



Standard Program and Service Evaluation Template

(Board of Education Approved on June 1, 2004)

I. Program/Service Information

Evaluation Question:

Does the frequency of occupational therapy service delivery models (direct, consult, combination) differ across region?

Name of Program or Services:

Occupational Therapy, Related Services.

Personnel Responsible for Evaluation (list):

Steve Taff, Area Coordinator, OT/PT/APE.

Date of Evaluation (Year/Duration):

January- June 2005

Goal/Objective of Program/Services:

The occupational therapy team (occupational therapist (OT) and certified occupational therapy assistant (COTA)) uses purposeful, goal-directed activities to enable a student with a disability to benefit from an individualized education program. Specifically, occupational therapy is designed to assist in the development of skills that are prerequisites for academic learning within the educational setting. Depending on the student, occupational therapy may include improving fine and gross motor skills, sensory-motor processing, adapting environments, organizing and using materials appropriately, and developing dressing and feeding skills appropriate to each unique learning environment.



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Brief description of relationship between program goals, CSIP and MSIP Standards:

CSIP Goal:

Related Services Goal #1: Improve Student Performance Levels; Objective #8:

Develop and implement a comprehensive staff development plan for all employees;

Strategy #1: Develop and implement a comprehensive staff development plan for all OT/PT/APE staff.

MSIP Standard:

- 6.7 Professional development is an integral part of the educational program and all school improvement initiatives.
- 6.7.1 The district provides intensive, on-going professional development activities that address curriculum and the instructional practices related to student achievement issues identified in the Comprehensive School Improvement Plan (CSIP).

Demographic Description of Program:

Location(s):

Occupational Therapy is a countywide program. OT is defined as a related service under IDEA and is available only when a student has a previously existing special education diagnosis. OT may be added by IEP team decision following evaluation by a licensed occupational therapist. This program evaluation covers elementary school age programs only (K-5). Grades K-5 have the largest proportion of school age students receiving occupational therapy services (comprising approximately 80% of the total number of students K-Age 21 receiving OT services). Grades 6-Age 21 also tend to have far fewer students receiving occupational therapy services, and those that do are more likely to have consultative services only due an increased focus on adaptation and modification.



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Early childhood occupational therapy services are offered under a different program.

Number of staff:

Area Coordinator

Effective Practice Specialists (2)

Secretaries (2; both secretaries serve all three (OT, PT, and APE) departmental programs)

Occupational Therapists (79)

Occupational Therapy Assistants (9)

Total staff: 93

Participants:

Occupational therapy services are available- provided the student has an existing special education diagnosis and pending IEP team decision- countywide to any student who requires the service to benefit from special education programming. In the 2004-2005 school year, a total (K-Age 21) of 3,450 students received some level of occupational therapy service (757 in the South, 963 in the West, 639 in the Central, 651 in the North, and 440 in the Special Education Schools).

Length of program/service:

Occupational therapy services are available throughout each school year; upon qualification, occupational therapy may also be provided during extended school year programs. There are six primary service delivery models that SSD OT's utilize: (1) direct in the special education setting, (2) direct in the general education setting, (3) direct in both special education and general education settings, (4) direct in special education setting + consult, (5) direct in the general education setting + consult, and (6) consult services only (with no direct component). Please refer to Appendix A for a graphic depiction of OT service delivery survey results.



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II. Description of Stakeholders Engagement in Program Evaluation (check stakeholders utilized):

SSD Staff:

Steve Taff, Area Coordinator OT/PT/APE; Donna Roettger, Effective Practice Specialist OT/PT/APE; Teri Toler, Effective Practice Specialist OT/PT/APE; Marty Woytus, Area Coordinator-Rockwood; Kim Buenger, SSD Classroom Teacher/IEP Chairperson- Lindbergh; Joan Marentette and Aimee Kappler, SSD PT's; Tricia Reh, SSD OT; Deb Freund, SSD APE.

Community:

Patti Lavesser, PhD, Professor, Washington University School of Medicine, Program in Occupational Therapy; several parents were invited to participate, but none accepted the offer.

III. Evaluation Criteria for Programs/Services Offered (check type utilized)

- 1) IEP Data.
- 2) Departmental Monthly Reports.

IV. Data Collection Methodology (examples)

Data was collected from a staff survey (79 occupational therapists) regarding service delivery models. Therapists gathered information from monthly reports and IEP review. Return rate was 99 %.

- 1) Staff survey- Service delivery models (distributed January 2005; please see Appendix B).



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- 2) Document review- Departmental monthly reports (please see Appendix C).
 - 3) IEP and classlist analysis (for every student receiving occupational therapy in the K-5 age group).

V. Results

Time spent on program evaluation:

Approximately 78 hours.

Strengths of program/service:

Occupational therapists in the partner districts are utilizing less restrictive and more collaborative service delivery approaches (service delivery models that occur either in the general education setting and/or utilize a consultative component) with a fair degree of consistency (35.7% in the South region, 44.6% in the West, 44.1% in the Central, and, to a lesser extent, 25.0% in the North).

Concerns regarding program/service:

In general, the consultative service model is not being utilized enough. Current research in school-based occupational therapy has not established an ideal amount, or proportion, of consultative services, but has indicated that the consultative model has a demonstrated efficacy in the limited number of studies performed. A consultative service component is considered vital in promoting generalization of skills that support students throughout each school day. Without a consultative component, students may perform certain skills only in the context of therapy sessions, and not carry these skills into situations where the itinerant therapist is not present. 2004-2005 is the first year SSD's OT/PT/APE department has collected data in this manner; therefore the data utilized for this program evaluation will serve in a baseline capacity.

The number of students receiving only direct services (no consultative component) in the special education schools appears excessive (94.1% receive direct services only; and only 5.9% contain a consultative component).

In particular, the North region partner district OT's are delivering most of their services using a direct, pull out (special education setting) model that does not contain a consultative component (only 13.8% having a consultative component).



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Recommendations regarding program/service:

Increase service delivery models that utilize a consultative component (district wide).

Decrease the amount of direct-only services provided in the special education schools specifically, but also district wide.

In the North region particularly, increase the use of consultative service delivery models.

VI. Action Plan for Recommendations as A Result of Program Evaluation

Person responsible to champion action plan:

Steve Taff, Area Coordinator, OT/PT/APE.

Timeframe for reporting updates to Board of Education:

Department administrators meet with SSD administrators to formulate OT service delivery action plan specific for special education and North region partner district schools: December 2005.

OT staff to attend consult/collaboration training: March 2006.

Perform OT staff survey investigating possible relationship between years of experience and beliefs regarding service delivery: May 2006.

Explore options to provide training for SSD administrators regarding occupational therapy in the school setting and the possible roles OT's assume in supporting student performance: December 2005.

Steve Taff _____ Date: 8/2/05 _____
Signature of Administrator Responsible for Chairing Evaluation



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APPENDIX A

Occupational Therapy Standard Program Evaluation Data 2004-2005

(Percentages by Region of students receiving OT)

Codes

Service Settings key:

Regions

		South	West	Central (Partner Districts)	Central (Sp. Ed. Schools)	North
DS	Direct in special education setting	64.3	55.4	55.9	94.1	75.0
DG	Direct in general education setting	5.1	2.2	6.4	---	5.7
DB	Direct in both special ed. and general ed. settings	11.4	5.0	10.9	---	5.3
DSC	Direct services in special ed. + consult	7.0	14.8	12.9	1.5	4.7
DGC	Direct services in general ed. + consult	1.6	0.8	1.3	---	1.4
C	Consult services only	10.6	21.5	12.6	4.4	7.7
O	Other (homebound or unique combinations of service type/setting)	---	0.3	---	---	0.2
TG	Total amount of direct services with a general ed/component (DG+DB+DGC)	18.1	8.0	18.6	---	12.4



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APPENDIX B

OT/PT/APE PROGRAM EVALUATION DATA

SERVICE DELIVERY MODEL SURVEY

*K-5 ELEMENTARY ONLY

PLEASE FILL OUT THE FOLLOWING INFORMATION AND RETURN THIS SURVEY TO THE OT/PT/APE DEPARTMENT BEFORE FEBURARY 28TH.

NAME:

TITLE:

TOTAL # OF STUDENTS SERVED:

SERVICE SETTING	NUMBER OF STUDENTS
DIRECT- SPECIAL ED. SERVICE ONLY	
DIRECT- GENERAL ED.	
DIRECT- IN BOTH SETTINGS	
DIRECT/CONSULT	
CONSULT ONLY	
OTHER:	

Your total number of students served should match the number of student's column.



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APPENDIX C

**SPECIAL SCHOOL DISTRICT
OT/PT/APE
MONTHLY REPORT**

Report for month of: *

Year: *

Submitted by: *

__OT __PT __APE

- Please submit report no later than the **2nd** of the following month.
- Please **DO NOT** submit without updated classlist attached to report.
- Please identify program and locations (Homebound, etc.) by district and schools.

SSD BLDG District/School/	# Students On Caseload	New Referrals	Students Dropped	Students Transferred to other staff
TOTALS				

R E F E R R A L S

-Please list new referrals for this month.

NAME	SSD #	DISTRICT	SCHOOL

D I S C O N T I N U E D

REASONS

G = Goals Met

D = Deceased

M = Maximized Benefit

MO = moved out of St. Louis County

- Please list all students who were dropped from services.

NAME	SSD#	DATE	DIST/SCHOOL	G	D	M	MO	OTHER

COMMENTS: *

Name: *

Month: *

EVALUATIONS COMPLETED

REGIONS	INITIAL	SERVICE PROVIDED	SINGLE DIS.	SERVICE PROVIDED	MULTI-DIS (RE-EVAL)	SERVICE CONTINUED	SERVICE ADDED	MEDICAID QUARTERLY Enter how many green sheets you turned in	
CENTRAL								Oct 3, 05	
NORTH								Dec 21, 95	
SOUTH								Apr 3, 06	
WEST								Jun 2, 06	

Comments: *