



Standard Program and Service Evaluation Template

(Board of Education Approved on June 1, 2004)

I. Program/Service Information

Evaluation Question:

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

Name of Program or Services:

Physical Therapy, Related Services

Personnel Responsible for Evaluation (list):

Teri Toler, Effective Practice Specialist, OT/PT/APE

Date of Evaluation (Year/Duration):

January-June 2005

Goal/Objective of Program/Services:

The physical therapist plans and implements programs that will help students attain their educational potential and benefit from special education. The physical therapy team (physical therapist (PT) and physical therapy assistant (PTA)) is concerned with facilitating the child's overall performance in the classroom, considering the student's developmental level and physical disability. Services are provided to enhance independent functioning and may include: positioning strengthening, modifications and adaptations to the environment. Although orthopedic/neuromuscular concerns are relevant, rehabilitation is not the focus of school-based physical therapy. The focus of clinical, or private, physical therapy is rehabilitation of the orthopedic or neuromuscular condition itself, and not the effect the condition has on educational performance. Per IDEA, orthopedic/neuromuscular concerns must be significant barriers to educational performance or access to the curriculum in order to be addressed as a related service by the school physical therapist. A physician's prescription is necessary for a student to receive physical therapy services (this is not required for OT or APE).



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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):

Physical Therapy is a countywide program. PT is defined as a related service under IDEA and is available only when a student has a previously existing special education diagnosis. PT may be added by IEP team decision flowing evaluation by a licensed physical therapist. This program evaluation addresses school age programs only (K-5). Grades K-5 have the largest proportion of school age students receiving physical therapy services (comprising approximately 60% of the total number of students K-Age 21 receiving PT services). Grades 6- Age 21 also tend to have fewer students receiving physical therapy services, and those that do are more likely to have consultative services only due an increased focus on adaptation and modification. Early childhood physical therapy services are offered under a different program.



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Number of staff:

Area Coordinator
Effective Practice Specialists (2)
Secretaries (2; both secretaries serve all three (OT, PT, and APE) departmental programs)
Physical Therapists (21)
Physical Therapy Assistants (7)
Total staff: 33

Participants:

Physical therapy services are available- provided the student has an existing special education diagnosis and pending IEP team recommendation- 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 801 students received some level of physical therapy service (124 in the South, 199 in the West, 101 in the Central, 143 in the North, and 234 in the Special Education Schools).

Length of program/service:

Physical therapy services are available throughout each school year; upon qualification, physical therapy may also be provided during extended school year programs. There are six primary service delivery models that SSD PT'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). Physical therapy services tend to be more difficult to implement (and more distractive) in the classroom setting, and therefore are frequently delivered in hallways, therapy rooms, or other open areas that fall under the special education setting category. Please refer to Appendix A for a graphic depiction of 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 (21 physical therapists) regarding service delivery models. Therapists gathered information from monthly reports and IEP review. Return rate was 100 %.

- 1) Staff survey- Service delivery models (distributed January 2005; please see Appendix B).
- 2) Document review- Departmental monthly reports (please see Appendix C).
- 3) IEP and classlist analysis (for every student receiving physical therapy in the K-5 age group).



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V. Results:

Time spent on program evaluation:

Approximately 38 hours.

Strengths of program/service:

With the exception of the North region, there is a consistency to the manner in which physical therapy services are being delivered in the partner districts. In the North region, 94.6% of services are delivered directly, compared to 72.5% for the South, 75.9% for the West, and 72.7% for the Central. The South, West, and Central regions also utilize models containing a consultative component 23.1%, 24.1%, and 24.3% respectively, compared to only 5.4% for the North region.

Concerns regarding program/service:

Across all regions, there is a lesser amount of services being delivered that include a consultative component (19.2% average). While the nature of physical therapy services (e.g. ambulation, positioning, wheelchair/walker use, and gross motor activities) often require a "pull out" (special education setting) model, more consultative services would be beneficial to promote carry-over by general education and/or paraprofessional staff.

There appears to be a lesser amount of consultative services being offered in the Special Education Schools and the North region partner districts (only 10.5% and 5.4%, respectively, have a consultative component); the services are predominantly direct (89.5% and 77.4% respectively) without any consultative component. While a direct service- only model might appear to be appropriate for the Special Education Schools, there is still a need for a consultative component to supplement carry-over of skills in situations where the PT is not present (typically, therapists are present for direct services only once or perhaps twice a week). Partner district physical therapists in the South, West, and Central regions deliver services with an average of 23.8% provided with some consultative component.

Recommendations regarding program/service:

Increase the level of consultative services (district wide) for students who receive direct, pull out PT services only.



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Decrease the amount of direct-only services provided in the Special Education Schools. 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:

Teri Toler, Effective Practice Specialist, OT/PT/APE

Timeframe for reporting updates to Board of Education:

Department administrators meet with SSD administrators in Special Education Schools and North region partner district schools to formulate a PT service delivery action plan: December 2005.

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

Perform follow-up survey to address impact of training on service delivery: October 2006.

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

____ Teri Toler _____ Date: 8/2/05 _____
Signature of Administrator Responsible for Chairing Evaluation



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APPENDIX A

Physical Therapy Standard Program Evaluation Data 2004-2005

(Percentages by Region of students receiving PT)

Codes

Service Settings key:

Regions

		South	West	Central (Partner Districts)	Central (Sp. Ed. Schools)	North
DS	Direct in special education setting	68.1	75.9	62.1	89.5	77.4
DG	Direct in general education setting	2.2	---	4.5	---	13.8
DB	Direct in both special ed. and general ed. settings	2.2	---	6.1	---	3.4
DSC	Direct services in special ed. + consult	9.9	13.5	6.1	4.7	2.0
DGC	Direct services in general ed. + consult	---	0.7	---	---	0.7
C	Consult services only	13.2	9.9	18.2	5.8	2.7
O	Other (homebound or unique combinations of service type/setting)	4.4	---	3.0	---	---
TG	Total amount of direct services with a general ed/component (DG+DB+DGC)	4.4	0.7	10.6	---	17.9



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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: *