IDEA lists OT and PT as related services that “may be required to assist a child with a disability to benefit from special education.

The emphasis of school-based occupational and physical therapy is to help students access the academic and school environment and participate to the maximum extent possible in educationally related activities. Participation in the least restrictive environment includes, where appropriate, movement towards independence and integration with peers to the maximum extent possible. This Clinical Guide assists in illustrating student progression along the continuum towards integration and independence in school-related activities. Annual Goals and Short-Term Objectives, if applicable, may facilitate the student's movement along at least one, but preferably more than one, of the below measures.

Description of progress toward integration may occur with peers in the student's natural environment (classroom, lunchroom, stairs, hallways, playground, work-study sites or other instructional settings) and independence. Movement occurs through changes in one of the following metrics: service delivery method, location of service, group size, frequency of service and duration of service.

Examples of service delivery method: Direct, Integrated, or Consultative

Examples of location: Therapy Room, Therapy Room and Classroom (or other natural environment)

Examples of group size: Individual, Pair, Small Group.

Frequency refers to the number of times per week or month the child receives services.

Duration refers to the number of minutes for each session.
<table>
<thead>
<tr>
<th><strong>Student’s Name:</strong></th>
<th>OT</th>
<th>PT</th>
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<tbody>
<tr>
<td><strong>Grade:</strong></td>
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<tr>
<td><strong>Therapist:</strong></td>
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<td><strong>Signature:</strong></td>
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1. **How long have you served this student?**
   - Years
   - Less than 1 year

2. **Has there been any change in the student’s mandate, delivery method or location of services since you started servicing the student in order to move toward integration or independence?**
   - N/A. I have worked with student <1 year
   - No
   - Yes
   
   *If yes, describe modifications:*

3. **What is the student’s medical diagnosis?**

   - Can student achieve educational gains with OT/PT? | Yes | No |
   - If yes, describe expected educational gains:

4. **What educationally-relevant interventions can OT or PT provide? Do these interventions move the student towards integration and/or independence?**

5. **What skills would the student have to demonstrate in order for you to recommend a change in one of the 5 areas of service delivery?**

6. **List the ways in which you have engaged with the student’s IEP team (guardian, teacher, support staff, related service providers) in support of student progress:**