Who are School Occupational Therapists and what credentials are required?
To be endorsed (obtain a specialized service professionals license through the Colorado Department of Education) as a school occupational therapist, for ages birth to 21, an applicant shall hold a bachelor’s or higher degree from an accredited institution of higher education; have successfully completed an American Occupational Therapy Association-accredited college or university program, in occupational therapy; have successfully completed a practicum or internship, as required by the school of occupational therapy attended, which may be held in a variety of settings, but which must include a school setting, or a setting with school-age children; and have passed the occupational therapy national registration examination administered by the national board for certification in occupational therapy (NBCOT). If the candidate’s practicum did not occur during the school occupational therapist’s university training program, a minimum of 40-hours of direct field experience, working in a public education setting, under the supervision of an experienced occupational therapist, and with children or students between the ages of birth – 21, must have been completed. The school occupational therapist is knowledgeable about and is able to demonstrate the competencies specified below.

What knowledge is required to serve as a school occupational therapist (OTR), for children ages birth to 21?
The school occupational therapist is knowledgeable about the legal framework of occupational therapy within the public school system, and is able to:
• Articulate the letter and intent of federal, special education, state laws, and policies, as related to school-based occupational therapy, including issues related to potential safety and liability.
• Articulate, to a variety of audiences, the role of school-based occupational therapy, for ages birth - 21, including, but not limited to, the school occupational therapist’s contribution to:
  o students’ individualized education plans and programs (IEP) and individualized family service plan (IFSP);
  o students’ participation within the general education curriculum, including, but not limited to, academic, non-academic, and extracurricular activities, and in the community, including, but not limited to vocational and independent living training.
  o Early intervention for children, ages 0-2, and preschool, ages 3-5, including working with families and caregivers, and with consideration for natural environments.

The school occupational therapist is knowledgeable about processes for determining eligibility for special education services; the need for related services; and the design and implementation of IEPs. The school occupational therapist, working with other educational professionals and interdisciplinary team members, is able to:
• Implement pre-referral interventions, in support of a student’s participation and performance within the educational context.
• Evaluate student eligibility for early intervention or special education services, and to make referrals, when pre-referral interventions prove ineffective or inadequate.
• Adhere to all established confidentiality and due process policies and procedures.
• Advocate for student access to and participation in the general curriculum, and in the least restrictive environment.

The school occupational therapist is knowledgeable about appropriate and accurate assessment of a student’s occupational and physical abilities and how to determine the need for adaptive equipment, and is able to:

• Complete and evaluate observations and/or screenings of a student’s strengths, problems, and potential issues, within the educational setting.
• Coordinate data-gathering, from record reviews, interviews, checklists, specific observations, and/or collaboration or consultation, to avoid duplication of service(s), and/or assessment(s), including interpretation of medical records and prescriptions, as applied to the educational environment.
• Identify and select appropriate, valid, and reliable assessments to measure contextual factors, activity demands, and student factors, as related to academic achievement.
• Assess a student’s occupational performance, during activities of daily living, including, but not limited to hygiene, functional mobility, eating, dressing, toileting, communication, and meal preparation.
• Assess a student’s performance skills; motor skills, including, but not limited to posture, mobility, coordination, strength and effort, and energy; process skills, including, but not limited to energy, knowledge, temporal organization, organizing space and objects, adaptation; and communication/interaction skills, including, but not limited to body language, information exchange, and relations with others.
• Assess the student’s performance context, as related to cultural, physical, social, personal, temporal, and virtual aspects.
• Assess factors internal to the student, including, but not limited to those physical, cognitive, and psycho-social factors that influence development and performance, and those which interact with illness, disease, and disability.
• Identify environmental factors that can either support or hinder a student’s academic performance.
• Interpret assessment data to develop and refine hypotheses about the student’s academic performance, and effectively communicate, both verbally and in writing, about assessment results, to a variety of audiences, including, but not limited to educators paraprofessionals, parents, and students, as appropriate.
• Use clinical experience, clinical observation, and professional judgment, as well as, assessment data to, within the context of an IEP or individual family service plan (IFSP) team, plan and develop appropriate and targeted student objectives, to be measured regularly, for systematic comparisons of current and past student performance.
• Report regular progress in attainment of the student’s goals and objectives, and make appropriate modifications, as needed, to the student’s IEP or IFSP.

The school occupational therapist is knowledgeable about how to promote student engagement in everyday educational occupations and activities, and how to support student participation in education and community contexts, and is able to:

• Provide appropriate classroom and environmental modifications and accommodations.
• Adapt curriculum, curriculum materials, and presentation style, to the unique fine, visual, sensory, and gross motor needs of each student.
• Integrate appropriate equipment, and/or devices, including low and high technology, to facilitate functional and independent skills, and minimize deficiencies and increased deformity.
• Participate in program or curriculum development, representing the needs of diverse learners, to provide building level interventions, as needed, and as appropriate.
• Identify and utilize intervention approaches, based on documented evidence of research-based best practices.
• Provide school occupational therapy reports to students and families, on a regular basis, coinciding with the school district’s progress reporting schedule and format.

The school occupational therapist is knowledgeable about how to create, communicate, and sustain effective collaborative relationships, with relevant individuals, families, schools, and communities, and is able to:
• Communicate effectively with students, families, teachers, and other professionals, including, but not limited, to those in the private sector, to appropriately plan for meeting a student’s needs and to avoid duplication of service(s).
• Communicate respectfully and sensitively to students and adults.
• Teach, facilitate, coordinate, schedule, and supervise paraprofessionals, other staff members, and family members/guardians, to ensure that IEPs are effectively implemented.
• Facilitate and/or assist in transition of students from one setting to another, in collaboration with students, their families, other educational staff, support-related professionals, and/or community organization representatives, as appropriate.
• Identify and utilize resources and strategies that promote effective partnerships with individuals, families, school personnel, and appropriate community entities.
• Demonstrate the skills needed for the design and application of therapeutic strategies, as based on the defined needs, motivational levels, interests, preferences, and individual backgrounds and characteristics of students.

The school occupational therapist is knowledgeable about ethical and legal standards of the practice of occupational therapy in the State of Colorado, and is able to:
• Address ethical considerations in all student and occupation-related practices.
• Recognize cultural and other biases, and modify IEPs and IFSPs, accordingly.
• Interpret literature and apply documented successful evidence-based research and practice, as related to school occupational therapy.
• Deliver occupational therapy services in accordance with the American Occupational Therapy Association’s standards and policies, and those of the State of Colorado.
• Demonstrate compliance with the most current occupational therapy Code of Ethics for the American Occupational Therapy Association.

This CDE guidance document is meant for clarification, is not legally binding, and is not to be confused with legal advice. This guidance reflects CDE’s recommendations, but Administrative Units (AUs) may have developed their own policies or procedures that differ from those described herein. Be sure to refer to your local AU’s policies and procedures through the Director of Special Education. If you are seeking legal advice, please contact your legal counsel.

The contents of this handout were developed under a grant from the U.S. Department of Education. However, the content does not necessarily represent the policy of the U.S. Department of Education, and you should not assume endorsement by the federal government.

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AUGUST 2015