What Is the Problem With Third-Party Prescription in School-Based Practice?

O
f the many issues that emerge when talking with therapists about school-based practice, one of the most critical has to do with third-party agents (physicians, private practice occupational therapists based in medical facilities, etc.) performing independent evaluations for children with special needs and rendering a prescription for occupational therapy services to be provided by the public school setting. The focus of this article is on prescription for practice in school-based occupational therapy and the problems therein.

Parents have the right to obtain evaluations from professionals not affiliated with the school system, and this right is one of the many safeguards built into the Individuals With Disabilities Education Act of 1990 (IDEA, Public Law 101-476) to protect the rights of children with special needs. The aim of this legislation is to provide unbiased and independent identification of a child’s level of functioning. However, what was intended by the law, namely, safeguarding children’s rights, is not happening in many cases brought to my attention.

Many independent or third-party evaluations, or at least the ones I have seen, focus primarily on the performance components concerning a particular student. The independent evaluations typically do not address performance of the student in context of his or her learning environment (i.e., the classroom). Furthermore, such independent evaluations usually do not include interview data from teachers, bus drivers, lunchroom aides, or other pertinent personnel who may have first-hand knowledge and understanding of that student and how he or she engages in occupational roles in the school setting. Such independent evaluations seem relatively narrow in focus because they evaluate only one domain within occupational therapy—performance components.

A situation typical of the scenario underpinning third-party evaluation is illustrated by a recent phone call I received from a school-based occupational therapist. He reported that his school system was preparing for a due process hearing between the school district and the parents of a student in special education. The point of contention was what the school-based occupational therapist, in conjunction with the individualized education program (IEP) team, recommended for this particular student versus what the student’s parents wanted. The IEP team members recommended that the student receive occupational therapy services within the context of the classroom with environmental modifications to promote postural stability and attention, whereas the parents wanted individual pull-out sensory integrative therapy.

In this case, the IEP team’s recommendations were in marked contrast to those secured from the independent, parent-obtained evaluator, who happened to be an occupational therapist certified in sensory integration testing. The independent evaluation focused on the student’s sensory integrative function, identifying dysfunctions within performance components such as visual motor and motor planning, but did not discuss application of the findings regarding performance components to the student’s learning. The independent evaluator typically recommends individual occupational therapy services three times a week for 45 minutes a session. At the hearing, the parents insisted on receiving such services for their child within the school and that the services be provided by a therapist certified by Sensory Integration International (SII).

I believe that school-based occupational therapists have a broad view of a client’s strengths and weaknesses. They typically consider performance context (the student in the classroom) and occupational roles (other ways that the stu-

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Charlotte Brasic Royeen, PhD, OTR, FAOTA, is Professor and Assistant Dean for Research, School of Pharmacy and Allied Health Professions, Creighton University, 2500 California Plaza, Omaha, Nebraska 68178. At the time of writing this article, she was Professor and Founding Chair, Program in Occupational Therapy, Shenandoah University, Winchester, Virginia, and Faculty Emeritus, Sensory Integration International.

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may see school-based occupational therapy differently. They 
non­school-based occupational therapists may perceive school-based 
practice as something less valuable than practice that consists of hands­on, 
in highly specialized settings. Further, I believe that 
many parents are being given well­intentioned but misleading recommendations 
and prescriptions from third­party evaluators. To focus solely on improving a 
student's sensorimotor performance components, although well intended, 
often detracts from a more appropriate focus on the student's psychosocial per­
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