

Section 4c. - RELATED SERVICES

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Section 4c. - RELATED SERVICES

I. DEFINITIONS

TEC §29.002. Definitions. In this subchapter, “special services” means:

- (1) special education instruction, which may be provided by professional and supported by paraprofessional personnel in the regular classroom or in an instructional arrangement described by Section 42.151; and
- (2) related services, which are developmental, corrective, supportive, or evaluative services, not instructional in nature, that may be required for the student to benefit from special education instruction and for implementation of a student’s individualized education program.

The Sherman Independent School District will follow all evaluation criteria in the FIE and Disability sections for appropriate related service assessments and reports. Also, ARD/IEP criteria will be followed for related services.

What are direct services?

Direct services usually refer to hands-on, face-to-face interactions between the related services professional and the student. These interactions can take place in a variety of settings, such as the classroom, gym, health office, resource room, counseling office, or playground. Typically, the related service professional analyzes student responses and uses specific techniques to develop or improve particular skills. The professional will also typically: monitor the student's performance within the educational setting so that adjustments can be made to improve student performance, as needed, and consult with teachers, administrators and parents on an ongoing basis, so that relevant strategies can be carried out through indirect means at other times.

What are indirect services?

Indirect services may involve teaching, consulting with, and/or directly supervising other personnel (including paraprofessionals and parents) so that they can carry out therapeutically-appropriate activities. For example, a school psychologist might train teachers and other educators how to implement a program included in a student's IEP to decrease the child's problem behaviors. Similarly, a physical therapist may serve as a consultant to a teacher and provide expertise to solve problems regarding a student's access to instruction.

A record of the related services provided will be documented and maintained by the service provider. Such records are required for both direct and indirect services.

II. REGULATIONS

§300.8 Child with a disability.

(a) General.

- (1) Child with a disability means a child evaluated in accordance with §§300.304 through 300.311 as having mental retardation, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance (referred to in this part as emotional disturbance), an orthopedic impairment, autism, traumatic brain injury, an other health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services.**
- (2) (i) Subject to paragraph (a)(2)(ii) of this section, if it is determined, through an appropriate evaluation under §§300.304 through 300.311, that a child has one of the disabilities identified in paragraph (a)(1) of this section, but only needs a related service and not special education, the child is not a child with a disability under this part.**
- (ii) If, consistent with §300.38(a)(2), the related service required by the child is considered special education rather than a related service under State standards, the child would be determined to be a child with a disability under paragraph (a)(1) of this section.**

§300.34 Related services.

(a) General. Related services means transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education, and includes speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, early identification and assessment of disabilities in children, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services for diagnostic or evaluation purposes. Related services also includes school health services, school nurse services designed to enable a child with a disability to receive a free appropriate public education as described in the IEP of the child, social work services in schools, and parent counseling and training.

(b) Exception; services that apply to children with surgically implanted devices, including cochlear implants.

- (1) Related services do not include a medical device that is surgically implanted, the optimization of device functioning (e.g., mapping), maintenance of the device, or the replacement of that device.**
- (2) Nothing in paragraph (b)(1) of this section—**
 - (i) Limits the right of a child with a surgically implanted device (e.g., cochlear implant) to receive related services (as listed in paragraph (a) of this section) that are determined by the IEP Team to be necessary for the child to receive FAPE.**
 - (ii) Limits the responsibility of SISD to appropriately monitor and maintain medical devices that are needed to maintain the health and safety of the child, including breathing, nutrition, or operation of other bodily functions, while the child is transported to and from school or is at school; or**
 - (iii) Prevents the routine checking of an external component of a surgically implanted device to make sure it is functioning properly, as required in §300.113(b).**

(c) Individual related services terms defined. The terms used in this definition are defined as follows:

(1) Audiology includes--

- (i) Identification of children with hearing loss;**
- (ii) Determination of the range, nature, and degree of hearing loss, including referral for medical or other professional attention for the habilitation of hearing;**
- (iii) Provision of habilitative activities, such as language habilitation, auditory training, speech reading (lip-reading), hearing evaluation, and speech conservation;**
- (iv) Creation and administration of programs for prevention of hearing loss;**
- (v) Counseling and guidance of children, parents, and teachers regarding hearing loss; and**
- (vi) Determination of children's needs for group and individual amplification, selecting and fitting an appropriate aid, and evaluating the effectiveness of amplification.**

- (2) **Counseling services** means services provided by qualified social workers, psychologists, guidance counselors, or other qualified personnel.

Counseling services are provided to assist a child with a disability to benefit from special education. Parent counseling and training includes assisting parents in understanding the special needs of their child; providing information about child development; and helping parents acquire the skills necessary to allow them to support the implementation of their child's IEP or IFSP.

- (3) **Early identification and assessment of disabilities in children** means the implementation of a formal plan for identifying a disability as early as possible in a child's life.

In-Home Training

In-home training is the result of findings by the State of Texas that many individuals with autism/P.D.D. experience difficulty generalizing social/behavioral skills from one setting to another. In-home training is a supplemental/related service for students with autism/P.D.D. that involves working directly with the student and/or providing strategies for a variety of non-school settings including home or community to help them generalize social/behavioral skills. A referral should be made by the diagnostician/LSSP to the Special Education Director to determine skills to generalize through in-home training; which can be derived from a request from a parent, guardian, teacher or other member(s) of an ARDC. Once the referral is made, an in-home training needs assessment should be conducted. This assessment should involve an interview with the parent or guardian, observation of the student and interview(s) with teacher(s), review of other data including current IEPs to determine mastered or near mastered goals and objectives for determination of skills to generalize. Parents, or a district approved designee, are required to participate in In-Home Training sessions in order to be equipped and implement generalization of ARD Committee determined goals.

This service may be implemented by the same - or different - service providers (in-home trainers/ parent trainers). Service providers are determined by district personnel but should be knowledgeable of the unique needs of students with autism/P.D.D.

In-home training may also be considered by the IEP team for students with other intellectual and/or developmental disabilities. The criterion for making such a determination is that the student is not making educational progress and requires support and training beyond the regular school day. Request for this service will be made to the Special Education office using appropriate district forms and documented in the IEP meeting.

- (4) **Interpreting services** means services provided by a licensed physician to determine a child's medically related disability that results in the child's need for special education and related services.

- (i) The following when used with respect to children who are deaf or hard of hearing: oral transliteration services, cued language transliteration services, and sign language transliteration and interpreting services and transcription services, such as communication access real-time translation (CART), C-Print, and TypeWell; and
- (ii) Special interpreting services for children who are deaf-blind.

- (5) **Medical services** means services provided by a licensed physician to determine a child's medically related disability that results in the child's need for special education and related services.

- (6) **Occupational therapy** means--

(i) Services provided by a qualified occupational therapist; and

(ii) Includes--

- (A) Improving, developing or restoring functions impaired or lost through illness, injury, or deprivation;
- (B) Improving ability to perform tasks for independent functioning if functions are impaired or lost; and
- (C) Preventing, through early intervention, initial or further impairment or loss of function.

The primary function is to directly assist the student to benefit from instruction. Occupational and physical therapy services will be provided when a disability adversely affects the educational

performance. The therapist will aid the student to develop, increase, improve, and maintain skills that are prerequisites for the student to function within his educational environment. For referral information see also Section I.

Medical Requirement

*OT/PT Physician's Referral Form. (This form must be completed and signed by a physician. This form is required before any PT services can be implemented. **Implementation of some OT services may require this form.**).*

Occupational and Physical Therapy Services

The following are key considerations for the delivery of OT and PT services in the public school setting. These considerations are based on research and guidance from leading experts in the practice of therapy services in school systems:

- 1. Services are provided to enable the student to benefit from his or her special education program and facilitate access to the general curriculum.

 - *Strategies should be integrated into the classroom and school environment to support learning of curriculum content.*
 - *Interventions should support skills that are needed for graduation with a diploma.**
- 2. Services are provided in the student's daily educational routine.

 - *Skills are taught across all educational settings.*
 - *Therapeutic activities occur throughout the school day and often are implemented by instructional staff in collaboration with the therapist.*
 - *Skills must be taught in naturally occurring environments.*
 - *Skills must be generalized across different school settings, not isolated solely with the therapist in a separate area.**
- 3. Services are provided through a team approach.

 - *Team members share information, strategies, and techniques to assure continuity of services.*
 - *Educational strategies and interventions are developed and implemented jointly by the IEP team members including the student when appropriate.*
 - *Regular team meetings provide the communication of information and outcomes that guide the plan of activities and instruction that occurs throughout the day in the classroom, home and community.**

Occupational and Physical Therapy Service Delivery Options

Services are provided through the use of a variety of delivery models.

- *Service delivery models include monitoring, consulting and working directly with the student.*
- *Effective therapy services generally include a combination of models to meet the unique needs of each student.*
- *Effective therapy services include the following:*
- *Training parents and school staff in activities and accommodations to be implemented throughout the student's day*
- *Observing and critically analyzing student performance and responses that prevent the student from benefiting from his or her educational program*
- *Identifying, selecting, and adapting special materials and equipment*
- *Collaborating and coordinating with teacher and families for needed changes in instruction and in the learning environment*
- *Consulting with students, parents and school staff.*

A student's need for OT and/or PT services may vary over time.

- *Student therapy needs differ in intensity and in focus during the students' school year/s.*
- *These fluctuations are reflected in the IEP and should be fluid and flexible, based on the immediate educational needs at any time during the student's course of study.*

Discontinuation Of Occupational and/or Physical Therapy Services Will Occur:

Upon ARD/IEP committee discussion of current evaluation (formal and/or informal) and recommendation that OT/PT services are no longer required due to one or more of the following:

- *The student has accomplished the goals targeted in the IEP (Individual Educational Program);*
- *The student has achieved the maximum benefit from occupational and/or physical therapy;*
- *The student's physical dysfunction does not negatively affect his/her educational program;*
- *The student maintains progress and no evidence of change is seen;*
- *The intervention will not impact the educational success of the student.*

OT Handbook of Rules and FAQ [Link to all OT Rules:](http://www.ptot.texas.gov/images/pdfs/ot/2012_TBOTERules.pdf)
http://www.ptot.texas.gov/images/pdfs/ot/2012_TBOTERules.pdf

TAC §372.1 OT Provision of Services

- (a) The occupational therapist is responsible for determining whether any aspect of the provision of services may be conducted via telehealth or must be conducted in person.
- (a) Medical Conditions.
- (1) Occupational therapists may provide consultation or monitored services, or screen or evaluate the client to determine the need for occupational therapy services without a referral. However, a referral must be requested at any time during the evaluation process when necessary to ensure the safety and welfare of the client.
 - (2) The initial evaluation for a medical condition must be conducted in person and may not be conducted via telehealth.
- (c) Non-Medical Conditions.
- (1) Consultation, monitored services, screening, and evaluation for need of services may be provided without a referral.
 - (2) Non-medical conditions do not require a referral. However, a referral must be requested at any time during the evaluation or intervention process when necessary to ensure the safety and welfare of the client.
- (d) Methods of Referral. The referral must be from a licensed referral source in accordance with the Practice Act, §454.213 (relating to Accepted Practice; Practitioner's Referral), and may be transmitted in the following ways:
- (1) in a written document, including faxed and emailed documents; or
 - (2) verbally, either in person or by electronic information/communications technologies. If a referral is transmitted verbally, it must be documented by the authorized personnel who receives the referral. In this section, "authorized personnel" means staff members authorized by the employer or occupational therapist to receive referrals transmitted verbally.
- (e) Screening, Consultation, and Monitored Services. A screening, consultation, or monitored services may be performed by an occupational therapy practitioner.
- (f) Evaluation.
- (1) Only an occupational therapist may perform an initial evaluation or any re-evaluations.
 - (2) An occupational therapy plan of care must be based on an occupational therapy evaluation.
 - (3) The occupational therapist must have real time interaction with the client during the evaluation process either in person or via telehealth.
 - (4) The occupational therapist may delegate to an occupational therapy assistant or temporary licensee the collection of data for the assessment. The occupational therapist is responsible for the accuracy of the data collected by the assistant.
- (g) Plan of Care.
- (1) Only an occupational therapist may initiate, develop, modify or complete an occupational therapy plan of care. It is a violation of the OT Practice Act for anyone other than the evaluating or treating occupational therapist to dictate, or attempt to dictate, when occupational therapy services should or should not be provided, the nature and frequency of services that are provided, when the client should be discharged, or any other aspect of the provision of occupational therapy as set out in the OT Act and Rules.
 - (2) The occupational therapist and an occupational therapy assistant may work jointly to revise the short-term goals, but the final determination resides with the occupational therapist. Revisions to the plan of care and goals must be documented by the occupational therapist and/or occupational therapy assistant to reflect revisions at the time of the change.
 - (3) An occupational therapy plan of care may be integrated into an interdisciplinary plan of care, but the occupational therapy goals or objectives must be easily identifiable in the plan of care.

- (4) Only occupational therapy practitioners may implement the written plan of care once it is completed by the occupational therapist.
 - (5) Only the occupational therapy practitioner may train non-licensed personnel or family members to carry out specific tasks that support the occupational therapy plan of care.
 - (6) The occupational therapist is responsible for determining whether intervention is needed and if a referral is required for occupational therapy intervention.
 - (7) The occupational therapy practitioners must have real time interaction with the client during the intervention process either in person or via telehealth.
 - (8) Devices that are in sustained skin contact with the client (including but not limited to wheelchair positioning devices, splints, hot/cold packs, and therapeutic tape) require the on-site and attending presence of the occupational therapy practitioner for any initial applications. The occupational therapy practitioner is responsible for determining the need to be on-site and attending for subsequent applications or modifications.
 - (9) Except where otherwise restricted by rule, the supervising occupational therapist may only delegate to an occupational therapy assistant or temporary licensee tasks that they both agree are within the competency level of that occupational therapy assistant or temporary licensee.
- (h) Documentation.
- (1) The client's records include the medical referral, if required, and the plan of care. The plan of care includes the initial examination and evaluation; the goals and any updates or change of the goals; the documentation of each intervention session by the OT or OTA providing the service; progress notes and any re-evaluations, if required; any written communication; and the discharge documentation.
 - (2) The licensee providing occupational therapy services must document for each intervention session. The documentation must accurately reflect the intervention, decline of intervention, and/or modalities provided.
 - (3) The occupational therapy assistant must include the name of a supervising OT in each intervention note. This may not necessarily be the occupational therapist who wrote the plan of care, but an occupational therapist who is readily available to answer questions about the client's intervention at the time of the provision of services. If this requirement is not met, the occupational therapy assistant may not provide services.
- (i) Discharge.
- (1) Only an occupational therapist has the authority to discharge clients from occupational therapy services. The discharge is based on whether the client has achieved predetermined goals, has achieved maximum benefit from occupational therapy services, or when other circumstances warrant discontinuation of occupational therapy services.
 - (2) The occupational therapist must review any information from the occupational therapy assistant(s), determine if goals were met or not, complete and sign the discharge documentation, and/or make recommendations for any further needs of the client in another continuum of care.

Source Note: The provisions of this §372.1 amended to be effective March 1, 2017, 42 TexReg 696.

TAC §372.2. General Purpose Occupation-based Instruction

- (a) Occupational therapy practitioners may develop or facilitate general purpose, occupation-based groups or classes including but not limited to handwriting groups, parent-child education classes, wellness-focused activities for facility residents, aquatics exercise groups, and cooking for diabetics classes.
- (b) These services do not require individualized evaluation and plan of care services but practitioners may develop goals or curriculums for the group as a whole. If a participant requires individualized occupational therapy services, these may only be provided in accordance with §372.1 of this title (relating to Provision of Services).
- (c) Supervision requirements for services provided pursuant to this section shall be completed in accordance with §373.3 of this title (relating to Supervision of an Occupational Therapy Assistant).
- (d) When general purpose occupation-based instruction is being provided pursuant to §372.2, the OT must approve the curricular goals/program prior to the OTA's initiating instruction.

TAC §362.1 Occupational Therapy http://www.ptot.texas.gov/images/pdfs/ot/2012_TBOTERules.pdf

- (28) Occupational Therapist (OT)--An individual who holds a valid regular or provisional license to practice or represent self as an Occupational Therapist in Texas. This definition includes an Occupational Therapist or one who is designated as an Occupational Therapist, Registered (OTR®).

- (29) Occupational Therapist, Registered (OTR®)--An individual who uses this term must hold a valid regular or provisional license to practice or represent self as an Occupational Therapist in Texas by maintaining registration through NBCOT.
- (30) Occupational Therapy Assistant (OTA)--An individual who holds a valid regular or provisional license to practice or represent self as an Occupational Therapy Assistant in Texas, and who is required to be under the continuing supervision of an OT. This definition includes an individual who is designated as a Certified Occupational Therapy Assistant (COTA®) or an Occupational Therapy Assistant (OTA).
- (31) Occupational Therapy Plan of Care--A written statement of the planned course of Occupational Therapy intervention for a client. It must include goals, objectives and/or strategies, recommended frequency and duration, and may also include methodologies and/or recommended activities.
- (32) Occupational Therapy Practice--Includes:
- (A) Methods or strategies selected to direct the process of interventions such as:
- (i) Establishment, remediation, or restoration of a skill or ability that has not yet developed or is impaired.
 - (ii) Compensation, modification, or adaptation of activity or environment to enhance performance.
 - (iii) Maintenance and enhancement of capabilities without which performance in everyday life activities would decline.
 - (iv) Health promotion and wellness to enable or enhance performance in everyday life activities.
 - (v) Prevention of barriers to performance, including disability prevention.
- (B) Evaluation of factors affecting activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation, including:
- (i) Client factors, including body functions (such as neuromuscular, sensory, visual, perceptual, cognitive) and body structures (such as cardiovascular, digestive, integumentary, genitourinary systems).
 - (ii) Habits, routines, roles and behavior patterns
 - (iii) Cultural, physical, environmental, social, and spiritual contexts and activity demands that affect performance.
 - (iv) Performance skills, including motor, process, and communication/interaction skills.
- (C) Interventions and procedures to promote or enhance safety and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation, including:
- (i) Therapeutic use of occupations, exercises, and activities.
 - (ii) Training in self-care, self-management, home management and community/work reintegration.
 - (iii) Development, remediation, or compensation of physical, cognitive, neuromuscular, sensory functions and behavioral skills.
 - (iv) Therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process.
 - (v) Education and training of individuals, including family members, caregivers, and others.
 - (vi) Care coordination, case management and transition services.
 - (vii) Consultative services to groups, programs, organizations, or communities.
 - (viii) Modification of environments (home, work, school, or community) and adaptation of processes, including the application of ergonomic principles.
 - (ix) Assessment, design, fabrication, application, fitting and training in assistive technology, adaptive devices, and orthotic devices, and training in the use of prosthetic devices.
 - (x) Assessment, recommendation, and training in techniques to enhance functional mobility including wheelchair management.
 - (xi) Driver rehabilitation and community mobility.
 - (xii) Management of feeding, eating, and swallowing to enable eating and feeding performance.
 - (xiii) Application of physical agent modalities, and use of a range of specific therapeutic procedures (such as wound care management; techniques to enhance sensory, perceptual, and cognitive processing; manual therapy techniques) to enhance performance skills.
- (32) Occupational Therapy Practice--includes:
- (33) Occupational Therapy Practitioners--Occupational Therapists and Occupational Therapy Assistants licensed by this Board.

(7) Orientation and mobility services —

- (i) Means services provided to blind or visually impaired students by qualified personnel to enable those students to attain systematic orientation to and safe movement within their**

environments in school, home, and community; and

(ii) Includes teaching students the following, as appropriate:

- (A) Spatial and environmental concepts and use of information received by the senses (such as sound, temperature and vibrations) to establish, maintain, or regain orientation and line of travel (e.g., using sound at a traffic light to cross the street);
- (B) To use the long cane or a service animal to supplement visual travel skills or as a tool for safely negotiating the environment for students with no available travel vision;
- (C) To understand and use remaining vision and distance low vision aids; and
- (D) Other concepts, techniques, and tools.

Also see S3. Disability - Visual Impairment.

A service animal may be necessary to assist the blind or visually impaired student to safely travel which is part of the specialized instruction due to the disability. The IEP committee will address this need. (more service animal information on the following pages)

(8) (i) **Parent counseling and training** means assisting parents in understanding the special needs of their child;

(ii) **Providing parents with information about child development; and**

(iii) **Helping parents to acquire the necessary skills that will allow them to support the implementation of their child's IEP or IFSP.**

Parent training is a separate service designed to help parents and families of students with such disabilities as autism/P.D.D. gain knowledge of the unique needs of their children who Parent training may include information regarding community services, workshops, videos, conferences, and/or materials. The need for parent training will be addressed in the ARD meeting and a request for the training sent to the Special Education Office.

(9) **Physical therapy** means services provided by a qualified physical therapist. (see also (6)

Occupational Therapy)

Obtaining medical (current within one year)?

1. *When a medical referral is required, the SISD will notify the parent of this need 2 months prior to the ARD meeting. The parent's assistance will be requested in obtaining information from the student's physician.*
2. *The SISD will work with the parents to ensure all necessary information is obtained prior to the due date.*
3. *If the parent is unable to obtain necessary medical information from the student's physician, the SISD will assist the parent in identifying another physician, or obtain parental Consent to Release of Information for the school to work directly with the physician to obtain the medical.*
4. *If a prescription is not current within one year and therapist licensing requires a current prescription on file for services to occur, an ARD committee will be convened to design the nature of the services to be provided in the absence of a current medical / prescription.*
5. *The SISD will continue to work collaboratively with the parents to obtain a current medical so services may continue.*

TAC §22.16.322.1. Provision of Services - PT http://www.ptot.texas.gov/images/pdfs/pt/PTrules_2013.06.pdf

(a) Initiation of physical therapy services.

- (1) **Referral requirement.** A physical therapist is subject to discipline from the board for providing physical therapy treatment without a referral from a qualified healthcare practitioner licensed by the appropriate licensing board, who within the scope of the professional licensure is authorized to prescribe treatment of individuals. The list of qualifying referral sources includes physicians, dentists, chiropractors, podiatrists, physician assistants, and advanced nurse practitioners.
- (2) **Exceptions to referral requirement.**
 - (A) A PT may evaluate without referral.
 - (B) A PT may provide instructions to any person who is asymptomatic relating to the instructions being given without a referral, including instruction to promote health, wellness, and fitness.
 - (C) **Emergency Circumstances.** A PT may provide emergency medical care to a person after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity without referral if the absence of immediate medical attention could reasonably be expected to result in a

serious threat to the patient's health, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

- (D) Prior referrals. A physical therapist may treat a patient for an injury or condition that is the subject of a prior referral if all of the following conditions are met.
- (i) The physical therapist must notify the original referring healthcare personnel of the commencement of therapy by telephone within five days, or by letter postmarked within five business days;
 - (ii) The physical therapy provided must not be for more than 20 treatment sessions or 30 consecutive calendar days, whichever occurs first. At the conclusion of this time or treatment, the physical therapist must confer with the referring healthcare personnel before continuing treatment.
 - (iii) The treatment can only be provided to a client/patient who received the referral not more than one year previously.
 - (iv) The physical therapist providing treatment must have been licensed for one year. The physical therapist responsible for the treatment of the patient may delegate appropriate duties to another physical therapist having less than one year of experience or to a physical therapist assistant. A physical therapist licensed for more than one year must retain responsibility for and supervision of the treatment.

- (3) Methods of referral. A referral may be transmitted by a qualifying referral source in the following ways:
- (A) in a written document, including faxed or emailed documents; or
 - (B) verbally, in person or by telephone. If a referral is transmitted verbally, whether in person or by telephone, it must be received, recorded and signed by the PT, PTA or other authorized personnel, and include all of the information that would appear on a written referral.

(b) Evaluation and screening.

- (1) Evaluation. Physical therapy treatment may not be provided prior to the completion of an evaluation of the patient's condition by a PT.
- (2) PTAs may screen patients designated by a PT as possible candidates for physical therapy services. Screening entails the collection of uniform information from all patients screened using a predetermined, standardized format. The information collected is delivered to the supervising PT. Only a PT may determine whether further intervention for patients screened is necessary.

(c) Physical therapy plan of care development and implementation.

- (1) The PT must develop a written plan of care, based on his evaluation, for each patient.
- (2) Treatment may not be provided by a PTA or aide until the plan of care has been established.
- (3) The plan of care must be reviewed and updated as necessary following a reevaluation of the patient's condition.
- (4) The plan of care or treatment goals may only be changed or modified by a PT.
- (5) A PTA may modify treatment techniques as indicated in the plan of care.
- (6) A PT or PTA must interact with the patient regarding his/her condition, progress and/or achievement of goals during each treatment session.

(d) Reevaluation.

- (1) Provision of physical therapy treatment by a PTA or an aide may not continue if the PT has not performed a reevaluation:
 - (A) at a minimum of once every 60 days after treatment is initiated, or at a higher frequency as established by the PT; and
 - (B) In response to a change in the patient's medical status that affects physical therapy treatment, when a change in the physical therapy plan of care is needed, or prior to any planned discharge.
- (2) A reevaluation must include:
 - (A) An onsite reexamination of the patient; and
 - (B) A review of the plan of care with appropriate continuation, revision, or termination of treatment

(e) Documentation of treatment.

- (1) At a minimum, documentation of physical therapy services must include the following:
 - (A) any referral authorizing treatment;
 - (B) the initial examination and evaluation;
 - (C) the plan of care;
 - (D) documentation of each treatment session by the PT or PTA providing the services;
 - (E) reevaluations as required by this section;
 - (F) any conferences between the PT and PTA, as described in this section; and

- (G) the discharge summary.
- (2) The PTA must include the name of the supervising PT in his documentation of each treatment session.
 - (3) Physical therapy aides may not write or sign any physical therapy documents in the permanent record. However, a physical therapy aide may enter quantitative data for tasks delegated by the supervising PT or PTA.
 - (4) Discharge Summary. The PT must provide final documentation for discharge of a patient, including patient response to treatment at the time of discharge and any necessary follow-up plan. A PTA may participate in the discharge summary by providing subjective and objective patient information to the supervising physical therapist.

TAC §22.16.322.2. Role Delineation - PTA.

<http://www.ptot.texas.gov/idl/81613405-AFBE-DADC-0D5E-4E0C0F590799>

CHAPTER 346. PRACTICE SETTINGS FOR PHYSICAL THERAPY §346.1. Educational Settings.

- (a) In the educational setting, the physical therapist conducts appropriate screenings, evaluations, and assessments to determine needed services to fulfill educational goals. When a student is determined by the physical therapist to be eligible for physical therapy as a related service defined by Special Education Law, the physical therapist provides written recommendations to the Admissions Review and Dismissal Committee as to the amount of specific services needed by the student (i.e., consultation or direct services and the frequency and duration of services).
- (b) The physical therapist implements physical therapy services in accordance with the recommendations accepted by the school committee members and as reflected in the student's Admission Review and Dismissal Committee reports.
- (c) The physical therapist may provide general consultation or other physical therapy program services for school administrators, educators, assistants, parents and others to address district, campus, classroom or student-centered issues. For the student who is eligible to receive physical therapy as a related service in accordance with the student's Admission Review and Dismissal Committee reports, the physical therapist will also provide the consultation and direct types of specific services needed to implement specially designed goals and objectives included in the student's Individualized Education Program.
- (d) The types of services which may require a physician's referral in the educational setting include the provision of individualized specially designed instructions and the direct physical modeling or hands-on demonstration of activities with a student who has been determined eligible to receive physical therapy as a related service. Additionally, they may include the direct provision of activities which are of such a nature that they are only conducted with the eligible student by a physical therapist or physical therapist assistant. The physical therapist should refer to §322.1 of this title (relating to Provision of Services).
- (e) Evaluation and reevaluation in the educational setting will be conducted in accordance with federal mandates under Part B of the Individuals with Disabilities Education Act (IDEA), 20 USC §1414, or when warranted by a change in the child's condition, and include onsite reexamination of the child. The Plan of Care (Individual Education Program) must be reviewed by the PT at least every 60 school days, or concurrent with every visit if the student is seen at intervals greater than 60 school days, to determine if revisions are necessary.

§346.2. Other Practice Settings.

Other practice settings for physical therapy include but are not limited to: hospital, private clinic, industry, home health, and nursing home.

§346.3. Early Childhood (ECI) Setting.

- (a) In the provision of early childhood services through the Early Childhood Intervention (ECI) program, the physical therapist conducts appropriate screenings, evaluations, and assessments to determine needed services to fulfill family-centered goals. When a child is determined by the PT to be eligible for physical therapy, the PT provides written recommendations to the Interdisciplinary Team as to the amount of specific services needed by the child.
- (b) Subject to the provisions of §322.1 of this title (relating to Provision of Services), the PT implements physical therapy services in accordance with the recommendations accepted by the Interdisciplinary Team, as stated in the Individual Family Service Plan (IFSP).

- (c) The types of services which require a referral from a qualified licensed healthcare practitioner include the provision of individualized specially designed instructions, direct physical modeling or hands-on demonstration of activities with a child who has been determined eligible to receive physical therapy. Additionally, a referral is required for services that include the direct provision of treatment and/or activities which are of such a nature that they are only conducted with the child by a physical therapist or physical therapist assistant.
- (d) The physical therapist may provide general consultation or other program services to address child/family-centered issues.
- (e) Evaluation and reevaluation in the educational setting will be conducted in accordance with federal mandates under Part C of the Individuals with Disabilities Education Act (IDEA), 20 USC §1436, or when warranted by a change in the child's condition, and include onsite reexamination of the child. The Plan of Care (Individual Family Service Plan) must be reviewed by the PT at least every 60 days, or concurrent with every visit if the child is seen at intervals greater than 60 days, to determine if revisions are necessary.

(10) Psychological services includes--

- (i) Administering psychological and educational tests, and other assessment procedures;**
- (ii) Interpreting assessment results;**
- (iii) Obtaining, integrating, and interpreting information about child behavior and conditions relating to learning;**
- (iv) Consulting with other staff members in planning school programs to meet the special educational needs of children as indicated by psychological tests, interviews, direct observation, and behavioral evaluations;**
- (v) Planning and managing a program of psychological services, including psychological counseling for children and parents; and**
- (vi) Assisting in developing positive behavioral intervention strategies.**

22 TAC §465.38. Psychological Services in the Schools. [Excerpt]

This rule acknowledges the unique difference in the delivery of school psychological services in the public schools from psychological services in the private sector. The Board recognizes the purview of the State Board of Education and the Texas Education Agency in safeguarding the rights of public school children in Texas. The mandated multi disciplinary team decision making, hierarchy of supervision, regulatory provisions, and past traditions of school psychological service delivery both nationally and in Texas, among other factors, allow for rules of practice in the public schools which reflect these occupational distinctions from the private practice of psychology.

(1) Definition.

- (C) The assessment of emotional or behavioral disturbance, for educational purposes, using psychological techniques and procedures is considered the practice of psychology.

Prior to requesting a psychological evaluation, school personnel should be able to document previous educational efforts and strategies and the results of those efforts including participation in or consideration for other programs within SISD. Further, an intellectual and academic evaluation must be completed.

Psychological services may be requested through the ARD/IEP evaluation planning committee. If a psychological is requested in an ARD/IEP meeting, the diagnostician will report the request if the psychological staff is not present at the ARD meeting. (See Section I. - Referral)

(11) Recreation includes--

- (i) Assessment of leisure function;**
- (ii) Therapeutic recreation services;**
- (iii) Recreation programs in schools and community agencies; and**
- (iv) Leisure education.**

- (12) Rehabilitation counseling services means services provided by qualified personnel in individual or group sessions that focus specifically on career development, employment preparation, achieving independence, and integration in the workplace and community of a student with a disability. The term also includes vocational rehabilitation services provided to a student with a disability by**

vocational rehabilitation programs funded under the Rehabilitation Act of 1973, as amended, 29 U.S.C. 701 et seq.

- (13) School health services and school nurse services means health services that are designed to enable a child with a disability to receive FAPE as described in the child's IEP. School nurse services are services provided by a qualified school nurse. School health services are services that may be provided by either a qualified school nurse or other qualified person.**

TEC §38.032. SEIZURE MANAGEMENT AND TREATMENT PLAN.

- (a) The parent or guardian of a student with a seizure disorder may seek care for the student's seizures while the student is at school or participating in a school activity by submitting to the school district at which the student is enrolled a copy of a seizure management and treatment plan developed by the student's parent or guardian and the physician responsible for the student's seizure treatment. The plan must be submitted to and reviewed by the district:
- (1) before or at the beginning of the school year;
 - (2) on enrollment of the student, if the student enrolls in the district after the beginning of the school year; or
 - (3) as soon as practicable following a diagnosis of a seizure disorder for the student.
- (b) A seizure management and treatment plan must:
- (1) identify the health care services the student may receive at school or while participating in a school activity;
 - (2) evaluate the student's ability to manage and level of understanding of the student's seizures; and
 - (3) be signed by the student's parent or guardian and the physician responsible for the student's seizure treatment.
- (c) The care of a student with a seizure disorder by a district employee under a seizure management plan submitted under this section is incident to or within the scope of the duties of the employee's position of employment and involves the exercise of judgment or discretion on the part of the employee for purposes of Section 22.0511.
- (d) The immunity from liability provided by Section 22.0511 applies to an action or failure to act by a district employee in administering a medication, assisting with self-administration, or otherwise providing for the care of a student under a seizure management plan submitted for the student under Subsection (a).

TEC §38.033. SEIZURE RECOGNITION AND RELATED FIRST AID TRAINING.

- (a) A school nurse employed by a school district must complete an agency-approved online course of instruction for school nurses regarding managing students with seizure disorders that includes information about seizure recognition and related first aid.
- (b) A school district employee, other than a school nurse, whose duties at the school include regular contact with students must complete an agency-approved online course of instruction for school personnel regarding awareness of students with seizure disorders that includes information about seizure recognition and related first aid.
- (c) The agency may approve an online course of instruction provided by a nonprofit national foundation that supports the welfare of individuals with epilepsy and seizure disorders to satisfy the training required under Subsection (a) or (b). An online course of instruction approved by the agency under this subsection that is provided to a school district must be provided by the nonprofit entity free of charge.
- (d) The agency shall adopt rules as necessary to administer this section.

SECTION 3. Not later than December 1, 2019, the Texas Education Agency shall approve online courses of instruction to satisfy the training requirements of Section 38.033, Education Code, as added by this Act.

Services are provided to eligible students with disabilities based on ARD/IEP Committee decision. These services are in addition to those routinely available to all students and may include the following:

- a. screening and referral for health needs;*
- b. monitoring medication needed by students during school hours;*
- c. consultation with physicians, parents, and staff regarding effects of medication, and emergency care training for staff and parents;*
- d. counseling students with disabilities and their families concerning health care practices and services;*
and
- e. assistance with catheter, tube feeding and other school health service procedures.*

- (14) Social work services in schools includes—**

- (i) Preparing a social or developmental history on a child with a disability;
- (ii) Group and individual counseling with the child and family;
- (iii) Working in partnership with parents and others on those problems in a child's living situation (home, school, and community) that affect the child's adjustment in school;
- (iv) Mobilizing school and community resources to enable the child to learn as effectively as possible in his or her educational program; and
- (v) Assisting in developing positive behavioral intervention strategies.

(15) **Speech therapy is not a related service in Texas.** *Speech therapy is considered instruction. See section 3. Disability Criteria*

(16) **Transportation includes--**

- (i) Travel to and from school and between schools;
- (ii) Travel in and around school buildings; and
- (iii) Specialized equipment (such as special or adapted buses, lifts, and ramps), if required to provide special transportation for a child with a disability.

Local Transportation Rules

The SISD's rules and regulations govern special education bus students unless designated otherwise by an ARD/IEP Committee. Violation of school bus rules and regulations may result in restrictions. The student will follow local guidelines unless the ARD/IEP committee recommendations are different. Special education transportation procedures include the following:

- a. *It is the responsibility of the parent to have the student ready for the bus each day.*
- b. *It is the responsibility of the parent to notify the Transportation Department of any change of address.*
- c. *If the student is to be transported to or from a place other than home, parent submits to the Transportation Department the student's name and address, and the person's name and address who will assume responsibility for the child.*
- d. *Card files are maintained on all students; therefore, if home or work numbers change, parents notify the local campus, the Special Education Department, and the Transportation Department.*
- e. *If the student will not be riding the bus for more than a day, parent contacts the Transportation Department in advance so that the driver can be notified.*

TAC §89.1090. Transportation of Students Placed in a Residential Setting, Including the Texas School for the Blind and Visually Impaired and the Texas School for the Deaf.

For each student placed in a residential setting by the student's admission, review, and dismissal (ARD) committee, including those students placed in the Texas School for the Blind and Visually Impaired and the Texas School for the Deaf, the resident school district shall be responsible for transportation at the beginning and end of the term and for regularly scheduled school holidays when students are expected to leave the residential campus. The resident school district is not responsible for transportation costs for students placed in residential settings by their parents. Transportation costs shall not exceed state approved per diem and mileage rates unless excess costs can be justified and documented. Transportation shall be arranged using the most cost efficient means. When it is necessary for the safety of the student, as determined by the ARD committee, for an adult designated by the ARD committee to accompany the student, round-trip transportation for that adult shall also be provided. The resident school district and the residential facility shall coordinate to ensure that students are transported safely, including the periods of departure and arrival.

§300.139 Location of services and transportation. (see also Section 5. Instructional Arrangements)

(a) **Services on private school premises.** Services to parentally-placed private school children with disabilities may be provided on the premises of private, including religious, schools, to the extent consistent with law.

(b) **Transportation.**

(1) **General.**

- (i) **If necessary for the child to benefit from or participate in the services provided under this part, a parentally-placed private school child with a disability must be provided transportation--**
 - (A) **From the child's school or the child's home to a site other than the private school; and**
 - (B) **From the service site to the private school, or to the child's home, depending on the timing of the services.**

- (ii) LEAs are not required to provide transportation from the child's home to the private school.
- (2) **Cost of transportation.** The cost of the transportation described in paragraph (b)(1)(i) of this section may be included in calculating whether the LEA has met the requirement of §300.133. (Authority: 20 U.S.C. 1412(a)(10)(A)) (*§300.133 Expenditures for Parentally placed students*)

TAC §89.1096. Provision of Services for Students Placed by their Parents in Private Schools or Facilities.

- (e) The school district shall provide special transportation with federal funds only when the ARD committee determines that the condition of the student warrants the service in order for the student to receive the special education and related services (if any) set forth in the IEP. (*See §300.139 above*)

III. REQUEST FOR RELATED SERVICES

Any request for a related service must be made through the RtI Committee upon initial referral, through the planning meeting to Review Existing Evaluation Data as described in Section 2 – FIE, or at the IEP meeting. If the related service provider is not in attendance at the planning meeting where the Review Existing Evaluation Data is completed, every effort is made by the evaluation representative to collaborate with the related service provider. Also, the evaluation representative is responsible for notifying the appropriate related service provider that an evaluation has been requested.

§300.34 Related services.

(a) General. Related services means transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education, Related services also includes school health services, school nurse services designed to enable a child with a disability to receive a free appropriate public education...

TEC §29.002. Definitions. In this subchapter, “special services” means:

- (1) special education instruction, which may be provided by professional and supported by paraprofessional personnel in the regular classroom or in an instructional arrangement described by Section 42.151; and
- (2) related services, which are developmental, corrective, supportive, or evaluative services, not instructional in nature, that may be required for the student to benefit from special education instruction and for implementation of a student’s individualized education program.

Recommendations for service animals by the district will be made by the IEP committee based on current evaluation information including how the supportive service will help the student to benefit from special education. Additional data may be gathered if the service animal attends classes with the student at the parents request on a trial basis.

28 CFR § 35.104 Definitions

Service animal means any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Other species of animals, whether wild or domestic, trained or untrained, are not service animals for the purposes of this definition. The work or tasks performed by a service animal must be directly related to the handler’s disability. Examples of work or tasks include, but are not limited to, assisting individuals who are blind or have low vision with navigation and other tasks, alerting individuals who are deaf or hard of hearing to the presence of people or sounds, providing non-violent protection or rescue work, pulling a wheelchair, assisting an individual during a seizure, alerting individuals to the presence of allergens, retrieving items such as medicine or the telephone, providing physical support and assistance with balance and stability to individuals with mobility disabilities, and helping persons with psychiatric and neurological disabilities by preventing or interrupting impulsive or destructive behaviors. The crime deterrent effects of an animal’s presence and the provision of emotional support, well-being, comfort, or companionship do not constitute work or tasks for the purposes of this definition.

http://www.ada.gov/regs2010/titleII_2010/titleII_2010_fr.pdf

83rd Legislature Summer 2013

Governor Perry signed House Bill 489, on June 10, 2013, which allows individuals with disabilities to use the assistance of service animals in all public places, including retail businesses and restaurants, without having to show the qualifications or certifications of the assistance animal.

SERVICE ANIMALS

The SISD special education department will follow any current State or local school board policy regarding the use of service animals in the school buildings during the school day. Service animals are supportive services required for the student to receive FAPE(Free Appropriate Public Education) and benefit from special education. See definitions below.

28 CFR §35.136 Service animals.

- (a) **General.** Generally, a public entity shall modify its policies, practices, or procedures to permit the use of a service animal by an individual with a disability.
- (b) **Exceptions.** A public entity may ask an individual with a disability to remove a service animal from the premises if—
- (1) The animal is out of control and the animal’s handler does not take effective action to control it; or
 - (2) The animal is not housebroken.
- (c) **If an animal is properly excluded.** If a public entity properly excludes a service animal under § 35.136(b), it shall give the individual with a disability the opportunity to participate in the service, program, or activity without having the service animal on the premises.
- (d) **Animal under handler’s control.** A service animal shall be under the control of its handler. A service animal shall have a harness, leash, or other tether, unless either the handler is unable because of a disability to use a harness, leash, or other tether, or the use of a harness, leash, or other tether would interfere with the service animal’s safe, effective performance of work or tasks, in which case the service animal must be otherwise under the handler’s control (e.g., voice control, signals, or other effective means).
- (e) **Care or supervision.** A public entity is not responsible for the care or supervision of a service animal.
- (f) **Inquiries.** A public entity shall not ask about the nature or extent of a person’s disability, but may make two inquiries to determine whether an animal qualifies as a service animal. A public entity may ask if the animal is required because of a disability and what work or task the animal has been trained to perform. A public entity shall not require documentation, such as proof that the animal has been certified, trained, or licensed as a service animal.
- Generally, the SISD may not make these inquiries about a service animal when it is readily apparent that an animal is trained to do work or perform tasks for an individual with a disability (e.g., the dog is observed guiding an individual who is blind or has low vision, pulling a person’s wheelchair, or providing assistance with stability or balance to an individual with an observable mobility disability).
- (g) **Access to areas of a public entity.** Individuals with disabilities shall be permitted to be accompanied by their service animals in all areas of a public entity’s facilities where members of the public, participants in services, programs or activities, or invitees, as relevant, are allowed to go.
- (h) **Surcharges.** A public entity shall not ask or require an individual with a disability to pay a surcharge, even if people accompanied by pets are required to pay fees, or to comply with other requirements generally not applicable to people without pets. If a public entity normally charges individuals for the damage they cause, an individual with a disability may be charged for damage caused by his or her service animal.
- (i) **Miniature horses.**
- (1) **Reasonable modifications.** A public entity shall make reasonable modifications in policies, practices, or procedures to permit the use of a miniature horse by an individual with a disability if the miniature horse has been individually trained to do work or perform tasks for the benefit of the individual with a disability.
 - (2) **Assessment factors.** In determining whether reasonable modifications in policies, practices, or procedures can be made to allow a miniature horse into a specific facility, a public entity shall consider—
 - (i) The type, size, and weight of the miniature horse and whether the facility can accommodate these features;
 - (ii) Whether the handler has sufficient control of the miniature horse;
 - (iii) Whether the miniature horse is housebroken; and
 - (iv) Whether the miniature horse’s presence in a specific facility compromises legitimate safety requirements that are necessary for safe operation.
- (C) **Other requirements.** Paragraphs 35.136(c) through (h) of this section, which apply to service animals, shall also apply to miniature horses.

[SERVICE ANIMALS IN SCHOOLS:](#)

Generally, under the federal Americans with Disabilities Act (ADA) and other federal laws concerning service animals, two primary questions exist in whether a person has a legal right to claim their animal as a service animal. 28 CFR §35.136

- is the animal required because of a disability and

- **what work or task the animal has been trained to perform.**

IEP Meeting Scheduled if Parental Request for Service Animal

1. *Schedule an IEP meeting to discuss necessity of the service animal on school premises.*
2. *The student must have a disability and the parent / student must share/verify two questions.*
 - *is the animal required because of the disability and*
 - *what work or task the animal has been trained to perform? The animal must be a trained service animal. Document specific tasks the animal has been taught to perform or do work (help, aid, support) that assists the disabled individual. Parent will share with the IEP committee the specific ways the service animal assists the student at home and how the animal could assist the student to gain educational benefit at school that is not currently addressed in the IEP.*
 - *Document if the service animal does or does not perform a task for the student that is already performed by the school district. Determine if the task performed by the service animal is needed for the student to receive FAPE (Free Appropriate Public Education).*
3. *If the service animal performs a needed task that is not currently addressed in the IEP by the district, upon agreement by the IEP committee, a specific amount of time will be determined for a trial use of the service animal in order to gather needed data to verify educational benefit and its need in order to receive FAPE.*
4. *Trial Implementation*
 - *Specify amount of time for trial and plan follow up IEP meeting to review data gathered.*
 - *Prior to an animal coming in the classroom, the principal will need to ensure there are no students with allergies to the animal species. The campus nurse will check student records of those students attending classes with the service animal.*
 - *Specify tasks to observe that the animal will (help, aid, support) the student and teacher will document date, time and location of those supports to validate the need for the service animal.*
 - *Designate staff to document if there are any disruptions due to the service animal. Document the type of disruption, date, time and location of any disruptions.*
 - *Specify the animal needs for water and outdoor toileting schedule and person responsible. School personnel are not responsible for care of a service animal unless the ARD committee determines the animal is needed for the student to receive FAPE.*
5. *After the trial implementation, the IEP Committee will reconvene to review the data and determine if the service animal is needed during the school day. Based on the data gathered, if the school district has an IEP in place that can meet the same service needs as the service animal, the animal is not needed during the school day. However, if the data supports the need for the service animal, then the SISD will incorporate the service animal into the school day and assign personnel to assist with the care and toileting needs of the animal during the school day.*

IV. RELATED SERVICES – Frequency, Location, Duration

§300.320 Definition of individualized education program.

(a) **General.** As used in this part, the term individualized education program or IEP means a written statement for each child with a disability that is developed, reviewed, and revised in a meeting in accordance with §§300.320 through 300.324, and that must include--

- (4) A statement of the special education and related services and supplementary aids and services, based on peer-reviewed research to the extent practicable, to be provided to the child, or on behalf of the child, and a statement of the program modifications or supports for school personnel that will be provided to enable the child--
 - (i) To advance appropriately toward attaining the annual goals;
 - (ii) To be involved in and make progress in the general education curriculum in accordance with paragraph (a)(1) of this section, and to participate in extracurricular and other nonacademic activities; and
 - (iii) To be educated and participate with other children with disabilities and nondisabled children in the activities described in this section;
- (5) An explanation of the extent, if any, to which the child will not participate with nondisabled children in the regular class and in the activities described in paragraph (a)(4) of this section;
- (6) (i) A statement of any individual appropriate accommodations that are necessary to measure the academic achievement and functional performance of the child on State and districtwide assessments consistent with section 612(a)(16) of the Act; and
 - (ii) If the IEP Team determines that the child must take an alternate assessment instead of a particular regular State or districtwide assessment of student achievement, a statement of why--
 - (A) The child cannot participate in the regular assessment; and
 - (B) The particular alternate assessment selected is appropriate for the child; and
- (7) The projected date for the beginning of the services and modifications described in paragraph (a)(4) of this section, and the **anticipated frequency, location, and duration of those services and modifications.**

Documentation for provision of services described in the IEP will be through a variety of information and sources based on the most appropriate means for the individual service and environment. Special education instructional and related services will be documented by progress on the IEP, student attendance and lesson plans. In addition, portfolios may be maintained as well as provider logs. Provider logs will be maintained by each service provider and reviewed at the IEP meeting as appropriate. Any service interruption resulting from special education staff absence will be reported to the appropriate administration following local district procedures.

Documenting the Frequency, Location and Duration of Related Services

The Federal Register dated August 14, 2006, provides guidance in this area within its discussion of the comments regarding the proposed 2006 IDEA regulations. A comment to the regulations asked for clarification regarding the term duration. The response in the Federal Register was:

The meaning of the term “duration” will vary, depending on such things as the needs of the child, the service being provided, the particular format used in an IEP, and how the child’s day and IEP are structured. What is required is that the IEP include information about the amount of services that will be provided to the child, so that the level of the agency’s commitment of resources will be clear to parents and other IEP Team members. The amount of time to be committed to each of the various services to be provided must be appropriate to the specific service, and clearly stated in the IEP in a manner that can be understood by all involved in the development and implementation of the IEP. (Federal Register, Vol 71 No 156 p. 46667)

Requirements for Documenting the Provision of Related Services

- *Frequency – **how often** the child will receive the service(s) (number of times per day or week). If the service is less than daily then the conditions for the provision of the services must be clearly specified within the ARD*

documents using a weekly reference (ex: 1 hour per week, 30 minutes every two weeks)

- *Duration - **how long** each “session” will last (number of minutes) and **when** services will begin and end (starting and ending dates) How long will each session be (15 minutes, 30 minutes)? If a term (1 class period) is used in the IEP to define duration of service, the term must be defined in the IEP (example: 1 class period = 50 minutes).*
- *Location - **where** services will be provided (in the general education classroom or another setting such as a special education resource room).*

V. Private Service Providers

The local district does not allow private consultants or service providers to meet and work with students during the school day on the school premises. The school district is responsible for making decisions in the ARD/IEP meeting regarding the student needs (FAPE) that the school district is responsible for providing in the Least Restrictive Environment. Liability and other concerns constitute reason for this decision. If a parent request for a private service provider is made to a Principal or other school employee, an ARD/IEP Committee Meeting may be held to discuss the request and appropriate services for the student.