**Wisconsin DPI Guidelines for Therapists Providing Services for Non-disabled Students**

**Collaboration in School for Children without Disabilities**

School-based OTs and PTs may have roles in the school setting outside of the special education spectrum. These roles are at the universal level, such as team teaching and providing professional development. An OT may provide services that are likely to improve occupational performance for all students in a school. In educational terminology, this approach is often called a universal intervention. Examples include consulting on an ergonomic seating plan, contributing to the design of a playground, developing a backpack awareness program, mentoring teachers on a program for self-regulation (Brain Gym, Yoga, Alert Program), and assisting in the development of a school wide handwriting curriculum.

<http://sped.dpi.wi.gov/sites/default/files/imce/sped/pdf/ot-pt-guide-2nd-edition.pdf>

**Response to Intervention (RtI)**

School district personnel frequently request the participation of OTs and PTs on general education student assistance teams, or RtI processes for children not identified with disabilities. Part of the widespread confusion about Response to Intervention (RtI) is that the term is being used to describe a comprehensive, systematic process that is more correctly called Coordinated Early Intervening Services or CEIS. CEIS is general education. DPI's long standing interpretation of state law regarding licensure and funding is that a person holding a special education license may not provide primary instruction, including CEIS, to children who have not been identified as having a disability. Special education teachers may provide support to general education teachers in the form of team teaching, coaching, mentoring, support to regular education teams and professional development. This perspective of providing universal support with school and teachers as client is also recommended for OT and PT roles in CEIS. A therapist observing a child in the classroom or participating in student assistance teams and offering intervention strategies for an individual child is not RtI.

<http://sped.dpi.wi.gov/sites/default/files/imce/sped/pdf/ot-pt-guide-2nd-edition.pdf>

**What role can occupational therapists play in the implementation of RtI?**

One benefit of school-wide RtI is that increased supports are systematically provided to students within the scope of general education. Occupational Therapists may provide consultation on effective techniques, but may not provide ongoing, individualized supports to non-disabled students. Proper referral, evaluation and placement procedures must be followed prior to any intervention by an occupational therapist that reaches beyond the limits of incidental benefit. Occupational Therapists may not be assigned as regular problem solving team members and may not attend meetings to discuss individual students. However an occupational therapist may serve on a problem-solving team in a consultative role when the team is looking for information at the universal level. They can also provide professional development to general educators who are implementing interventions and progress monitoring. Their role should not cross over into pre-referral activities or providing interventions to general education students.

For more information, see <http://www.dpi.wi.gov/sped/pdf/sb-gen-ed-pers.pdf>.

**Non-Licensed Personnel and Occupational Therapy**

Non-licensed personnel, in the context of the provision of occupational therapy, refers to individuals who are not licensed as OTs or OTAs by the Department of Regulation and Licensing. This includes teachers who are licensed to provide general or special education, but are not licensed to provide occupational therapy, and paraprofessional teaching assistants. Under Wisconsin law, only a licensed OT or licensed OTA can provide or claim to provide occupational therapy. (s.448.961, Wis. Stats.) The clearest application of this is in the amount and frequency of occupational therapy on a child’s IEP, which only an OT or an OTA may deliver. Teachers and paraprofessional teaching assistants make accommodations and prepare a child for activities that take place on a daily basis in the classroom or other school environments. When an OT designs the accommodations and preparation that will be implemented by others, the OT must ensure that they are specific tasks that are within the capacity of teachers and paraprofessional teaching assistants. Neither an OT nor an OTA is permitted to delegate maintenance or restorative tasks that require the judgment, decision-making or skill of an OT. (OT 4.05, Wis. Admin Code)

<http://sped.dpi.wi.gov/sites/default/files/imce/sped/pdf/ot-pt-guide-2nd-edition.pdf>

**Screening and Observation**

**When teachers or other school personnel ask an OT or PT to screen or observe an individual child, they typically are asking the therapist:**

* To observe a child with an IEP to see if an occupational therapy or physical therapy evaluation is needed.
* To observe a child without an IEP to see if occupational therapy or physical therapy should be part of a special education evaluation.
* To observe a child without an IEP in order to provide child-specific recommendations to the teacher.

OTs and PTs should not observe or screen an individual student who has not been referred for a special education evaluation that includes the respective therapist on the IEP team. PI 11.24 (2) of the Wis. Admin Code reads, If a child is suspected to need occupational therapy or physical therapy or both, the IEP team for that child shall include an appropriate therapist.

<http://sped.dpi.wi.gov/sites/default/files/imce/sped/pdf/ot-pt-guide-2nd-edition.pdf>

**Serving Students Who Do Not Have IEPs**

If a school district decides to provide occupational therapy or physical therapy that is targeted to individual students outside of the IEP team or Section 504 processes, it should do so with a full understanding of its commitment. All licensed occupational therapy practitioners in the state must follow the state occupational therapy licensing and practice rules in the Wisconsin Administrative code (OT 1 through 5). All licensed physical therapy practitioners in the state must follow the state physical therapy licensing and practice rules in the Wisconsin Administrative Code (PT 1 through 9). Chapter PI 11, W is. Admin Code makes it clear that the intent of allowing schools to provide occupational therapy and physical therapy is to serve children with disabilities. If a school wants to provide targeted occupational therapy or physical therapy to children outside of the IDEA or 504 processes, the school should consider:

* licensure rules that require an evaluation that complies with standards of practice prior to providing service.
* licensure rules that require physician referral except for children served under IDEA and Section 504.
* parental informed consent for services to children.
* the possibility of an IDEA complaint that the district conducted an evaluation or made placement without the proper notices and procedures.
* the decision to provide therapy to children without IEPs who break bones, have surgery, need rehabilitation or sensory integration or other clinical services.
* limitations on the use of state categorical aid, federal flow-through funds, and Medicaid funds for occupational therapy and physical therapy that are not driven by IEPs.

<http://sped.dpi.wi.gov/sites/default/files/imce/sped/pdf/ot-pt-guide-2nd-edition.pdf>