

## 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.

Elements	Level of Performance			
	Emerging – Level 1	Developing – Level 2	Proficient – Level 3	Distinguished – Level 4
<p><b>Knowledge of sensory and motor development and therapy practice in the school environment.</b></p> <p>-----</p> <p>Therapist understands prerequisite skills in sensory and motor development.</p> <p>Therapist understands the difference between the educational and the medical models of therapy and knows how to effectively deliver school-based therapy services.</p>	<ul style="list-style-type: none"> <li>• Does not fully understand motor, cognitive and social development characteristics by age group and has unrealistic expectations for students.</li> <li>• Demonstrates minimal understanding of integrating appropriate services into the classroom or the necessity of collaborating and communicating with the team.</li> <li>• Believes intervention strategies used in medical setting cannot be used in the school setting.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>• <i>Is not able to identify the typical developmental pattern for attainment of jumping skills.</i></li> <li>• <i>Uses preschool tools/activities for high school students with developmental delays.</i></li> <li>• <i>Requires a student to hold a writing tool with a mature grasp at 3 years old.</i></li> <li>• <i>Therapy addresses only medical conditions and impairments (with no thought to what function is affected at school).</i></li> <li>• <i>Therapist is unable to articulate what the difference is between school and outpatient therapy.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Has basic understanding of developmental levels, but therapeutic intervention plans use limited treatment strategies, and some are not suitable for skill level.</li> <li>• Demonstrates basic understanding of integrating appropriate services into the classroom or the necessity of collaborating and communicating with the team.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>• <i>Has all students working on writing sentences when some students are at the letter recognition level.</i></li> <li>• <i>Does not increase challenge to build skill level once a student masters basic skill (e.g., distance away, size of ball, speed).</i></li> <li>• <i>Therapy works on skills needed in the school environment, but there is not a match between student skill level and intervention provided.</i></li> <li>• <i>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.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Identifies important concepts of sensory and motor skill development and the relationships to one another.</li> <li>• Understands the cognitive and ability levels of development for the students on their caseload.</li> <li>• Demonstrates understanding of integrating appropriate services into the classroom and the necessity of collaborating and communicating with the team.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>• <i>Understands the correct developmental pattern for catching and correctly identifies the student's current skill level (e.g., knows it is appropriate for a 4-year-old student to catch by trapping the ball to their chest).</i></li> <li>• <i>Realizes student is unable to skip, so works on breaking down the motor pattern and practicing at a slower speed.</i></li> <li>• <i>Therapy addresses access to special education and school environment.</i></li> <li>• <i>Therapist can accurately explain the difference between school and outpatient therapy services to parents during a meeting.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrates knowledge of current research on child development, educational practice, therapy interventions, and implications for therapy.</li> <li>• Consistently utilizes intervention strategies that are appropriate to the student's developmental level.</li> <li>• Shows leadership capacities among colleagues to enhance understanding of the role of school-based OT and PT.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>• <i>Has knowledge of current research on theories of motor control and development, technologies, and best practice for school-based treatments.</i></li> <li>• <i>Therapy focuses on fostering lifelong independence for the student in the school, home, and community environments.</i></li> <li>• <i>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.</i></li> </ul>

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### 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, neighborhoods 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.

Elements	Level of Performance			
	Emerging – Level 1	Developing – Level 2	Proficient – Level 3	Distinguished – Level 4
<p><b>Knowledge of the student’s learning process, interests, culture, and disability-related needs.</b></p> <p>-----</p> <p>Therapy is specific to the student’s performance level, learning style, and culture.</p> <p>Therapist makes accommodations for task and environmental characteristics.</p>	<ul style="list-style-type: none"> <li>Does not take into consideration the student’s learning style, culture, task, and/or environment.</li> <li>Takes no responsibility to learn about student medical or sensorimotor abilities.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li><i>Does not use visuals with a student who relies on visuals.</i></li> <li><i>Plans a fine motor activity that involves a student making a christmas tree despite the fact that the student practices another religion.</i></li> <li><i>Does not seek out updated medical information from the student’s primary medical doctor or outpatient therapist.</i></li> </ul>	<ul style="list-style-type: none"> <li>Is aware of individual learning styles, but inconsistently or ineffectively applies that knowledge.</li> <li>Recognizes that students have different interests and cultures, yet minimally draws on their contributions or differentiates materials to accommodate and differences in learning.</li> <li>Is aware of the medical issues and sensorimotor abilities of students, but does not seek to understand the implications of that knowledge.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li><i>Uses too many verbal cues when student is clearly unable to process the verbal directions.</i></li> <li><i>States the only therapeutic intervention that will work is surgery, and the family may not believe in surgery.</i></li> </ul>	<ul style="list-style-type: none"> <li>Addresses the individual learning styles of each student and applies that knowledge.</li> <li>Is knowledgeable about a student’s interests and culture, and incorporates this knowledge into the therapeutic intervention plan.</li> <li>Understands each student’s disability and addresses the student’s unique medical needs.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li><i>Plans therapeutic activities using their knowledge of individual student learning styles.</i></li> <li><i>Asks students, staff, and parents about the student’s interests.</i></li> <li><i>Examines previous year’s progress notes and IEP goals to determine if the student is making progress.</i></li> </ul>	<ul style="list-style-type: none"> <li>Has extensive understanding of individual learning styles of each student, and appropriately applies it to interventions using multiple strategies and tools.</li> <li>Not only understands each student’s disability, but actively seeks new information to provide safe and effective therapy services.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li><i>Collaborates with team members to utilize appropriate cuing, technology, and/or materials to promote generalization and student independence during routines.</i></li> <li><i>Knows the student is on an adaptive baseball team and incorporates a baseball theme into interventions.</i></li> <li><i>Maintains a system of updated student records.</i></li> </ul>

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### 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.

Elements	Level of Performance			
	Emerging – Level 1	Developing – Level 2	Proficient – Level 3	Distinguished – Level 4
<p><b>Use of appropriate tests and measures for assessments.</b></p> <p>-----</p> <p>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.</p> <p>Therapist tracks progress on IEP goals using informal assessments and outcome measures.</p> <p>Results of assessment guide future planning.</p>	<ul style="list-style-type: none"> <li>● Assessments lack criteria or connection to student needs.</li> <li>● Does not recognize when assessment tools should be utilized.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>● <i>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.</i></li> <li>● <i>Collects data on how often the student can independently spoon feed themselves when the IEP goal is about completing legible written work.</i></li> <li>● <i>Evaluates handwriting, but works on reading skills.</i></li> <li>● <i>Does not use any evaluation tools other than observation to determine why the student is having difficulty on the stairs.</i></li> <li>● <i>Notices a student is tripping more, but does not take action.</i></li> </ul>	<ul style="list-style-type: none"> <li>● Some student needs are addressed in the planned assessments, but assessment criteria are vague or incomplete.</li> <li>● Only evaluates one or two areas of student need [using the ICF model].</li> <li>● Performs a basic assessment and describes a student's performance using formal test results only.</li> <li>● Assessment results are inconsistently used to address student needs.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>● <i>Asks teacher to record trips in the classroom, but does not collect data in other places.</i></li> <li>● <i>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.</i></li> <li>● <i>Only looks at participation and does not determine underlying cause of dysfunction.</i></li> </ul>	<ul style="list-style-type: none"> <li>● Includes assessments matched to student needs to guide the evaluation process.</li> <li>● Evaluates multiple areas of student need, looking at how participation and skill competence are affected by underlying impairments.</li> <li>● Actively involves staff in collecting information.</li> <li>● The therapist uses objective data and assessments to determine progress towards IEP goals.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>● <i>Creates data sheets for assessing the efficacy of handwriting strategies and teaches staff how to record data.</i></li> <li>● <i>Uses a "Dressing Rubric" to determine a student's ability to meet their IEP dressing goal.</i></li> <li>● <i>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.</i></li> <li>● <i>Uses the 6 Minute Walk Test to compare the student's endurance to typical peers and track progress with intervention.</i></li> </ul>	<ul style="list-style-type: none"> <li>● Uses clinical reasoning to choose between standardized tests that assess similar content to choose the most appropriate for that individual student's needs.</li> <li>● Has knowledge and familiarity of a wide repertoire of standardized tests and objective outcome measures.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>● <i>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.</i></li> <li>● <i>Has different ways to assess students who have autism and students with intellectual disabilities.</i></li> <li>● <i>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.</i></li> </ul>

Elements	Level of Performance			
	Emerging – Level 1	Developing – Level 2	Proficient – Level 3	Distinguished – Level 4
<p><b>Analyzes student abilities and performance in the school environment.</b></p> <p>-----</p> <p>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.</p> <p>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.</p>	<ul style="list-style-type: none"> <li>• Does not observe the student.</li> <li>• Does not analyze the student’s performance in the school environment.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>• <i>Uses reports from teachers and other professionals to evaluate the student, but does not do direct observations.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Identifies some student strengths, functional problems, but does not connect to educational outcomes.</li> <li>• 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).</li> <li>• Analyzes some elements of the student’s school environment and, in some cases, imposes personal bias on observations.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>• <i>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.</i></li> <li>• <i>Evaluates the student’s recess participation when the playground is empty.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Assesses and describes student performance in the school using observation and objective test results.</li> <li>• Has a thorough understanding of how intervention will improve a student’s academic and other areas of performance.</li> <li>• Observes how the student interacts in the environment within a naturally occurring context.</li> <li>• Analyzes all elements of the student’s school environment, but the assessment could be better structured.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>• <i>Completes standardized testing, then observes the student using those skills in PE class to determine the effect of skill deficit on participation.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Expertly assesses and describes student performance in specific areas of the school using observation in natural environments, and objective test results.</li> <li>• Demonstrates extensive knowledge and skill in identifying student strengths, functional problems, and educational outcomes.</li> <li>• Analyzes all elements of the student’s school environment and keeps observations neutral, systematic, and structured.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>• <i>Evaluates student mobility during all aspects of the school day (e.g., transitions, recess, lunch, PE, transportation).</i></li> <li>• <i>Uses a checklist or ecological evaluation form to structure observations and keep data collection as objective as possible.</i></li> </ul>

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### 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 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.

Elements	Level of Performance			
	Emerging – Level 1	Developing – Level 2	Proficient – Level 3	Distinguished – Level 4
<p><b>Participates in collaborative IEP goal writing and creates a therapy-specific treatment plan.</b></p> <p>-----</p> <p>Therapist collaborates with the IEP team in writing clear and measurable goals that identify expected student educational progress.</p> <p>Therapist creates a treatment plan that outlines student information including diagnosis, precautions, current functional abilities, sensory and/or motor skills, and physical status.</p>	<ul style="list-style-type: none"> <li>Therapist does not participate in collaborating with team members regarding IEP goals.</li> <li>Does not write treatment plans or modify the plan when needed based on student performance.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li><i>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.</i></li> <li><i>Recommends consultation only for all or most students on caseload.</i></li> </ul>	<ul style="list-style-type: none"> <li>Writes OT/PT-specific IEP goals that include medical jargon and are inconsistent with respect to collaboration, specificity, measurability, and attainability.</li> <li>Plan and treatment techniques correlate with each other, but some techniques do not fit with the broader IEP goals.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li><i>Suggestions made during the IEP team meeting are unclear to the members.</i></li> <li><i>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.</i></li> </ul>	<ul style="list-style-type: none"> <li>All IEP goals are written collaboratively, and are specific, measurable, attainable, relevant, and timely (SMART).</li> <li>Treatment plans are clearly aligned to the IEP and are relevant to the student's school needs.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li><i>Service delivery times and methods are an accurate representation of student needs and progression towards IEP goals.</i></li> <li><i>Creates classroom/school goals using some resources as evidence to support treatment.</i></li> </ul>	<ul style="list-style-type: none"> <li>Guides an interactive discussion with IEP team members to develop IEP goals that include student outcomes.</li> <li>Educates colleagues regarding best practice for collaborative goal-writing.</li> <li>Uses evidence-based practices to guide treatment plan strategies.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li><i>Contributes to the IEP team meeting discussion with clear and understandable explanations.</i></li> <li><i>Example Goal: The student will keep up with her classmates when walking from her classroom to the lunchroom (150') on even surfaces and stairs, ¼ opportunities.</i></li> <li><i>Goals are consistently monitored and adjusted to maximize student performance outcomes.</i></li> </ul>

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### 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.

Elements	Level of Performance			
	Emerging – Level 1	Developing – Level 2	Proficient – Level 3	Distinguished – Level 4
<p><b>Designs coherent and well-structured intervention strategies that address individual student needs.</b></p> <p>-----</p> <p>Instruction engages students and advances sensory and motor skill development.</p> <p>Therapist intentionally organizes activities to meet IEP goals.</p>	<ul style="list-style-type: none"> <li>• Therapy activities are not aligned to the IEP goals.</li> <li>• Therapeutic interventions are not structured or sequenced and are unrealistic in their expectations and time allocations.</li> <li>• Therapist does not embed therapy in the natural environment and only works with students in the therapy room.</li> <li>• Therapist is not able to determine the least restrictive environment for students.</li> <li>• Service dosage is not appropriate for the student’s age or needs.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>• <i>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.</i></li> <li>• <i>Removes student from natural environment to an alternative activity when the in-classroom activity could be modified to meet the student’s needs.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Therapy activities are moderately challenging and inconsistently aligned to IEP goals.</li> <li>• Therapist uses the same service frequency for all students at the same age level without specific clinical reasoning.</li> <li>• Therapist attempts to embed therapy in the least restrictive environment, but is distracting and disrupts class while working with the student.</li> <li>• Therapist works with a student in class when the desired skills is not naturally occurring.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>• <i>Therapist sets up specific therapy space away from peers in the classroom.</i></li> <li>• <i>Attempts to make activities meaningful and tied to instructional outcomes, but is successful only part of the time.</i></li> <li>• <i>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.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Therapy activities match instructional outcomes, are sufficiently challenging, and are consistently aligned to IEP goals.</li> <li>• The therapeutic intervention plan is well-structured with reasonable time allocations.</li> <li>• 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.</li> <li>• Therapist seamlessly embeds therapy in classroom at times when skill is naturally occurring and not disruptive to class.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>• <i>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.</i></li> <li>• <i>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.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Therapeutic interventions are well-structured and differentiated for individual students, learning environments, and staff needs.</li> <li>• Therapist is creative in determining dosage (frequency, intensity, and duration) of service delivery to best fit the student’s needs.</li> <li>• Clearly communicates the purpose of treatment strategies to promote generalization within the classroom.</li> <li>• Therapist works with teacher to create classroom routines that will work on skills needed for student skill development.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>• <i>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.</i></li> <li>• <i>Instructs staff on helpful strategies to promote student independence with managing outerwear for repeated practice in natural environments.</i></li> </ul>

## 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.

Element	Level of Performance			
	Emerging – Level 1	Developing – Level 2	Proficient – Level 3	Distinguished – Level 4
<p><b>Delivers effective therapy services by monitoring and adjusting interventions based on student performance.</b></p> <p>-----</p> <p>Structures activities well within a session as evidenced by a logical flow and scaffolding to build onto more challenging activities.</p> <p>Makes adjustments and seeks alternate approaches to an activity.</p>	<ul style="list-style-type: none"> <li>Does not attempt to adjust the activity when student is having minimal success or is confused.</li> <li>Student participation with activity is minimal.</li> <li>Pacing of the therapy session drags or is rushed.</li> <li>Does not convey a purpose for the intervention or work.</li> <li>-----</li> <li><i>Does not differentiate interventions and uses the same activity for all students regardless of their skill level.</i></li> <li><i>Forges ahead with an activity even though it is clear that the student is confused.</i></li> <li><i>Student is moved through the activity rather than facilitated to be more independent.</i></li> <li><i>Student performs only rote skills without regard to appropriate use.</i></li> </ul>	<ul style="list-style-type: none"> <li>Attempts to adjust the activity are partially successful.</li> <li>Student participation with activity is evident, but lacks enthusiasm.</li> <li>Pacing of the therapy session is uneven—suitable in parts but rushed or dragging in others.</li> <li>Conveys high expectations for some students.</li> <li>-----</li> <li><i>When noticing a student is confused, acknowledges the need to change the instructions, but is not sure how to do so.</i></li> <li><i>The therapist says, “I realize you are not getting this, but we can’t spend anymore time on it.”</i></li> <li><i>Conveys high expectations for verbal students, but does not attempt to do so for students who are nonverbal or use a communication device.</i></li> <li><i>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.</i></li> </ul>	<ul style="list-style-type: none"> <li>When improvising becomes necessary, the therapist successfully adjusts the therapy session.</li> <li>Incorporates student interests and questions into the intervention to actively involve student in the activity.</li> <li>Pacing of the therapy session is appropriate and successful to meet the goals of the activities.</li> <li>Conveys high expectations for all students.</li> <li>-----</li> <li><i>Actively incorporates Minecraft games into an activity to increase student motivation.</i></li> <li><i>The session is well-paced and there is a recognizable beginning, middle, and end of the therapeutic activity.</i></li> <li><i>When noticing the student is confused, the therapist successfully switches from verbal directions to using visual cues with Boardmaker pictures.</i></li> </ul>	<ul style="list-style-type: none"> <li>Adjustments to the activity are well-timed and designed to assist individual students.</li> <li>Student is actively involved in the session and generalizes learned skills during therapy sessions to other environments.</li> <li>Demonstrates flexibility, priority setting and effective time management strategies during the session.</li> <li>-----</li> <li><i>Chooses between several different core strengthening activities that best simulate the way the skill will be needed in the student’s natural environment.</i></li> <li><i>Student demonstrates handwriting strategies learned in OT sessions while independently writing a story in the classroom.</i></li> <li><i>The session is well-structured with a logical progression of activities building towards functional use of a skill.</i></li> <li><i>Easily adjusts an activity when a student is not successful.</i></li> </ul>

## 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.

Element	Level of Performance			
	Emerging – Level 1	Developing – Level 2	Proficient – Level 3	Distinguished – Level 4
<p><b>Communicates effectively to support student engagement.</b></p> <p>-----</p> <p>Uses precise language with clear steps for the activity, connecting skills learned to student’s school and home environment.</p> <p>Uses a combination of communication strategies (e.g., verbal, visual) to best suit the student’s learning preferences.</p> <p>Offers valuable feedback that is timely, constructive, developmentally appropriate, and provides the student with the guidance needed to improve their performance.</p>	<ul style="list-style-type: none"> <li>• Directions are confusing and/or vocabulary is inappropriate for the student’s age, cognition or culture.</li> <li>• Only one type of facilitation (verbal, visual, or tactile) is used when a variety would promote more student engagement.</li> <li>• Student receives contradictory feedback from the therapist or no feedback at all.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>• <i>A student asks questions that are not answered.</i></li> <li>• <i>Uses technical jargon that the student does not understand when explaining why they are doing an activity.</i></li> <li>• <i>Therapist continues to give verbal directions to a student who best learns and understands from visual prompts and cues.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Directions and/or vocabulary is sometimes inappropriate to the student’s age, cognition, or culture.</li> <li>• Multiple types of facilitation are used during the session without clear reasoning.</li> <li>• Feedback to students is vague and not oriented toward future improvement of the activity.</li> <li>• Sometimes miscommunicates expectations that affect the student’s success with an activity.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>• <i>Gives physical prompts when a visual cue or verbal prompt would have been just as effective and allow the student to be more independent.</i></li> <li>• <i>Corrects student movement or changes activity without explaining why.</i></li> <li>• <i>Gives general feedback, such as, “Good effort” without identifying which part of the activity could be improved.</i></li> <li>• <i>Does not fully answer student questions.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Directions are clear and vocabulary is appropriate to student’s age, cognition, or culture.</li> <li>• Chooses the least restrictive means of facilitation to achieve student goals.</li> <li>• Feedback is specific and timely and provided in a way that the student understands.</li> <li>• Therapeutic tasks encourage student to initiate movement, self-assess, and contribute ideas for making the activities more meaningful in the classroom.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>• <i>Provides visual prompts so that the student can follow directions without verbal or physical prompting.</i></li> <li>• <i>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.”)</i></li> <li>• <i>Adjusts communication style for a student who is unable to follow complex verbal directions.</i></li> </ul>	<ul style="list-style-type: none"> <li>• The therapist helps the student take initiative to improve an activity by modifying the task or suggesting modifications to the environment or materials.</li> <li>• Models strategies to the student to promote generalization of strategies to multiple environments.</li> <li>• Communicates clearly about the how and why of the intervention including appropriate use of terms for the student.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>• <i>Therapist engages the student to self-reflect on sensory strategies that will help to keep them calm in a stressful situation.</i></li> <li>• <i>After an inaccurate throw, the therapist asks the student, “Why did the ball go over there? What could you do differently next time?”</i></li> <li>• <i>Therapist explains the connection between the non-preferred activity and how it will help functional skills in the school environment.</i></li> </ul>

## 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.

Element	Level of Performance			
	Emerging – Level 1	Developing – Level 2	Proficient – Level 3	Distinguished – Level 4
<p><b>Expectations for student conduct have been established and the therapist successfully corrects behavior when needed.</b></p> <p>-----</p> <p>Therapist has clear expectations for student conduct.</p> <p>Therapist seeks to understand why students exhibit certain behaviors.</p> <p>Therapist responds in a respectful way that upholds the student's dignity.</p>	<ul style="list-style-type: none"> <li>Has not established any standards of conduct.</li> <li>Does not respond to misbehavior or the response is inconsistent and disrespectful of the student's dignity.</li> <li>Does not monitor student behavior.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li><i>Does not correct behavior or set limits when a student is being disrespectful.</i></li> <li><i>Does not match behavioral strategies and specific language to classroom rules and expectations.</i></li> <li><i>Therapist's attempts to correct student behavior are disrespectful or shaming toward the student.</i></li> </ul>	<ul style="list-style-type: none"> <li>Standards of conduct have been established, but are vague and undefined.</li> <li>Response to student misbehavior is partially successful, and at times inconsistent.</li> <li>Attempts to keep track of student's behavior, but with no apparent system.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li><i>Inconsistent with behavior management strategies or sets unrealistic limits when interacting with student.</i></li> <li><i>Occasionally matches behavior and specific language to classroom rules and expectations.</i></li> <li><i>Uses only negative reinforcement strategies and does not use reward or note positive behavior.</i></li> </ul>	<ul style="list-style-type: none"> <li>Standards of conduct have been established and implemented successfully.</li> <li>Response to student's misbehavior is effective while respectful of student dignity.</li> <li>Maintains a basic data-tracking system to monitor student behavior.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li><i>Reviews behavior expectations at the start of therapy session.</i></li> <li><i>Responds respectfully to a student's misbehavior and uses verbal, non-verbal, and visual cues appropriate for the student's needs.</i></li> <li><i>Matches behavior and specific language to classroom rules and expectations.</i></li> <li><i>Sets appropriate limits and enforces them consistently.</i></li> <li><i>Regularly uses Positive Behavior Intervention Strategies (PBIS) language and expectations specific to the school when correcting behavior.</i></li> <li><i>Is familiar with a student's Behavior Intervention Plan (BIP) and follows the plan to appropriately address behavior concerns.</i></li> </ul>	<ul style="list-style-type: none"> <li>Standards of conduct are clear to all students, individualized if necessary, and have been developed with student input.</li> <li>Response to misbehavior is highly effective and sensitive to student's individual needs.</li> <li>Has a sophisticated data-tracking system to monitor student behavior and analyze patterns to promote positive behavior, and, when possible, prevent behavioral issues.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li><i>Worked with the student's team to develop and train staff on their BIP.</i></li> <li><i>Nonverbal, verbal, or visual cues from the therapist lead to an increase in student willingness to correct behaviors.</i></li> <li><i>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).</i></li> </ul>

## 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.

Element	Level of Performance			
	Emerging – Level 1	Developing – Level 2	Proficient – Level 3	Distinguished – Level 4
<p><b>Understands the role of consultation in the school system.</b></p> <p>-----</p> <p>Therapist demonstrates understanding of the role of consultation by assisting with IEP planning decisions, developing collaborative plans, and evaluating desired outcomes.</p>	<ul style="list-style-type: none"> <li>• Therapist does not know their role or expectation as a consultant.</li> <li>• Believes consultation can be a substitute for direct intervention.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>• <i>Does not attempt to tailor interaction styles or methods to translate expertise to different team members.</i></li> <li>• <i>Does not ask what team members want to learn or achieve through consultation during the IEP meeting.</i></li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Believes consultation is less time intensive than direct therapy.</li> <li>• Knows consultation does not substitute for direct intervention, but is not sure when to provide direct therapy and when to consult.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>• <i>Not able to distinguish between interaction styles or methods to translate expertise to team members.</i></li> <li>• <i>Uses consultation as a way to maintain caseload size or address staff shortage.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Therapist identifies their role as a consultant and chooses intervention strategies best suited for team members' learning style.</li> <li>• Understands that consultation can take as much time as direct service, and that it is not a substitute for direct service.</li> <li>• Clearly conveys the role of consultation to team members and asks what they are hoping to achieve through consultation at the IEP meeting.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>• <i>Distinguishes between interaction styles to best suit each team member (e.g., teaching, advising, encouraging).</i></li> <li>• <i>Chooses multiple methods to translate expertise that best suits each team member's learning styles (e.g., modeling, encouragement, print, video resources).</i></li> </ul>	<ul style="list-style-type: none"> <li>• Works with administration to convey the necessity of including time for caseload/workload planning and servicing consultative students.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>• <i>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).</i></li> </ul>

Element	Level of Performance			
	Emerging – Level 1	Developing – Level 2	Proficient – Level 3	Distinguished – Level 4
<p><b>Creates an effective plan for consultation.</b></p> <p>-----</p> <p>Therapist creates an effective plan for consultation that addresses all aspects of successful collaboration.</p>	<ul style="list-style-type: none"> <li>Therapist does not develop a plan for consultation.</li> <li>-----</li> <li><i>Does not determine staff training needs or delegate tasks to staff.</i></li> <li><i>Does not keep any records of consultation, potentially risking student safety.</i></li> </ul>	<ul style="list-style-type: none"> <li>The consultative intervention strategies are chosen by the therapist before the student's educational needs are determined.</li> <li>Therapist provides minimal recommendations for intervention and creates a vague consultation plan on how and when they will follow-up with the team.</li> <li>-----</li> <li><i>Does not determine staff training needs and delegates tasks that are inappropriate for staff experience and knowledge base.</i></li> <li><i>Keeps minimal records of consultation and staff training needs.</i></li> </ul>	<ul style="list-style-type: none"> <li>Consultative intervention strategies are chosen after the student's educational needs are determined and include important aspects related to the student's goals.</li> <li>Therapist makes recommendations for intervention and determines how and when they will consult and follow-up with the team.</li> <li>-----</li> <li><i>Accurately determines staff training needs based on student level of function and delegates tasks to staff based on their experience and knowledge.</i></li> <li><i>Keeps documented records of staff consultation and training to ensure student safety.</i></li> </ul>	<ul style="list-style-type: none"> <li>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).</li> <li>-----</li> <li><i>Plans group paraprofessional training prior to start of school year to ensure staff are properly trained.</i></li> <li><i>Creates resource materials for staff training (e.g., written, video, online) that addresses staff questions for when the therapist is not available.</i></li> </ul>
<p><b>Provides educationally relevant consultation.</b></p> <p>-----</p> <p>Therapist provides educationally relevant consultation via integrated therapy or programming through naturally occurring opportunities.</p>	<ul style="list-style-type: none"> <li>Therapist does not make any recommendations to staff.</li> <li>Therapist makes recommendations at inappropriate times.</li> <li>-----</li> <li><i>Uses the teacher to conduct therapy activities that should be conducted by the therapist.</i></li> <li><i>Fails to explain to the teacher the relationship between medical impairments and recommended adaptations.</i></li> <li><i>Sets up a therapy area in the classroom and brings in balls and mats to work individually with each student.</i></li> <li><i>Frequently unavailable and does not respond to requests for training or technical assistance.</i></li> </ul>	<ul style="list-style-type: none"> <li>Therapist makes recommendations to the teacher, but interventions are not appropriate for teacher's role.</li> <li>Does not consistently check-in with staff after initial recommendations are made.</li> <li>-----</li> <li><i>Provides teachers with activities to implement that are not educationally relevant.</i></li> <li><i>Provides a strengthening program for a student to use during an academic time.</i></li> <li><i>Provides staff with limited times available for questions and planning.</i></li> </ul>	<ul style="list-style-type: none"> <li>Therapist's recommendations fit the teacher and/or paraprofessional's role and function.</li> <li>Collaborates with staff outside the school environment (e.g., equipment vendors, community partners, outpatient therapists, physicians) to ensure student success and independence.</li> <li>-----</li> <li><i>Develops a sensory break program and trains staff to use prior to transition times.</i></li> <li><i>Regularly assesses continued competency with therapist-directed activities.</i></li> <li><i>Trains staff to embed handwriting intervention strategies into classroom routines and activities to allow more practice opportunities.</i></li> <li><i>Assesses a student's wheelchair and communicates with equipment vendor regarding modifications.</i></li> </ul>	<ul style="list-style-type: none"> <li>Provides consultation to other team members by clarifying roles and expectations and fostering dynamic interactions, respectful relationships and collaborative efforts to reach common ground.</li> <li>Works as an equal, not an authority, participates in school routines, incorporates principles of adult learning, and asks for feedback for improvement.</li> <li>Creates programs to monitor staff training and track progress with therapist-directed activities.</li> <li>-----</li> <li><i>Creates a culture of staff empowerment where members can assist each other in carrying out therapist-directed activities to decrease reliance on the therapist.</i></li> <li><i>Creates a database for staff to reference therapist-directed activities (e.g., protocols for exercise programs, videos of transfers).</i></li> </ul>

## 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.

Element	Level of Performance			
	Emerging – Level 1	Developing – Level 2	Proficient – Level 3	Distinguished – Level 4
<p><b>Creates an environment conducive to learning and chooses appropriate adaptive equipment and materials to promote student growth and independence.</b></p> <p>-----</p> <p>Both the physical arrangement of a therapy environment and the resources provide opportunities for therapists to advance learning.</p>	<ul style="list-style-type: none"> <li>● Adaptive equipment is damaged and not safe.</li> <li>● There is a loss of therapy time due to disorganized materials and/or transition.</li> <li>● Therapy equipment and materials used are unsuitable to the environment, age level, and/or developmental level of the student.</li> <li>● Fails to implement modifications, adaptive equipment, or assistive technology despite the fact that it would enhance student success.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>● <i>Uses an adapted utensil grip with a student who has adequate fine motor control.</i></li> <li>● <i>Uses a reverse walker for a student who needs a gait trainer with a sling seat and chest support to ambulate safely.</i></li> <li>● <i>Does not have appropriate intervention materials for therapy sessions.</i></li> </ul>	<ul style="list-style-type: none"> <li>● The physical environment is safe, but is not conducive to learning.</li> <li>● Therapy equipment and materials used are somewhat suitable to the environment, age level, and/or developmental level of the student.</li> <li>● Makes limited use of available technology and other resources.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>● <i>Distracting items are in plain view during the session.</i></li> <li>● <i>Uses a large piece of positioning/ mobility equipment that is suitable for a student, but unsuitable for the classroom environment.</i></li> <li>● <i>Uses a coloring tool that would be appropriate for a primary student, but is inappropriate at the middle school level.</i></li> <li>● <i>Has to adjust therapy plan because materials are inappropriate.</i></li> <li>● <i>Does not ensure dangerous items are out of harm's way.</i></li> </ul>	<ul style="list-style-type: none"> <li>● The physical and sensory environment is safe, organized, and well-arranged to support instructional goals and learning activities.</li> <li>● Therapy equipment and materials used are suitable to the environment, age level, and/or developmental level of the student.</li> <li>● Regularly inspects equipment for safety and inventories equipment based on district policy.</li> <li>● Develops an equipment use schedule that creates optimal learning opportunities for students.</li> <li>● Familiar with pediatric adaptive equipment and knows how to procure the items.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>● <i>Assists the teacher in arranging the environment for maximal learning.</i></li> <li>● <i>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.</i></li> </ul>	<ul style="list-style-type: none"> <li>● Modifications are made to the physical environment to accommodate all students, safety and accessibility are addressed in an ongoing manner.</li> <li>● Makes extensive and creative use of available assistive devices and technology.</li> <li>● Offers multiple options to team members to determine the most appropriate materials and equipment for a student's age and skill level.</li> <li>● Helps connect families with local agencies (e.g., medical vendors, lending libraries, grants for equipment or loan programs).</li> <li>● Has extensive knowledge of pediatric adaptive equipment and works closely with local vendors and clinics.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>● <i>Assists in arranging all school environments to be free of barriers for maximal learning.</i></li> <li>● <i>Provides staff in-service and/or ongoing training on how to inspect and monitor safety of adaptive equipment.</i></li> </ul>

## 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.

Element	Level of Performance			
	Emerging – Level 1	Developing – Level 2	Proficient – Level 3	Distinguished – Level 4
<p><b>Communicates with and engages families, staff, and community partners regarding the student's instructional program.</b></p> <p>-----</p> <p>Provides information to families, staff, and community providers about individual student progress.</p> <p>Therapist is culturally sensitive when instructing families, staff, and community providers in therapeutic activities and uses multiple means of representation to increase carryover.</p>	<ul style="list-style-type: none"> <li>• Fails to communicate with families and to secure necessary permissions.</li> <li>• Does not respond or responds insensitively without regard to the family's culture.</li> <li>• Families, staff, and community partner engagement activities are lacking.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>• <i>A parent or staff member asks what the child is working on in therapy, but the therapist does not respond.</i></li> <li>• <i>Staff member who is familiar with the student says, "I didn't know that student gets therapy."</i></li> <li>• <i>Families, staff, and community providers are unaware of the child's progress.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Shares infrequent or incomplete information about therapy with families, staff and/or community providers.</li> <li>• Uses therapy-specific jargon when communicating with non-medical staff or families.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>• <i>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."</i></li> <li>• <i>A parent says, "I received the district pamphlet on school related therapy, but I wonder how it's being done with my child."</i></li> <li>• <i>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.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Communicates with families and obtains the necessary permissions, doing so in a manner sensitive to family culture.</li> <li>• Uses language that families and staff can easily understand.</li> <li>• Regularly provides information regarding the therapy program available to families/staff/community partners.</li> <li>• Responds to questions from families/staff/community partners in a timely manner.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>• <i>Staff say, "I understand what the therapist wants me to carryover in the classroom."</i></li> <li>• <i>Clearly explains the role of related services on an IEP and addresses all concerns from family regarding school-based therapies.</i></li> <li>• <i>Promptly responds to a community therapist's request to share what is being worked on during the school day.</i></li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>• <i>Staff say, "This therapist really listens to my concerns and makes me feel comfortable asking my questions."</i></li> <li>• <i>Seeks out opportunities to collaborate with families, staff, and community partners on a regular basis.</i></li> <li>• <i>Provides family with activities to do at home so student can continue to make progress in all settings.</i></li> </ul>

## 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.

Element	Level of Performance			
	Emerging – Level 1	Developing – Level 2	Proficient – Level 3	Distinguished – Level 4
<p><b>Management of therapy requirements according to district, state, and national educational and medical guidelines.</b></p> <p>-----</p> <p>Therapist adheres to policies and established procedures at all levels.</p> <p>-----</p>	<ul style="list-style-type: none"> <li>• Does not adhere to guidelines of local, state and federal guidance when providing therapy.</li> <li>• Does not comply with IEP requirements along with other district policies and procedures.</li> <li>• Does not follow up or clearly articulate roles and responsibilities of a paraprofessional or therapy assistants.</li> <li>• Does not delegate any tasks and does not train staff on tasks they are required to complete on a regular basis.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>• <i>IEP service timelines are not met.</i></li> <li>• <i>Does not follow and lacks awareness of district special education and health care policies.</i></li> <li>• <i>Does not instruct paraprofessionals or therapy assistants on use of adaptive equipment.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Does not fully adhere to local, state and federal guidance when providing therapy.</li> <li>• Inconsistently complies with district policy and procedures, and still needs reminders for accuracy and timeliness.</li> <li>• Is inconsistent in giving paraprofessionals or therapy assistants defined duties.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>• <i>Does not complete all required IEP paperwork within district timelines.</i></li> <li>• <i>Makes errors when completing department and/or district requirements (e.g., IEPs, evaluations, billing, progress reports).</i></li> <li>• <i>Some pertinent information is missing in written documentation.</i></li> <li>• <i>Paraprofessional or therapy assistant has to seek out the therapist rather than the therapist providing regular supervision and training.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Adheres to all local, state and federal guidance when providing therapy.</li> <li>• All student therapy and consultation services meet IEP service requirements.</li> <li>• Provides supervision to the therapy assistants and paraprofessionals according to state guidelines.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>• <i>Accurately and timely completes department and/or district requirements (e.g., IEPs, evaluations, billing, progress notes).</i></li> <li>• <i>Guides the therapy assistants to make decisions about interventions.</i></li> <li>• <i>Regularly trains and keeps records on duties delegated to paraprofessionals.</i></li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Provides supervision and welcomes feedback from therapy assistants and paraprofessionals.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>• <i>Helps to establish new department or district procedures or initiatives regarding IEP compliance.</i></li> <li>• <i>Provides in-service and training for support staff in a natural environment where the skill is performed.</i></li> <li>• <i>Provides a supporting document for paraprofessionals or therapy assistants to reference when the therapist is not available.</i></li> </ul>

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.

Element	Level of Performance			
	Emerging – Level 1	Developing – Level 2	Proficient – Level 3	Distinguished – Level 4
<p><b>Accuracy in professional self-reflection and reflection on student learning.</b></p> <p>-----</p> <p>Reflections on practice are accurate.</p> <p>Able to provide specific examples of how their interactions and clinical decision-making fosters student growth.</p> <p>Evidence-based practice is demonstrated by monitoring of student learning as related to techniques and activities.</p>	<ul style="list-style-type: none"> <li>Does not reflect on practice, or the reflections are inaccurate.</li> <li>Makes no suggestions for improvement.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li><i>Despite evidence to the contrary, the therapist says, "My student did great in therapy!"</i></li> <li><i>The therapist says, "I just thought this was a fun activity" (not related to IEP goals).</i></li> <li><i>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.</i></li> </ul>	<ul style="list-style-type: none"> <li>Has a general sense of whether or not therapeutic practices were effective.</li> <li>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.</li> <li>Makes modest changes in the treatment plan or program when confronted with evidence of the need for change.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li><i>At the end of the therapeutic session, the therapist says with uncertainty, "I guess I'll try . . . next time."</i></li> <li><i>Does not consider other factors that might impact student's performance.</i></li> <li><i>Does not consistently gather information from a variety of staff to determine student growth across settings.</i></li> </ul>	<ul style="list-style-type: none"> <li>Reflection provides an accurate and objective description of practice, citing specific examples.</li> <li>Identifies specific ways in which a therapeutic activity might be improved.</li> <li>When the student demonstrates challenges, seeks out school-based resources to address the need.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li><i>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.</i></li> <li><i>Gathers information from a variety of staff to determine student growth across settings.</i></li> <li><i>In reflecting on practice, the therapist cites multiple approaches undertaken to reach students having difficulties.</i></li> </ul>	<ul style="list-style-type: none"> <li>Reflection is highly accurate and perceptive, and draws on an extensive repertoire of alternative strategies and evidence-based resources.</li> <li>When student challenges persist, utilizes resources beyond the school environment for assistance.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li><i>Explains how activities are rooted in evidence-based practice and the use of multiple ways to meet the IEP goals are clearly explained.</i></li> <li><i>Through ongoing staff consultation and coaching, the therapist considers strategies for engaging students in therapy sessions that improve functional carryover into other educational settings.</i></li> <li><i>Explains to staff ways to perform an activity successfully in other environments including the community.</i></li> </ul>

## 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 & 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.

Element	Level of Performance			
	Emerging – Level 1	Developing – Level 2	Proficient – Level 3	Distinguished – Level 4
<p><b>Documentation of IEP paperwork, evaluations, student progress, third party billing, and parent communication.</b></p> <p>-----</p> <p>Records are compliant with state and district requirements.</p> <p>Documentation includes: IEPs, daily notes, discharge notes, treatment plans, evaluation reports, and third party billing.</p>	<ul style="list-style-type: none"> <li>• Record-keeping systems are in disarray and provide incorrect or confusing information.</li> <li>-----</li> <li>• <i>Evaluation and discharge notes are not completed.</i></li> <li>• <i>Does not collect all important information on which to base treatment plans.</i></li> <li>• <i>Reports are inaccurate or not appropriate to the audience.</i></li> <li>• <i>Does not review and/or add input into progress notes, IEPs, and evaluation reports.</i></li> <li>• <i>Medical assistance billing is not completed.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Has a record-keeping system; however, it may be out-of-date or only partially effective.</li> <li>-----</li> <li>• <i>Evaluations, progress notes, and discharge reports are incomplete and not always completed within time parameters.</i></li> <li>• <i>Collects most of the important information on which to base treatment plans.</i></li> <li>• <i>Reports are accurate, but lacking in clarity and not always appropriate for the audience.</i></li> <li>• <i>Reviews and writes progress notes, but does not always include appropriate level of functioning.</i></li> <li>• <i>Medical assistance billing is completed, but not within the time guidelines established by the department or the district.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Has a record-keeping system that is efficient and effective.</li> <li>-----</li> <li>• <i>Therapy documentation including evaluation reports and IEPs are completed in a timely manner.</i></li> <li>• <i>Collects all the important information on which to base treatment plans.</i></li> <li>• <i>Reports are accurate and appropriate to the audience.</i></li> <li>• <i>Has developed an effective data collection system for monitoring student progress and uses it to adjust therapy.</i></li> <li>• <i>Medicaid billing is done accurately and timely.</i></li> </ul>	<ul style="list-style-type: none"> <li>• All record-keeping systems are highly effective, efficient, organized, and accessible to those who need to access them.</li> <li>• Shares materials and trains others to improve therapy record-keeping and progress.</li> <li>-----</li> <li>• <i>Documents are exemplary and clearly explain therapy terms for families and staff.</i></li> <li>• <i>Proactive in collecting student information, interviewing teachers and parents, if necessary.</i></li> <li>• <i>Leads staff development on proper documentation and record keeping.</i></li> <li>• <i>Coaches others on the billing system in order to help colleagues become more efficient with billing procedures.</i></li> </ul>

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**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.

Element	Level of Performance			
	Emerging – Level 1	Developing – Level 2	Proficient – Level 3	Distinguished – Level 4
<p><b>Advocacy, integrity, and ethical conduct.</b></p> <p>-----</p> <p>Acts with integrity and honesty at all times.</p> <p>Advocates for and supports student’s best interests, even in the face of traditional practice or beliefs.</p> <p>Displays professionalism in the ways they approach student-focused problem-solving and decision-making.</p>	<ul style="list-style-type: none"> <li>• Displays a lack of integrity when interacting with colleagues and students.</li> <li>• Engages in practices that are self-serving and may present a conflict of interest.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>• <i>Shares confidential information inappropriately.</i></li> <li>• <i>Makes referrals to community providers with whom they have a fiduciary relationship.</i></li> <li>• <i>Does not notice that a student is being bullied or discriminated against.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Honest in interactions with colleagues and students.</li> <li>• Does not recognize school activities that could lead to in-equity for a student.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>• <i>Not discreet when discussing confidential information and can be overheard throughout the room.</i></li> <li>• <i>Mentions to a colleague that they feel a student is being discriminated against, but does not take any further action to rectify the situation.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Displays high standards of honesty, integrity, and confidentiality in interactions with colleagues and students.</li> <li>• Actively works to provide opportunities for student inclusion and success.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>• <i>Trusted by colleagues; they share information and the colleague is confident it will not be repeated inappropriately.</i></li> <li>• <i>Advocates for the student when they recognize school activities cause student anxiety, embarrassment, or behavioral outbursts.</i></li> </ul>	<ul style="list-style-type: none"> <li>• A leader in terms of honesty, integrity, and confidentiality.</li> <li>• Makes a concerted effort to ensure opportunities are available for all students to be successful.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>• <i>Trusted by administrators to have courageous conversations with families knowing the therapist will approach the situation with the utmost sensitivity and compassion.</i></li> <li>• <i>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.</i></li> </ul>

## 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.

Element	Level of Performance			
	Emerging – Level 1	Developing – Level 2	Proficient – Level 3	Distinguished – Level 4
<p><b>Enhancement of content knowledge and skill.</b></p> <p>-----                      Remains up-to-date on best practices regarding therapy by taking courses, reading professional literature, and attending conferences.</p> <p>Seeks out resources and is active in professional organizations and/or community groups in order to enhance personal growth and support colleagues.</p>	<ul style="list-style-type: none"> <li>• Not involved in activity that enhances own knowledge or skills.</li> <li>• Does not seek out resources that expand their own skills.</li> <li>• Not connected with any professional communities.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>• <i>The occupational therapist is not sure how to foster handwriting skills and does not realize they should learn how to do it.</i></li> <li>• <i>Does not research how to best work with a student with a disability who is unfamiliar to them.</i></li> <li>• <i>Engages in no professional development activities to enhance knowledge or skill.</i></li> <li>• <i>Never attends district staff developments.</i></li> <li>• <i>Does not make any effort to seek out input or connect with other therapists in the profession.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Only participates in professional activities when they are required or provided by the district.</li> <li>• Contributes in a limited fashion to professional organizations or communities or study groups.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>• <i>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.</i></li> <li>• <i>Politely attends district workshops and professional development days, but does not integrate use of the materials received.</i></li> <li>• <i>Finds limited ways to contribute to the profession.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Expands knowledge through professional learning groups and organizations.</li> <li>• Actively participates in organizations or communities designed to contribute to the profession.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>• <i>Takes an online course to expand their knowledge of best practice approaches designed for students with cerebral palsy.</i></li> <li>• <i>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.</i></li> <li>• <i>Supervises therapy fieldwork students.</i></li> <li>• <i>Attends non-required relevant continuing education courses and shares the information with colleagues.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Has ongoing relationships with colleges and universities that support best practices in OT/PT.</li> <li>• Makes a substantial contribution to the profession by offering workshops to colleagues, and taking an active leadership role in professional organizations or communities.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>• <i>Arranges speakers specific to the OT and/or PT needs.</i></li> <li>• <i>Meets with the OT's and PT's from neighboring school districts to brainstorm new evidence-based therapeutic activities.</i></li> <li>• <i>Contributes at state or national level to enhance knowledge and skills, and to advocate for the profession.</i></li> <li>• <i>Takes the initiative to offer staff development sessions in their area of expertise.</i></li> </ul>

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### 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.

Element	Level of Performance			
	Emerging – Level 1	Developing – Level 2	Proficient – Level 3	Distinguished – Level 4
<p><b>Involvement in the professional community.</b></p> <p>-----</p> <p>Maintains professional collegial relationships that encourage sharing, planning, and working together toward improved instructional skill and student success.</p> <p>Contributes to projects and events that positively impact department, school, district, and/or community initiatives.</p>	<ul style="list-style-type: none"> <li>• Relationships with colleagues are characterized by negativity.</li> <li>• Purposefully resists discussing performance with supervisors or colleagues.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>• <i>Resists feedback on therapy performance from either supervisors or more experienced colleagues.</i></li> <li>• <i>Makes no effort to share knowledge with others or to assume professional responsibilities.</i></li> <li>• <i>Does not participate in team meetings.</i></li> <li>• <i>The therapist says, "I won't serve on any department or district committees unless they reimburse me."</i></li> </ul>	<ul style="list-style-type: none"> <li>• Has cordial relationships with colleagues.</li> <li>• Sometimes is reluctant to accept feedback from supervisors and colleagues.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>• <i>Listens to the evaluator's feedback after a therapy session, but isn't sure the recommendations apply in his/her situation.</i></li> <li>• <i>Is polite, but seldom shares any therapy ideas or materials with colleagues.</i></li> <li>• <i>Attends team meetings only when reminded by their supervisor.</i></li> <li>• <i>Other therapists say, "I wish I didn't have to ask this therapist to 'volunteer' every time we need someone to help."</i></li> </ul>	<ul style="list-style-type: none"> <li>• Has supportive, positive and cooperative relationships with colleagues.</li> <li>• Welcomes colleagues and supervisors to provide feedback about therapy sessions for the purpose of gaining insight from the feedback.</li> <li>• Regularly participates in activities related to professional inquiry, as well as school and district events.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>• <i>Willingly shares therapy ideas and techniques with colleagues from conferences or research.</i></li> <li>• <i>Attends continuing education courses and informally shares what they learned with colleagues.</i></li> <li>• <i>Makes contribution to events that positively impact department, school, and district projects.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Relationships with colleagues are characterized by mutual support and collaboration, with the therapist taking initiative in assuming leadership among the faculty.</li> <li>• Actively seeks feedback from supervisors and colleagues and uses this information to improve.</li> <li>• Takes a leadership role in promoting activities related to professional inquiry.</li> <li>• Makes a significant contribution to and leads events that positively impact department, school, district and/or community projects.</li> <li>• Develops relationships with community partners and connects families with these resources.</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>• <i>Takes an active leadership role in departmental and school meetings, and continually researches evidence-based therapy research and shares them with colleagues.</i></li> <li>• <i>Presents to other professionals or community members to increase knowledge of a therapy topic.</i></li> </ul>