Continuing School
Occupational Therapy Services
Is a Team Decision

It is with great interest that I read “Direct
Occupational Therapy in the School
System: When Should We Terminate?”
by Susan G. Nesbit (AJOT, September
1993, pp. 845-847) and “Will I See You
in September? A Question of Educa­
tional Relevance” by Anita C. Bundy (AJOT,
September 1993, pp. 848-850). I have
worked in public schools for 11 years. I
have experienced the stress and chal­
lenges of school practice. Some of my
colleagues have left practice because of
the dissonance between our clinically
based training and the educational cul­
ture in which we work. School practice
is significantly different from other areas
of occupational therapy practice. It is
subject to boundaries and interpreta­
tions set by law, namely the Individuals
With Disabilities Education Act (IDEA)
(Public Law 101-476).

Occupational therapy as related
service does not stand on its own. Deci­
sions concerning the student’s educa­
tional program, goals, and services are
team decisions with parents having the
right to appeal any decision. (Interests­
ingly, due process is not addressed by
either author). This is why I disagree
with exit criteria. Exit criteria do not
adequately address educational rele­
vance, teaming, or future plans for the
student (transition planning). School­
based occupational therapy should not
and cannot operate isolated from the
educational setting and with separate
goals. It must have some connection to
students’ school needs. Whether a stu­
dent needs occupational therapy ser­
VICES to benefit from his or her educa­
tional program must be a team
decision. The benefits of the team deci­
sions are integrated relevant pro­
gram that appropriately addresses the
student’s needs.

The question of whether the stu­
dent has had enough direct occupa­
tional therapy should be answered through
the individualized education program
(IEP) process. I realize that this does
not always occur due to factors beyond
our control (e.g., parents reluctant to let
go of a free service their children are
“entitled” to or overworked teachers
who see us as an extra pair of hands).

Dr. Bundy points out that educa­
tional relevance is complex. I agree. I
also believe that school-based occupa­
tional therapists must take a proactive
stance striving for educational relevance
through best practices that begin at re­
erral and continue through assessment,
goal identification, and intervention
planning levels. For example, the in­
structional goals we support must re­

tect an integrated, unified team ap­
proach and our intervention plans must
address the student’s educational goals
in the least restrictive manner. We must
have the student’s future in mind. Plan­
ing and training for the students’ transi­
tion from school to work must start at
the elementary-school level to assure
self-esteem and empowerment and
preparation for adult life. Using a for­
ward-thinking framework that considers
the needs of students across the life
span can assist us with teaming with
teachers and parents.

The specialty of school-based prac­
tice within occupational therapy is com­
ing into its own. The establishment of
the School System Special Interest Sec­
tion gives us a forum in which to ex­
change ideas and information and con­
tinue to develop educationally relevant
practice. I look forward to it and hope
more school-based occupational ther­
apists will write articles such as those by
Ms. Nesbit and Dr. Bundy.

Miriam Struck MA, OTR/L
Silver Spring, Maryland

Reference

Individuals With Disabilities Educa­

Flow Chart Helps in Deciding
Whether School Occupational
Therapy Services Should Be
Continued

Occupational therapists have been a
part of educational systems and educa­
tional programs for students for many
years now. The articles by Susan G. Nes­
bit (“Direct Occupational Therapy in the
School System: When Should We Termi­
845-847) and Anita C. Bundy (“Will I
See You in September? A Question of
Educa­
tional Relevance” September 1993
AJOT, pp. 848-850) highlight what
those of us in public schools already
know—that there is still confusion over
our role.

Guidelines and criteria for service
are two types of instruments that have
been developed to assist in clarification
of our role in schools. It is important
to note differences between them. Guide­
lines imply some latitude in the service
determination, and criteria are usually
tied to cut-off scores or ranges of scores
and are usually dependent on the char­
acteristics of the student. Guidelines are
more in keeping with the requirements
of the Individuals With Disabilities Educa­
tion Act (Public Law 101-476). How­
ever, when guidelines are applied to
decision-making or recommendation, they
are often interpreted in various ways.

In Maryland Guidelines for Occu­
palional Therapy and Physical Ther­
apy Services in Public Schools, de­
veloped by the Four County OT/PT Task
Force, we developed a problem-solving
flow chart to determine a student’s need
for service. Differing from any of
the others that the task force reviewed,
the flow chart begins by defining the
areas of educational need that therapy
could support, describes the student
characteristics that may indicate a need
for therapy, and then delineates rule­
out factors that, if present, would mean
that no service is needed. This flow
chart has been used for many years by
therapists in our state who report that it
is useful not only to them, but also in
furthering the understanding of parents,
teachers, and administrators. It has
helped us focus on the question, “Why
do we need to continue service?”

The above-mentioned flow chart
does not address the question of type
of service. I believe that this is a nec­
essary omission, which fits well with Dr.
Bundy’s description of direct or moni­
tor as a service attempting to change
the student to fit the environment ver­
sus consultation as a service attempting
to change the environment to fit the
student.

Far-reaching consequences result
from unnecessary continued therapy
services: tax dollars are spent unwisely;
a shrinking pool of available therapists
causes vacancies to go unfilled; thus
needy students and clients are not
served or are underserved. AJOT is to