Team Collaborative Practices Between Teachers and Occupational Therapists

Karin J. Barnes, Keith D. Turner

Key Words: disabled persons • education, special • school-based occupational therapy

Objective. A descriptive, correlational study using a survey instrument and record review was designed to describe collaboration practices between teachers and occupational therapists in public schools and to explore relationships of these practices to individual education plan (IEP) objectives and teachers’ perceptions of occupational therapy contributions to student skill development.

Method. Forty teachers of students who receive occupational therapy comprised the sample. Descriptive statistics and Spearman rank order correlations were used to describe the practices and to determine associations among the variables.

Results and Conclusions. The findings indicated that teachers and occupational therapists were using collaborative team practices, such as jointly developing goals and objectives, collaboration within the classrooms, jointly monitoring interventions, and jointly reviewing student progress. However, scheduling team meetings was difficult. The majority of respondents stated that occupational therapy contributed to student skill development, and as collaboration practices increased, the teachers’ perceptions of occupational therapy contribution to student skill development increased. A significant negative correlation was found between the percentage of IEP objectives met variable and three collaborative variables—team meetings, reviewing progress, and develop goals and objectives. This finding indicated that as the frequency of these team processes increased, fewer objectives were met.


The manner in which public school teachers, occupational therapists, and other related-service personnel communicate and coordinate their combined services for students with disabilities is considered to be an important factor in educational outcomes (McWilliam, 1996; Thousand & Villa, 1992). Frequently, the needs of students with disabilities are so complex that the involved personnel must rely on each other to share expertise in order to provide appropriate and comprehensive educational programs (Giangreco, 1996). Successful collaboration among teachers and related-service personnel has been described as essential for effective intervention to occur in today’s educational environment (Villa, Thousand, Nevin, & Malgeri, 1996).

Team collaboration may be defined as the formal and informal interactive processes among teachers and related-service personnel for planning, development, and monitoring of interdisciplinary interventions. Team collaboration involves development of goals and objectives, initiation of instructional strategies, collaborative monitoring of these
strategies, and reviewing of team efforts as related to educational outcomes. These team practices may occur within students’ educational environments as well as during formal team meetings. Collaboration among team members augments efficient interdisciplinary interventions and provides a means for accountability among members (Demchak, Alden, Bergin, Ting, & Lacey, 1995).

Few studies, however, have been conducted to describe the collaborative processes among teachers and related-service personnel, including occupational therapists. Cross, Collins, and Boam-Wood (1996) surveyed the collaborative practices of 200 teachers and related-service personnel in Kentucky. They found that 65% of the occupational therapists in their sample worked on a team to deliver services to students. In a study of occupational therapy practices in Michigan public schools, Powell (1994) found that more than 96% \((n = 136)\) of her respondents were involved in team decision making, working with educational personnel, communicating with team members, and program planning. The actual manner in which occupational therapists interacted with teachers about student interventions was not reported in either study.

Inge and Snell (1985) described an example of a successful application of collaboration among two special education teachers and an occupational therapist. A multiple-baseline–across-skills design was used to document the development of the teachers’ skills in positioning and handling techniques for students with severe disabilities. The teachers and occupational therapist collaboratively developed classroom positioning and handling procedures to be used by the teachers and discussed corrections or alterations to the procedures after implementation. Written instructions provided additional guidance for the teachers when the occupational therapist was not present. Data indicated that both teachers performed the skills at the 100% criterion level after the procedural development and throughout follow-up maintenance probes.

Giangreco (1996) described a formalized program of a consensus decision-making process for educators, parents, administrators, and related-service providers in the development of educational programs for students in special education. This program—the Vermont Interdependent Services Team Approach (VISTA)—was designed to “operationalize collaborative teamwork as it pertains to educational support service decision making” (Giangreco, 1996, p. 136). An important characteristic of VISTA is that learning outcomes are based on the student’s educational needs and are considered to be “discipline free.” VISTA teams collectively consider interrelationship among disciplinary recommendations and explore gaps and overlaps of these recommendations.

Giangreco, Edelman, Luiselle, and MacFarland (1996) investigated (a) document changes in support service recommendations on the basis of the VISTA process, and (b) the team members’ perceptions of the service delivery decision-making issues. Data were collected on 11 students in four states. Seventy-five educational team members participated in the study, and of these, 33 were related-service providers. The results of this pretest–posttest study showed that the team members using the VISTA process were in 100% agreement (posttest) about which services were needed by specific students, following a pretest average of 61.6% agreement. Additionally, the results showed that participants felt confident that their team was able to avoid gaps and overlaps, make collective decisions, avoid contradictory recommendations, share common information, and involve general education members and family members in the decision-making process. Interpretation of these data is limited in that only 11 teams were studied and were guided through the team process by the researchers.

The literature illustrates that collaborative team practices are considered important for services to students with disabilities and are beginning to be used within classroom settings and in team meetings (Barnes, Schoenfeld, & Pierson, 1997; Cross et al., 1996). The relationship of these practices to educational outcomes, however, has not been explored (Case-Smith & Cable, 1996; Evans, 1991; Rainforth, York, & Mcdonald, 1992; Rourk, 1996). Further research is needed to describe team practices and to determine their relationship to educational outcomes (Giangreco et al., 1996). An understanding of any relationship of these practices to student skill development would provide a basis for the development of effective student interventions and team interactions.

The first purpose of the present study was to describe the collaborative team practices between teachers and occupational therapists in one school district. The second purpose was to explore relationships between these team practices and student individual education plan (IEP) goals met and between team practices and teacher perceptions of occupational therapy contributions to student skill development.

Method

Design

The study involved a descriptive, correlational research design, using a survey instrument and record review as data sources. The outcome variables were (a) the percentage of IEP objectives met and (b) teachers’ perceptions of the occupational therapy contributions to student skill development. The collaborative team variables were the following six practices: (a) collaboration for goal and objective development, (b) time allotted for classroom collaboration, (c) monitoring of occupational therapy–related services by teacher, (d) monitoring of occupational therapy–related services by occupational therapist, (e) collaborative reviewing of student progress, and (f) frequency of team meetings.

Sample

Forty teachers of students who received occupational therapy services, as indicated on the students’ IEP files, partici-
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The four-part Teacher Questionnaire About Occupational Therapy With Special Education Student was developed for use in this study. Part I contained items about occupational therapy service delivery practices for students; this section is not reported in this article. Part II contained six scales about six collaborative team practices between the teachers and occupational therapists (see Appendix). These scales represented continuums from least collaborative occurrence to most collaborative occurrence for each team practice. The continuum for each practice was ranked on a 5-point Likert scale. The items were developed from the works of Demchak et al. (1995), who articulated these practices in a checklist about team interaction among teachers and related-service personnel.

Part III instructed respondents to rank the occupational therapy contribution to the students' skill development on a 5-point Likert scale. The items were developed from the works of Demchak et al. (1995), who articulated these practices in a checklist about team interaction among teachers and related-service personnel.

Part IV requested information on the number of years taught. Additionally, written comments from the respondents are provided further input about the clarity and importance of each questionnaire item. Each person was asked to rate the statement, “This question covers an important topic to be researched in occupational therapy services in public schools,” on a scale of 1 (strongly disagree) to 5 (strongly agree). Additionally, each person was asked to rate the statement, “This question covers an important topic to be researched in occupational therapy services in public schools,” on a scale of 1 (strongly disagree) to 5 (strongly agree). Their input was positive, with an overall mean score of 4.7 for importance and 4.5 for clarity.

In addition to the four-part questionnaire, data were obtained from the students' IEP files. The following data were collected: demographic information about the student, weekly amount of occupational therapy services provided, IEP objectives, and whether the IEP objectives were met or unmet at the end of the school year.

The study was conducted in a major metropolitan school district in Texas. Questionnaires were distributed directly to the sample by the first author. Each respondent privately completed a questionnaire about the selected student in his or her class who received occupational therapy. Independently, the first author reviewed student IEP files.

Results

Descriptive statistics and correlations among the team collaborative practice variables and the two outcome variables (i.e., percentage of IEP objectives met, occupational therapy contribution to skill development) are presented. Additionally, written comments from the respondents are summarized.

Team Collaborative Practice Variables

Table 2 shows the percentage of teachers who responded in each Likert category (1 = least collaborative occurrence, 5 = most collaborative occurrence) for the six team practices. Results indicate that teachers and occupational therapists collaborated in a variety of practices. For the teacher monitoring variable, 45% of the respondents frequently or always monitored therapy-related interventions, whereas 35% rarely or never monitored interventions. For the occupational therapy monitoring variable, 40% of respondents indicated that occupational therapists frequently or always monitored therapy-related interventions, as opposed to 20% indicating rarely or never. Respondents indicated for the reviewing progress variable that in 47.5% of the cases, they frequently or always reviewed student progress with the occupational therapist, whereas 10% indicated rarely or never reviewing progress with the therapist.

Before the instrument was used in this study, four university occupational therapy faculty members reviewed the questionnaire. All indicated that the questionnaire items had face validity and were considered important in public school practice; additionally, the format was considered easy to use. Eight public school teachers who worked with occupational therapists and six public school occupational therapists provided further input about the clarity and importance of each questionnaire item. Each person was asked to rate the statement, “This question is clearly written, and I can distinguish between the choices,” on a scale of 1 (strongly disagree) to 5 (strongly agree). Additionally, each person was asked to rate the statement, “This question covers an important topic to be researched in occupational therapy services in public schools,” on a scale of 1 (strongly disagree) to 5 (strongly agree). Their input was positive, with an overall mean score of 4.7 for importance and 4.5 for clarity.

Table 1

Student Demographics

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Number of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly amount of occupational therapy ($n = 40$)</td>
<td></td>
</tr>
<tr>
<td>&lt; 0.5 hr</td>
<td>10</td>
</tr>
<tr>
<td>0.5 hr</td>
<td>21</td>
</tr>
<tr>
<td>0.75 hr</td>
<td>3</td>
</tr>
<tr>
<td>1.0 hr</td>
<td>14</td>
</tr>
<tr>
<td>Not reported</td>
<td>1</td>
</tr>
<tr>
<td>Special education classifications as reported on IEP ($n = 47$)</td>
<td></td>
</tr>
<tr>
<td>Auditory, hearing, or visual impairment</td>
<td>6</td>
</tr>
<tr>
<td>Multiple disabilities</td>
<td>3</td>
</tr>
<tr>
<td>Traumatic brain injury</td>
<td>2</td>
</tr>
<tr>
<td>Mental retardation</td>
<td>4</td>
</tr>
<tr>
<td>Noncategorical</td>
<td>5</td>
</tr>
<tr>
<td>Learning disabilities</td>
<td>5</td>
</tr>
<tr>
<td>Autism</td>
<td>6</td>
</tr>
<tr>
<td>Orthopedic impairments</td>
<td>9</td>
</tr>
<tr>
<td>Other health impairments</td>
<td>14</td>
</tr>
<tr>
<td>Speech impairments</td>
<td>36</td>
</tr>
</tbody>
</table>

Note. Some students had more than one classification. Mean number of classifications was 1.9. IEP = individual education plan.
Lesser collaborative efforts were noted in several practices. For the developing goals and objectives variable, respondents indicated that in 45% of the cases, they never or occasionally developed goals and objectives collaboratively. Forty percent indicated that time was never or rarely included during classroom schedules for collaboration with the occupational therapist. Lastly, team meetings appeared to be the least collaborative variable, showing a 15% response rate for frequently and regularly held team meetings and a 35% response rate for rarely or never held team meetings.

Cronbach’s alpha (coefficient alpha) was computed to determine whether the team variables could be grouped to obtain one overall Team Collaboration scale score to be used in the correlation with the student outcome variables. Cronbach’s alpha is a “reliability index that estimates internal consistency or homogeneity of a measure composed of several items or subparts” (Polit & Hungler, 1985, p. 383). A coefficient alpha score of .88 was obtained ($M = 3.41, SD = .86$). This coefficient indicated that the relationship among the variables was strong enough to allow for a representative overall score for team collaboration practices.

**Percentage of IEP Objectives Met**

End-of-year IEP objective results were reported for 33 students from the list of 40 receiving occupational therapy. The mean number of IEP objectives listed per report was 28 (range = 2–89). Mean percentage of IEP objectives met per student was 61% (range = 0%–100%).

**Occupational Therapy Contributions to Skill Development**

The respondents’ perceptions of occupational therapy contributions to student skill development were measured on the questionnaire. The teachers were asked to respond to the following statement for each skill area: “Occupational therapy services have contributed to the skill development of this student in [academic, social/behavioral, transitional, home, work/vocational, preacademic/prerequisite skills].” Table 3 shows the percentage of respondents ranking their agreement with this statement (1 = strongly disagree, 5 = strongly agree). Data indicate that respondents agreed with the statement regarding occupational therapy as contributing to skill development in all six areas, with strongest agreement in academic and preacademic/prerequisite skills.

Cronbach’s alpha was used to determine whether all skill area variables could be grouped into one overall score. A coefficient alpha of .89 was obtained ($M = 3.41, SD = .86$). This coefficient indicated that the relationship among the variables was strong enough to allow for a representative overall score for the skill development area.

**Correlations Between Collaborative and Student Outcome Variables**

Table 4 shows data of the Spearman rank order correlations between the team collaboration practice variables and the overall scores for percentage of IEP objectives met and occupational therapy contribution to skill development. Of the 14 correlations, 9 were at or above $\rho = .34$. Of the correlations between the team collaborative practices variables and percentage of IEP objectives met variable, only 3 (developing goals and objectives, reviewing progress, team meetings) were significant ($p < .05$), and these had negative correlations of $\rho \geq -.34$. These negative correlations indicate that as the level of collaboration increased for these variables, the number of IEP objectives met decreased.

All correlations between team collaborative practice variables and the occupational therapy contribution to skill development variable were positive. The develop goals and

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**Table 2**

**Respondents’ Ratings of Occupational Therapy for Six Team Collaboration Practices**

<table>
<thead>
<tr>
<th>Team Collaboration Practice</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop goals and objectives ($M = 2.98, SD = 1.35$)</td>
<td>15</td>
<td>30</td>
<td>12.5</td>
<td>27.5</td>
<td>15</td>
</tr>
<tr>
<td>Time for class collaboration ($M = 2.93, SD = 1.47$)</td>
<td>25</td>
<td>15</td>
<td>22.5</td>
<td>17.5</td>
<td>20</td>
</tr>
<tr>
<td>Teacher monitoring ($M = 3.08, SD = 1.21$)</td>
<td>20</td>
<td>15</td>
<td>20</td>
<td>27.5</td>
<td>17.5</td>
</tr>
<tr>
<td>Occupational therapist monitoring ($M = 3.25, SD = 1.21$)</td>
<td>12.5</td>
<td>7.5</td>
<td>40</td>
<td>22.5</td>
<td>17.5</td>
</tr>
<tr>
<td>Reviewing progress ($M = 3.53, SD = 1.04$)</td>
<td>5</td>
<td>5</td>
<td>42.5</td>
<td>27.5</td>
<td>20</td>
</tr>
<tr>
<td>Team meetings ($M = 2.63, SD = 1.03$)</td>
<td>20</td>
<td>15</td>
<td>50</td>
<td>12.5</td>
<td>2.5</td>
</tr>
</tbody>
</table>

*Note. N = 40.*

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**Table 3**

**Respondents’ Ratings of Occupational Therapy’s Contribution to Skill Development**

<table>
<thead>
<tr>
<th>Skill Area</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic</td>
<td>7.5</td>
<td>7.5</td>
<td>22.5</td>
<td>47.5</td>
<td>15</td>
</tr>
<tr>
<td>Social/behavioral</td>
<td>10</td>
<td>12.5</td>
<td>30</td>
<td>40</td>
<td>7.5</td>
</tr>
<tr>
<td>Transitional</td>
<td>7.5</td>
<td>7.5</td>
<td>32.5</td>
<td>37.5</td>
<td>15</td>
</tr>
<tr>
<td>Home</td>
<td>10</td>
<td>5</td>
<td>45</td>
<td>30</td>
<td>10</td>
</tr>
<tr>
<td>Work/vocational</td>
<td>7.5</td>
<td>2.5</td>
<td>37.5</td>
<td>42.5</td>
<td>10</td>
</tr>
<tr>
<td>Preacademic/prerequisite</td>
<td>10</td>
<td>5</td>
<td>22.5</td>
<td>47.5</td>
<td>15</td>
</tr>
</tbody>
</table>

*Note. N = 40.*

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*Percentage of respondents ranking their agreement to the statement about occupational therapy contributions to skill areas from strongly disagree (1) to strongly agree (5).*
informal nature of collaboration in this manner: frequently but informally and without scheduling, in the
example: “We meet frequently but informally and without scheduling, in the office, the hall, etc.” Another respondent summarized the
informal nature of collaboration in this manner:

I have a satisfactory working relationship with the OT at this school, and we communicate frequently and brainstorm together as the student involved has many needs in the area of sensory integration and self-help. We do not have as many formal meetings as we would like, but we try to discuss problems as often as we can.

Yet another respondent stated, “The OT and I talk whenever we can meet. Nothing is scheduled. The OT is great at listening to my concerns.”

Some comments indicated that the teachers desired more collaboration time, for example: “I wish our schedules allowed for time to collaborate and plan more”; “I was not satisfied with the amount of time the OT and I had to discuss the student’s progress and techniques”; and “more collaboration time would be a definite plus.”

**Written Comments**

Eighteen respondents wrote comments about the relationship of team collaboration practices to student outcomes and to teacher satisfaction with occupational therapy services. Frustration in scheduling and convening formal collaborative meetings were voiced by several respondents, for example: “I wish the OT [occupational therapist] could come during my conference time occasionally, but because of scheduling conflicts and the OT’s high caseload, this is not possible.” The respondents noted that the infrequent team meetings were not the fault of any member but, rather, were due to travel time, high caseloads, and conflicting schedules.

Respondents considered informal collaborative interactions to be important and used these more frequently than the informal meetings, for example: “We meet frequently but informally and without scheduling, in the office, the hall, etc.” Another respondent summarized the informal nature of collaboration in this manner:

I have a satisfactory working relationship with the OT at this school, and we communicate frequently and brainstorm together as the student involved has many needs in the area of sensory integration and self-help. We do not have as many formal meetings as we would like, but we try to discuss problems as often as we can.

Yet another respondent stated, “The OT and I talk whenever we can meet. Nothing is scheduled. The OT is great at listening to my concerns.”

Some comments indicated that the teachers desired more collaboration time, for example: “I wish our schedules allowed for time to collaborate and plan more”; “I was not satisfied with the amount of time the OT and I had to discuss the student’s progress and techniques”; and “more collaboration time would be a definite plus.”

**Discussion**

The results of this study show that the teachers and occupational therapists were using collaborative team practices for students with disabilities. In particular, the teachers and occupational therapists collaborated and reviewed occupational therapy-related interventions frequently. The respondents’ written comments indicated that collaborative team practices were frequently conducted informally and within immediate school areas, such as classrooms, offices, and hallways. Successful problem-solving strategies for students were developed through these discussions. In contrast, formal team meetings appeared to be difficult to implement for many teachers and therapists, as only 15% of the respondents indicated that they were able to frequent or regularly meet. The respondents also voiced frustration about the infrequency of formal meetings and the difficulty in scheduling meetings with the occupational therapists.

The literature states that collaborative team practices augment educational outcomes (Cross et al., 1996; Demchak et al., 1995; Villa et al., 1996). The results support the literature because the outcome variable of occupational therapy contribution to skill development showed a significant positive correlation with five of the six collaborative team practices. This finding indicates that as the occurrence of collaborative teaming increased, teachers’ perceptions of occupational therapy contributions to student skill development increased. This positive correlation suggests that collaborative team practices be considered intricate components of educational programming for students with disabilities and may be influential factors for educational outcomes.

Three collaborative variables—team meetings, reviewing progress, and develop goals and objectives—had significant negative correlations with the outcome variable, percentage of IEP objectives met, indicating that as the level of collaboration increased, the number of IEP objectives met decreased. In other words, when teachers and occupational therapists were able to have frequent and regularly scheduled formal meetings, plan objectives, and review progress, the number of IEP objectives met actually decreased. This interesting finding suggests that the frequency of these more formal team processes increased, more scrutiny of and accountability for IEP objectives occurred, resulting in fewer met objectives. This explanation may account for the concurrent positive correlation between the outcome variable of occupational therapy contribution to skill development and the team meeting variable because respondents believed that frequent and regular team meetings were beneficial to student outcomes despite the apparent decrease in IEP objective attainment.

When several disciplines work together for the complex needs of students with disabilities, collaborative practices are considered vital to accomplish the related educational outcomes (American Occupational Therapy Association [AOTA], 1997). These practices should not be left to chance encounters among the disciplines involved. The present study shows that collaborative team practices

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**Table 4**

<table>
<thead>
<tr>
<th>Collaboration Variable</th>
<th>Percentage of Objectives Met</th>
<th>Occupational Therapy Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop goals and objectives</td>
<td>−.41*</td>
<td>.28 ns</td>
</tr>
<tr>
<td>Time for class collaboration</td>
<td>−.09 ns</td>
<td>.42**</td>
</tr>
<tr>
<td>Teacher monitoring</td>
<td>−.005 ns</td>
<td>.50**</td>
</tr>
<tr>
<td>Occupational therapist monitoring</td>
<td>−.17 ns</td>
<td>.71**</td>
</tr>
<tr>
<td>Reviewing progress</td>
<td>−.37*</td>
<td>.55**</td>
</tr>
<tr>
<td>Team meetings</td>
<td>−.46*</td>
<td>.34*</td>
</tr>
<tr>
<td>Team Collaboration scale score</td>
<td>−.30 ns</td>
<td>.62**</td>
</tr>
</tbody>
</table>

*Note. ns = not significant. *p < .05. **p < .01.

Objectives variable had a correlation of rho = .28 and was not significant (p > .05). The remaining six variables were at rho ≥ .34 and were significant, indicating that as the level of collaboration increased, the teachers’ perceptions of occupational therapy contributions to student skill development increased.
are valuable endeavors for teachers and occupational therapists. School administrators should develop collaborative team opportunities within informal school settings as well as during formal meetings.

The results of this study are preliminary in nature and limited due to the use of only one school district. Because the IEP objectives were reported as met or unmet (instead of percentage met), the sensitivity to changes in students’ skills may have been decreased. Future researchers of the relationship of team practices to educational outcomes may be advised to use IEP percentage measurements.

These results support best practices for team interactions called for in special education and occupational therapy literature (AOTA, 1997; Giangreco, 1996). Teachers’ opinions about occupational therapy contribution to student skill development may be considered important educational outcomes because IEP objectives can be difficult to quantify as outcome measures. The positive correlation between teachers’ perceptions of occupational therapy contributions to skill development and collaborative team practices suggests that successful education outcomes may be influenced by collaborative efforts. This study shows that further research efforts may be directed toward the means by which school districts can foster collaborative teaming among teachers and occupational therapists. ▲

Acknowledgment
This article is based on the first author’s doctoral dissertation from the University of Texas at Austin, Department of Special Education.

Appendix
Teacher Questionnaire About Occupational Therapy With Special Education Student (Excerpted)

Part II: Team Collaboration Practices

VI. Circle the number above the sentence that best describes how much the occupational therapist and you work together to develop goals and objectives of occupational therapy–related interventions for this student.

1. You and the occupational therapist never develop goals and objectives as a team effort.
2. You and the occupational therapist occasionally develop goals and objectives as a team effort.
3. You and the occupational therapist develop about half of the goals and objectives as a team effort.
4. You and the occupational therapist develop most goals and objectives as a team effort.
5. You and the occupational therapist develop all goals and objectives as a team effort.

VII. Circle the number above the sentence that best describes time for classroom collaboration between you and the occupational therapist for this student.

1. Time is never included during classroom schedule for collaboration with occupational therapist.
2. Time is rarely included during classroom schedule for collaboration with occupational therapist.
3. Time is occasionally included during classroom schedule for collaboration with occupational therapist.
4. Time is frequently included during classroom schedule for collaboration with occupational therapist.
5. Time is always included during classroom schedule for collaboration with occupational therapist.

VIII. Circle the number above the sentence that best describes the teacher’s (your) monitoring of the implementation of occupational therapy–related intervention for this student. (Do you watch the intervention to see how it is conducted and provide input if needed?)

1. The quality of occupational therapy–related intervention is never monitored by you.
2. The quality of occupational therapy–related intervention is rarely monitored by you.
3. The quality of occupational therapy–related intervention is occasionally monitored by you.
4. The quality of occupational therapy–related intervention is frequently monitored by you.
5. The quality of occupational therapy–related intervention is always monitored by you.

IX. Circle the number above the sentence that best describes the occupational therapist’s monitoring of the implementation of occupational therapy–related intervention for this student. (Does the occupational therapist watch the intervention to see how it is conducted and provide input if needed?)

1. The quality of occupational therapy–related intervention is never monitored by the occupational therapist.
2. The quality of occupational therapy–related intervention is rarely monitored by the occupational therapist.
3. The quality of occupational therapy–related intervention is occasionally monitored by the occupational therapist.
4. The quality of occupational therapy–related intervention is frequently monitored by the occupational therapist.
5. The quality of occupational therapy–related intervention is always monitored by the occupational therapist.

X. Circle the number above the sentence that best describes the process of reviewing progress of occupational therapy–related intervention for this student.

1. Student progress in occupational therapy–related intervention is never reviewed by both you and the occupational therapist.
2. Student progress in occupational therapy–related intervention is rarely reviewed by both you and the occupational therapist.
3. Student progress in occupational therapy–related intervention is occasionally reviewed by both you and the occupational therapist.
4. Student progress in occupational therapy–related intervention is frequently reviewed by both you and the occupational therapist.
5. Student progress in occupational therapy–related intervention is always reviewed by both you and the occupational therapist.

XI. Circle the number above the sentence that best describes team meetings that include you and the occupational therapist for this student. (Note: Other people may be present, too.)

1. Team meetings including you and the occupational therapist are never held.
2. Team meetings including you and the occupational therapist are rarely held.
3. Team meetings including you and the occupational therapist are occasionally held.
4. Team meetings including you and the occupational therapist are frequently held.
5. Team meetings including you and the occupational therapist are always held.

Note. From Relationship of Occupational Therapy Services to Special Education Outcomes (pp. 118–120), by K. J. Barnes, 1999, University of Texas at Austin. Copyright 1999 by Karin J. Barnes. Adapted with permission.
References


