropriate for the student's age or needs. ----- ----- ----- ----- ----- ----- *Takes student to the corner of the gym to practice walking heel to toe on a line when the rest of the class is playing a game of tag by skipping and galloping.* *Removes student from natural environment to an alternative activity when the in-classroom activity could be modified to meet the student's needs.*	Therapy activities are moderately challenging and inconsistently aligned to IEP goals. Therapist uses the same service frequency for all students at the same age level without specific clinical reasoning. Therapist attempts to embed therapy in the least restrictive environment, but is distracting and disrupts class while working with the student. Therapist works with a student in class when the desired skills is not naturally occurring. ----- ----- ----- ----- ----- ----- *Therapist sets up specific therapy space away from peers in the classroom.* *Attempts to make activities meaningful and tied to instructional outcomes, but is successful only part of the time.* *Plans activities for a group, but there are so many activities the students only get to try each activity once and are not able to practice their skills.*	Therapy activities match instructional outcomes, are sufficiently challenging, and are consistently aligned to IEP goals. The therapeutic intervention plan is well-structured with reasonable time allocations. Therapist chooses appropriate treatment dosage and plans to provide services in the student's least restrictive environment as often as possible, and has specific clinical reasoning to pull students away from peers. Therapist seamless embeds therapy in classroom at times when skill is naturally occurring and not disruptive to class. ----- ----- ----- ----- ----- ----- *Has a student out of their wheelchair and using a walker during PE, so they can participate with their peers in a game of soccer.* *Plans an appropriate lesson for an early childhood gross motor group that includes different gross motor activities and allows adequate time to practice the skills.*	Therapeutic interventions are well-structured and differentiated for individual students, learning environments, and staff needs. Therapist is creative in determining dosage (frequency, intensity, and duration) of service delivery to best fit the student's needs. Clearly communicates the purpose of treatment strategies to promote generalization within the classroom. Therapist works with teacher to create classroom routines that will work on skills needed for student skill development. ----- ----- ----- ----- ----- ----- *Therapist front-loads services at the beginning of the year or prior to/during a transitional period, and may provide an intensive burst to work on a targeted skill with services decreasing thereafter.* *Instructs staff on helpful strategies to promote student independence with managing outerwear for repeated practice in natural environments.*

Domain 2 ♦ Therapy Intervention

Component 2a: Delivering Effective Direct Therapy Services

To deliver effective direct therapy, a therapist must have the skills to choose appropriate activities based on the student's goals and make adjustments to the session when responding to changing conditions. A therapy session in which students are engaged usually has a discernible structure: a beginning, middle, and end, with scaffolding incorporated by the therapist and tasks that are organized to provide both motoric and cognitive challenge. The therapist must monitor student understanding, provide facilitation and feedback as needed, and decrease facilitation as student competence increases. Even the most skilled and well-prepared therapists find that activities do not always proceed as they would like, or that a teachable moment presents itself. Distinguished therapists who are committed to student success persist in their attempts to engage students in learning, even when confronted with setbacks during the therapy session.

Level of Performance				
Elements	Emerging—Level 1	Developing—Level 2	Proficient—Level 3	Distinguished—Level 4
Delivers effective therapy services by monitoring and adjusting interventions based on student performance. ----- ----- ----- ----- Structures activities well within a session as evidenced by a logical flow and scaffolding to build onto more challenging activities. Makes adjustments and seeks alternate approaches to an activity.	Does not attempt to adjust the activity when student is having minimal success or is confused. Student participation with activity is minimal. Pacing of the therapy session drags or is rushed. Does not convey a purpose for the intervention or work. ----- ----- ----- ----- ----- ----- *Does not differentiate interventions and uses the same activity for all students regardless of their skill level.* *Forges ahead with an activity even though it is clear that the student is confused.* *Student is moved through the activity rather than facilitated to be more independent.* *Student performs only rote skills without regard to appropriate use.*	Attempts to adjust the activity are partially successful. Student participation with activity is evident, but lacks enthusiasm. Pacing of the therapy session is uneven—suitable in parts but rushed or dragging in others. Conveys high expectations for some students. ----- ----- ----- ----- ----- ----- *When noticing a student is confused, acknowledges the need to change the instructions, but is not sure how to do so.* *The therapist says, "I realize you are not getting this, but we can't spend any more time on it."* *Conveys high expectations for verbal students, but does not attempt to do so for students who are nonverbal or use a communication device.* *Spends a lot of time working on range of motion at the beginning of the session, but then has no time to work on using the gained motion functionally.*	When improvising becomes necessary, the therapist successfully adjusts the therapy session. Incorporates student interests and questions into the intervention to actively involve student in the activity. Pacing of the therapy session is appropriate and successful to meet the goals of the activities. Conveys high expectations for all students. ----- ----- ----- ----- ----- ----- *Actively incorporates Minecraft games into an activity to increase student motivation.* *The session is well-paced and there is a recognizable beginning, middle, and end of the therapeutic activity.* *When noticing the student is confused, the therapist successfully switches from verbal directions to using visual cues with Boardmaker pictures.*	Adjustments to the activity are well-timed and designed to assist individual students. Student is actively involved in the session and generalizes learned skills during therapy sessions to other environments. Demonstrates flexibility, priority setting and effective time management strategies during the session. ----- ----- ----- ----- ----- ----- *Chooses between several different core strengthening activities that best simulate the way the skill will be needed in the student's natural environment.* *Student demonstrates handwriting strategies learned in OT sessions while independently writing a story in the classroom.* *The session is well-structured with a logical progression of activities building towards functional use of a skill.* *Easily adjusts an activity when a student is not successful.*

Domain 2 ♦ Therapy Intervention

Component 2b: Communicating with and Engaging the Student in Learning

When students are engaged, they are intellectually active in learning important and challenging content. Therapists need to provide clear directions for therapeutic activities so that students know what to do and why. When the therapist presents an activity, they should do so with accuracy and clarity, using whatever means of communication is best suited for each student, including verbal language, visual symbols, modeling, and physical prompting. Afterwards, the therapist provides closure to an activity by encouraging students to reflect and to continue using important components from the therapeutic activity. In observing a therapy session, it is essential not only to watch the therapist, but to pay close attention to the students and how they respond to the activity. The best evidence of student engagement and understanding is what students say and do as a consequence of how the therapist communicates and provides instruction.

Level of Performance				
Elements	Emerging—Level 1	Developing—Level 2	Proficient—Level 3	Distinguished—Level 4
Communicates effectively to support student engagement. ----- ----- ----- ----- Uses precise language with clear steps for the activity, connecting skills learned to student's school and home environment. Uses a combination of communication strategies (e.g., verbal, visual) to best suit the student's learning preferences. Offers valuable feedback that is timely, constructive, developmentally appropriate, and provides the student with the guidance needed to improve their performance.	Directions are confusing and/or vocabulary is inappropriate for the student's age, cognition or culture. Only one type of facilitation (verbal, visual, or tactile) is used when a variety would promote more student engagement. Student receives contradictory feedback from the therapist or no feedback at all. ----- ----- ----- ----- ----- ----- *A student asks questions that are not answered.* *Uses technical jargon that the student does not understand when explaining why they are doing an activity.* *Therapist continues to give verbal directions to a student who best learns and understands from visual prompts and cues.*	Directions and/or vocabulary is sometimes inappropriate to the student's age, cognition, or culture. Multiple types of facilitation are used during the session without clear reasoning. Feedback to students is vague and not oriented toward future improvement of the activity. Sometimes miscommunicates expectations that affect the student's success with an activity. ----- ----- ----- ----- ----- ----- *Gives physical prompts when a visual cue or verbal prompt would have been just as effective and allow the student to be more independent.* *Corrects student movement or changes activity without explaining why.* *Gives general feedback, such as, "Good effort" without identifying which part of the activity could be improved.* *Does not fully answer student questions.*	Directions are clear and vocabulary is appropriate to student's age, cognition, or culture. Chooses the least restrictive means of facilitation to achieve student goals. Feedback is specific and timely and provided in a way that the student understands. Therapeutic tasks encourage student to initiate movement, self-assess, and contribute ideas for making the activities more meaningful in the classroom. ----- ----- ----- ----- ----- ----- *Provides visual prompts so that the student can follow directions without verbal or physical prompting.* *Gives specific feedback on performance (e.g., after catching a ball, the therapist says, "I noticed you kept your eyes on the ball and hands out, that helped you catch it.)."* *Adjusts communication style for a student who is unable to follow complex verbal directions.*	The therapist helps the student take initiative to improve an activity by modifying the task or suggesting modifications to the environment or materials. Models strategies to the student to promote generalization of strategies to multiple environments. Communicates clearly about the how and why of the intervention including appropriate use of terms for the student. ----- ----- ----- ----- ----- ----- *Therapist engages the student to self-reflect on sensory strategies that will help to keep them calm in a stressful situation.* *After an inaccurate throw, the therapist asks the student, "Why did the ball go over there? What could you do differently next time?"* *Therapist explains the connection between the non-preferred activity and how it will help functional skills in the school environment.*

Domain 2 ♦ Therapy Intervention

Component 2c: Managing Student Behavior

In a productive therapy environment, expected behavior and standards of conduct are made clear to students. For students who have behavioral challenges, the distinguished therapist is able to stay calm and correct the behavior while ensuring students feel respected and their dignity is not undermined. Skilled therapists regard positive student behavior not as an end in itself, but as a prerequisite to high levels of engagement in content.

Level of Performance				
Elements	Emerging—Level 1	Developing—Level 2	Proficient—Level 3	Distinguished—Level 4
Expectations for student conduct have been established and the therapist successfully corrects behavior when needed. ----- ----- ----- ----- Therapist has clear expectations for student conduct. Therapist seeks to understand why students exhibit certain behaviors. Therapist responds in a respectful way that upholds the student's dignity.	Has not established any standards of conduct. Does not respond to misbehavior or the response is inconsistent and disrespectful of the student's dignity. Does not monitor student behavior. ----- ----- ----- ----- ----- ----- *Does not correct behavior or set limits when a student is being disrespectful.* *Does not match behavioral strategies and specific language to classroom rules and expectations.* *Therapist's attempts to correct student behavior are disrespectful or shaming toward the student.*	Standards of conduct have been established, but are vague and undefined. Response to student misbehavior is partially successful, and at times inconsistent. Attempts to keep track of student's behavior, but with no apparent system. ----- ----- ----- ----- ----- ----- *Inconsistent with behavior management strategies or sets unrealistic limits when interacting with student.* *Occasionally matches behavior and specific language to classroom rules and expectations.* *Uses only negative reinforcement strategies and does not use reward or note positive behavior.*	Standards of conduct have been established and implemented successfully. Response to student's misbehavior is effective while respectful of student dignity. Maintains a basic data-tracking system to monitor student behavior. ----- ----- ----- ----- ----- ----- *Reviews behavior expectations at the start of therapy session.* *Responds respectfully to a student's misbehavior and uses verbal, non-verbal, and visual cues appropriate for the student's needs.* *Matches behavior and specific language to classroom rules and expectations.* *Sets appropriate limits and enforces them consistently.* *Regularly uses Positive Behavior Intervention Strategies (PBIS) language and expectations specific to the school when correcting behavior.* *Is familiar with a student's Behavior Intervention Plan (BIP) and follows the plan to appropriately address behavior concerns.*	Standards of conduct are clear to all students, individualized if necessary, and have been developed with student input. Response to misbehavior is highly effective and sensitive to student's individual needs. Has a sophisticated data-tracking system to monitor student behavior and analyze patterns to promote positive behavior, and, when possible, prevent behavioral issues. ----- ----- ----- ----- ----- ----- *Worked with the student's team to develop and train staff on their BIP.* *Nonverbal, verbal, or visual cues from the therapist lead to an increase in student willingness to correct behaviors.* *Asks student to self-reflect and come up with rules for the therapy room and/or tools to help when they are frustrated or angry (e.g., deep breaths, use of sensory tool, riding a bike).*

Domain 2 ♦ Therapy Intervention

Component 2d: Functioning as a Consultant

Consultation is a key component of providing effective, educationally-based therapy. It is a process of providing therapy services to enhance student performance by working with classroom teachers, families, and other team members. Consultation expands the impact of direct service so that students receive added benefits of the physical or occupational therapists' recommendations throughout the school day. By understanding teacher responsibilities, the consulting therapist can plan interventions to help them enhance student skills and behavior. Other benefits of distinguished consultation include supporting inclusion in the least restrictive environment by integrating specialized approaches and interventions during regular school activities and in typical environments, assisting staff members in developing their knowledge and skills with interventions, and sharing information and resources with team members who have different, but equally important, experiences and knowledge base.

Level of Performance				
Elements	Emerging—Level 1	Developing—Level 2	Proficient—Level 3	Distinguished—Level 4
Understands the role of consultation in the school system. ----- ----- ----- ----- Therapist demonstrates understanding of the role of consultation by assisting with IEP planning decisions, developing collaborative plans, and evaluating desired outcomes.	Therapist does not know their role or expectation as a consultant. Believes consultation can be a substitute for direct intervention. ----- ----- ----- ----- ----- ----- *Does not attempt to tailor interaction styles or methods to translate expertise to different team members.* *Does not ask what team members want to learn or achieve through consultation during the IEP meeting.*	Therapist has a vague idea of their role as consultant and waits for staff to request information or training needs at the IEP team meeting. Believes consultation is less time intensive than direct therapy. Knows consultation does not substitute for direct intervention, but is not sure when to provide direct therapy and when to consult. ----- ----- ----- ----- ----- ----- *Not able to distinguish between interaction styles or methods to translate expertise to team members.* *Uses consultation as a way to maintain caseload size or address staff shortage.*	Therapist identifies their role as a consultant and chooses intervention strategies best suited for team members' learning style. Understands that consultation can take as much time as direct service, and that it is not a substitute for direct service. Clearly conveys the role of consultation to team members and asks what they are hoping to achieve through consultation at the IEP meeting. ----- ----- ----- ----- ----- ----- *Distinguishes between interaction styles to best suit each team member (e.g., teaching, advising, encouraging).* *Chooses multiple methods to translate expertise that best suits each team member's learning styles (e.g., modeling, encouragement, print, video resources).*	Works with administration to convey the necessity of including time for caseload/workload planning and servicing consultative students. ----- ----- ----- ----- ----- ----- *Provides staff with examples of time-intensive consultation aspects for students and reinforces the need for continuous monitoring of delegated tasks (e.g., train staff on transferring a student, monitor use of adaptive equipment, observe in the classroom to provide strategies to increase independence, teach staff how to put on and take off a student's orthotics correctly, evaluate a student's community work site, consult and collaborate with outside therapists, equipment vendors, physicians).*

Domain 2 ♦ Therapy Intervention

Component 2d: Functioning as a Consultant (cont'd)

Level of Performance				
Elements	Emerging—Level 1	Developing—Level 2	Proficient—Level 3	Distinguished—Level 4
Creates an effective plan for consultation. ----- ----- ----- ----- Therapist creates an effective plan for consultation that addresses all aspects of successful collaboration.	Therapist does not develop a plan for consultation. ----- ----- ----- ----- ----- ----- *Does not determine staff training needs or delegate tasks to staff.* *Does not keep any records of consultation, potentially risking student safety.*	The consultative intervention strategies are chosen by the therapist before the student's educational needs are determined. Therapist provides minimal recommendations for intervention and creates a vague consultation plan on how and when they will follow-up with the team. ----- ----- ----- ----- ----- ----- *Does not determine staff training needs and delegates tasks that are inappropriate for staff experience and knowledge base.* *Keeps minimal records of consultation and staff training needs.*	Consultative intervention strategies are chosen after the student's educational needs are determined and include important aspects related to the student's goals. Therapist makes recommendations for intervention and determines how and when they will consult and follow-up with the team. ----- ----- ----- ----- ----- ----- *Accurately determines staff training needs based on student level of function and delegates tasks to staff based on their experience and knowledge.* *Keeps documented records of staff consultation and training to ensure student safety.*	Therapist works collaboratively with staff to create a comprehensive consultation plan that addresses all areas of need (e.g., staff trainings, equipment monitoring, consulting with regular and special education staff, student observations, collaborating with outside provider). ----- ----- ----- ----- ----- ----- *Plans group paraprofessional training prior to start of school year to ensure staff are properly trained.* *Creates resource materials for staff training (e.g., written, video, online) that addresses staff questions for when the therapist is not available.*
Provides educationally relevant consultation. ----- ----- ----- ----- Therapist provides educationally relevant consultation via integrated therapy or programming through naturally occurring opportunities.	Therapist does not make any recommendations to staff. Therapist makes recommendations at inappropriate times. ----- ----- ----- ----- ----- ----- *Uses the teacher to conduct therapy activities that should be conducted by the therapist.* *Fails to explain to the teacher the relationship between medical impairments and recommended adaptations.*	Therapist makes recommendations to the teacher, but interventions are not appropriate for teacher's role. Does not consistently check-in with staff after initial recommendations are made. ----- ----- ----- ----- ----- ----- *Provides teachers with activities to implement that are not educationally relevant.* *Provides a strengthening program for a student to use during an academic time.*	Therapist's recommendations fit the teacher and/or paraprofessional's role and function. Collaborates with staff outside the school environment (e.g., equipment vendors, community partners, outpatient therapists, physicians) to ensure student success and independence. ----- ----- ----- ----- ----- -----	Provides consultation to other team members by clarifying roles and expectations and fostering dynamic interactions, respectful relationships and collaborative efforts to reach common ground. Works as an equal, not an authority, participates in school routines, incorporates principles of adult learning, and asks for feedback for improvement.

Domain 2 ♦ Therapy Intervention

Component 2d: Functioning as a Consultant (cont'd)

Level of Performance				
Elements	Emerging—Level 1	Developing—Level 2	Proficient—Level 3	Distinguished—Level 4
	Sets up a therapy area in the classroom and brings in balls and mats to work individually with each student. *Frequently unavailable and does not respond to requests for training or technical assistance.*	*Provides staff with limited times available for questions and planning.*	*Develops a sensory break program and trains staff to use prior to transition times.* *Regularly assesses continued competency with therapist-directed activities.* *Trains staff to embed handwriting intervention strategies into classroom routines and activities to allow more practice opportunities.* *Assesses a student's wheelchair and communicates with equipment vendor regarding modifications.*	Creates programs to monitor staff training and track progress with therapist-directed activities. ----- ----- ----- ----- ----- ----- *Creates a culture of staff empowerment where members can assist each other in carrying out therapist-directed activities to decrease reliance on the therapist.* *Creates a database for staff to reference therapist-directed activities (e.g., protocols for exercise programs, videos of transfers).*

Domain 2 ♦ Therapy Intervention

Component 2e: Creating an Environment Conducive to Learning and Promoting Independence

In order for students to engage deeply with content, the therapy environment must be conducive to learning with the appropriate supports that promote independence. Based on the student's unique needs and the least restrictive environment, the therapeutic environment varies. Regardless of where intervention is taking place, these spaces must be safe and free of unnecessary distractions so the student can actively participate. One way of promoting student success and independence is by choosing and implementing various adaptive equipment. The therapist ensures the student is able to safely and effectively use the appropriate adaptive equipment and assistive technology.

Level of Performance				
Elements	Emerging—Level 1	Developing—Level 2	Proficient—Level 3	Distinguished—Level 4
Creates an environment conducive to learning and chooses appropriate adaptive equipment and materials to promote student growth and independence. ----- ----- ----- ----- Both the physical arrangement of a therapy environment and the resources provide opportunities for therapists to advance learning.	Adaptive equipment is damaged and not safe. There is a loss of therapy time due to disorganized materials and/or transition. Therapy equipment and materials used are unsuitable to the environment, age level, and/or developmental level of the student. Fails to implement modifications, adaptive equipment, or assistive technology despite the fact that it would enhance student success. ----- ----- ----- ----- ----- ----- *Uses an adapted utensil grip with a student who has adequate fine motor control.* *Uses a reverse walker for a student who needs a gait trainer with a sling seat and chest support to ambulate safely.* *Does not have appropriate intervention materials for therapy sessions.*	The physical environment is safe, but is not conducive to learning. Therapy equipment and materials used are somewhat suitable to the environment, age level, and/or developmental level of the student. Makes limited use of available technology and other resources. ----- ----- ----- ----- ----- ----- *Distracting items are in plain view during the session.* *Uses a large piece of positioning/ mobility equipment that is suitable for a student, but unsuitable for the classroom environment.* *Uses a coloring tool that would be appropriate for a primary student, but is inappropriate at the middle school level.* *Has to adjust therapy plan because materials are inappropriate.* *Does not ensure dangerous items are out of harm's way.*	The physical and sensory environment is safe, organized, and well-arranged to support instructional goals and learning activities. Therapy equipment and materials used are suitable to the environment, age level, and/or developmental level of the student. Regularly inspects equipment for safety and inventories equipment based on district policy. Develops an equipment use schedule that creates optimal learning opportunities for students. Familiar with pediatric adaptive equipment and knows how to procure the items. ----- ----- ----- ----- ----- ----- *Assists the teacher in arranging the environment for maximal learning.* *Acquires a stander for a high school student who is not yet able to stand so they can participate in standing activities alongside their peers during chemistry lab.*	Modifications are made to the physical environment to accommodate all students, safety and accessibility are addressed in an ongoing manner. Makes extensive and creative use of available assistive devices and technology. Offers multiple options to team members to determine the most appropriate materials and equipment for a student's age and skill level. Helps connect families with local agencies (e.g., medical vendors, lending libraries, grants for equipment or loan programs). Has extensive knowledge of pediatric adaptive equipment and works closely with local vendors and clinics. ----- ----- ----- ----- ----- ----- *Assists in arranging all school environments to be free of barriers for maximal learning.* *Provides staff in-service and/or ongoing training on how to inspect and monitor safety of adaptive equipment.*

Domain 3 ♦ Professional Responsibilities

Component 3a: Communicating with Families, Staff, and Community Partners

It is of critical importance that therapists establish relationships with families, staff, and community partners by communicating to them about the therapy program, conferring with them about individual students, and inviting them to be part of the educational process. The capacity of families to participate in their child's learning varies widely due to home or job obligations. Nonetheless, it is the responsibility of the therapist to provide opportunities for families to help them understand both the therapy program and their child's progress. A therapist's effort to communicate with families, staff, and community partners conveys that the therapist cares about the whole child.

Level of Performance				
Elements	Emerging—Level 1	Developing—Level 2	Proficient—Level 3	Distinguished—Level 4
Communicates with and engages families, staff, and community partners regarding the student's instructional program. ----- ----- ----- ----- Provides information to families, staff, and community providers about individual student progress. Therapist is culturally sensitive when instructing families, staff, and community providers in therapeutic activities and uses multiple means of representation to increase carryover.	Fails to communicate with families and to secure necessary permissions. Does not respond or responds insensitively without regard to the family's culture. Families, staff, and community partner engagement activities are lacking. ----- ----- ----- ----- ----- ----- *A parent or staff member asks what the child is working on in therapy, but the therapist does not respond.* *Staff member who is familiar with the student says, "I didn't know that student gets therapy."* *Families, staff, and community providers are unaware of the child's progress.*	Shares infrequent or incomplete information about therapy with families, staff and/or community providers. Uses therapy-specific jargon when communicating with non-medical staff or families. ----- ----- ----- ----- ----- ----- *A parent or staff says, "I emailed the therapist about the child's struggles, but all I got back was a note saying that he's doing fine."* *A parent says, "I received the district pamphlet on school related therapy, but I wonder how it's being done with my child."* *Comments during IEP meetings are appropriate, but do not explain the role of therapy' in the student's program and does not address the family's additional concerns about school-based therapies.*	Communicates with families and obtains the necessary permissions, doing so in a manner sensitive to family culture. Uses language that families and staff can easily understand. Regularly provides information regarding the therapy program available to families/ staff/community partners. Responds to questions from families/staff/community partners in a timely manner. ----- ----- ----- ----- ----- ----- *Staff say, "I understand what the therapist wants me to carryover in the classroom."* *Clearly explains the role of related services on an IEP and addresses all concerns from family regarding school-based therapies.* *Promptly responds to a community therapist's request to share what is being worked on during the school day.*	Uses multiple ways to improve communication with families/ staff/community partners through use of email, face to face meetings, videos, pictures, to maximize families/staff/ community partners understanding of therapeutic activities. ----- ----- ----- ----- ----- ----- *Staff say, "This therapist really listens to my concerns and makes me feel comfortable asking my questions."* *Seeks out opportunities to collaborate with families, staff, and community partners on a regular basis.* *Provides family with activities to do at home so student can continue to make progress in all settings.*

Domain 3 ♦ Professional Responsibilities

Component 3b: Adhering to National and State Laws, and Local Guidelines

Any person employed by a school district as a school-based occupational therapist (OT) or occupational therapy assistant (OTA) or as a physical therapist (PT) or physical therapist assistant (PTA) must hold the related license issued by the Wisconsin Department of Public Instruction, including the professional license issued through the Wisconsin Department of Safety & Professional Services. Therapists must also ensure they meet the guidelines to maintain these licenses every five or two years, respectively. All therapists must work within the scope of practice defined by the two Wisconsin state department licensure laws; as they practice in a field that requires compliance with health care laws and special education rules and regulations that necessitates understanding and attention to legal issues. School-based OTs, OTAs and PTs, PTAs must also follow the prescribed rules and regulations set forth by their employing school district.

Level of Performance				
Elements	Emerging—Level 1	Developing—Level 2	Proficient—Level 3	Distinguished—Level 4
Management of therapy requirements according to district, state, and national educational and medical guidelines. ----- ----- ----- ----- Therapist adheres to policies and established procedures at all levels.	Does not adhere to guidelines of local, state and federal guidance when providing therapy. Does not comply with IEP requirements along with other district policies and procedures. Does not follow up or clearly articulate roles and responsibilities of a paraprofessional or therapy assistants. Does not delegate any tasks and does not train staff on tasks they are required to complete on a regular basis. ----- ----- ----- ----- ----- ----- *IEP service timelines are not met.* *Does not follow and lacks awareness of district special education and health care policies.* *Does not instruct paraprofessionals or therapy assistants on use of adaptive equipment.*	Does not fully adhere to local, state and federal guidance when providing therapy. Inconsistently complies with district policy and procedures, and still needs reminders for accuracy and timeliness. Is inconsistent in giving paraprofessionals or therapy assistants defined duties. ----- ----- ----- ----- ----- ----- *Does not complete all required IEP paperwork within district timelines.* *Makes errors when completing department and/or district requirements (e.g., IEPs, evaluations, billing, progress reports).* *Some pertinent information is missing in written documentation.* *Paraprofessional or therapy assistant has to seek out the therapist rather than the therapist providing regular supervision and training.*	Adheres to all local, state and federal guidance when providing therapy. All student therapy and consultation services meet IEP service requirements. Provides supervision to the therapy assistants and paraprofessionals according to state guidelines. ----- ----- ----- ----- ----- ----- *Accurately and timely completes department and/or district requirements (e.g., IEPs, evaluations, billing, progress notes).* *Guides the therapy assistants to make decisions about interventions.* *Regularly trains and keeps records on duties delegated to paraprofessionals.*	Demonstrates substantive knowledge of state, federal, and local requirements when providing therapy, and collaborates with professionals in and outside the the district to inform colleagues of district and other required regulations. Provides supervision and welcomes feedback from therapy assistants and paraprofessionals. ----- ----- ----- ----- ----- ----- *Helps to establish new department or district procedures or initiatives regarding IEP compliance.* *Provides in-service and training for support staff in a natural environment where the skill is performed.* *Provides a supporting document for paraprofessionals or therapy assistants to reference when the therapist is not available.*

Domain 3 ♦ Professional Responsibilities

Component 3c: Reflecting on Therapy

Reflecting on therapy is part of the therapist's professional practice that positively changes the planning and implementation of future therapy interventions. By considering the impact on student learning, therapists determine where to focus their efforts in making revisions and choosing which aspects of the therapy they will continue in future therapeutic interventions. Therapists may reflect on their practice through collegial conversations, examining student function, engaging in conversations with students and staff, or simply thinking about the impact of their therapeutic intervention. Reflecting with accuracy and specificity, and using what has been learned for future therapy is an acquired skill. Through supportive and deep questioning, mentors, coaches, and supervisors may help guide therapists to acquire and develop the skill and habit of reflecting on practice. Overtime, this way of reflective thinking and self-critical analysis through the lens of student progress and performance—whether excellent, adequate, or inadequate—becomes a habit of mind, leading to improvement of therapy and learning.

Level of Performance				
Elements	Emerging—Level 1	Developing—Level 2	Proficient—Level 3	Distinguished—Level 4
Accuracy in professional self-reflection and reflection on student learning. ----- ----- ----- ----- Reflections on practice are accurate. Able to provide specific examples of how their interactions and clinical decision-making fosters student growth. Evidence-based practice is demonstrated by monitoring of student learning as related to techniques and activities.	Does not reflect on practice, or the reflections are inaccurate. Makes no suggestions for improvement. ----- ----- ----- ----- ----- ----- *Despite evidence to the contrary, the therapist says, "My student did great in therapy!"* *The therapist says, "I just thought this was a fun activity" (not related to IEP goals).* *The therapist says "The student is not capable of that," "No amount of therapy will help," or other dismissive comments that are not supported by evidence.*	Has a general sense of whether or not therapeutic practices were effective. In reflecting on practice, the therapist indicates the desire to reach a higher level of student achievement, but does not suggest strategies for doing so. Makes modest changes in the treatment plan or program when confronted with evidence of the need for change. ----- ----- ----- ----- ----- ----- *At the end of the therapeutic session, the therapist says with uncertainty, "I guess I'll try . . . next time."* *Does not consider other factors that might impact student's performance.* *Does not consistently gather information from a variety of staff to determine student growth across settings.*	Reflection provides an accurate and objective description of practice, citing specific examples. Identifies specific ways in which a therapeutic activity might be improved. When the student demonstrates challenges, seeks out school-based resources to address the need. ----- ----- ----- ----- ----- ----- *The therapist says, "I wasn't pleased with the level of engagement of the student," and has specific ideas of how to improve the session.* *Gathers information from a variety of staff to determine student growth across settings.* *In reflecting on practice, the therapist cites multiple approaches undertaken to reach students having difficulties.*	Reflection is highly accurate and perceptive, and draws on an extensive repertoire of alternative strategies and evidence-based resources. When student challenges persist, utilizes resources beyond the school environment for assistance. ----- ----- ----- ----- ----- ----- *Explains how activities are rooted in evidence-based practice and the use of multiple ways to meet the IEP goals are clearly explained.* *Through ongoing staff consultation and coaching, the therapist considers strategies for engaging students in therapy sessions that improve functional carry over into other educational settings.* *Explains to staff ways to perform an activity successfully in other environments including the community.*

Domain 3 ♦ Professional Responsibilities

Component 3d: Maintaining Accurate Records

An essential responsibility of therapists is keeping accurate records in compliance with the Wisconsin Department of Public Instruction and the Department of Safety and Professional Services state board licensure guidelines. These records include completion of evaluations, parent communication, IEP paperwork, student progress reports, and third party medical billing. Proficiency is vital because these records document interactions with students and parents, and allow therapists to monitor performance and adjust therapy accordingly. The methods of keeping records need to meet state and district requirements.

Level of Performance				
Elements	Emerging—Level 1	Developing—Level 2	Proficient—Level 3	Distinguished—Level 4
Documentation of IEP paperwork, evaluations, student progress, third party billing, and parent communication. ----- ----- ----- ----- Records are compliant with state and district requirements. Documentation includes: IEPs, daily notes, discharge notes, treatment plans, evaluation reports, and third party billing.	Record-keeping systems are in disarray and provide incorrect or confusing information. ----- ----- ----- ----- ----- ----- *Evaluation and discharge notes are not completed.* *Does not collect all important information on which to base treatment plans.* *Reports are inaccurate or not appropriate to the audience.* *Does not review and/or add input into progress notes, IEPs, and evaluation reports.* *Medical assistance billing is not completed.*	Has a record-keeping system; however, it may be out-of-date or only partially effective. ----- ----- ----- ----- ----- ----- *Evaluations, progress notes, and discharge reports are incomplete and not always completed within time parameters.* *Collects most of the important information on which to base treatment plans.* *Reports are accurate, but lacking in clarity and not always appropriate for the audience.* *Reviews and writes progress notes, but does not always include appropriate level of functioning.* *Medical assistance billing is completed, but not within the time guidelines established by the department or the district.*	Has a record-keeping system that is efficient and effective. ----- ----- ----- ----- ----- ----- *Therapy documentation including evaluation reports and IEPs are completed in a timely manner.* *Collects all the important information on which to base treatment plans.* *Reports are accurate and appropriate to the audience.* *Has developed an effective data collection system for monitoring student progress and uses it to adjust therapy.* *Medicaid billing is done accurately and timely.*	All record-keeping systems are highly effective, efficient, organized, and accessible to those who need to access them. Shares materials and trains others to improve therapy record-keeping and progress. ----- ----- ----- ----- ----- ----- *Documents are exemplary and clearly explain therapy terms for families and staff.* *Proactive in collecting student information, interviewing teachers and parents, if necessary.* *Leads staff development on proper documentation and record keeping.* *Coaches others on the billing system in order to help colleagues become more efficient with billing procedures.*

Domain 3 ♦ Professional Responsibilities

Component 3e: Showing Professionalism

Expert therapists demonstrate professionalism in service both to students and to the profession. Providing therapy at the highest levels of performance in this component is student-focused. That is, putting students first regardless of how this position might challenge long-held assumptions, past practice, or simply using a more convenient procedure. Distinguished therapists have a strong ethical compass and are guided by what is in the best interest of each student. They display professionalism in a number of ways. For example, therapists maintain interactions with colleagues in a manner notable for honesty and integrity. They display professionalism in the ways they approach student-focused problem-solving and decision-making. Therapists should strive to apply principles of altruism, excellence, caring, ethics, respect, communication, and accountability in working together with other professionals, students, and school staff.

Level of Performance				
Elements	Emerging—Level 1	Developing—Level 2	Proficient—Level 3	Distinguished—Level 4
Advocacy, integrity, and ethical conduct. ----- ----- ----- ----- Acts with integrity and honesty at all times. Advocates for and supports student's best interests, even in the face of traditional practice or beliefs. Displays professionalism in the ways they approach student-focused problem-solving and decision-making.	Displays a lack of integrity when interacting with colleagues and students. Engages in practices that are self-serving and may present a conflict of interest. ----- ----- ----- ----- ----- ----- *Shares confidential information inappropriately.* *Makes referrals to community providers with whom they have a fiduciary relationship.* *Does not notice that a student is being bullied or discriminated against.*	Honest in interactions with colleagues and students. Does not recognize school activities that could lead to in-equity for a student. ----- ----- ----- ----- ----- ----- *Not discreet when discussing confidential information and can be overheard throughout the room.* *Mentions to a colleague that they feel a student is being discriminated against, but does not take any further action to rectify the situation.*	Displays high standards of honesty, integrity, and confidentiality in interactions with colleagues and students. Actively works to provide opportunities for student inclusion and success. ----- ----- ----- ----- ----- ----- *Trusted by colleagues; they share information and the colleague is confident it will not be repeated inappropriately.* *Advocates for the student when they recognize school activities cause student anxiety, embarrassment, or behavioral outbursts.*	A leader in terms of honesty, integrity, and confidentiality. Makes a concerted effort to ensure opportunities are available for all students to be successful. ----- ----- ----- ----- ----- ----- *Trusted by administrators to have courageous conversations with families knowing the therapist will approach the situation with the utmost sensitivity and compassion.* *Advocates for the student outside of the school environment, helps the family make connections with outside agencies, and provides ongoing support as the link between the family and the community.*

Domain 3 ♦ Professional Responsibilities

Component 3f: Growing and Developing Professionally

As in other professions, the complexity of therapy requires continued growth and development in order for therapists to remain current. Continuing to stay informed and improving their skills allows therapists to become more effective and shows leadership among their colleagues. Therapists constantly refine their understanding of how to engage students in motor and sensory learning; thus, growth in therapeutic skills, application of therapeutic skills in school environments, and information technology are essential. Networking with colleagues through such activities as joint planning, study groups, and evidenced-based inquiry provides opportunities for therapists to learn from one another. These activities allow for job-embedded professional development. In addition, professional therapists increase their effectiveness in therapy by belonging to professional organizations, reading professional journals, attending educational conferences, and enrolling in university classes. As they gain experience and expertise, distinguished therapists find numerous ways to contribute to their colleagues and to the profession.

Level of Performance				
Elements	Emerging—Level 1	Developing—Level 2	Proficient—Level 3	Distinguished—Level 4
Enhancement of content knowledge and skill. ----- ----- ----- ----- Remains up-to-date on best practices regarding therapy by taking courses, reading professional literature, and attending conferences. Seeks out resources and is active in professional organizations and/or community groups in order to enhance personal growth and support colleagues.	Not involved in activity that enhances own knowledge or skills. Does not seek out resources that expand their own skills. Not connected with any professional communities. ----- ----- ----- ----- ----- ----- *The occupational therapist is not sure how to foster handwriting skills and does not realize they should learn how to do it.* *Does not research how to best work with a student with a disability who is unfamiliar to them.* *Engages in no professional development activities to enhance knowledge or skill.* *Never attends district staff developments.* *Does not make any effort to seek out input or connect with other therapists in the profession.*	Only participates in professional activities when they are required or provided by the district. Contributes in a limited fashion to professional organizations or communities or study groups. ----- ----- ----- ----- ----- ----- *Knows they should attend staff development that pertains to OT or PT, but attends one on math practices because it fits best in their schedule.* *Politely attends district workshops and professional development days, but does not integrate use of the materials received.* *Finds limited ways to contribute to the profession.*	Expands knowledge through professional learning groups and organizations. Actively participates in organizations or communities designed to contribute to the profession. ----- ----- ----- ----- ----- ----- *Takes an online course to expand their knowledge of best practice approaches designed for students with cerebral palsy.* *Attends the district's optional summer workshops, knowing they provide a wealth of instructional and therapeutic strategies that will be used during the school year.* *Supervises therapy fieldwork students.* *Attends non-required relevant continuing education courses and shares the information with colleagues.*	Has ongoing relationships with colleges and universities that support best practices in OT/PT. Makes a substantial contribution to the profession by offering workshops to colleagues, and taking an active leadership role in professional organizations or communities. ----- ----- ----- ----- ----- ----- *Arranges speakers specific to the OT and/or PT needs.* *Meets with the OT's and PT's from neighboring school districts to brainstorm new evidence-based therapeutic activities.* *Contributes at state or national level to enhance knowledge and and skills, and to advocate for the profession.* *Takes the initiative to offer staff development sessions in their area of expertise.*

Domain 3 ♦ Professional Responsibilities

Component 3g: Participating in the Professional Community

Schools and community partners are the professional organizations for therapists to realize their full potential only when therapists regard themselves as members of each professional community. Each community is characterized by mutual support and respect, as well as by recognition of the responsibility of all therapists to consistently see ways to improve their practice and to contribute to the life of the school or community site. Inevitably, the therapist's duties extend beyond the doors of the classroom activities to the entire school, district and/or community partners. With experience, we anticipate distinguished therapists will assume leadership roles.

Level of Performance				
Elements	Emerging—Level 1	Developing—Level 2	Proficient—Level 3	Distinguished—Level 4
Involvement in the professional community. ----- ----- ----- ----- Maintains professional collegial relationships that encourage sharing, planning, and working together toward improved instructional skill and student success. Contributes to projects and events that positively impact department, school, district, and/or community initiatives.	Relationships with colleagues are characterized by negativity. Purposefully resists discussing performance with supervisors or colleagues. ----- ----- ----- ----- ----- ----- *Resists feedback on therapy performance from either supervisors or more experienced colleagues.* *Makes no effort to share knowledge with others or to assume professional responsibilities.* *Does not participate in team meetings.* *The therapist says, "I won't serve on any department or district committees unless they reimburse me."*	Has cordial relationships with colleagues. Sometimes is reluctant to accept feedback from supervisors and colleagues. ----- ----- ----- ----- ----- ----- *Listens to the evaluator's feedback after a therapy session, but isn't sure the recommendations apply in his/her situation.* *Is polite, but seldom shares any therapy ideas or materials with colleagues.* *Attends team meetings only when reminded by their supervisor.* *Other therapists say, "I wish I didn't have to ask this therapist to 'volunteer' every time we need someone to help."*	Has supportive, positive and cooperative relationships with colleagues. Welcomes colleagues and supervisors to provide feedback about therapy sessions for the purpose of gaining insight from the feedback. Regularly participates in activities related to professional inquiry, as well as school and district events. ----- ----- ----- ----- ----- ----- *Willingly shares therapy ideas and techniques with colleagues from conferences or research.* *Attends continuing education courses and informally shares what they learned with colleagues.* *Makes contribution to events that positively impact department, school, and district projects.*	Relationships with colleagues are characterized by mutual support and collaboration, with the therapist taking initiative in assuming leadership among the faculty. Actively seeks feedback from supervisors and colleagues and uses this information to improve. Takes a leadership role in promoting activities related to professional inquiry. Makes a significant contribution to and leads events that positively impact department, school, district and/or community projects. Develops relationships with community partners and connects families with these resources. ----- ----- ----- ----- ----- ----- *Takes an active leadership role in departmental and school meetings, and continually researches evidence-based therapy research and shares them with colleagues.* *Presents to other professionals or community members to increase knowledge of a therapy topic.*

Appendix B

Resource 1: Component-related Skills Description, Evidence, and Sources

Domain 1: Planning and Preparation	
Skills Description	**Evidence/Evidence Source Examples**
1a: Demonstrating Knowledge of Content and Theory of Occupational or Physical Therapy Interventions	
Knowledge of sensory and motor development and therapy practice in the school environment. • Therapist understands prerequisite skills in sensory and motor development. Therapist understands the difference between the educational and the medical models of therapy and knows how to effectively deliver school-based therapy services.	Activity analysis of therapeutic intervention plan Daily/Quarterly Progress notes Data collection logs Evidence-based practice research Home idea/instruction programs Therapeutic intervention plans
1b: Demonstrating Knowledge of Students	
Knowledge of the student's learning process, interests, culture, and disability-related needs. • Therapy is specific to the student's performance level, learning style, and culture. Therapist makes accommodations for task and environmental characteristics.	Activity analysis of therapeutic intervention plan Daily/Quarterly Daily/Quarterly Progress notes Evidence-based practice research Home idea/instruction programs School/Community partnership documentation Therapeutic intervention plans
1c: Individualizing Student Assessments	
Use of appropriate tests and measures for assessments. • Therapist collects data on students using all levels of the International Classification of Functioning, Disability and Health (ICF) model: body function and structure, activity, participation, personal, and environmental factors. • Therapist tracks progress on IEP goals using informal assessments and outcome measures. Results of assessment guide future planning.	Activity analysis of therapeutic intervention plan Activity rubrics Daily/Quarterly Progress notes Data collection logs Evaluation report Evidence-based practice research Summary of assessments

Domain 1: Planning and Preparation	
Skills Description	**Evidence/Evidence Source Examples**
Analyzes student abilities and performance in the school environment. Therapist looks at how a student's basic sensory and motor skills and adaptive behavior either provides a foundation for or impedes learning and support or interferes with academic tasks. • Therapist observes the student in the environment where the target behavior occurs and determines the support that will facilitate learning and the barriers that interfere with or impede learning.	Activity analysis of therapeutic intervention plan Activity rubrics Daily/Quarterly Progress notes Data collection logs Evaluation report Evidence-based practice research Summary of assessments
1d: Setting Student Outcomes	
Participates in collaborative IEP goal writing and creates a therapy-specific treatment plan. • Therapist collaborates with the IEP team in writing clear and measurable goals that identify expected student educational progress. Therapist creates a treatment plan that outlines student information including diagnosis, precautions, current functional abilities, sensory and/or motor skills, and physical status.	Activity analysis of therapeutic intervention plan Activity rubrics Daily/Quarterly Progress notes Evaluation report Knowledge of state, Federal, and local requirements and policies and procedures Therapeutic intervention plans
1e: Designing Meaningful Intervention Strategies	
Designs coherent and well-structured intervention strategies that address individual student needs. • Instruction engages students and advances sensory and motor skill development. • Therapist intentionally organizes activities to meet IEP goals.	Activity of therapeutic intervention plan Activity rubrics Coaching and collaboration log Equipment protocols Therapeutic intervention plan

Domain 2: Therapy Intervention	
Skills Description	**Evidence/Evidence Source Examples**
2a: Delivering Effective Direct Therapy Services	
Delivers effective therapy services by monitoring and adjusting interventions based on student performance. • Structures activities well within a session as evidenced by a logical flow and scaffolding to build onto more challenging activities. Makes adjustments and seeks alternate approaches to an activity.	Activity analysis of therapeutic intervention plan Adaptive equipment and technology Samples of prepared materials Student/Community partnership documentation Student work/projects showing progression Videotape of therapy intervention
2b: Communicating with and Engaging the Student in Learning	
Communicates effectively to support student engagement. • Uses precise language with clear steps for the activity, connecting skills learned to student's school and home environment. • Uses a combination of communication strategies (e.g., verbal, visual) to best suit the student's learning preferences. Offers valuable feedback that is timely, constructive, developmentally appropriate, and provides the student with the guidance needed to improve their performance.	Activity analysis of therapeutic intervention plan Documentation of advocacy for students Evidence-based practice research Samples of prepared materials School/Community partnership documentation Student work/projects showing progression Videotape of therapy intervention Activity rubrics Coaching and collaboration log Home idea/instruction programs
2c: Managing Student Behavior	
Expectations for student conduct have been established and the therapist successfully corrects behavior when needed. Therapist has clear expectations for student conduct. • Therapist seeks to understand why students exhibit certain behaviors. Therapist responds in a respectful way that upholds the student's dignity.	Activity analysis of therapeutic intervention plan Samples of prepared materials
2d: Functioning as a Consultant	
Understands the role of consultation in the school system. Therapist demonstrates understanding of the role of consultation by assisting with IEP planning decisions, developing collaborative plans, and evaluating desired outcomes. Creates an effective plan for consultation.	Activity rubrics Coaching and collaboration log Documentation of advocacy for students Equipment loan out guidelines Equipment protocols Home idea/instruction programs School/Community partnership documentation

Domain 2: Therapy Intervention	
Skills Description	**Evidence/Evidence Source Examples**
• Therapist creates an effective plan for consultation that addresses all aspects of successful collaboration. Provides educationally relevant consultation. Therapist provides educationally relevant consultation via integrated therapy or programming through naturally occurring opportunities.	
2e: Creating an Environment Conducive to Learning and Promoting Independence	
Creates an environment conducive to learning and chooses appropriate adaptive equipment and materials to promote student growth and independence. Both the physical arrangement of a therapy environment and the resources provide opportunities for therapists to advance learning.	Activity analysis of therapeutic intervention plan Positive remarks or letters from and to parents or staff Samples of prepared materials Student work/projects showing progression Videotape of therapy intervention Adaptive equipment and technology Equipment loan out guidelines Equipment protocols Inventory log

Domain 3: Professional Responsibilities	
Skills Description	**Evidence/Evidence Source Examples**
3a: Communicating with Families, Staff, and Community Partners	
Communicates with and engages families, staff, and community partners regarding the student's instructional program. • Provides information to families, staff, and community providers about individual student progress. Therapist is culturally sensitive when instructing families, staff, and community providers in therapeutic activities and uses multiple means of representation to increase carryover.	Contact log Daily/Quarterly Progress notes Documentation of communication via verbal, written, or electronic Documentation of student strategies given to staff, families, or community partners Evaluation report School/Community partnership document Verification of staff development provided to staff, families, or community partners
3b: Adhering to National and State Laws, and Local Guidelines	
Management of therapy requirements according to district, state, and national educational and medical guidelines. Therapist adheres to policies and established procedures at all levels.	Knowledge of state, federal, and local legal requirements and policies and procedures NEW Discharge summaries Documentation of contact with OTAs and PTAs Documentation of communication via verbal, written, or electronic Therapeutic intervention plan MA billing
3c: Reflecting on Therapy	
Accuracy in professional self-reflection and reflection on student learning. • Reflections on practice are accurate. • Able to provide specific examples of how their interactions and clinical decision-making fosters student growth. Evidence-based practice is demonstrated by monitoring of student learning as related to techniques and activities.	Activity rubrics Coaching and collaboration log Evidence-based practice research Home idea/instruction programs School/Community partnership documentation Summary of assessments
3d: Maintaining Accurate Records	
Documentation of IEP paperwork, evaluations, student progress, third party billing, and parent communication. • Records are compliant with state and district requirements. Documentation includes: IEPs, daily notes, discharge notes, treatment plans, evaluation reports, and third party billing.	Attendance log Contact log Daily/Quarterly Progress notes Data collection logs Discharge summaries Equipment loan out guidelines/Equipment protocols Inventory log MA billing

Domain 3: Professional Responsibilities	
Skills Description	**Evidence/Evidence Source Examples**
3e: Showing Professionalism	
Advocacy, integrity, and ethical conduct. • Acts with integrity and honesty at all times. • Advocates for and supports student's best interests, even in the face of traditional practice or beliefs. Displays professionalism in the ways they approach student-focused problem-solving and decision-making.	Documentation of advocacy for students Professional Learning Community (PLC) minutes Positive remarks or letters from parents or staff School/Community partnership documentation Verification of staff development attended Verification of staff development provided to staff, families, or community partners
3f: Growing and Developing Professionally	
Enhancement of content knowledge and skill. • Remains up-to-date on best practices regarding therapy by taking courses, reading professional literature, and attending conferences. Seeks out resources and is active in professional organizations and/or community groups in `order to enhance personal growth and support colleagues.	Documentation of advocacy for students PLC minutes School/Community partnership documentation Verification of staff development attended Verification of staff development provided to staff, families, or community partners
3g: Participating in the Professional Community	
Involvement in the professional community. • Maintains professional collegial relationships that encourage sharing, planning, and working together toward improved instructional skill and student success. Contributes to projects and events that positively impact department, school, district, and/or community initiatives.	Documentation of advocacy for students PLC minutes School/Community partnership documentation Verification of staff development attended Verification of staff development provided to staff, families or community partners

Resource 2: Possible SPO Evidence Sources

Therapy Intervention Area	Progress Monitoring Tools/Evidence Sources
Assistive Technology/Adaptive Equipment	• Posture and Postural Ability Scale (PPAS) • Segmental Assessment of Trunk Control (SATCO) • SETT Framework • Measure extent to which equipment is used, whether equipment decreases time to complete tasks and amount of assistance needed (improved independence) • Possible skills assessed: adequately grasp/release cane, crutches, or walker; manipulate wheelchair locks; operate joystick on wheelchair; adequately grasp/release wheelchair wheels; fasten/unfasten wheelchair positioning belt; manipulate other wheelchair equipment (footplates, leg rests); utilize adaptive tools to support self-help independence; level of independence when accessing and using AT programs and apps to support access to academic work
Balance/Postural Control	• 5-Repetitions Sit-to-Stand • Early Clinical Assessment of Balance (ECAB) • Functional Reach Test (FRT)/Pediatric Reach Test (PRT) • Modified Clinical Test of Sensory Interaction for Balance (CTSIB-M) • MOVE Curriculum • Pediatric Balance Scale (PBS) • Posture and Postural Ability Scale (PPAS) • Seated Postural Control Measure (SPCM) • Segmental Assessment of Trunk Control (SATCO) • Timed Floor to Stand (TFTS) • Timed Up and Go (TUG) • Measure level of assistance or equipment needed, duration able to maintain balance (sitting or standing), independence with maintaining balance while completing a functional activity (e.g., managing clothing, carrying school materials)
Cerebral Palsy—tests designed specifically for this population	• 10x5-Meter Sprint Test • 1-Minute Walk Test • Edinburgh Visual Gait Score (EDVS) • Functional Walking Test (Quinn et al., 2011) • Gross Motor Function Measure (GMFM) • Spinal Alignment ROM Measure (SAROMM)

Therapy Intervention Area	Progress Monitoring Tools/Evidence Sources
Consultation with Staff	• Staff training on various skills: o Appropriate use of sensory break rooms o Assisting students with dressing and hygiene tasks o Assisting students with fine motor skills (e.g., tool use in the classroom, modifications for motor or visual/perceptual needs) o Assisting with transfers, mobility, positioning o Donning/doffing orthotics o Getting students in/out of equipment o Instruction in developing specific motor skills o Modification of school activities and routines to facilitate access and participation o Use of hand strengthening strategies incorporated into classrooms o Use of sensory regulation tools and strategies • Measure effectiveness of training by assessing staff consistency and accuracy with carryover of delegated skills (e.g., equipment usage log, observing staff carrying over the skill) • Develop strategies for improving staff collaboration time and monitoring staff perceptions throughout the year with a staff survey
Executive Functioning/Attention	• Behavior Rating Inventory of Executive Functioning • Possible measures: level of assistance, time to complete tasks • Possible skills assessed: gathers/organizes materials needed for activity, completes sequenced tasks, follows verbal or visual directions, attends to desktop activities, attends to group activities, initiates activities independently, performs tasks independently
Feeding Skills	• Measure level of assistance, time to complete tasks, etc. • Possible skills assessed: obtains food from the cafeteria line, carries tray to a table, sets up meal, finger feeds, self-feeds using utensils/equipment, drinks from a cup and/or straw, uses napkin to wipe face/hands, cleans up following meal
Fine Motor Skills	• Assessment, Evaluation, and Programming System (AEPS) for Infants and Children • Battelle Developmental Inventory, 2nd edition (BDI-2) • Bruininks-Osertetsky Test of Motor Proficiency, 2nd edition (BOT-2) • Carolina Curriculum for Preschoolers with Special Needs (CCPSN)

Therapy Intervention Area	Progress Monitoring Tools/Evidence Sources
	• Handheld dynamometry • Handwriting Without Tears Screener or The PRINT Tool • Hawaii Early Learning Profile (HELP 3-6) • Movement Assessment Battery for Children, 2nd edition (MABC-2) • Peabody Developmental Motor Scales, 2nd edition (PDMS-2) • Pegboard and hand dexterity tests • School Assessment of Motor and Process Skills • School Function Assessment (SFA) • Test of Handwriting Skills—Revised (THS-R) • Tools to Grow OT—Tracking Scissor Skills Each Quarter • Measure coordination, proficiency, strategy, accuracy, level of independence or need for prompting or physical assistance with pre-printing, writing, coloring, cutting, tool use, and adaptive equipment

Functional Work and Life Skills	• Assessment of Life Habits (Life-H)
	• Children's Assessment of Participation and Enjoyment (CAPE) and Preference for Activity of Children (PAC)
	• Community Balance & Mobility Scale (CB&M)
	• Functional Gait Assessment
	• Possible measures: level of assistance, time to complete tasks, endurance, mobility, strength, balance
	• Functional work activities
	  o Lifting weight overhead
	  o Lifting weight from the ground
	  o Walk and carry heavy object (up/down stairs)
	• Activity Tolerance-duration and frequency
	  o Sitting
	  o Standing/Walking
	  o Movement transitions (squat/kneel/half kneel while performing work tasks)
	  o Push/pull tasks
	  o Job-specific task analysis
	• Fit4Work Assessment Tools
	  o OT/PT Work Capacity Evaluation
	  o Home Participation Checklist
	  o Social Security Physical Exertion Requirements
	• Chores Checklist

Therapy Intervention Area	Progress Monitoring Tools/Evidence Sources
Gross Motor Skills	• Activities Scale for Kids (ASK) • Assessment, Evaluation, and Programming System (AEPS) for Infants and Children • Battelle Developmental Inventory, 2nd edition (BDI-2) • Bruininks-Osertetsky Test of Motor Proficiency, 2nd edition (BOT-2) • Carolina Curriculum for Preschoolers with Special Needs (CCPSN) • Children's Assessment of Participation and Enjoyment (CAPE) and Preference Activity of Children (PAC) • Functional Mobility Scale (FMS) • Functional Strength Assessment • Gross Motor Function Measure (GMFM) • Hawaii Early Learning Profile (HELP 3-6) • MOVE Curriculum • Movement Assessment Battery for Children, 2nd edition (MABC-2) • Peabody Developmental Motor Scales, 2nd edition (PDMS-2) • Pediatric Evaluation Of Disability Inventory (PEDI) and PEDI-CAT (Computer Adaptive Test) • School Function Assessment (SFA) • Test of Gross Motor Development, 2nd edition (TGMD-2) • Locomotor skills (e.g., running, jumping, galloping, skipping, hopping, walking on a line): note coordination, proficiency, strategy, accuracy • Object manipulation skills (e.g., throwing, catching, kicking, dribbling): note distance, proficiency, strategy, accuracy • Measure level of independence or need for prompting or physical assistance with carrying over skills in class (e.g., decreased prompting or adult support)
Muscular Dystrophy/Spinal Muscular Atrophy—tests designed specifically for this population	• Clinical Protocol for Functional Testing (Brooke, et al., 1981) • Egen Klassifikation Scale • Hammersmith Functional Motor Scale • Motor Function Measure (MFM) • North Star Ambulatory Assessment • Vignos Functional Rating Scale

Therapy Intervention Area	Progress Monitoring Tools/Evidence Sources
Pain	• Faces Pain Scale-Revised • FLACC Behavioral Pain Assessment Scale • Non-communicating Children's Pain Checklist-Revised (NCCPC-R) • Visual Analog Scale
Play	• Pediatric Interest Profiles • Test of Playfulness • Transdisciplinary Play-Based Assessment, 2nd edition (TPBA2)
Playground Navigation	• Functional movement transitions, navigating outdoor terrain, or skill on a specific piece of equipment o Measure level of assistance, endurance, balance, mobility, or time to complete o Perceived Exertion Scales - Pictorial Children's Effort Rating Table (PCERT)
Quality of Life	• Assessment of Life Habits (Life-H) • Child Occupational Self-Assessment • Children's Assessment of Participation and Enjoyment • Pediatric Quality of Life Inventory (PedsQL)
Selective Motor Control/Movement Quality	• Observable Movement Quality Scale • Quality of Movement Checklist • Selective Control Assessment of the Lower Extremity (SCALE) • Selective Control of Upper Extremity Scale (SCUES)
Self-Care Skills/Hygiene	• Assessment of Life Habits (Life-H) • Assessment of Motor and Process Skills (AMPS) • Battelle Developmental Inventory, 2nd edition (BDI-2) • Canadian Occupational Performance Measure (COPM) • Goal-Oriented Assessment of Life Skills (GOAL) • Pediatric Evaluation Of Disability Inventory (PEDI) and PEDI-CAT (Computer Adaptive Test) • School Function Assessment (SFA) • The Roll Evaluation of Activities of Life (REAL) • Vineland Adaptive Behavior Scales, 2nd edition (Vineland-II) • Measure level of assistance, time to complete, or use of assistive devices for self-care and personal hygiene tasks

Therapy Intervention Area	Progress Monitoring Tools/Evidence Sources
Sensory Regulation	• Adolescent/Adult Sensory Profile • Sensory Processing Measure (SPM) • Sensory Profile 2 • Zones of Regulation (use of strategies and tools, carryover by staff and students) • Possible measures: success of intervention with tracking time out of class each day, number of sensory breaks daily, number of sensory accommodations needed, level of independence with recognizing need to take a break and choosing appropriate strategies
Stairs, Curbs, and Ramps	• Timed Up and Down Stairs (TUDS) • Possible measures: level of assistance, time to complete, use of assistive devices or handrail, number of steps able to complete, gait pattern
Transfers	• MOVE Curriculum • Pediatric Evaluation Of Disability Inventory (PEDI) and PEDI-CAT (Computer Adaptive Test) • Timed Floor to Stand (TFTS) • Timed Up and Go (TUG) • Functional movement transitions/tasks o Measure level of assistance, time to complete, or number of repetitions able to complete o Perceived Exertion Scales—Pictorial Children's Effort Rating Table (PCERT) • Possible skills assessed: transfer to/from wheelchair to chair, to/from chair to standing, to/from toilet, to/from chair to adaptive equipment
Vestibular	• Bucket Test • Dynamic Gait Index • Dynamic Visual Acuity test • Head Impulse Test • Modified Clinical Test of Sensory Interaction for Balance (CTSIB-M)
Visual Motor/Perceptual Skills	• Battelle Developmental Inventory, 2nd edition (BDI-2) • Beery-Buktenica Developmental Test of Visual Motor Integration (VMI), 6th edition • Bruininks-Osertetsky Test of Motor Proficiency, 2nd edition (BOT-2) • Developmental Test of Visual Perception (DTVP), 3rd edition • Motor-Free Visual Perception Test (MVPT), 4th edition • Test of Visual Motor Skills (TVMS), 3rd edition

Therapy Intervention Area	Progress Monitoring Tools/Evidence Sources
	• Test of Visual Perceptual Skills (TVPS), 4th edition • Measure coordination, proficiency, strategy, accuracy, or level of independence with related skills
Walking within the Classroom	• Dynamic Gait Index (DGI) • MOVE Curriculum • Standardized Walking Obstacle Course (SWOC) • Supported Walker Ambulation Performance Scale (SWAPS) • Timed Floor to Stand (TFTS) • Timed Up and Go (TUG) • Possible measures: level of assistance, time to complete various tasks, distance able to walk • Possible skills assessed: move within the classroom, get down/up from the floor, picking up an item from the floor or a shelf, stepping over and around obstacles
Walking Short Distances within the School	• 30-Second Walk Test (30sWT) • Elementary school walking speeds standards (described in David and Sullivan, 2005) • Possible measures: level of assistance, time to complete various tasks, distance able to walk, ability to carry/manipulate objects while walking
Walking Long Distances within the School and Community	• 6-Minute Walk Test (6MWT) • Community Balance and Mobility Scale (CB&M) • High Level Mobility Assessment Tool (HiMAT) • Modified Energy Expenditure Index • Perceived Exertion Scales—Pictorial Children's Effort Rating Table (PCERT) • Possible measures: level of assistance, time to complete various tasks, distance able to walk
Wheelchair Skills and Mobility	• 1-Stroke Push Test (1SPT) • 6-Minute Push Test (6MPT) • Assessment of Learning Power Mobility Use (ALP) • Perceived Exertion Scales—Pictorial Children's Effort Rating Table (PCERT) • Self-Efficacy in Wheeled Mobility (SEWM) • Wheelchair Propulsion Test (WPT) • Wheelchair Skills Test (WST) • Functional skills assessment areas o Transfers: to/from bed, chair, floor o Pressure relief skills o Level of assistance

Therapy Intervention Area	Progress Monitoring Tools/Evidence Sources
	o Distance/endurance/speed/steering Propel on level surfaces/ramps/outdoors Propel through doorways/in and out of elevators o Average sitting time per day o Lock/unlock breaks o Access to workspace o Rear wheel balancing o Curb cuts/curbs

Data Tracking Resources

- Teachers Pay Teachers: Occupational Therapy Data Collection. (2019).
- https://www.teacherspayteachers.com/Browse/Search:occupational%20therapy%20data%20collection
- Tools to Grow: Documentation and Data Collection For Pediatric Occupational Therapy. (2016).
- https://www.toolstogrowot.com/blog/2016/08/09/documentation-data-collection-for-pediatric-occupational-therapy
- Your Therapy Source: Data Collection Forms (OT and PT Forms). https://www.yourtherapysource.com/product-category/data-collection-downloads/

Assessment Tools

- Academy of Pediatric Physical Therapy (APPT). (2013). *Performance Appraisal of School-based Physical Therapists: The link to student outcomes* [pdf]. Retrieved from https://pediatricapta.org/includes/fact-sheets/pdfs/15%20PT%20Performance%20Appraisal.pdf
- Academy of Pediatric Physical Therapy. (2013). *List of Pediatric Assessment Tools Categorized* by ICF Model [pdf]. Retrieved from https://pediatricapta.org/includes/fact-sheets/pdfs/13%20Assessment&screening%20tools.pdf?v=1.1
- American Occupational Therapy Association. (2013). *Selected Assessment Tools for Occupational Therapy Reporting of Outpatient Functional Data (G-Codes and Modifiers) to the Medicare Program* [pdf]. Retrieved from https://www.aota.org/~/media/Corporate/Files/Advocacy/Reimb/News/AOTAG-CodeChart2013.pdf

- Florida Department of Education. (2012). *Assessments of Functional Skills: Occupational Therapy and Physical Therapy* [pdf]. Retrieved from http://www.fldoe.org/core/fileparse.php/7690/urlt/0070072-otptguide.pdf
- Frokek Clark, G., Rioux, J. E., & Chandler, B. E. (Eds.) (2019). *Best Practices for Occupational Therapy in Schools, (2nd Ed.)* Bethesda, MD: Americal Occupational Therapy Association.
- Johnson, C. (n.d.). *Fit4Work*. Retrieved from http://fit4workpt.wixsite.com/fit4workpt/resources
- Vialu, C. (2019). *2 Free Tests for Adaptive Equipment Selection and Implementation*. Retrieved from https://www.seekfreaks.com/index.php/2019/07/25/2-free-tests-for-adaptive-equipment-selection-and-implementation/
- Vialu, C. (2016). *Resource: 2 Tests of Selective Motor Control – SCALE and SCUES.* Retrieved from https://www.seekfreaks.com/index.php/2016/12/13/Resource-2-tests-of-selective-motor-control-scale-and-scues/
- Vialu, C. (2016). *Resource: 7 Promising Wheelchair Operation Tests for School-based Therapists.* Retrieved from https://www.seekfreaks.com/index.php/2016/02/10/7-wheelchair-tests-school-based-therapist/
- Vialu, C. (2015). *Resource: Top 9 Functional Balance Tests for School-Based PTs.* Retrieved from https://www.seekfreaks.com/index.php/2015/12/19/Resource-top-9-functional-balance-tests-for-school-based-pts/
- Vialu, C. (2016). *Resource: Top 10 Walking Tests for School-based PTs*. Retrieved from https://www.seekfreaks.com/index.php/2016/07/05/resource-top-10-walking-tests-for-school-based-pts/

Appendix C

Resource 1: SPO Quality Indicator Checklist

Quality Indicators	☑	Reflections/Feedback/ Notes for Improvement
Baseline Data and Rationale		
The OT and PT used multiple data sources to complete a thorough review of student functioning and/or program status.		
The data analysis supports the rationale for the SPO goal.		
The baseline data indicates the starting point for students included in the target population or current status of the targeted program.		
SMARTE Goal		
The SPO is stated as a SMARTE goal.		
Student Population or Program		
The student population or the program identified in the goal(s) reflects the results of the data analysis.		
Targeted Growth		
Growth or change trajectories reflect appropriate gains for students or changes in program functioning, based on identified starting points or benchmark levels.		
Growth or change goals are rigorous, yet attainable.		
Targeted growth or change is revisited based on progress monitoring data and adjusted if needed.		
Interval		
The interval is appropriate given the SPO goal.		
The interval reflects the duration of time the target student population or program is with the therapist.		
Mid-point checks are planned, data is reviewed, and revisions to the goal are made if necessary.		

Quality Indicators	☑	Reflections/Feedback/ Notes for Improvement
Mid-point revisions are based on strong rationale and evidence supporting the adjustment mid-course.		
Evidence Sources		
The assessments or measures chosen to serve as evidence appropriately measure intended growth or change goals.		
Assessments or measures are valid, reliable, fair, and unbiased for all students/target population.		
OT and PT professional created rubrics, if used to assess student performance, have well-crafted performance levels that: • Clearly define levels of performance; • Are easy to understand; and • Show a clear path to student competency.		
Strategies and Support		
Strategies reflect a differentiated approach appropriate to the target population or program.		
Strategies were adjusted, when needed, throughout the interval based on progress monitoring data.		
Collaboration with colleagues, families and students is indicated when appropriate.		
Appropriate professional development opportunities are addressed.		
Scoring		
Accurately and appropriately scored the SPO.		
Score is substantiated by student or program data.		

Resource 2: SPO Scoring Rubric

SPO Scoring Rubric				
Criteria	**Level 1**	**Level 2**	**Level 3**	**Level 4**
Goal Setting	Therapist did not set a goal, set inappropriate goal(s) or did not consider any data sources.	Therapist set goal(s) with some analysis of some available data sources.	Therapist set attainable goal(s) based on an analysis of all required and some supplemental data sources.	Therapist set rigorous, superior goal(s) based on a comprehensive analysis of all required and supplemental data sources.
Use of Assessments	Therapist did not use or inappropriately used assessments.	Therapist inconsistently used assessments.	Therapist used appropriate assessments.	Therapist skillfully used appropriate assessments.
Monitored Student or Program Progress	Therapist did not monitor progress or monitored progress in an inappropriate way.	Therapist inconsistently monitored progress.	Therapist monitored progress using appropriate tools and strategies.	Therapist continuously monitored progress using innovative tools and strategies.
Adjustment of Strategies	Therapist did not make needed adjustments to strategies or adjusted strategies in an inappropriate way.	Therapist inconsistently adjusted strategies based on progress monitored data.	Therapist appropriately adjusted strategies based on progress monitoring data.	Therapist strategically revised strategies based on progress monitoring data.
Reflection	Therapist did not reflect on the process across the year/cycle or reflected in an inaccurate way.	Therapist reflected on the process across the year/cycle in an inconsistent way.	Therapist reflected on the process across the year/cycle in an accurate or consistent way.	Therapist reflected on the process across the year/cycle in a consistent, accurate, and thoughtful way.
Outcomes	Therapist process resulted in regression or no student growth or program change.	Therapist process resulted in minimal or inconsistent student growth or program change.	Therapist process resulted in substantive student growth or program change.	Therapist process resulted in exceptional student growth or positive program change.

Appendix D: SMARTE Goal Additional Notes

The Wisconsin OT and PT Evaluation System encourages the use of SMARTE goals when setting both Professional Practice Goals (PPGs) and Student or Program Outcome (SPO) goals. SMARTE is an acronym standing for **Specific, Measurable, Attainable, Results-based, Time-bound, and Equitable.**

Specific goals are focused, well-defined, and free of ambiguity or generality. The consideration of these questions can help in developing goals that are specific:

What?—Specify exactly what the goal seeks to accomplish.

Why?—Specify the reasons for purposes or benefits of the goal.

Who?—Specify who this goal includes or involves.

When?—Specify the timeline for the attainment of the goal.

Which?—Specify any requirements or constraints involved in achieving the goal.

Measurable goals have concrete criteria for measuring progress toward their achievement. They tend to be quantitative (how much? how many?) as opposed to qualitative (what's it like?). Evidence sources are identified (used at the beginning, middle, and end to establish a baseline and measure). Examples of profession-specific evidence sources can be found in Appendix B.

Attainable goals are reasonably achievable with extra effort. Goals that are too lofty or unattainable will result in failure. In either extreme (too far-reaching or sub-par), goals become meaningless. Developing attainable goals requires reflection and judgment. Does the goal seem achievable, but still represents a bit of a stretch? This speaks to the rigor of the process.

Results-based goals are aligned with the expectations and direction provided by the district or building goals. They focus on results and are relevant to the mission of the school, helping to move the overall effort of the school forward. The goal statement should include the baseline and target for all students/groups/programs covered by the SPO. This may be included as a table or even in an attachment that clearly spells out what the starting point and expected ending point is for each student, a group of students, or program.

Time-bound goals occur within a specified and realistic timeframe; they are bound by a clear beginning and end time. Often in schools, this timeframe may be a school year, although it could be a semester, or a multi-year goal, depending on local contexts and needs.

Equitable goals ensure all students who can benefit from the intervention or program will have the opportunity to participate regardless of demographic characteristics.

Those new to SMARTE goal writing may find it helpful to underline each component in the goal to ensure all parts are included.

Appendix E: Type and Frequency of Observations and Artifacts

The Table below outlines the frequency and type of observations during the supporting and summary years. Districts have options to the complete required Evaluation Cycle observations as noted in the options column.

Definition		Options	Specifics	Tips for Success
Announced Observation(s) (long)	An announced observation of the OT or PT by the evaluator to gather evidence of practice.	**Summary Year** 1 full-length observation (45-60 min.) or Multiple (3-4) unannounced mini-observations with total observation time equal to that of a full announced observation; still conducted in a collaborative pre- & post-observation feedback structure.	• Pre-Observation(s) Conference • Observations • Post-Observation feedback and/or Conference	• Observations should generate evaluative evidence that a) is specific to the practitioner, b) can be tagged to a component and c) generate actionable feedback. • OTs and PTs or evaluators collect artifacts to support the observation and related feedback before or after the event.
Mini-Observation(s) (short)	Unannounced observations of the OT or PT by the evaluator to gather evidence of practice.	**One-Year Cycle** (Summary Year—usually for new employees) 3 mini-observations (15 min. each) are required in the year, in addition to the 1 announced. _____ **Summary Year of Multiple Year Cycle** 2 mini-observations (15 minutes) are required in the Summary Year, in addition to the full-length. or A total of 5-6 mini-observations are required in Summary Year if using more frequent mini option in place of the full-length announced.	• Unannounced observation • Feedback provided following observation within one week • If using more frequent, shorter observations: The evaluator and OT or PT still meet to determine identified components or practices to focus on, rather than discussing a specific intervention. Collaborative conversations still occur based on observations to plan next steps. Total observation time throughout the cycle should still be met = min. 105 to 135 min.	• Evidence may come from any part of the observation process (pre-or post-conferences, observations, reflections on the observation). • During a Supporting Year, peers may conduct mini-observations for formative practice. • Districts may use district-created tools.

Definition		Options	Specifics	Tips for Success
		Supporting Years A minimum of 1 mini-observation per Supporting Year is required.		
Artifacts (High-leverage artifact sets)	Documents or videos containing evidence of demonstrated OT or PT practice and/or the SPO. *DPI recommends grouping artifacts into "high leverage artifact set" to contextually and most efficiently document evidence.*	**Per School Year** Evidence to support the SPO. Evidence of OT or PT practice. **Per Evaluation Cycle** Evidence of all 17 OT & PT components. Evidence of all SPOs completed within the cycle.	Upload as often as possible.	• No specific artifacts required. OTs and PTs should consider collecting high-leverage artifacts that support multiple domains and provide a rich demonstration of practice and results. • This process may be OT, PT or evaluator driven.

Appendix F: References

Research Informing the Wisconsin Occupational Therapist and Physical Therapist Evaluation System

Evaluation of School-Based Therapists

Academy of Pediatric Physical Therapy Fact Sheet: Professional Development Plan for School-Based Physical Therapists. (2018). https://pediatricapta.org/includes/fact-sheets/pdfs/18-SBPTProf-Dev-Plan.pdf

Academy of Pediatric Physical Therapy Fact Sheet: Performance Appraisal of School-based Physical Therapists: The Link To Student Outcomes. Fact Sheet: https://pediatricapta.org/includes/fact-sheets/pdfs/15%20PT%20Performance%20Appraisal.pdf

Goal Setting

Public and private sector research emphasizes the learning potential through goal-setting.

Locke, E.A., & Latham, G.P. (2013). New Developments in Goal-setting and Task Performance. London: Routledge.

Student Outcomes of School-Based Physical Therapy as Measured by Goal Attainment Scaling. Chiarello, L. A., Effgen, S. K., Jeffries, L., McCoy, S., and Bush, H. (2016). Pediatr Phys Ther. 2016 fall;28(3):277-84.

Observation/Evaluation Training

Research and evaluation studies on school-based occupational therapy and physical therapy evaluation have pointed to the need for multiple observations, evidence sources, and training to provide reliable and productive feedback.

Coaching, Support, and Feedback

Bloom, G., Catangna, C., Moir, E. & Warren, B. (2005). Blended Coaching: Skills and Strategies to Support Principal Development. Thousand Oaks, New York: Routledge.

Danielson, C. (2016). Talk about Teaching: Leading Professional Conversations. Thousand Oaks, New York: Routledge.

Knight, J. (2016). Better Conversations. Thousand Oaks, New York: Routledge.

Wiggins, Grant (2012, September) Seven Keys to Effective Feedback, Educational Leadership Volume 7, pp. 10-16. Retrieved from http://www.ascd.org/publications/educational-leadership/sept12/vol70/num01/Seven-Keys-to-Effective-Feedback.aspx

Wisconsin Department of Public Instruction. (2017). Coaching competency practice profile version 1.3. Retrieved from https://drive.google.com/file/d/1iDzpK2hPSdCn-j-ODwtnd15G_W5iRmi2/view, and located on the WDPI coaching website at https://dpi.wi.gov/coaching.

Collaboration

Leithwood, K., Louis, K.SS., Anderson, S., & Wahlstrom, K. (2004). How Leadership Influences Student Learning. New York, NY: The Wallace foundation.

Villeneuve, M. (2009). A Critical Examination of School-Based Occupational Therapy Collaborative Consultation. Volume: 76 Issue: 1_Suppl, Page(S): 206-218. Kingston, ON, Canada K7L 3N6. Michelle Villeneuve

Consultation

Causton, J., Tracy-Bronson, C. P., & Kunc, N. (2013). The Occupational Therapist's Handbook for Inclusive School Practices. Brookes Publishing.

The Consulting Therapist: A Guide for OTs and PTs in School. B.E. Hanft & P.A. Place. (1996). Therapy Skill Builders.

Best Practice

Dosage Considerations: Recommending School-Based Physical Therapy Intervention Under IDEA Resource Manual. APPT Fact Sheet: https://pediatricapta.org/includes/fact-sheets/pdfs/15%20Dosage%20Consideration%20Resource%20Manual.pdf?v=1

IDEA: Providing Physical Therapy Services Under Parts B & C of the Individuals With Disabilities Education Act, 2nd Edition. Irene R. McEwen, PT, PhD, FAPTA. https://iweb.apta.org/Purchase/ProductDetail.aspx?Product_code=PEDS-4

Updated Competencies for Physical Therapists Working in Schools. Susan K. Effgen, PT, PhD, Lisa Chiarello, PT, PhD, PCS, and Suzanne A. Milbourne, OT, PhD. https://pdfs.semanticscholar.org/f72c/ca23f18a31e63a0d5914ef8074509bcef17b.pdf

APTA IEP Goal Examples PowerPoint: https://goo.gl/11POiW

Seek Freaks website for School-Based Therapists: https://www.seekfreaks.com/

Other

Clark, G. F., Chandler, B. E., Dunn, W., & Rourke, A. (2013). Best Practices for Occupational Therapy in Schools. Bethesda, MD: American Occupational Therapy Association.

Occupational Therapy Practice Guidelines for Children with Behavioral and Psychosocial Needs. (2005). Eds. Jackson, L.L. & Arbesman, M. AOTA.

The Occupational Therapy Assistant: Resources for Practice & Education. Eds. Black, T.L., Eberhardy, K. M. (2005). AOTA

National and State Organizations

American Occupational Therapy Association, Inc. (AOTA). https://www.aota.org/

American Physical Therapy Association (APTA) https://www.apta.org/

Academy of Pediatric Physical Therapy (APPT) https://pediatricapta.org/index.cfm

> Fact Sheets: https://pediatricapta.org/fact-sheets/
>
> School-Based Physical Therapy Special Interest Group: https://pediatricapta.org/special-interest-groups/sigs.cfm?SIG=SB

Guide to Physical Therapist Practice. Guide 3.0. http://guidetoptpractice.apta.org

Appleton Area School District. (AASD). AASD Occupational and Physical Therapy Evaluation Rubric and Worksheet. Stacy Wickershiem, Physical Therapy and Program Leader at Appleton Area School District.